

Hope UK's
Family Drug Prevention Project
Final Evaluation

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Abbreviations

BME	Black and Minority Ethnic
CES	Charities Evaluation Services
DCSF	Department for Children, Schools and Families
DfES	Department for Education and Skills
DPYK	<i>'How to Drug Proof Your Kids'</i>

Final evaluation of Hope UK's Family Drug Prevention Project

Executive Summary

Project overview

Hope UK is a drug education charity which provides alcohol and drug awareness for all ages. It trains parents and adult carers in order to promote drug-free lifestyles and prevent drug-related harm. Hope UK has a Christian foundation and works with organisations in the education, faith, and voluntary and community sectors. In 2005, Hope UK received funding from the Department for Education and Skills (now the Department for Children, Schools and Families) to support and develop its work through a new project aimed at supporting families through work with parents and adult carers. The project sought to promote positive and healthy lifestyles by improving awareness of drug/alcohol issues among parents and adult carers and among volunteers and professionals working with families and to increase the amount of parental awareness work carried out within the voluntary and community sector.

The project aimed to develop the existing drug education work carried out by Hope UK's volunteer Educators through its own work within local communities, and in supporting a partner organization, Care for the Family, with its '*How to Drug Proof Your Kids*' programme. It also sought to explore new areas of work by piloting a new drug prevention course for professionals and volunteers working with families, based on a programme called '*Children at Risk*' run by Blue Cross Norway in both Norway and Sweden.

The project, which ran for three years from April 2006 to March 2009, was externally evaluated by Charities Evaluation Services and this summary highlights the key findings from the evaluation. The evaluation itself was based on a combination of data gathered through internal monitoring systems, and interviews carried out by the external evaluators with parents, Hope UK volunteers, professionals and other stakeholders, and through follow-up questionnaires. Although both monitoring and evaluation data was gathered from a relatively small sample of participants in the project, the consistency of the data provides strong indicative evidence of the project's outcomes, its success factors, and areas for future attention.

Parents' drug awareness sessions

In total, from the information collected during the project¹ over 470 talks were given by Hope UK volunteer educators and staff to groups of parents and other family members in the community, reaching over 10,500 people.

Due to the limited amount of monitoring data available on the parental drug awareness work, the evaluation had to rely largely on small samples of responses which may have been subject to bias (as it is possible that educators were less likely to gather feedback from sessions that were not so well-received

¹ Findings are reported from April 2006 to the end of October 2008.

or well-attended). However, information from telephone interviews and follow-up surveys helped to supplement this data, and a consistently positive picture of participant satisfaction and outcomes emerged from the different sources.

99% of the people who provided feedback on the talks they had attended rated these as good or excellent. They particularly valued the interactive, informal nature of the talks and found the resources used effective (for example, drug samples and paraphernalia). The experience and skills of the educators were also key to the success of the sessions. Other agencies working in the field noted that Hope UK's sessions were particularly accessible to parents as they were offered in evenings and weekends and at familiar venues. Hope UK's project is also of interest because it seeks to engage other family members (including grandparents, aunts and uncles) rather than focusing exclusively on parents.

Less positive feedback related largely to issues over which Hope UK had little control, such as the unsuitability of venues provided for their talks, poor turnout or disruptive behaviour from participants. However, infrequently it touched on specific contents of talks – influenced by individual approaches. This does raise the question of how Hope UK can balance the freedom it gives its educators in their talks with the provision of, and adherence to, clear guidelines.

The lack of full monitoring data prevents the evaluation from drawing firm conclusions about the participant profile, and further work is recommended to build a more solid base of information about the people that Hope UK engages with. The sample data indicates that the project has been successful in engaging people from Black and Minority Ethnic communities: 18% of participants were from BME backgrounds compared to 8% of the general population of the United Kingdom.² There was insufficient data to establish a gender profile.

The feedback from parents, educators and other stakeholders indicates a high level of effectiveness in the parental awareness sessions for which data is available. The evidence points to successful achievement of key outcomes: increasing parents' awareness of drug/alcohol issues by increasing their understanding of drugs and alcohol and how these affect people and by improving their ability to spot the signs of drug and alcohol misuse. From the feedback forms completed by 325 parents at the end of talks:

- Three-quarters said they had increased their awareness of drug issues.
- Over half said it would change how they would deal with drug issues.

More in-depth analysis of the project's outcomes, carried out through telephone interviews and a follow-up questionnaire to a small sample of parents showed that the talks had also:

- helped parents feel better equipped to tackle drugs/alcohol issues
- increased their understanding of the importance of a positive, healthy lifestyle

² According to the 2001 Census carried out by the Office for National Statistics.

- reinforced, and in some cases, strengthened parents' ability to communicate effectively with their children about drugs issues.

As a result, this evaluation has shown that the parental awareness work done by Hope UK has contributed to its key aim of enabling parents to prevent their children from using drugs and alcohol.

With the Government's increasing focus on the family as part of its National Drugs Strategy, its relevance to the Every Child Matters agenda and the *Youth Alcohol Action Plan*, Hope UK's work with parents has the potential to make a valuable contribution to national priorities.

Family Workers Course

The project developed a course for those working with families, in whatever capacity, from both professional and voluntary sectors. This was duly registered and accredited with the Open College Network. As planned, the course was piloted with organisations working with families in five very different settings.

Feedback collected from 64% of delegates attending these courses was extremely positive. Many of the aspects of the training that worked well for parents had also worked well for family workers, particularly the interactive style of the courses and the effective resources used.

Some issues had arisen during the delivery of the pilot courses around how much work delegates were expected to put in outside of the courses and Hope UK may need to consider whether the process of accreditation is feasible for many of the people attending such courses. As it has already identified, it will also be valuable for Hope UK to consider ways to offer more flexibility in the content and length of its courses, ensuring it tailors these to local environments and the specific needs of the professionals attending.

The evaluation found clear evidence of the value of the courses, not only in increasing family workers' understanding of drug/alcohol issues but also in developing their skills and confidence for working with families with such issues. Many people felt that the training had increased their knowledge of how to identify and support families with drug/alcohol issues and had helped them know which organisations they could refer families to. Some of the family workers who had attended this training reported that it had resulted in changes in the way in which they were engaging with families.

Feedback from other agencies working with Hope UK also showed that the project staff had developed a good working relationship with others in the field, who felt Hope UK was an approachable, responsive and engaged partner.

The impact of the project

As well as bringing about direct changes in parents' and family workers' awareness of drug/alcohol issues, the project also sought to increase the number of parent drug awareness sessions carried out in the voluntary and community sector. However, it is impossible to accurately measure and attribute

change at this level and this evaluation can only point to factors that may contribute to this, such as:

- Hope UK's own increased capacity to carry out such work
- increased interest from some of the family workers trained to carry on this work themselves.

Key recommendations

The evaluation of Hope UK's Family Drug Prevention Project clearly demonstrated the value of this work. The findings should provide learning that can:

- be disseminated to others in the sector
- stimulate further sharing of good practice
- support Hope UK to continue this work further.

In seeking to develop its work further, Hope UK may wish to:

- Explore opportunities to develop parental drug awareness work for specific communities (eg, BME communities).
- Identify other opportunities for partnership working and cooperation with other organisations.
- Strengthen the monitoring of its work to provide more comprehensive information on the background of people who attend its sessions and how they benefit from attending.

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Final Evaluation Report of Hope UK's Family Drug Prevention Project

1. Introduction

1.1 Hope UK

Hope UK is a drug education charity which provides alcohol and drug awareness for all ages. It trains parents and adult carers, in order to promote drug-free lifestyles and prevent drug-related harm. Its staff and volunteer 'educators' deliver talks and training to enable adults to be better prepared to fulfil responsibilities they have for their children and young people, and they deliver talks to children and young people to enable them to make drug-free choices. Hope UK has a Christian foundation and works with organisations in the education, faith, and voluntary and community sectors.

1.2 The Family Drug Prevention Project

In April 2006, Hope UK received funding from the Department for Education and Skills (now the Department for Children, Schools and Families) to support and develop its work through a new Family Drug Prevention project. The project aimed to promote positive and healthy lifestyles by improving awareness of drug/alcohol issues among families and those working with families by increasing the amount of parental awareness work carried out within the voluntary and community sector.

The project brought together several existing strands of Hope UK's work – its parental drug education work and its support for other community trainers of the '*How to Drug Proof Your Kids*' parenting programme run by Care for the Family – as well as enabling it to explore new areas of work. This involved running pilot projects for community-based professionals and volunteers working with families, modelled on a programme called '*Children at Risk*', a programme developed and run by Blue Cross Norway in both Norway and Sweden.

1.3 Monitoring and evaluation of the project

Charities Evaluation Services (CES) was commissioned to provide support with monitoring the work of the project and to carry out an external evaluation in the final year of the project.

1.3.1 Evaluation objectives

There were three main objectives of the evaluation:

- to set up and support internal project monitoring
- to enable the project to make use of ongoing feedback in developing the work of the pilot projects

- to assess the achievement of anticipated project outcomes and any unexpected outcomes of the project.

The evaluation set out to provide information that would enable Hope UK to report to the DCSF as well as to support internal learning and inform the development of the project.

1.3.2 Approach

CES evaluators worked closely with Hope UK to carry out the evaluation. CES helped Hope UK to devise monitoring tools and drew up interview and questionnaire schedules. In much of the research, primary data was gathered by Hope UK project staff and volunteer educators. However, specific research was carried out by CES to support the final evaluation of the project.

1.3.3 Methodology of the evaluation

Setting up an evaluation framework

At the outset of the project, CES helped Hope UK to clarify the project's aims, objectives and key outcomes and to draw up an evaluation framework. This set out the areas in which Hope UK needed to focus its own monitoring as the project's evaluation relied on substantial amounts of self-evaluation, in particular around the evaluation of the pilot projects.

The evaluation focused on planned outcomes in the following areas:

- promoting positive and healthy lifestyles among parents
- improving parents' and professionals' awareness of drug issues
- increasing the amount of parental awareness work carried out in the voluntary and community sector.

It also set out to explore other outcomes that occurred as a result of the project's work and to record project developments, such as its work to set up and promote the project.

Monitoring outputs, outcomes and processes

CES worked together with Hope UK to design monitoring systems which could be integrated into work practices to gather information on the parental awareness work and the work with family workers. Monitoring data was collected by Hope UK from:

- 325 parents and family members attending 57 sessions
- 41 of the 'hosts' who organised the sessions
- 38 educators in respect of 40 sessions that they had delivered
- 27 of the 42 professionals attending the pilot courses.

Evaluation activities

During the project, CES designed and carried out a number of specific evaluation activities. A series of in-depth telephone interviews were carried out during the project and at its conclusion. These involved interviews with:

- 10 parents who had attended Hope UK sessions

- 6 of the 42 professionals who had attended Hope UK's pilot courses
- 6 educators
- 4 delegates who had attended Hope UK sessions
- 3 of the people who had hosted Hope UK sessions
- 3 representatives of organisations who had worked with Hope UK during the project.

These were supplemented by a follow-up questionnaire distributed at the end of the project and completed by:

- 26 parents who had attended the talks delivered during the project
- 23 educators who had delivered talks during the project.

1.3.4 The quality of the monitoring data

In total, almost 500 feedback forms and almost 50 questionnaires were collected by Hope UK which were supplemented by 32 in-depth interviews. Although this provided a substantial amount of data for analysis, it represented only a small sample of the individuals involved with the project:

- 4% of the total number of individuals attending parental awareness talks. These respondents were drawn from only 13% of the total number of parental awareness talks given during the project.
- 15% of the 119 educators delivering talks which in turn related to 10% of the total of 470 talks delivered during the project
- 8% of the people who organised the parental awareness talks
- 64% of the 42 professionals who attended the pilot courses.³

This data cannot, therefore, be held to be representative. In addition, Hope UK relied on its volunteer educators to collect much of this information, which proved to be problematic. As a result, there may be a positive bias to the sample as educators may have been more inclined to do so when they felt their sessions had gone well or were well attended.

Nonetheless, the data gathered did provide consistently positive messages. This suggests that the findings from the sample are strongly indicative of the success of the project more generally. The data also provides valuable issues for consideration by Hope UK in its future work.

1.4 This report

This final report aims to draw together and summarise the findings that emerge from the data gathered, to assess the project's outcomes and to draw out the learning that emerges from the project as a whole. It explores the following aspects of the project:

- Section 2 describes the policy and strategic context in which the project was carried out.

³ Appendix 1 provides further information on the samples of respondents on whom this evaluation is based.

- Section 3 provides an overview of the project as a whole, looking at the activities it carried out and the people it involved.
- Section 4 focuses on the quality of the parental drugs awareness work.
- Section 5 focuses on the quality of the work carried out with professionals.
- Section 6 discusses the outcomes and impact of the project.
- Sections 7 and 8 set out the report's conclusions and recommendations.
- Appendix 1 provides a detailed explanation of the data collected and used.

2. The context of the project

This initial section of the report describes the policy and strategy environment in which the project is embedded and which provides a context for the project's achievements.

2.1 National priorities

In 1998, the Government launched its first ten-year drug strategy,⁴ which set out a framework to reduce the harm caused by illegal drugs. The strategy focused on 'the most damaged communities and those who cause the most harm to themselves'. It also reflected the fact that reducing young people's drug use and preventing young people from becoming drug users was central to the strategy and listed the delivery of 'high quality drug education and information for all young people and their families' as one of its four key objectives.

An update report, *Turning Strategy into Reality*,⁵ published in 2007, reported on significant achievements in terms of reducing the numbers of people using illegal drugs and increasing the numbers of people accessing drug treatment. It also highlighted 'effective partnership working at national, regional and local level, and between the public, private and voluntary sectors' as well as 'good community engagement' as particular challenges that lay ahead.

In 2008, the Government launched its current strategy, *Drugs: protecting families and communities*,⁶ which aimed to take further the achievements of the first strategy by restricting the supply of illegal drugs and reducing the demand for them. This strategy recognised that too much focus had been placed on the individual drug user and 'not enough on their family and the wider community'. It explained:

The impact of substance misuse on children and families can be significant and long lasting, but has previously been underestimated... We must prioritise efforts to identify children and families at risk from substance misuse and provide appropriate interventions to address the challenges they face.

As a result, the current strategy focuses on protecting families and strengthening communities and places a new emphasis on addressing the needs of parents and children as individuals, as well as working with whole families to prevent drug use and reduce risk, a theme that was also taken up in the Government's *Youth Crime Action Plan*,⁷ which emphasises the importance of 'supporting families to prevent youth crime'. and focuses on providing clear

⁴ Home Office (1998) *Tackling Drugs to Build a Better Britain, The Government's Ten-Year Strategy for Tackling Drugs Misuse*, London.

⁵ Home Office (2007) *Tackling Drugs. Changing Lives: Turning strategy into reality*, London.

⁶ Home Office (2008) *Drugs: protecting families and communities*, London.

⁷ Home Office (2008) – *Youth Crime Action Plan*, London.

information to parents and young people about the risks of early drinking. Similar strategies in Northern Ireland, Scotland and Wales all point in the same direction.

Following on from the 2008 Drug Strategy, the DCSF established an independent review of the effectiveness of drug and alcohol education. The Government's response (2008)⁸ set out five significant action points to meet the Advisory Group's recommendation that "Government should increase parents' and carers' knowledge and skills about drug and alcohol education, to enable them to better inform and protect their children, through improved parenting support and a widespread communications campaign."

Meanwhile, in June 2007, the *Every Child Matters, Change for Children* programme had also been launched. This aimed to reform children's services, tackling not only substance use but also the risk factors that may promote it. 'Choose not to use Illegal Drugs' was listed as part of the 'Be Healthy' objective.

A complementary strategy to ECM outcomes was published in 2007⁹ which notes that "parents and families are the strongest influence in young people's lives, significantly shaping their values and aspirations". This strategy identified progressive universalism (defined as ensuring that all young people benefit, with more support for those that need it); prevention; and an emphasis on rights and responsibilities as being the three core principles which need to be at the heart of the implementation work led by the DCSF.

2.2 Good practice in parental drug education work

In 2006, the National Collaborating Centre for Drug Prevention published its Annual Review of Drug Prevention.¹⁰ This found that, in general, there was a poor culture of evaluation and research in the UK relating to drug prevention. In particular, it quoted research carried out in 2004¹¹ which concluded that British parent-orientated programmes had not been adequately evaluated.

However, while the evidence relating to good practice in the provision of parental drug education is relatively scarce, there is plenty of evidence supporting the need for parental drug education programmes. For example, researchers have found that 'most young people believe that their parents should talk to them about drugs',¹² but that many parents feel ill-equipped to

⁸ DCSF (2008) Government response to the Report by the Advisory Group on Drug and Alcohol Education

⁹ HM Treasury and DCSF (July 2007) *Aiming High for Young People: a 10-year strategy for positive activities*

¹⁰ Sumnall H, Jones L, Burrell K, Witty K, Mcveigh J, Bellis A (2006) *Annual Review of Drug Prevention*, The National Collaborating Centre for Drug Prevention Centre for Public Health, John Moores University, Liverpool.

¹¹ Canning U, Millward L, Raj T & Warm D (2004) *Drug use prevention among young people: a review of reviews*, The Health Development Agency, London.

¹² Health Education Authority (1992) *Tomorrows Young Adults: 9-15 year olds look at alcohol, drugs, exercise and smoking*, London.

tackle the issue¹³ and lack both basic knowledge about drugs, and confidence about their knowledge of drugs which inhibits their ability to communicate clearly and effectively.¹⁴

This was supported by subsequent research which found that increasing parental knowledge and confidence improved parents' ability to communicate about drugs with their children.¹⁵ This was used to inform guidance produced by the Home Office in 1998 which reported that 'interventions that aim to improve parenting skills as well as drug knowledge may be effective in reducing drug use amongst the children of the participants.'¹⁶ However, the guidance also revealed that:

There are significant barriers to the involvement of parents, particularly fathers, members of ethnic minorities, those under stress or whose attendance is dependent upon the availability of child-care, in drug prevention interventions.¹⁷

Similarly, research carried out by the Home Office in 2000¹⁸ found that drug prevention programmes had encountered serious difficulties in recruiting and retaining families in drug prevention programmes and noted particular difficulties in engaging fathers. This was echoed by another report, *Drug Education in Schools*,¹⁹ which found that information and advice evenings for parents in schools had attracted variable and often small numbers of parents. It also highlighted parents' views that drug training should include the provision of accurate, up-to-date information on all drugs and their effects; advice on how to talk to their children about drugs; and advice on how to access local sources of advice and information.

The National Collaborating Centre for Drug Prevention Annual Review²⁰ described evidence from the US that suggested that 'interactive approaches were well received, particularly by parents with low socio-economic status'.²¹ However, the review also suggested that 'such programmes may be poorly attended, particularly among parents who drink and smoke more heavily'.

¹³ Robertson N (1996) *Speaking the same Language*, Druglink March/April 1996.

¹⁴ Velleman R, Mistral W, Sanderling L (2000) *Taking the message home: involving parents in drugs prevention*, The Home Office, London.

¹⁵ Velleman R, Mistral W and Sunderling L (1998) *Involving Parents in Drugs Prevention*.

¹⁶ Drugs Prevention Initiative (1998) *Guidance on good practice: a supplement to the DPI's overview guidance to drug action teams on developing local drugs prevention strategies*, The Home Office, London.

¹⁷ Henderson P (1995) *Drugs Prevention and Community Development: principles of good practice. Drugs prevention Initiative Paper 7*, The Home Office, London.

¹⁸ Velleman R, Mistral W, Sanderling L (2000) *Taking the message home: involving parents in drugs prevention*, The Home Office, London.

¹⁹ The Office of Her Majesty's Chief Inspector of Schools (2005) *Drug Education in Schools*, HMSO.

²⁰ Sumnall H, Jones L, Burrell K, Witty K, Mcveigh J, Bellis A (2006) *Annual Review of Drug Prevention*, The National Collaborating Centre for Drug Prevention Centre for Public Health, John Moores University, Liverpool.

²¹ Kumpher KL & Alvarado R (2003) *Family-strengthening approaches for the prevention of youth problem behaviors*, *American Psychologist* 58:457-465

To date, some research and evaluation has enabled aspects of good practice to be identified in the provision of parental drug education programmes. For example, the Home Office research²² highlighted factors that appeared to have been important for projects in recruiting a fairly high proportion of fathers. These factors included:

- invitations addressed to the whole family
- one-off sessions in the evening
- a familiar environment for the sessions.

It also found that strong links between projects and parents' schools or community networks were key, as was 'working with parents rather than teaching them'. Delivering sessions to small groups of ten or fewer was also thought to be most effective as it enabled parents to 'communicate openly in the friendlier atmosphere they engendered'. A further review of drug prevention work carried out in 2001²³ noted that interventions should ideally involve parents in the planning process and should use skilled facilitators who were sensitive to local culture and sensibilities.

To date, evaluation of the outcomes of parental drug education programmes has shown that parents who attended the sessions reported that they were more knowledgeable about drugs, and felt more able to communicate with their children about drugs. They also reported wider outcomes such as increases in self-confidence, and in general communication and parenting skills. However, previous research has linked these wider outcomes to longer-term work:

Knowledge about drugs can be significantly improved by a 'one-off' session; the development of confidence, communication and parenting skills requires a longer course, preferably delivered to small groups.²⁴

Finally, a broad piece of research²⁵ into drug prevention policy and practice suggested that a 'tiered approach, incorporating different levels of engagement is useful to avoid stigmatisation of families but concluded that:

More research is needed to identify which types of family-orientated interventions are effective in the UK.

2.3 Opportunities for volunteers

Recent Government policy has also been seen to place a particular emphasis on the importance of volunteering. Phil Hope, the Minister for the Third Sector in 2007, said that 'the Government is committed to opening up volunteering opportunities for people in all parts of society because it gives so much to the community and so much to the volunteer'. The website of the Office of the Third

²² Velleman R, Mistral W, Sanderling L (2000) *Taking the message home: involving parents in drugs prevention*, The Home Office, London.

²³ May K. (2001) *A Review of Drug Prevention Work and its Evaluation in Stockport*.

²⁴ Ibid

²⁵ Sumnall H, Jones L, Burrell K, Witty K, Mcveigh J, Bellis A (2006) *Universal Drug Prevention*, The National Collaborating Centre for Drug Prevention Centre for Public Health, Liverpool.

Sector states that the Government has a 'vision of a society where voluntary activity flourishes and where all individuals and communities are enabled to play a full part in civil society'.

2.4 The project's fit with national priorities and best practice

2.4.1 The project's fit with national priorities

Clearly, Hope UK's Family Drug Prevention project is directly relevant to the government's drugs strategy, particularly with its recent emphasis on work with whole families rather than just individuals. In particular, Hope UK's project is of interest because it seeks to engage extended families (including grandparents, aunts and uncles) rather than focusing exclusively on parents.

The project set out to work with family workers in a range of settings, such as schools and family centres and with other non-profit organisations (for example, churches and faith centres). This has the potential to build effective partnership working and good community engagement, two of the particular challenges identified in the Government's strategy.

The project's work also addresses *The Every Child Matters*, 'Be Healthy' objective by focusing on raising parents' knowledge of drug issues and their ability to prevent harm caused by drug and alcohol use amongst their children. By doing this, it aims to tackle some of the risk factors that can promote illegal drug use and can help children to 'choose not to use illegal drugs' (part of the 'Be Healthy' objective).

Finally, it is relevant to the Government's *Youth Alcohol Action Plan* as the sessions delivered by Hope UK focus on raising parents' awareness of the dangers of alcohol as well as drugs.

The Government's latest policy statement²⁶ relating to drug and alcohol education gives a high priority to the need to equip parents with drug knowledge and the strategies that will help their children grow up making safe and healthy choices for their lives.

2.4.2 The project's fit with established good practice

Section 2.2 highlighted a number of factors which contribute to good practice in the delivery of effective parent drug education. The way in which Hope UK planned to deliver its work reflects many of these:

Recruitment and attendance

Engaging parents in drug education can be challenging, particularly in terms of engaging fathers, parents from BME backgrounds and parents whose attendance is dependent on the availability of child-care. Hope UK's work seeks to address barriers to attendance by offering flexible sessions in community

²⁶ DCSF (2008) Government response to the Report by the Advisory Group on Drug and Alcohol Education

venues. In particular, the project's delivery in community venues such as churches and faith centres suggests an inclusive way of engaging parents.

In addition, its method of using community members (such as church leaders) as local 'hosts' to recruit people to the sessions helps to ensure strong links between the project and community networks, which was identified as being particularly key to success.

Delivery

The project's use of trained educators reflects the need to ensure that sessions are led by 'skilled facilitators'. In addition, the project's highly interactive style of delivery – using games, quizzes and activities to engage parents – has also been identified as a key factor in ensuring effective family-focused interventions.

Evaluation

Finally, the project's fit with good practice is supported by its use of external evaluation to assess its effectiveness. This external evaluation will provide evidence of the achievements of the project and support learning for future work of this kind.

Volunteering

Furthermore, Hope UK's use of volunteer educators fits well with Government policy. This has been demonstrated by the funding it received from the DCSF (and its predecessor the Department for Education and Skills) for training volunteers to provide drug education to youth workers and for the general involvement of volunteers in parental drug awareness.

2.5 Summary and analysis

With the government's increasing focus on the family as part of its national drugs strategy and the link with the *Every Child Matters* and *Youth Alcohol Action Plan* agenda, the work of Hope UK's project can contribute to these national priorities.

The project's delivery also echoes much of what is known about good practice in parental drugs education work, particularly in terms of its interactive style and its roots in the community. This is explored in more detail in section three of this report. In addition, its use of volunteers reflects the value that volunteering opportunities can bring to both the volunteers themselves and society around them.

The external evaluation of this project is important not only in enabling Hope UK to learn from and develop its work further, but in terms of adding to the knowledge of effective parental drug education work in this country.

3. The project overview

This section of the report provides an overview of the project's activities and the parents and family workers that were involved. In particular, it considers the extent to which the project was able to engage parents from different backgrounds.

3.1 Main activities

3.1.1 Set-up

The initial phase of the project involved recruiting a Parents' Project Worker and setting up an advisory group. The advisory group members included a senior social worker, community workers, children's workers, the manager of a drug project that specifically targeted families, teachers and a representative from a mentoring project. During the set-up period, project staff also carried out research to find out more about existing provision, looking at what was being done in Norway and Sweden as well as work being carried out by other organisations working with families in the UK.

Staff developed new courses and materials to support the work of the project. These included:

- new activities for drug education events specifically use with parents
- a new specialist training course for trained educators providing training in issues specific to parents and introducing the use new activities
- a pilot course for family workers called '*Drug Prevention for Family Workers*', loosely based on the Norwegian '*Children at Risk*' programme
- a cut down training programme for trained educators to become '*How to Drug Proof Your Kids*' presenters negotiated with Care for the Family and delivered by them
- resources and promotional materials for use with parents and family workers.

3.1.2 Promoting the project

Throughout the project, Hope UK staff attended a wide range of events to promote the project, including:

- the launch of VCS Engage
- the Christian Child Care Forum Conference in London with an exhibition stand
- having a stand at the 'On Fire' conference in Birmingham
- having a stand at the Mission to London's national conference
- attending the Foetal Alcohol Spectrum Disorders conference in Ormskirk with an exhibition stand

They also held various meetings to look at ways of developing the work of the project with other organisations and networks, such as the Brent Addaction

project, the Extended Schools Group in Havering and South-West Essex Primary Care Trust. Initial work has also taken place in planning an end-of-project conference.

3.1.3 Parental drug awareness work

The main focus of the project was its work in delivering parental drug awareness talks and courses which were largely delivered by Hope UK's volunteer 'educators'. In order to provide these sessions, Hope UK therefore needed to recruit new educators and train and support all its educators. During the project:

- 147 volunteer educators were recruited
- 53 educators were specifically trained to take parental awareness sessions
- 281 educators were supported over the course of the three years.²⁷

As a result, this enabled Hope UK's staff and educators to deliver a total of 470 talks to groups of parents and family members in the community. These talks were delivered in a range of venues, and, in some cases, were offered as part of the DPYK training programme (see 3.1.4). Although some educators had been specifically trained to run parental awareness sessions, general talks delivered by other educators to audiences which included a significant proportion of parents have also been included as part of the project's work.

3.1.4 'How to Drug Proof Your Kids' involvement

'How to Drug Proof Your Kids' (DPYK) is a six-week parenting course run by Care for the Family in which Hope UK has played an active part for many years. The project enabled Hope UK to work more closely with Care for the Family and develop working practice with Care for the Family's DPYK presenters and Hope UK's educators. A new, shorter training course was agreed with DPYK trainers so that Hope UK educators could be trained to run the DPYK courses, thus providing additional resources for the educators and a wider range of tools available to them. During the project:

- 27 educators were trained as presenters of the 'Drug Proof Your Kids' (DPYK) courses run by Care for the Family
- Hope UK educators and staff participated in 14 non-Hope UK based DPYK presenter training courses, providing drug knowledge
- Hope UK educators and staff had contributed to 90 DPYK courses, providing drug knowledge and support to the presenters

As the project also aimed to increase liaison between the two organisations, Hope UK's Parents Project Worker was asked to deputise for DPYK and Hope UK was able to promote the DPYK course at its exhibitions.

3.1.5 The work with family workers

Another important aspect of the project was to develop its own version of the Norwegian 'Children at Risk' course for use with family workers. The course was piloted in five different settings during the course of the project. Hope UK also

²⁷ This figure includes those educators who have left during the course of the three-year project.

trained 14 educators to deliver the programme for family workers. In addition, some family workers also attended the one-off sessions that Hope UK ran in the community.

3.1.6 Meeting targets

The project had set ambitious targets in terms of the number of parental awareness sessions it hoped to run over the three years of the project, aiming to deliver a total of 1300 talks by the end of the project:

- 200 talks were envisaged for year one
- 400 for year two
- 700 for year three.

In reality, the project's delivery fell substantially short of meeting these targets as shown in the following table:

Table 1: Summary of activities delivered against targets

	Sessions delivered	Targets	Shortfall
Year 1	166	200	34
Year 2	189	400	211
Year 3 (to date)	115	350 (half year)	235
Total	470	950	480

Hope UK staff explained that it had become very clear after the first year of the project that the targets set in the original bid were going to be very hard to achieve as educators were not notifying them of all the parent events taking place and, despite being encouraged to do so, the educators did not seem to generate their own sessions. In some cases, particularly with DPYK session requests, Hope UK were unable to supply Educators for these sessions as a lack of flexibility over dates meant it was difficult to find Educators.

3.2 Who benefited from the project

3.2.1 Those attending parental awareness sessions

Hope UK reported that a total of 10562 people attended parental awareness talks, sessions and courses delivered during the project.

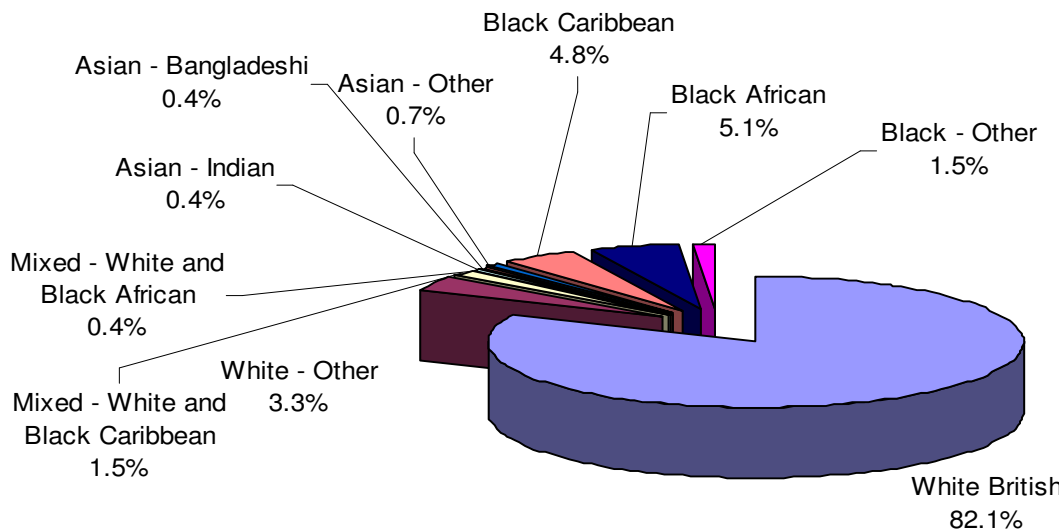
Hope UK collected feedback and profile information from 379 people – 4% of the total number of individuals attending parental awareness talks. From this, we can see that:

- 273 participants (72%) attended in a personal capacity
- 52 participants (14%) attended in both a personal and a professional capacity
- 25 participants (7%) attended in a professional capacity
- Information was not available for 29 participants (8%).

Further information was not collected that would enable us to identify the family role of people attending in a personal capacity and as a result, we cannot tell how many people attending were parents and how many were other family members.

The feedback forms from a sample of participants²⁸ provide some information on the extent to which the project engaged family members from different ethnic backgrounds, as shown in the chart below:

Chart 1: The ethnic background of non-professionals attending Hope UK talks



This shows that 82% of participants were from White backgrounds while 18% of were from Black and Minority Ethnic (BME) backgrounds. However, this information only relates to 2% of the total number of individuals attending Hope UK sessions and does not reveal if there were any specific factors associated with the completion and return of feedback forms. These figures must therefore be seen as indicative.

3.2.2 Family Workers

A total of 42 family workers from five different organisations attended the pilot courses. These included family support workers, a health visitor, youth workers and a youth pastor, outreach workers, crèche workers supporting local Bangladeshi families and staff from a residential drug rehabilitation project for mothers of young children.

In addition, some family workers attended the one-off sessions that Hope UK ran in the community. However, no further information was available on how many this constituted or on their specific role or field.

²⁸ 237 parents provided this information on feedback forms completed at the end of sessions.

3.3 Summary and analysis

It is clear that a substantial amount of development and support work was carried out by Hope UK to deliver this project. This included promoting the project, designing new training courses and materials as well as recruiting, training and supporting volunteers. However, it is also clear that meeting the targets for its parental drug education work was a challenge.

The project was successful in developing and delivering its five planned pilot courses that were an equally important aspect of its work and it has sought to make these an ongoing part of its work by training educators to continue delivering the course in the future.

In terms of its beneficiaries, analysis of profile information provided by 237 people suggests that Hope UK's work was extremely successful in engaging people from BME communities; 18% of participants were from BME backgrounds compared to 8% of the general population of the United Kingdom.²⁹ However, the limitations of the available information mean that it is not possible to draw any firm conclusions about the project's beneficiaries and further work is recommended to build a more solid base of information about the people that Hope UK engages. This is crucial to evidence the potential value of Hope UK's work in reaching a range of family members from different backgrounds.

²⁹ According to the 2001 Census carried out by the Office for National Statistics.

4. Parents' drug awareness sessions

This section of the report focuses on the parental drug awareness work carried out by the project and considers the quality of the work delivered. It highlights particular factors that contributed to the success of the sessions as well as drawing out areas for improvement.

4.1 What this involved

During the project, Hope UK staff and educators gave a total of 470 talks to groups of parents and family members in the community.³⁰

Although only a small number of feedback forms were completed by educators³¹, these provide some insight into the type of sessions that were run. The 47 feedback forms completed show that:

- 49% – almost half – were run in church or faith centres
- 19% were run in community centres
- 17% were run in schools
- 9% were run in other settings (such as a rehabilitation unit)
- 6% were run in private homes.

Educators' feedback from 45 sessions also indicated that:³²

- 29% of the session had less than 10 participants
- 42% of the sessions had between 10 and 15 participants
- 16% had between 16 and 25 participants
- 7% had between 26 and 50 participants
- 7% had over 50 participants.

4.2 What worked well

In-depth interviews with six of Hope UK's educators allowed us to explore some of the elements that they felt were important in their parental awareness work. In particular, they described how they felt the interactive nature of the sessions was crucial to their success with parents, and this was corroborated by responses from parents (see section 4.2.2).

Educators described how they made sure their sessions were interactive by including lots of games, quizzes and activities that take different learning styles into account. For example, one educator said:

³⁰ For the sake of simplicity, individuals attending the Hope UK sessions in a personal capacity are referred to in this report as 'parents' although in reality, the sessions no doubt included other family members.

³¹ A total of 47 feedback forms were completed by 38 educators relating to 10% of the total number of sessions run.

³² 45 educators provided information relating to the numbers of people who attended their sessions.

I make it fun. People always ask a lot of questions.

Another felt it was important that the sessions were 'on a level that people understand and that they can ask questions'. Educators also talked about how they tended to adapt their sessions to the audience, responding to the needs and issues of the parents attending their sessions. As one person said:

I personally tailor it very much to what is going on.

Educators felt the sessions engaged parents well³³ and that parents responded well to the sessions. For example, one educator said:

It's so important to parents. They are so desperate to get the knowledge – you've got a captive audience!

Feedback from parents attending the sessions and from some of the 'hosts' who organised the sessions, though limited in scale, was extremely positive. Of the 175 responses on feedback forms completed by parents at the end of the sessions:³⁴

- 99% rated the quality of the session as good or excellent.
- 96% said they had enjoyed the sessions.³⁵

Similarly, all the 34 responses from hosts³⁶ rated the sessions positively with 85% describing them as 'excellent'. Comments included:

The speaker was brilliant. She touched the parents' hearts with her personal experience of drug taking.

Evaluation of the feedback from 143 parents showed they had overwhelmingly found the sessions useful:

- 100% said the sessions had been useful.
- 83% had found them extremely useful.

As one parent said,

It was an enlightening session and very informative.

Many simply valued the session as a whole and frequently described the session as 'an eye-opener'. Others highlighted the particular value of the information provided on:

- drugs paraphernalia
- ways to handle situations
- behaviour/symptoms of drug use
- statistics

³³ 87% of the 23 educators who completed follow-up questionnaires felt the sessions engaged parents well and 78% felt parents responded well to the sessions.

³⁴ This represented 2% of the total number of individuals attending these sessions.

³⁵ 4% said they were not sure.

³⁶ This represented 9% of the total number of sessions hosted.

- legal information/classification of drugs
- the availability of drugs.

Feedback from parents, hosts and educators themselves also revealed the following aspects of the sessions that were particularly effective.

4.2.1 Good communication prior to sessions

All 34 of the hosts completing feedback forms said they had received enough information prior to the session; two-thirds rated this as 'excellent'. They were also positive about their contact with the speaker prior to the event, with three-quarters rating this as 'excellent'. For example, one host said they had had a 'very helpful discussion to clarify aims and expectations'.

4.2.2 Interactive, informal style

Interviews and feedback forms revealed that parents and hosts were especially appreciative of the way in which the sessions were delivered. They particularly valued the fact that the sessions were participative and informal in style.

Comments included:

It was so open – very interactive. We asked and touched and felt.
(parent)

It was very friendly...Everybody was involved and participated.
(host)

One of the organisations interviewed commented that the informal style of the sessions was particularly important and felt that this distinguished Hope UK's sessions from those offered by other organisations, such as those run by the police or local Drug Action Teams.

4.2.3 Accessibility

Feedback from parents also revealed that they had appreciated the approachable manner of the educators and the way in which they conveyed the information. For example, one parent wrote:

It was very accessible, non-threatening and very informative.

Similarly, hosts commented on the way in which the educators related to the parents. For example, one host said:

The educator had a lovely approachable manner which our people responded well to.

4.2.4 Authenticity

Parents and hosts valued the fact that the sessions provided them with accurate, in-depth information from someone who had a real knowledge of the subject. They described how:

You can talk about things but when you actually have someone coming in who has the experience, working in that environment, it adds a lot more.

Several of the hosts felt that bringing in an ex-addict was a particularly effective way of getting through to parents. Parents themselves also emphasised the value of involving people with personal experience of drug addiction in the sessions and said they valued the honesty and openness of the sessions.

One of the educators described how they were able to draw from their experience working as a volunteer in a drug rehabilitation centre to enrich their work for Hope UK:

It gives me a bank of stories to use which give another level of credibility to my talks.

4.2.5 Effective resources

Actually being shown samples of drugs and the paraphernalia associated with drug use was particularly powerful for parents. Over a quarter of the 187 parents who answered the question 'what was most useful about the session?' highlighted this as the most useful aspect. One parent wrote:

Seeing the actual drugs was very helpful. I thought I knew quite a lot but there were some things I clearly didn't know.

Educators also noted how effective their resources were. As one educator said,

I have realised that a big case full of bottles, cans, cartons and drug samples can be used effectively with adults as well as children.

4.2.6 Opportunities to share experiences with other parents

Many parents said they had particularly enjoyed discussing issues and 'discovering more in an supportive environment with other parents'. They valued feeling that they were not alone in their lack of knowledge about the whole issue of drugs. For example, one parent wrote:

I enjoyed meeting other parents/carers and sharing our thoughts and fears.

Educators described how the sessions allowed people to 'ask questions they feel they ought to know and for the first time feel brave enough to ask'.

4.2.7 Accessible sessions

The fact that Hope UK offers sessions in the evenings and at weekends was highlighted by one of the organisations working with Hope UK as being important. They said that other organisations doing similar work are often 'not as keen to come outside of nine-to-five hours'.

4.2.8 Support from Hope UK

Finally, the support provided by Hope UK was vital in enabling educators to deliver high-quality sessions. 83% of the 23 educators who completed follow-up questionnaires rated the support they received as 'excellent'. One person said it was 'simply fantastic'. In interview, educators how:

Hope UK have been absolutely fabulous in terms of keeping in touch and supporting what I've done.

Hope UK are very good at providing core information and updates.

Although some educators felt they did not need much support from Hope UK, several felt that Hope UK provided an effective back-up service. For example, one person said:

Whenever I need any advice or help, there's always someone there. They help with all the resources, information, research, encouragement... everything really.

Several educators commented on the fact that Hope UK allows its educators to develop their own style and adapt it to the context in which they are working:

It's a strength of Hope UK. Not just producing 'identikit' educators – you can use their material as fits your own context.

One educator commented on the freedom of their relationship with Hope UK:

There's no pressure to do talks. You can build what you do. It's up to us. I like that.

A number of educators specifically mentioned the regular information they got from Hope UK and one person described the value of the annual conference:

You get to hear what other people are seeing. It creates a network of people, some of whom I can tap their brains on things.

Finally, one of the educators described the mutually supportive relationship they enjoyed with Hope UK:

It's a very good dynamic in terms of being able to contact Hope UK with questions and being able to ask about specifics as well as general information. You can tell they want to improve – they value if an educator uses something they've developed, they like to know about it.

4.3 What worked less well

The feedback from parents, educators, hosts and other organisations also highlighted some areas of difficulty that had arisen. While some of these areas suggest issues that Hope UK may wish to address, others lie outside of their control.

4.3.1 The set-up of the sessions

A number of educators commented on difficulties relating to the set-up of the sessions including:

- unsuitable venues (for example, too small)
- timing of the sessions (for example, one session was held first thing on a Monday morning)

- poor turn-out
- participants arriving late
- disruption caused by ‘hecklers’
- parents bringing babies or small children with them.

One particularly common theme that emerged was that educators felt they simply did not have enough time to run their session. One educator said:

I felt like I could have done two or three sessions as you are cramming a lot in.

Another host described how:

We started late and crammed in so much into a short time. The parents got a little bit but could have done with so much more.

In particular, some educators felt that the time allocated in the drug slot on the DPYK courses did not allow for enough information and discussion.

4.3.2 Mixed needs of the group

Some of the educators interviewed reflected that, at times, they had to cope with groups with a range of different needs. This had ranged from having doctors in the audience to previous drug users. One educator had been asked to run a session in a hostel for people with mental health issues. In such cases, the educators felt challenged by the needs of these groups and, in some cases, unprepared for how to respond effectively.

4.3.3 The content

A very small number of parents commented that they had found the information provided during the session overwhelming or confusing and one parent felt that too much emphasis had been placed on tobacco and alcohol.

A very small number of comments also highlighted particular biases that educators had brought to their talks. For example, one of the organisations working with Hope UK said:

Sometimes we have a lot of people who are not Christians on the course, and if they go on about Christianity that can be a turn-off.

They also pointed out that some educators advocated an alcohol-free option which, they felt, clashed with the views of many people working in the drug and alcohol field. Similarly, one of the educators commented:

Some educators I feel are just too judgemental. I found that approach just doesn't work. I won't condemn responsible drinking.

Hope UK staff noted that they train their volunteers to talk about ‘options’ and ‘choices’, including the alcohol-free option and not to be judgemental in their approach, but they recognise that this may happen as they are not able to be present at every event.

4.4 Improvements suggested

4.4.1 Resources

A number of suggestions for additional resources to augment the sessions were made by parents and educators. These included:

- An action plan that would allow parents to apply the information shared in the session.
- More leaflets and information for parents to take away at the end of sessions, especially something they could go through with their children.
- Some information on where to go for help if needed.
- A handout summarising signs and symptoms and the reasons people use drugs/alcohol.
- More realistic and up-to-date drug samples and resources. For example, one person felt the 'drugs usage quiz' needed updating.
- A flyer describing the history of Hope UK which would be useful for introducing the charity to new clients.
- A DVD that could be shown, perhaps over a period of several weeks which could be used by groups either in addition to or instead of a talk from Hope UK.
- Pictures of what substances do to your body.
- Stories from people who had used alcohol or drugs as children.

An educator also suggested it would be useful to know who else is working in the field to avoid duplication and misunderstandings.

4.4.2 Method of presentation

Some educators and hosts questioned whether it might be possible for Hope UK to make greater use of technology in the sessions. For example, some educators would like to deliver their sessions using PowerPoint, although they also recognised that this would have implications in terms of training and equipment.

4.4.3 Sessions in other languages and for different audiences

A number of hosts and professionals suggested it would be beneficial if Hope UK could provide sessions in other languages or work alongside volunteers to do so. One of the other agencies interviewed felt that Hope UK's talks could be particularly important for the Bangladeshi community:

The Bangladeshi community needs this kind of education. Hope UK should reach out to mosques and other community centres because it's very important to educate fathers as well.

This person suggested that Hope UK could train people from within the Bangladeshi community who could then support the sessions run by Hope UK educators.

4.4.4 Recap sessions

One of the parents interviewed felt that it would be valuable to organise a recap session for groups:

It would be interesting to get the group back together to see how we are all progressing.

4.4.5 Quality control

A number of comments were made by hosts and parents who felt that some newly trained educators needed more in-depth knowledge of their subject. While they appreciated that it takes time to acquire this level of expertise, it was clearly important to them that educators could talk with confidence and authority. For example, one person said:

The Hope UK representative was enthusiastic - but as it was his first presentation, he was not confident or reassuring as he had gaps in his knowledge.

Other professionals also raised the issue of quality control, although they recognised the difficulty of this when working with volunteers. One of the professionals who had experienced a number of different educators commented that the quality varied enormously. Another person said:

Hope UK really are trusting their educators when they are out there.

4.4.6 More educators

Both educators and hosts emphasised the importance of Hope UK maintaining a wide network of educators across the UK. This was echoed by one of the professionals interviewed who described experiencing difficulties in always finding educators for talks.

4.4.7 Better local support for educators

Sustaining a wide network of educators was also perceived to be important in terms of facilitating mutual support between educators. It was felt that the degree of mutual support between educators relied on individual motivation and could suffer when motivation was missing. One educator suggested it might be more effective if Hope UK had key strategic people in each region.

4.4.8 Cost

Finally, although professionals recognised that Hope UK is a charity itself, some feedback suggested that it would be helpful if Hope UK could offer some sessions without any charge. They felt these would be helpful in enabling sessions to be organised in particularly deprived areas.

4.5 Summary and analysis

From the available data, the feedback from parents and hosts was overwhelmingly positive. Parents and hosts clearly felt they had received a high-quality service from Hope UK. Hosts particularly appreciated the efforts made by educators to liaise with them in advance of sessions. Parents valued the

interactive, informal style of the sessions and the effective use of resources. The experience and skills of the educators were also key to the success of the sessions. Other agencies working in the field noted that Hope UK's sessions were particularly accessible to parents as they were offered in evenings and weekends and at familiar venues.

Less positive feedback related largely to issues over which Hope UK had little control, such as the unsuitability of venues, poor turnout or disruptive behaviour from participants. However, it did also raise the question of how Hope UK can balance the freedom it gives its educators in their talks with the need to ensure they adhere to agreed guidelines relating to how strongly they emphasise an alcohol-free option, or bring Christianity into their talks.

Sessions for which records were returned appeared to have been well attended, with the information available showing that nearly a third were delivered to groups of over fifteen people. However, Hope UK may need to monitor whether the sessions it delivers to particularly large groups are effective in terms of achieving its outcomes for parents, as previous research has indicated that smaller sessions tend to be more effective.

Along with the feedback from hosts, educators and professionals, the numbers of people attending Hope UK's sessions suggests that there is a considerable demand for Hope UK's talks and Hope UK appears to face a considerable challenge in meeting the potential demand for its service, particularly in having educators in all areas of the UK. It is therefore important that Hope UK can maintain the support that is so clearly valued by educators, as well as seeking to address the need to create more sustainable local support systems for educators.

Hope UK may also wish to consider working with others to develop sessions in other languages, as well as exploring ways to facilitate a greater use of technology and additional resources in its sessions.

5. Family Workers Course

This section of the report focuses on the work carried out by the project with family workers and considers their views on the quality of the training delivered.

5.1 What this involved

The main focus of the project's work with family workers was the 'Children at Risk' course that it developed for professionals working with families in all sectors. The course was piloted with five different organisations:

- the BASE Project, a family centre on a deprived estate in West Sussex
- Family Action in Easterhouse and Rogerfield (FARE), a community project in Easterhouse, a deprived area of Glasgow
- Coram Family Centre, a charity working with vulnerable children and families in London. This particular course was for the people working with Bangladeshi families
- KIDS, an organisation working with disabled children, young people and their families
- the Maya Project, an Addaction service catering for recovering women with young children, based in South London.

Throughout the three years of the project, some professionals also attended parental drug awareness sessions run in the community. Other professionals were involved with Hope UK through working together – for example, Hope UK worked closely with Care for the Family in providing educators for their DPYK courses and in funding the training of some educators as DPYK presenters.

5.2 What worked well

5.2.1 The pilot courses

Delegates who were interviewed following their participation in the pilot courses³⁷ were generally very positive about the delivery of these courses. For example, one person said:

It was very well done; both facilitators were excellent. They worked well together and engaged well with our team.

They also appreciated the fact that the course had been spread over two days as this had given them enough time to discuss and explore issues. They felt the course had offered a good mix of training and learning styles and appeared to value the interactive nature of the course which had made it possible for them to engage well with it:

I didn't feel uncomfortable, I could speak up – it was very enjoyable.

³⁷ Telephone interviews were carried out with 6 of the 42 professionals who had attended Hope UK's pilot courses.

Two of the professionals interviewed commented on how useful the case studies were; one person described how the use of the family case study had 'gripped everyone'.

5.2.2 The one-off sessions

Monitoring data from delegates³⁸ who had attended Hope UK's one-off sessions in the community, though limited in scale, showed that they rated the quality of the sessions highly, with 100% rating this as good or excellent.

They had also found the sessions useful. Some had particularly valued seeing what drugs look like whilst others found it useful to learn more about the behaviour and symptoms shown by people affected by drugs/alcohol. Other family workers highlighted the value of the information provided on ways to handle situations, different types of drugs, their names and the availability of drugs. Many simply said that they had found all of it useful.

5.2.3 Partnership work

The three family workers who were interviewed about their work with Hope UK during the project³⁹ described a very positive experience of their contact with Hope UK. One organisation described Hope UK's staff as 'very sensitive, very thoughtful and very responsible'. Several emphasised the flexible, responsive nature of their contact with Hope UK:

I think they're great. Anytime I phoned they have been very accommodating. I have never had 'no' for an answer.

Another organisation described their relationship as 'a partnership - they put in as much as I do'.

5.3 What worked less well

Generally, there was little negative feedback from professionals who had been involved with Hope UK's work.

Two of the professionals interviewed about their experience of the pilot courses made comments relating to the content and delivery of the course:

- One person said that although the vast majority of the course had been relevant, an exercise on different funding strands and policies was less relevant to front-line staff.
- Another person commented that having different instructors on each day of the course had resulted in some lack of continuity.

Several people said they had struggled to fit in doing the homework and activities between the sessions. As one of them said:

³⁸ 17 responses from professionals who completed the feedback forms were analysed.

³⁹ Three representatives of organisations who had worked with Hope UK during the project were interviewed at the end of the project.

Not knowing the quantity of work expected was a bit of shock. Having to write an essay wasn't what we were expecting.

Hope UK staff also reported that the process of getting the course accredited with the Open College Network had been difficult and that most of the family workers had not ultimately been able to complete the accreditation due to lack of time.

5.4 Improvements suggested

5.4.1 Delivery of the pilot courses

Some of those who had attended the pilot courses felt it would have been useful to have been given more information beforehand on what the course would cover and what would be expected of them. It was also suggested that regular update sessions would be helpful.

5.4.2 Shorter family workers courses

Hope UK staff also reported that they felt it would be useful to develop a shorter version of the piloted course which would focus on providing a one-day session for family workers.

5.4.3 A higher profile

Some of the other professionals interviewed suggested that Hope UK could do more to promote their service or to extend their work to different areas.

5.5 Summary and analysis

The feedback from delegates attending the training provided by Hope UK was extremely positive. Many of the aspects of its training that had worked well for parents had also worked well for family workers, particularly the interactive style of the courses and the effective resources used.

Some issues had arisen during the delivery of the pilot courses around how much work delegates were expected to put in outside of the courses and Hope UK may also need to consider whether the process of accreditation is feasible for many of the professionals attending such courses. As has already been identified, it will also be valuable for Hope UK to consider ways to offer more flexibility in the content and length of its courses, ensuring it tailors these to local environments and the specific needs of the delegates attending.

Feedback from other agencies working with Hope UK also showed that it had developed a good working relationship with others in the field, who felt Hope UK was an approachable, responsive and engaged partner.

6. Project outcomes

The Family Drug Prevention project aimed to promote positive and healthy lifestyles by improving awareness of drug/alcohol issues among families and professionals and increasing the amount of parental awareness work carried out within the voluntary and community sector.

This section of the report looks at the extent to which the project has brought about these changes and also considers other outcomes that the project has achieved.

6.1 Outcomes for parents

The following section considers the specific ways in which parents benefited from attending Hope UK's parental awareness sessions. In particular, it considers whether the project has been successful in achieving its planned outcomes of increasing parents' awareness of drug/alcohol issues and promoting the importance of positive and healthy lifestyles amongst families. It also considers other outcomes achieved by the sessions.

It should, however, be born in mind that this analysis is drawn from a relatively small sample, consisting of:

- 325 feedback forms from parents attending the sessions (3% of the total numbers of those attending sessions)
- 26 follow-up questionnaires completed by parents (0.2% of the total attending)
- 47 feedback forms from educators in respect of 40 sessions (from a total of 470 sessions)
- 23 follow-up questionnaires completed by educators (14% of the total number of educators)
- 41 feedback forms from hosts (from a total of 470 sessions)
- interviews with 10 parents, 6 educators, 3 hosts and 3 representatives of organisations who had worked with Hope UK during the project.

These samples were self-selecting rather than random. As it is difficult to establish how representative this sample may be, the findings provide an indication, rather than a comprehensive assessment, of the outcomes achieved by the project for parents.

6.1.1 Increased awareness and knowledge of drug issues

The feedback forms completed by parents at the end of sessions⁴⁰ showed that, as a result of attending the session, three-quarters felt they had increased their

⁴⁰ 325 responses.

awareness of drug/alcohol issues. In particular, the follow-up questionnaires completed by parents⁴¹ showed that, as a result of attending the sessions:

- 100% felt that they knew more about drugs and how they affect people and 92% felt they knew more about alcohol and how it affects people
- 100% felt they were now more able to spot the signs of drug and alcohol misuse.

In interview, several people described how they had thought they knew more than they actually did:

I was quite taken aback by some of the things I learnt...things I thought I knew about but was quite shocked to find how much I didn't.

Feedback forms completed by parents at the end of the sessions showed that parents had particularly valued seeing what drugs looked like.⁴² For example, comments included:

For the first time I have seen the different types of drugs.

Other parents⁴³ had found it useful to learn more about the drugs, such as their street names. Others⁴⁴ appreciated learning about the effects of drugs. For example, one person wrote:

It helped me to learn more about how drugs are bad for our youth, even some of medical drugs.

Others had become aware of the signs of drug use. For example, one person wrote:

I learnt to understand more about the dangers and warning signs of someone being on drugs and how to help them.

One parent described how it had changed her perception of how to respond if her child did use drugs.

Before I just thought you should take them to police.

For other parents, gaining more awareness of the prevalence of drug use was significant:

You think it's a taboo subject and your kids are not involved but it's right in their faces.

Other parents described how they had gained more knowledge of how to get help for someone who was using drugs:

I learned where to get help for someone on drugs who wants the help offered to quit.

⁴¹ 26 responses.

⁴² 28% of 187 responses to the question 'what was most useful?'

⁴³ 21% of 187 responses to the question 'what was most useful?'

⁴⁴ 11% of 187 responses to the question 'what was most useful?'

Educators also described how they felt the sessions were valuable in increasing parents' knowledge and awareness of drugs and alcohol misuse. One of the educators described how they felt the sessions gave parents 'more general knowledge which then enables them to spot symptoms/use. They can also help dispel myths and misperceptions.' Other comments included:

There are an awful lot of parents who actually know very little. The sessions make a huge difference to their knowledge.

I feel they expand people's knowledge and give people an understanding which they may not have had.

Another commented how 'a lot of parents say it sets them thinking'.

One of the professionals working with Bangladeshi parents felt that sessions like these were particularly important for parents who did not speak English:

They are often not aware of what's happening in the community. This is an eye opener for them.

6.1.2 Increased understanding of the importance of a positive and healthy lifestyle

Of the 26 parents who completed follow-up questionnaires:

- 96% said they could now see the importance of being a positive, healthy role-model for their children
- 50% said they had made changes in order to have a more positive, healthy lifestyle
- 38% said they could see that they needed to make changes in their own lifestyle.

In interview, some parents also described how they were more aware of the need for a positive, healthy life-style:

On the alcohol issue, I am more aware of how much I do drink. I've not cut back as much as I might like. But I see it as more of a problem... It helped reinforce that it's good to have a target.

It helped me realise you have to become a good role model to your children and to be there for them.

It made me think about the effects on my family situation, instead of a remote 'out there' attitude.

Educators also felt that the sessions were important in helping parents to make a connection between their own behaviour and its effect on their children:

I like to think it makes them think about their own attitudes and approach with their children and to their own alcohol use.

The sessions offer a gentle challenge to parents to think about their alcohol use.

They help them make links in their minds between how they live and how this can affect their children's tendencies.

Interviews with hosts also revealed ways in which some hosts felt the sessions helped parents. For example, one person said:

They are more clued up to... the harmful effects that drugs can have on their lives which can enable them to make better choices.

6.1.3 Better communication with their children

Feedback also showed that the sessions had reinforced and, in some cases, strengthened parents' ability to communicate effectively with their children about drugs/alcohol issues. In interview, some parents described how the knowledge they had gained had enabled them to relate better to their children. For example, one parent said:

Having more knowledge will enable me to discuss more fully with my daughter the issues of drinking alcohol and taking drugs. It's great back up to just saying, 'it's not good for your body/mind'.

They also felt that they were better able to understand the way their children might talk about drug issues. For example, one parent said:

It helped us understand new buzzwords and the way younger people speak. It brought us more up to speed about what's going.

Similarly, another parent described how it was important to 'know the names of things – if they are talking about things, we know what they are talking about'.

For other parents, the session had reinforced the need to keep channels of communication open with their children:

It reinforced that you should continue to look out for them, understand what they might be going through, know their friends.

Some parents appreciated the parenting tips that the sessions gave them. For example, they described:

One piece of advice that was useful was to try to be aware of what your children are engaged in without encroaching too much on their space.

I gained a lot of practical information, as well as confirmation of boundary setting... I now feel more confident as a parent.

55% of parents who completed the feedback forms at the end of the sessions⁴⁵ said it would change how they would deal with drug issues. This was emphasised by interviews with parents who described how the sessions had changed how they would respond to situations involving their own children:

⁴⁵ 325 responses.

Other parents with teenagers who have experimented helped validate the fact that saying 'no, don't do it' doesn't necessarily work.

It certainly helped if I was in a situation – knowing how to handle it - rather than what I might have done before.

Other parents described how the sessions had helped more generally in 'facilitating discussions with the whole family' or had given them 'ways to affirm/praise my children'.

Some comments also highlighted how valuable the sessions were in reaching families with children at different stages of their lives:

Every aspect of the talk was useful as we are grandparents.

Every area spoken about was useful. Especially as we have a daughter going to university.

All of it was extremely useful as I had no idea of what drugs were around, the effects etc and with a child in year six, it's crucial to her continued well-being that we understand these things.

This was echoed by educators who saw the sessions as enhancing parents' understanding of their children and the world they are growing up in:

It's not just information on drug issues but ways of understanding and engaging with teenagers. We were all teenagers once but you can easily forget it.

It opens up a line of communication with their children. Suddenly the kids realise their parents know a bit more and they can talk about what they've heard at school.

It helps parents understand the dangers... Their kids say 'you don't understand!' so it helps to meet the kids where they are at. It helps them to understand jargon and youth culture.

6.1.4 More able to prevent their children misusing

Responses to the follow-up questionnaire to parents⁴⁶ also showed that the sessions had been important in helping parents feel that they could prevent their children from using drugs/alcohol:

- 77% felt they knew more about how to keep their children away from drugs and alcohol
- 81% felt they knew more about how to encourage their children to have a positive/healthy lifestyle
- 81% felt they were more able to deal with drug and alcohol issues
- 88% said they knew where to seek help with drug or alcohol issues.

⁴⁶ 26 responses

For example, one parent described how it was 'very good to know how to protect and teach your child'. Another said:

Any parent must attend a course like this to stand a chance of reducing the chances of their child using drugs.

Some parents particularly valued learning about how to prepare and support their children for dealing with drug issues:

I learnt a lot about how to deal with issues around drugs and parenting.

Over three-quarters of the 23 educators who completed follow-up questionnaires also felt the sessions made a difference to parents' ability to prevent drug issues in their family. They described how the sessions 'give parents a better sense of perspective and remove some fear' and felt that 'many people felt empowered after the sessions to tackle suspicions and deal with drug issues directly or indirectly affecting them'. In interview, one educator related what one mother had said at the end of a session:

If only she had known about all this fourteen years ago, she would have recognised things that would have helped. She was seeing things that she just didn't know were linked to heroin. Her son became a heroin addict. Sessions like this could save someone from going down that route.

Nonetheless, one educator also pointed out that there was a limit to how much could be achieved in an hour's session whilst another felt that it was important to reach the parents of young children:

Unless you get them when their children are very small, the patterns are set in place already. But the sessions give them the ability to have conversations that they might not have otherwise. And they give them literature that they can take away and that their children can also have access to.

Another educator pointed out that:

Concrete outcomes are unlikely. You hope that one kid or one parent will take something away... I hope to drop in something to allow parents to be more confident in, say, dealing with their child smoking cannabis. Otherwise they might have thought 'it's ok, they're just smoking a bit of dope'. We're not there to preach but to give the facts and to give information on what is going on. We strip through all the myths.

6.1.5 Building a support network

In interview, both parents and educators felt the sessions were beneficial in enabling parents to share their concerns and build a supportive network. For example, one of the parents said:

It was good to share experiences with other mums.

Similarly, an educator described how:

They are a group of parents together. That's always a benefit because if you are going through a difficult time, there is generally someone else who is going through it or has gone through it. Talking together is always a positive thing.

6.2 Outcomes for family workers

Another key aim for the project was to improve awareness of drug issues among family workers. Our evaluation of this was largely based on 27 pre- and post-course assessment forms and 6 telephone interviews with delegates who had attended the pilot courses.⁴⁷ However, this was also supplemented with information taken from:

- 25 feedback forms and 4 telephone interviews with family workers who had attended Hope UK one-off sessions in the community⁴⁸
- 3 telephone interviews with representatives of organisations who had worked with Hope UK during the project.

6.2.1 Better understanding of the issues

One of the most significant outcomes for delegates attending the Hope UK pilot courses was the increase in their knowledge and understanding of issues around drug and alcohol use.

Feedback from the 25 delegates who completed the feedback forms at the end of the community sessions showed that 92% felt the sessions had increased their awareness of the issues around the use of drugs and alcohol. For example, one person said,

I now have insight into something I was very unsure of.

Specific feedback from the delegates who had attended the pilot courses showed that:

- over two-thirds (67%)⁴⁹ felt they had increased their knowledge of the effects of drugs and alcohol on the user
- over half (56%) felt they had increased their knowledge of the effects drugs and alcohol on the user's family.

In interview, delegates described how the pilot courses had enriched their understanding:

It has enhanced my understanding of how addictions can affect a family or a young person within a family.

⁴⁷ This represented 64% of the total number of professionals attending the pilot courses.

⁴⁸ The number of professionals attending one-off sessions in the community was not collected so it is impossible to assess how representative a sample this provides.

⁴⁹ 27 of the 42 professionals who attended pilot courses completed both the pre- and post-course assessment forms.

The value of the course was in raising people's awareness about the impact of drugs...and how having an addict in the family may lead to the child being the carer.

It was useful in helping us to recognise that just targeting one issue doesn't actually resolve problems.

I will remember this information on a day-to-day basis. It will help me in my work.

6.2.2 More able to identify and respond to problems

70% of the delegates who completed the assessment forms at the end of the pilot courses⁵⁰ said they had increased their knowledge of how to respond if they become aware that there was a problem with drugs or alcohol in a family they were working with. Delegates felt the courses had increased their ability to spot a problem:

It made me more aware and more vigilant. I know when I've done home visits, I've been aware of paraphernalia around, which I wouldn't have known to look out for. It's given me more context to my work with families. If they're not honest, I can still see if it's a potential issue. It helps with regard to working with the whole family and understanding what's happening for them.

I am more aware, able to spot things earlier. There are some families I work with that are affected by alcohol. I've been able to spot the signs in the children I work with.

They also felt the courses had increased their ability to respond if they identify a problem:

It's given me more of an insight into clients who are recovering and how it affects their families. People expect their family members to be the same – now I can understand more the different stages of recovery and help families to see that.

Family workers attending the one-off sessions also appeared to have been affected by the sessions; 68% of the 25 people completing feedback forms said it would change how they would deal with drug issues.

6.2.3 Increased confidence and skills in working with families

Family workers also reported that as a result of attending the pilot course, they felt more skilled and confident in working with families with drug and/or alcohol issues. Feedback from those attending the pilot courses⁵¹ showed that:

- 59% felt more confidence in dealing with families with drugs/alcohol issues
- 41% felt they had increased their skills in dealing with families with drugs/alcohol issues

⁵⁰ 27 responses

⁵¹ 27 responses.

- 26% felt they had gained experience of how to deal with families with drugs/alcohol issues.

For example, one of the family workers interviewed felt her staff were now confident to address issues rather than 'shying away' and another described:

Feeling more knowledgeable and confident, what to do, not to do, things to keep in mind... It doesn't feel like such a big issue, or one I am scared of or not equipped to begin to deal with.

Similarly, another family worker interviewed said:

It broadened my mind and gave me the confidence to know. I know what to look out for. They can't tell me fibs.

6.2.4 Greater ability to find other sources of help

Many family workers felt that the pilot course had increased their ability to find help for families with drug/alcohol issues:⁵²

- 74% felt they had increased their knowledge of organisations to whom they could refer families with drug/alcohol issues
- 46% reported getting more help and support from organisations supporting families with drugs/ alcohol issues
- 44% reported having more contact with organisations supporting families with drugs/alcohol issues.

For example, one family worker said:

[Attending the course] enabled me to be more selective in how to approach the issue. It gave me a better awareness of how to be involved and how to bring in specialists.

Another said:

I know where to get expert help.

6.2.5 More effective involvement with families with drug/alcohol issues

Interviews with six of the delegates who had taken part in the pilot course revealed that the majority felt that the course had not had any significant effect on the amount of involvement they had with families with drug/alcohol issues. However, one person felt they were now doing quite a bit more work with families with these issues. This had involved targeting families and 'being able to have private talks' with them. She felt this was because the course had helped her to become more confident:

I'm now able to take the bull by the horns and not skirt issues.

Four of the family workers interviewed felt the quality of their interaction with families had changed. For example, one person said:

⁵² 27 responses.

I have now felt better able to understand some of the situations I've seen and have been able to open up helpful conversations on the subject of drugs and alcohol with families attending the centre.

Another described how they were now 'remembering to treat the family holistically, as well as individually' and others talked about how the courses had made them less judgemental:

It made me analyse myself a bit more. I've learnt not to be too judgemental if someone doesn't follow through their programme.

6.2.6 Other outcomes

One of the delegates interviewed felt that attending the course meant they were now feeling 'less isolated as I know who's out there and what support we can get for people'.

Another felt it had given her useful tools for her work generally, commenting:

Some of the exercises we did have been quite useful tools to use in general situations, for example, ones where we talked about ways of getting different people in a family or group to open up and express opinions when they might not have done otherwise. I have used those in quite a lot of contexts.

One interviewee also commented that it had been helpful to do the course as a team as it meant that they could draw on the knowledge within a team context rather than as individuals. They also felt the course had had a 'very good fit with our work', recognising that these were issues for a lot of the families in their area. Another described how it had been useful 'to be able to explore ideas/thinking with people from differing work back-grounds'.

Some comments showed how the sessions would help family workers in their work by helping them 'to prepare children to make good choices'. One family worker summed it up by saying:

I felt this was an important course...and now I feel I can help others.

6.3 Changes in the amount of parental drug awareness work carried out

Finally, the Hope UK project aimed to result in more drug awareness work being carried out within the voluntary and community sector. This type of change is more of a broader, longer-term impact than an immediate outcome for the project and as a result it is difficult to measure this precisely. A wide range of factors will influence the amount of parental drug awareness work carried out and it is unlikely that Hope UK would have control over all of these.

However, we can consider more immediate outcomes that will, it can be hoped, result in longer-term changes in the amount of parental drug awareness work carried out, such as:

- whether the project increased Hope UK’s own capacity to provide parental awareness sessions and whether this resulted in more parental awareness work being carried out by Hope UK volunteers during the three years of the project.
- Whether the project’s work increased Hope UK’s capacity to train other professionals and whether this resulted in an increase in the number of professionals trained in parental drug awareness work.
- Whether the training and support provided by Hope UK stimulated other professionals to carry out more drug awareness work with parents.

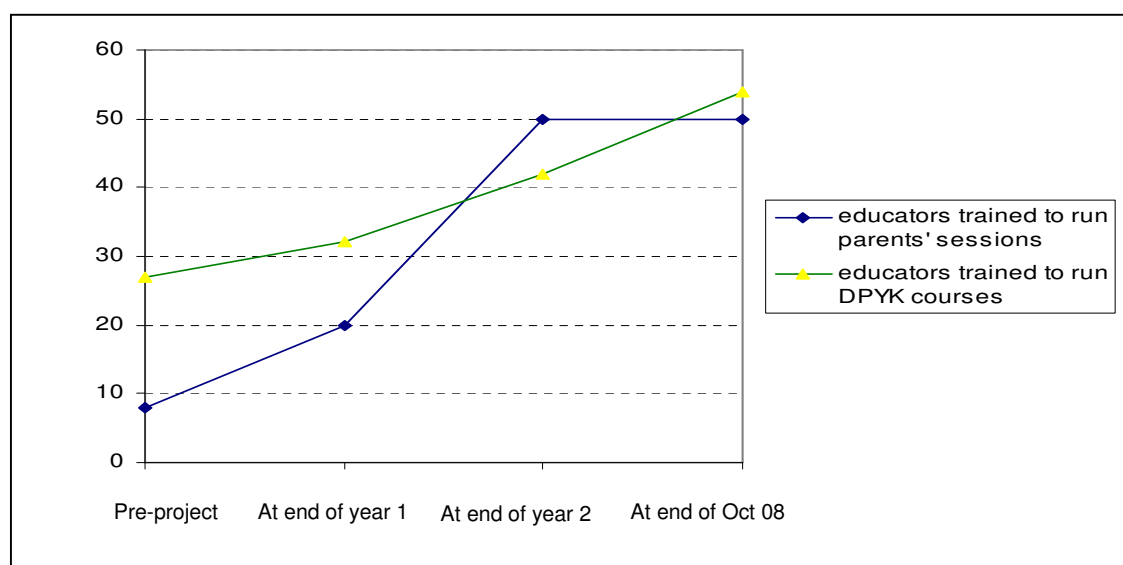
6.3.1 Increased capacity to provide parental awareness sessions

At the start of the project, Hope UK had 122 educators, of whom eight had already been trained to take parental awareness sessions before the project began. By the end of the project, Hope UK had almost doubled this to an active pool of 218 educators, of whom 42 had been specifically trained to take parental awareness sessions.

The project also provided funding to enable Hope UK educators to train as DPYK presenters. At the start of the project, Hope UK had 27 educators trained as DPYK presenters. By the end of the project, this had been doubled.

The following chart shows how Hope UK’s capacity to provide parental awareness sessions increased during the project:

Chart 2: Increases in educators trained in parental drug awareness work



6.3.2 More parental drug awareness work carried out by Hope UK volunteers

As a result of having more trained volunteers, Hope UK was able to increase the number of one-off sessions run for parents in the community during the three years of the project:

- in the year before the project, Hope UK had run 123 drug awareness sessions for parents/family members.
- in the first year of the project, educators and Hope UK staff ran 166 sessions which reached more than 4100 parents/family members.
- in the second year, educators and Hope UK staff ran 189 sessions, reaching more than 4050 parents/family members.
- in the third year of the project (to date), educators and Hope UK staff have run 115 sessions, reaching more than 2350 parents/family members.

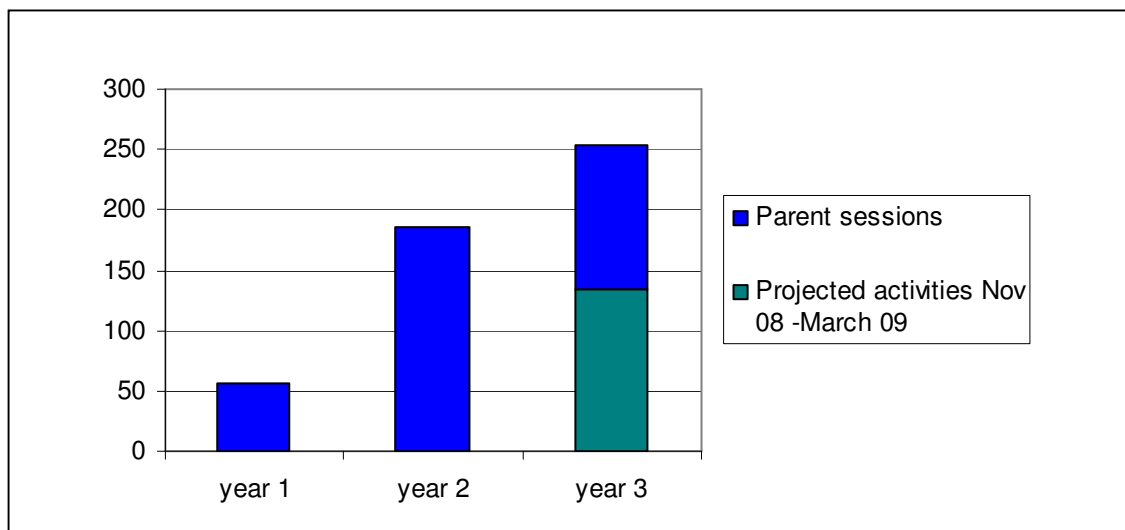
However, as discussed in section 3.1.6, this increase was not as large as the project had anticipated.

The above figures include the additional capacity the project gave in enabling Hope UK to increase the amount of educator input in DPYK courses:

- in the year before the project, Hope UK had contributed to 14 DPYK courses
- in the first year of the project, educators contributed to 35 DPYK courses
- in the second year, educators contributed to another 36 DPYK courses
- in the third year of the project (to date), educators contributed to 19 DPYK courses.

The following chart shows the increases in the amount of parental awareness work carried out by Hope UK during the project:

Chart 3: The increase in the amount of parental drug awareness work carried out by Hope UK



Project staff noted that a particular success had been the work they undertook with a Primary Care Trust's Healthy Schools worker in South West Essex where the combination of a funded project to run DPYK courses in local schools resulted in parent drug prevention sessions being provided as complementary courses to the DPYK parenting course. In addition, project staff were also asked to train school employees in drug education activities. This had resulted from the project's increased liaison with Care for the Family as the Project Worker was

asked to deputise for DPYK and introduce the work of Hope UK to the PCT worker.

6.3.3 More capacity to train other professionals

Hope UK trained 14 educators to deliver the programme for professionals. They reported receiving interest in this programme from a wide range of groups (for example, social workers, youth offending teams, schools) as well as requests for a shortened version of the training for people wishing to increase their understanding of the issues around drug and alcohol use on children in a family, rather than the full range of prevention tools covered in the longer course.

6.3.4 More professionals trained in drug awareness issues

During the project, Hope UK trained 42 family workers through piloting its *Drug Prevention for Family Workers* course. It may also be surmised that as 20% of the feedback from participants of the one-off sessions that Hope UK ran in the community was from people attending in a professional capacity,⁵³ its drug awareness work was also indirectly reaching a significant group of professionals.

6.3.5 More drug awareness work carried out by others

Although no information was available to indicate whether Hope UK's work with family workers had led to a more general increase in the amount of parental drug awareness work being carried out, interviews with some of the professionals involved in the project suggested that some were planning to carry out further work with parents themselves. For example, one person said:

Now I feel confident enough to run a course like that, and to engage other parts of my own community to take part in courses like that.

Another described how some of her colleagues were disseminating their knowledge:

Out of the six or seven who participated, a couple are quite into it now. We have a Bengali drop in every Thursday. They are regular visitors there and they talk about what they have learnt.

Several said they felt inspired by the training. It had 'revealed a different and less complicated approach to [taking] parent sessions'. They also said they felt ready to deliver further sessions:

I feel very confident and equipped to take and prepare another parent session.

One family worker had gone on to organise drug awareness sessions for young people as part of one of the programmes she was running and had brought in Hope UK educators. She had found this had been very effective and planned to run further sessions with Hope UK educators. She also said that she felt she had gained skills which would enable her cope with follow-up questions and

⁵³ 77 of the 379 feedback forms completed (20%) were from people attending either in a professional capacity or in a personal and professional capacity.

offer support. Overall, she felt this had enabled her organisation to 'step up' what they were offering.

Feedback from people who had hosted Hope UK's parent sessions suggested that many would be taking this further; 44% of the 41 hosts providing feedback said they would be planning follow-up to the sessions. This included:

- sharing information with others who were not able to attend the talk
- running another course or holding a similar session in the future
- raising the subject at other meetings
- planning a social evening to see how things are and how parents are applying lessons from course.

6.4 Summary and analysis

The available feedback from parents, educators and hosts indicates that Hope UK's parental awareness work was extremely effective. The data showed strong evidence of the project's success in terms of meeting its key outcomes of increasing parents' awareness of drug/alcohol issues by increasing their understanding about drugs and alcohol and how these affect people and by improving their ability to spot the signs of drug and alcohol misuse.

The sessions had also enabled parents to develop skills that would help them protect their children from the risks associated with using drugs and alcohol by:

- reinforcing, and in some cases, strengthening parents' ability to communicate effectively with their children about drugs/alcohol issues
- giving them a better understanding and ability to be positive, healthy role-modes for their children
- helping them understand how to keep their children away from drugs and alcohol and
- improving their ability to respond to problems if they did occur.

There was also a real benefit for parents attending the sessions in bringing a group of parents together which, in some cases, could help them to build a supportive network.

As evidence drawn from a self-selecting and limited sample is indicative rather than conclusive, it is recommended that Hope UK strengthen the base of evidence of its outcomes for parents.

For the professionals attending Hope UK's courses, there was also clear evidence of the value of the courses, not only in increasing their understanding of drug/alcohol issues but also in terms of developing their skills and confidence for working with families with drug/alcohol issues. Many professionals felt that the pilot course had increased their knowledge of how to respond if they become aware that there was a problem with drugs/ alcohol in a family they are working with. In particular, they had increased their knowledge of organisations

to which they could refer families with drug/alcohol issues. Although this had not resulted in an increase in the amount of work they were carrying out with families with drug/alcohol issues, it had resulted in changes in the way in which some were engaging with families.

Although there was no clear evidence that the project had resulted in substantial increases in the amount of parental drug awareness work carried out, there was some evidence that the Family Drug Prevention project had increased Hope UK's own capacity to carry out such work and stimulated others to carry out further work.

7. Conclusion

This evaluation of Hope UK's work has shown that the Family Drug Prevention project has delivered a high-quality and effective service which has met the needs of the parents and professionals it has involved. The evaluation has enabled us to identify aspects of the work that appear to have been particularly key to its success and of importance in identifying best practice.

7.1 Hope UK's drug awareness work with parents

7.1.1 Critical success factors

In delivering its parental awareness sessions, the qualities of Hope UK's work that emerged as particularly important were:

- the effort that educators made to liaise and plan their sessions with local hosts
- the highly interactive, informal and approachable style of delivery
- the effective resources that educators used to help parents know what drugs and drugs paraphernalia look like
- the expertise and personal qualities that educators brought to the sessions and
- the accessibility of the sessions in terms of venue and timing.

However, issues that arose for Hope UK in carrying out this work included:

- ensuring educators had enough time to deliver their sessions
- providing local support for educators
- ensuring all educators adhere to agreed guidelines in relation to recommending a drug and alcohol-free lifestyle choice and the extent to which they bring Christianity into their talks.

Overall, the data indicates that the project has been highly valued by participants. One of the critical issues for Hope UK will be meeting the potential demand for this service. Hope UK may also now wish to explore ways to take this work into other communities which could involve partnership work with agencies supporting particular target groups.

7.1.2 Best practice

The research discussed in section 2.2 highlighted a number of factors which contribute to best practice in the delivery of effective parent drug education.

Recruitment and attendance

Previous research has shown that engaging parents in drug education can be challenging, particularly in terms of engaging fathers, parents from BME backgrounds and parents whose attendance is dependent on the availability of child-care. Hope UK's work has taken account of barriers to attendance by offering flexible sessions in community venues. From the limited evidence supplied by feedback forms completed by parents attending the sessions, we

have seen that the project has been particularly successful in attracting people from BME communities. However, there is a lack of evidence to show whether the sessions have enabled other groups (such as fathers) to attend. However, the project's delivery in community venues such as churches and faith centres suggests it has identified a valuable route for engaging parents from different backgrounds.

In addition, its method of using local community members to recruit people to the sessions helped to ensure the strong links between the project and local community networks that were identified as being particularly key to success. Some data also pointed to the project's ability to engage a range of family members (such as grandparents, aunts, uncles) rather than focusing exclusively on parents.

Sessions appeared to have been well attended, with the information available showing that over a third were delivered to groups of over 15 people. Indeed some sessions had fifty or more people in attendance and Hope UK may need to consider whether such large groups are as effective in meeting parents' needs as the smaller groups recommended by previous research.

Delivery

The highly interactive nature of the sessions delivered by Hope UK's project emerged particularly strongly from the evaluation and has been identified as a key factor in ensuring effective family focused interventions. In addition, the project's use of trained educators ensured that the sessions were led by 'skilled facilitators', which was substantiated by the high level of positive feedback given by parents and hosts. There was also some evidence to suggest that educators were making efforts to be 'sensitive to local culture and sensibilities' by their good communication with hosts in advance of the sessions although some feedback suggested that the project would benefit from using more educators who could speak other languages.

The evaluation also showed that the sessions had generally been highly valued for the accurate, up-to-date information they had provided on drugs/alcohol and their effects, the advice on how to talk to children about these issues and on how to access local sources of advice and information, all areas which previous research had identified as being of particular importance to parents.

7.1.3 Outcomes

The available research and evaluation of other work has shown that expectations of the outcomes delivered by a project such as the Family Drug Prevention project should be tempered by a sense of how much change parents can realistically be expected to make through attending a one-off session. While research has shown that knowledge about drugs can be significantly improved by a one-off session, it has also shown that the development of confidence, communication and parenting skills generally requires a longer course, preferably delivered to small groups.

In this evaluation, the available data suggests that the project has succeeded in doing far more than just increasing parents' knowledge. Interviews and questionnaires carried out with parents and professionals involved in Hope UK's work revealed that the Hope UK project had enabled parents to feel better equipped to tackle drugs/alcohol issues and showed that parents had benefited more generally in terms of their ability to communicate clearly and effectively with their children and, in some cases, build support networks for themselves.

7.2 The Family Workers course

7.2.1 Critical success factors

The feedback from family workers highlighted the value of the course developed by Hope UK in supporting their work. They particularly appreciated the interactive style of delivery, the effective resources it used and the opportunity to work with colleagues.

Feedback from partner agencies also showed that Hope UK had built a responsive, positive, flexible relationship with other agencies in the field.

7.2.2 Best practice

The work the project has done with professionals in a range of settings (schools, family centres etc.) and with other non-profit organisations (such as churches and faith centres) has demonstrated its potential for effective partnership working as well as good community engagement, two of the particular challenges identified in the government's drugs strategy.

7.2.3 Outcomes

Evaluation of the feedback from family workers attending Hope UK's courses showed that these had been extremely effective in increasing skills and resources for those working with families with drug/alcohol issues. In particular, many had developed a better understanding of how to identify and support families with drug/alcohol issues.

7.3 The impact of the project

Hope UK also hoped to achieve a broader impact through the work of this project in terms of increasing the amount of parental drug awareness work carried out in the voluntary and community sector. While it has certainly increased its own capacity to develop this work further, it is too early to tell whether it has had an impact at a wider level. However, this evaluation has identified a number of aspects of the project's work that may be significant for future work, and it is important that Hope UK shares this knowledge with others as well as using it to develop this work further.

8. Recommendations

A number of points emerged through this evaluation that may be helpful for Hope UK to consider.

8.1 Parents' drug awareness sessions

The evaluation of Hope UK's parental drug awareness work strongly indicates the value of this work and we hope it will support Hope UK to continue this work further. In addition, in order to further develop the work, Hope UK may wish to consider:

- Providing educators with a wider range of methods of delivery (for example, PowerPoint) and additional resources (such as DVDs)
- Emphasising the need for educators to adhere to Hope UK's position on key issues such as bringing religion into the sessions and its advice relating to drug and alcohol-free lifestyle choices.

8.2 Hope UK's work with professionals

The evaluation of Hope UK's work has shown that its training course for professionals has proved to be valuable in supporting professionals to identify and engage with families with drug/alcohol issues. In seeking to develop this work further, Hope UK may wish to consider:

- Developing a range of courses that can be adapted according to the needs of the group in terms of both content and length of the course.
- Continuing to offer update sessions to professionals who have attended its training.
- Creating a system for keeping in touch with the professionals who have attended its training to provide support and monitor longer-term outcomes.

8.3 Monitoring and evaluation

General recommendations for Hope UK focus particularly on improving the monitoring of its work through:

- Addressing the lack of information collected and supplied to Hope UK by its educators. It is vital that Hope UK finds ways to collect more information on the numbers of people attending its sessions, their backgrounds (for example, gender, role in the family and ethnic origin) and their feedback on the quality and usefulness of the sessions. It may be that Hope UK needs to consider building its internal capacity to address this issue and support educators more actively in the monitoring of their work.
- Collecting information on the background of its educators so that it can monitor its ability to meet the needs of diverse communities

- Reviewing the monitoring forms it currently uses to pick up on the particular outcomes identified in this evaluation (ie changes in parents' knowledge, attitudes, behaviour, communication with their children, and support networks)
- Ensuring that educators understand that monitoring is an integral part of the work and exploring ways to make it as easy as possible for educators to collect and return monitoring information to Hope UK, perhaps through setting up an online system.

8.4 Infrastructure

This evaluation has also highlighted the need for Hope UK to prioritise its work with parents in its future plans, alongside the work it is intending to do with children and young people. In particular, it may wish to:

- Explore opportunities to develop parental drug awareness work for specific communities (for example, BME communities).
- Continue to target the recruitment of educators in particular areas/communities.
- Maintain the central support it provides to educators which is essential in ensuring they have up-to-date resources and information to use in their sessions.
- Identify other opportunities for partnership working and cooperation with other organisations.

Appendix 1: Evaluation data

At the start of the project, Charities Evaluation Services (CES) worked closely with Hope UK to develop the monitoring of its parental drug awareness sessions. As a result, three main tools were developed:

- A feedback form for educators to distribute to parents attending its sessions at the end of sessions
- A session report form to be completed by educators after running a session
- An evaluation form for hosts to complete after hosting a session.

In addition, specific monitoring forms were developed for the pilot courses which were supplemented by telephone interviews.

Feedback from the parental awareness sessions

379 feedback forms were returned by participants relating to 57 sessions (12% of the total of 470 sessions delivered during the project). This represented 4% of a total of individuals attending talks during the project). From these, we can see that:⁵⁴

- 273 participants (72%) attended in a personal capacity (ie, as a parent or family member)
- 52 participants (14%) attended in both a personal and a professional capacity.

Of these, a total of 59 individuals indicated they would be willing to be contacted at a later date as part of this evaluation. As such, the sample that this provided represents a self-selected group of individuals who may not have been representative of the wider group.

Interviews were carried out at the end of the project, by which time some participants had to be excluded from this group as too great an interval had elapsed since they had attended the talks. Difficulties in making contact with other participants also reduced the final number of interviews completed to 10.

As a result, in order to strengthen the data available for this evaluation, follow-up questionnaires were distributed by Hope UK to parents in September 2008. 26 parents returned the questionnaires (representing 0.3% of the total number of parents attending sessions). Of these:

- 4% had attended a Hope UK session within the last month
- 38% of these had attended a Hope UK session within the last 6 months
- 35% had attended a session between 6 and 12 months prior to completing the questionnaire
- 23% had attended a session more than a year prior to completing the questionnaire.

⁵⁴ 379 people completed feedback forms at the end of the sessions however 8% did not provide information on the capacity in which they attended the session.

Feedback from hosts

41 evaluation forms were received from 38 hosts (representing 9% of a total of 470 sessions hosted during the project). No information was available on the number of people overall who hosted Hope UK sessions however assuming that hosts only organised one session each, this represents feedback from 8% of the people who hosted Hope UK sessions. Evaluation forms were received from:

- church/faith organisations (51%)
- voluntary organisations (24%)
- schools (15%)
- not known (10%).

In addition, a series of in-depth telephone interviews were carried out with 3 hosts as part of the final evaluation of the project.

Feedback from educators

47 session report forms were completed by 38 educators in respect of 40 sessions (10% of a total of 470 sessions delivered during the project).

Hope UK also provided contact details for educators who were willing to be interviewed as part of the final evaluation of this project. In-depth telephone interviews were carried out with 6 educators (ie, 2% of the 281 educators active during the project). Again, this represents a small and self-selected group of people.

To supplement this, follow-up questionnaires were distributed by Hope UK to educators in September 2008. 23 educators returned the questionnaires (representing 8% of 281 educators active during the project). Of these:

- 13% had been active for less than a year
- 52% had been active for between 1 and 2 years
- 17% had been active for between 3 and 5 years
- 17% had been active for more than 5 years.

In terms of the number of sessions run in the previous year:

- 52% of educators had run between 2 and 5 sessions
- 13% had run between 6 and 10 sessions
- 13% had run more than 20 sessions
- 9% had run between 16 and 20 sessions
- 9% had run only one session
- 4% had not run any sessions.

A total of 53 educators (19% of the total number of educators) were involved in the evaluation of this project. Some educators were involved in more than one aspect of the evaluation:

- 12 of the educators who provided session reports also completed follow-up questionnaires

- 3 of the educators who completed follow-up questionnaires were also interviewed
- 1 of the educators who provided session reports was also interviewed.

Feedback from professionals

Pre- and post-course evaluation forms were given to all 42 professionals who had attended the pilot courses. 27 of these (64%) completed both pre- and post-course evaluation forms.

As part of the final evaluation of the project, in-depth telephone interviews were carried out with 6 of the 42 professionals who had attended Hope UK's pilot courses, with 4 professionals who had attended the one-off sessions and with 3 representatives of organisations who had worked with Hope UK during the project.

In addition, data was analysed from the 379 people who completed feedback forms at the end of the one-off sessions of whom⁵⁵

- 52 participants (14%) attended in both a personal and a professional capacity
- 25 participants (7%) attended in a professional capacity.

Other monitoring data

Data supplied by the Hope UK for analysis by Charities Evaluation Services included records of the project's activities, statistics and reports submitted to the Department for Children, Schools and Families.

⁵⁵ 379 people completed feedback forms at the end of the sessions however 8% did not provide information on the capacity in which they attended the session.