

Improving Outcomes for Families and Children Affected by Substance Misuse

A Monitoring and Evaluation Report for North Ayrshire ADP

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STRADA
Expanding knowledge, changing practice



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1. Executive Summary

STRADA were commissioned by North Ayrshire ADP to provide specialist learning and continuous professional development through a series of bespoke substance misuse learning and development events. These events were aimed at front line staff and key managers involved in assessment, intervention and planning for families where there are substance misuse concerns.

The aim of the commission was to improve skills, recognition and knowledge of contemporary evidence and effective interventions when working with families in a recovery context.

A total of four 'Improving Outcomes for Families and Children Affected by Substance Misuse' modules were developed and delivered in the North Ayrshire ADP region.

STRADA worked closely with stakeholders from North Ayrshire ADP throughout the commission to agree the project plan and ensure that the modules developed met expectations in terms of content and learning outcomes. Regular meetings between STRADA and the commissioner ensured that a feedback loop existed throughout the process.

A total of 20 participants attended between 2 and 4 modules while 17 of these participants attended all four modules.

76 places were filled of a total of 80 places offered – equating to a 95% uptake rate.

Participants on these courses represented two organisations, North Ayrshire Council (80%) and NHS Ayrshire and Arran (20%).

Evaluation results suggest that the modules fully met the expectations of the majority of participants who attended, in terms of content, relevance, pitching and training techniques used.

Learning Outcomes were 'Fully Covered' for the majority of participants on each module.

There was a clear indication participants felt they had improved practice in certain areas, consummate with the module contents, through attendance.

Participants reported a range of planned changes to practice as a result of attendance at these events. These included more joint working, increase in child-focused work, use of the Cycle of Change Model and use of Motivational Interviewing.

In relation to the reported support that participants felt they would need to make these changes, it was apparent that time and support from colleagues and managers were the most important factors.

The STRADA Professional Development Consultants (PDCs) fully met the expectations and were well received by the majority of participants in terms of organisation, subject knowledge, clarity, timekeeping and flexibility to the requirements of the group.

The final evaluation revealed that participants appreciated the fact that these modules were delivered to the same group of professionals by the same PDCs over a three month period, and the results of the focus group provided more evidence of these findings.

There was also suggestion of a need for further skills-based learning and development, based upon some of the work covered across the four modules.

The focus group provided evidence of changes in knowledge, confidence and practice following attendance. It was apparent that participants had a clearer understanding of the impact of change on children and would be practicing in a different way as a result. It was also clear that practitioners now had a greater confidence to talk to service users about the effects of parental

substance misuse on their children. Participants also stated that they thought the delivery of the course was good in terms of facilitators, length of course, content and variety of services present.

Recommendations:

The results of the final evaluation suggest a need for further skills-based learning and development, based upon some of the work covered across the four modules. The PDCs who delivered these learning and development events also observed that the participants would benefit from a programme of Motivational Interviewing knowledge and skills development.

- Further skills learning and development opportunities should be explored to build upon the baseline knowledge from these modules.

Future deliveries of these modules should take cost-effectiveness and sustainability into account.

- Future commissions could potentially be co-facilitated by a STRADA Professional Development Consultant and a suitably equipped and experienced local practitioner. This could further enhance the opportunity to explore local issues and opportunities pertinent to North Ayrshire.

Participants clearly valued the networking opportunities with the range of services represented within the cohort and it appears that this may lead to improved / increased joint-working between agencies.

- North Ayrshire ADP should investigate the possibility of shadowing opportunities for the cohort of participants, to build on the relationships, collaborative working and information sharing practice that has taken place as a result of this commission.
- North Ayrshire ADP should consider the delivery of this learning and development package for new staff; however consideration must be given to establishing the balance of experience within any cohort to ensure that learning is supported, relationships are built and coaching and mentoring opportunities are made possible.

STRADA have found significant benefits in managers engaging in learning and development events and being supported in further developing existing mechanisms to support and supervise staff who have attended learning and development events.

- North Ayrshire ADP should consider involving line managers as participants in any future learning and development commissions.
- North Ayrshire ADP should consider the provision of learning and development events based around line management support and supervision to facilitate practice change and provide opportunities around shadowing, mentoring and coaching.

A future commission may benefit from stressing to participants the importance of evaluation as the total response rate is lower than would be expected. That said it is likely that some form of "evaluation fatigue" has taken place due to the number of course evaluations, focus group and follow-up evaluation.

- Evaluations of future commissions of this type would take this further into consideration by looking to reduce the course evaluation length to take cognisance of the repetition involved for each respondent.

The focus group provided some useful evidence as to the short-term impact of attending these modules. Medium and longer-term impact cannot yet be established.

- A follow-up focus group should be arranged to investigate relationships, joint-working, practice developments and any benefits and challenges the participants have encountered.
- Arranging this focus group with the same participants approximately 6-12 months after the original focus group would allow for evidence of any longer-term impact and/or sustained practice changes to be gathered. This would be valuable in building the case for future learning and development commissions of this sort.

Although this commission was targeted at a specific staff group, in the future this learning could involve other sectors including housing and homelessness, education and employability services.

This report contains recommendations and findings which may influence subsequent learning and development work in North Ayrshire.

- STRADA and the commissioners should schedule a debrief meeting to discuss further the main findings of this report.
- Ideally, a follow-up event should be scheduled to disseminate the findings of this report to the cohort of staff involved.

STRADA are available to discuss any further developments in relation to these courses and any other bespoke courses required in the future by North Ayrshire ADP.

2. Introduction and Background

STRADA were commissioned by North Ayrshire ADP to provide specialist learning and continuous professional development through a series of bespoke substance misuse learning and development events. These events were aimed at front line staff and key managers involved in assessment, intervention and planning for families where there are substance misuse concerns.

The aim of the commission was to improve skills, recognition and knowledge of contemporary evidence and effective interventions when working with families in a recovery context.

Recent research by the Scottish Government (2011), *Social Work Services and Recovery from Substance Misuse: A Review of the Evidence*¹, served to highlight significant gaps within training for social workers in terms of intervening effectively with substance misusing families.

Some of the key findings in relation to workforce development were:

- The evidence reviewed found that formal academic-based social work education has failed social workers in terms of preparing them for working with substance use. This was highlighted through the literature focusing on attitudes, preparation for practice, current practice and training needs.
- The evidence suggests training improves attitudes but is equivocal about its ability to improve knowledge or competence
- Where improvements in knowledge are noted, there is often an elective component to the training suggesting that the more motivated and interested people are prior to the training, the higher chance of positive outcomes.
- Appropriate communication skills appear to be key to overcoming barriers when working with people with problem drug and/or alcohol use.

Project Management

In terms of project management, STRADA worked closely with stakeholders from North Ayrshire ADP throughout the commission to agree the project plan and ensure that the modules developed met expectations in terms of content and learning outcomes. Regular meetings between STRADA and the commissioner ensured that a feedback loop existed throughout and it was as a result of these meetings and participant feedback that decisions were made to make developments to the course, including additional elements such as inviting external speakers to the final module. At one of these regular meetings, it was also agreed that STRADA should transcribe and analyse an end-of-commission focus group held with participants in order to evidence the short-term impact of attendance on this course and to learn about the experiences of the group.

¹ Scottish Government (2011), *Social Work Services and Recovery from Substance Misuse: A Review of the Evidence*, Edinburgh: Scottish Government Social Research.

Project Delivery

STRADA fulfilled this commission by developing and delivering 9 days face-to-face training, comprising 3 x 2-day modules and 1 x 3-day module. These four modules were delivered over the period June – October 2013.

The commission was completed on time as per the commission agreement and the subsequent project plan agreed with North Ayrshire ADP.

Locating and securing appropriate venues for the delivery of the modules, and the recruitment of participants was carried out by the commissioners.

This report details event monitoring data, a summary of evaluations and the focus group held with the participants who attended these events.

3. Monitoring Data

3.1. Events Delivered

All Events were delivered in the North Ayrshire ADP area. All training venues were organised by North Ayrshire ADP. Table 1 details the dates the events were delivered.

Table 1: Number and type of STRADA events delivered over the period.

Course / Dates	Number of Events
Module 1	
24-25/06/2013	1
Module 2	
04-05/07/2013	1
Module 3	
05-06/08/2013	1
Module 4	
05/09/13; 06/09/13; 01/10/13	1
Total	4

3.2. Participants

3.2.1. Number of Participants

Over this period 20 participants attended between 2 and 4 events (Table 2). 17 participants attended all 4 modules. Three participants did not complete all 4 modules.

Table 2: Number of events attended by participants.

Number of events Attended	Number of Participants
2	1
3	2
4	17
Total Unique Participants	20

3.2.2. Uptake

Over this period a total of 76 places were filled of a total of 80 places offered. This equates to a 95% uptake rate (Table 3).

Table 3: Number of participants attending and number of places offered on each course type.

Course	Total Participants	Places Offered	% Uptake
Module 1	18	20	90.0%
Module 2	19	20	95.0%
Module 3	20	20	100.0%
Module 4	19	20	95.0%
Total	76	80	95.0%

3.2.3. Participant ADP

All participants attending these events were from the North Ayrshire ADP region.

3.2.4. Organisation and Job Title

Table 4 shows the organisation and job titles of participants attending these STRADA modules. Participants on these courses represented two organisations, North Ayrshire Council and NHS Ayrshire and Arran. Over half of the participants who attended some or all of the modules were Social Workers from North Ayrshire Council.

The three participants who only completed 2 or 3 of the modules were all Social Workers from North Ayrshire Council.

Table 4: Organisation and Job Title of participants attending in each area.

Organisation / Job Title	Number of Participants	%
North Ayrshire Council	16	80.0%
Social Worker	11	55.0%
Project Worker	2	10.0%
Team Manager	1	5.0%
Young Persons Drug and Alcohol Worker	1	5.0%
Support Worker	1	5.0%
NHS Ayrshire and Arran	4	20.0%
Midwife	2	10.0%
Staff nurse	1	5.0%
Team Leader	1	5.0%
Total	20	

4. Participant Evaluations

Online evaluations are collected by STRADA to allow for event monitoring and quality review. Response rates for each event varied from 57.9% to 84.2% (Table 5).

Table 5: Responses rate for each event.

Course	Evaluations Returned	Total Participants	% Response
Module 1	14	18	77.8%
Module 2	16	19	84.2%
Module 3	13	20	65.0%
Module 4	11	19	57.9%
Total	54	76	71.1%

4.1. Module 1

Module 1 was delivered over two consecutive days in June. The module was designed to introduce the participants to each other, explore local and national prevalence data, recognise the impact of parental substance misuse on families, and explore theories of addiction.

A total of 14 responses were received from participants on the first module, this equates to a return rate of 77.8%.

The following details a summary of all responses received.

4.1.1. Course Content

Responses – Content

All respondents stated that the course met their expectations, was relevant to their role and was pitched at an appropriate level.

12 respondents (92.3%) stated that a 'Satisfactory range of training methods were used' while one respondent stated that they were 'Unsure'.

Learning Outcomes

Table 6 shows a summary of the responses received regarding the coverage of the Intended Learning Outcomes (ILOs) for this module.

On average, across all ILOs, 94.6% of respondents rated the coverage of ILOs as ‘Fully’ covered.

Table 6: Responses to question on Intended Learning Outcomes - Percentages (number of responses).

ILO	Fully	Partially	Not Covered
Understand and recognise the applicability of the models and theories of addiction and dependent behaviours.	85.7% (12)	14.3% (2)	0.0%
Consider professional and personal attitudes, beliefs, values and their impact on practice.	100% (14)	0.0%	0.0%
Understand and apply the national prevalence statistical data on children affected by problem parental substance use data in the local context.	92.9% (13)	7.1% (1)	0.0%
Illustrate understanding of the impact of parental problem drug and/or alcohol use on parenting capacity and well-being.	100% (14)	0.0%	0.0%
Average	94.6%	5.4%	0.0%

Open Comments relating to Course Content

3 participants (21.4% of respondents) provided a comment in relation to an open question in relation to course content.

The comments received were positive in relation to the contents covered.

‘Excellent day where impact on families was clearly identified’

‘The course has highlighted the importance of local care pathways - all agencies have different experiences and knowledge which we should all use and feed into.’

‘Very well delivered course’

4.1.2. Professional Development

Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?

Participants responded to a checkbox style question about how they felt their practice has / will change as a result of attending the course.

85.7% of respondents (12 participants) stated they had Increased Knowledge and / or Better Relationships with Colleagues since attendance while 87.6% (11 participants) stated they had Increased Confidence and/or Improved Practice as a result (Table 7).

Table 7: Responses to a checkbox question 'Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?'

Professional Development	n	%
Increased Knowledge	12	85.7%
Better relationships with colleagues / professionals	12	85.7%
Increased Confidence	11	78.6%
Improved Practice	11	78.6%
Better relationships with clients / service users	10	71.4%
Improved Skills	7	50.0%

Open Comments relating to Planned Actions

11 respondents (78.6%) provided a comment in relation to an open question about what participants might do differently in their practice as a result of this training. All responses are detailed in full in Appendix 1.

Many participants suggested that the course had highlighted the need for a multi-agency approach with one participant suggesting that the multi-agency aspect of the module had led to better relationships.

'This training has again highlighted the need for multi-agency communication. This training has given me the information and beginnings of new knowledge that I will be able to take forward and share with my Colleagues both within C&F and other agencies.'

'As the training is multi-agency, my relationships with other agencies have improved. This will contribute to more effective practice.'

There was suggestion from some participants that their practice would be more child-focused as a result.

'More in depth reflection on families affected by substance misuse and a deeper understanding of the impact on children.'

'I will make more effort to consider the situation from the child's perspective and ensure that I give them the opportunity to listen to them and enable them give their views if they wish to.'

One participant stated that they were now more confident to challenge colleagues.

'Have a greater confidence to challenge colleagues in professional meetings. Course has reinforced that my role and the thought process regarding addiction and the effect on children is accurate and important. The increased knowledge enables me to evidence this not only in practice but in theory.'

7 respondents (50%) provided a comment in relation to an open question about what support might be required to enable them to make these changes. All responses are detailed in full in Appendix 2.

Several participants suggested that more time would be useful in terms of more time with the child and more time to attend meetings.

'More time to spend with the child to build up a better relationship. '

'Time to attend meetings to aim to improve service'

Others stated that support from management and discussion with colleagues would be required while some highlighted the importance of the multi-agency relationships which had been established on the course.

'Discussions with colleagues who also attended the course.'

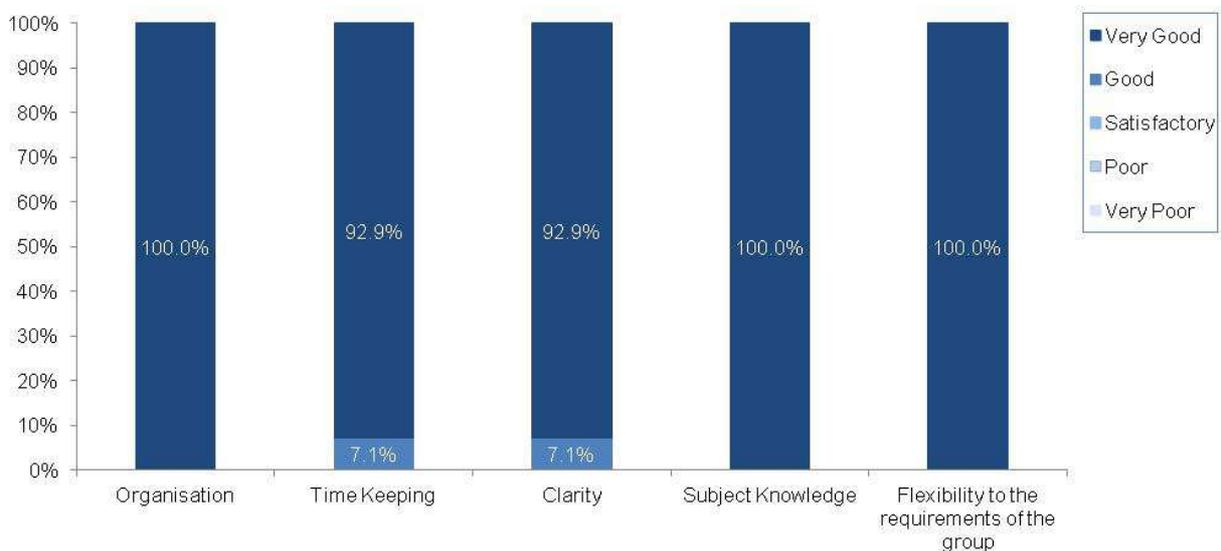
'Managerial and interagency support/signposting - using the contacts I have made during this course.'

'I have developed new multi-agency relationships with colleagues who are also on the training. Again this training has highlighted the need for multi-agency communication and the positive affect that has on service users. I will continue to highlight and discuss the above planned actions with my manager and colleagues. '

4.1.3. Responses – Professional Development Consultant (PDC)

All respondents rated the event PDCs as 'Good' or 'Very Good' in terms of Organisation, Time-keeping, Clarity, Subject Knowledge and Flexibility to the Requirements of the group (Figure 1).

Figure 1: Response to evaluation questions relating to Professional Development Consultant.



The open comments received about the PDCs who facilitated this event were very positive.

'Both facilitators were very knowledgeable and informative, and encouraged participation throughout the duration of the two days training.'

'Both facilitators [were] excellent and used personal experiences appropriately to generate discussion.'

4.1.4. Responses – Venue

100% of respondents rated the venue as between ‘Satisfactory and ‘Very Good’ in relation to location, facilities and suitability of the training room. The venue used for this event was the Ardeer Youth and Community Centre.

4.1.5. Open Comments relating to Improvements:

Five responses (35.7%) were received in relation to an open question about improvements which could be made to this course. Four of these responses stated that nothing was required to improve the course while one participant suggested that less group participation would have been an improvement.

‘Less group participation would improve the sessions so far. Some members of the group were more overbearing and the time would have been better spent learning about theoretical models and schools of thought in relation to addiction and substance use.’

4.2. Module 2

Module 2 was delivered over two consecutive days in July. The purpose of this module was to help participants explore their roles and responsibilities in regard to information sharing and both familiarise themselves with and consider the application of evidence-based early interventions and approaches.

A total of 16 responses were received from participants on the second module, this equates to a return rate of 84.2%.

The following details a summary of all responses received.

4.2.1. Course Content

Responses – Content

All respondents stated that the course met their expectations, was relevant to their role, was pitched at an appropriate level and that a satisfactory range of training methods were used.

Learning Outcomes

Table 8 shows a summary of the responses received regarding the coverage of the Intended Learning Outcomes (ILOs) for this course.

On average, across all ILOs, 93.8% of respondents rated the coverage of ILOs as ‘Fully’ covered. No ILO was rated as having not been covered.

Table 8: Responses to question on Intended Learning Outcomes - Percentages (number of responses).

ILO	Fully	Partially	Not Covered
Illustrate the practical application of earlier identification and interventions, considering the use of early intervention tools.	81.3% (13)	18.8% (3)	0.0%
Describe intra/inter-agency responsibilities in relation to info sharing in well-being and risk to children affected by parental substance misuse.	100% (16)	0.0%	0.0%
Discuss the impact of substance use and conception, foetal development, labour and parenting.	93.8% (15)	6.3% (1)	0.0%
Explore societal attitudes to drug and alcohol misuse, pregnancy and parenting, including the issues of ethical decision making.	100% (16)	0.0%	0.0%
Understand the relevance of motivational interviewing and its attendant skills base.	93.8% (15)	6.3% (1)	0.0%
Average	93.8%	6.3%	0.0%

Open Comments relating to Course Content

3 participants (18.8% of respondents) provided a comment in relation to an open question in relation to course content.

All comments were very positive relating to the course contents with one response highlighting the importance of the Motivational Interviewing aspect of the course.

‘Thoroughly enjoying the course and the pace from the facilitators.’

'Very interesting, relevant and delivered to a high standard. Enjoying it immensely!!'

'Motivational interviewing was extremely beneficial to me as this is a significant part of my current role and aware of how important first point of contact with new clients is in determining their involvement with services.'

4.2.2. Professional Development

Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?

Participants responded to a checkbox style question about how they felt their practice has / will change as a result of attending the course.

93.8% of respondents (15 participants) stated they had Increased Knowledge and / or Better Relationships with Colleagues since attendance while 98.8% (11 participants) stated they had Increased Confidence and/or Improved Skills as a result (Table 9).

Table 9: Responses to a checkbox question 'Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?'

Professional Development	n	%
Increased Knowledge	15	93.8%
Better relationships with colleagues / professionals	15	93.8%
Increased Confidence	11	68.8%
Improved Skills	11	68.8%
Improved Practice	9	56.3%
Better relationships with clients / service users	9	56.3%

Open Comments relating to Planned Actions

14 respondents (87.5%) provided a comment in relation to an open question about what participants might do differently in their practice as a result of attendance at this course. All responses are detailed in full in Appendix 3.

Many respondents stated that knowledge and skills in Motivational Interviewing and a greater understanding of the effects of drugs and alcohol in pregnancy would benefit their practice in some way.

'I will be more aware of my use of language and use motivational interviewing skills such as active listening, paraphrasing and use of summary. As well as this I have increased my knowledge on FAS and the effects of drugs on an unborn child. '

'My approach to clients using some of the motivational interviewing techniques. MI was briefly discussed but I will take some learning from the session to improve my practice.'

'More aware of the affects of alcohol during pregnancy and will feel confident in challenging, young mums in particular, who feel that a few drinks is okay. More aware of the long term difficulties which can affect families where alcohol and or substance misuse has been an issue during pregnancy.'

One participant stated that they would look to share information from this course with colleagues.

'Share the knowledge information with colleagues in terms of the impact of alcohol on the foetus. Address this with young female clients as part of a groupwork intervention.'

A few respondents also suggested that they had a greater awareness of the need for joint-working and increased information gathering from other agencies.

'Increased awareness of the need to actively seek information from other agencies if this has not already happened, and knowing to ask the right questions.'

'In terms of information sharing I will take responsibility to ensure that information is shared and acted on. I will regularly contact the services who are lax in contact my service, and encourage a two way sharing of information. '

13 respondents (81.3%) provided a comment in relation to an open question about what support might be required to enable them to make these changes. All responses are detailed in full in Appendix 4.

Respondents again mentioned time as an important factor for making these changes.

'I feel that these skills I can use in my practice on a daily basis to better my relationships and assessment with clients. Although some times, time may be an issue. '

'Unfortunately practitioners don't always have the time to contact everyone who is involved in their caseload, so adequate time to enable information sharing would be beneficial. '

Participants also suggested that further training in various areas would be of benefit.

'More clarity on when and how much information we can share to increase my confidence.'

'Further training on MI so support from line manager to attend would be beneficial.'

'I would benefit from a short session reminding of different substances and street names used for these. This would increase my understanding and allow me to advise appropriately.'

Some respondents stated that increased interagency working would help them make changes with one individual stating that they had already set up monthly meeting with an addiction service to help achieve these aims.

'More interagency working and perhaps forums with other agencies to explore ideas.'

'Have arranged monthly meetings with Addiction service aiming to improve awareness of vulnerable family's midwifery service'

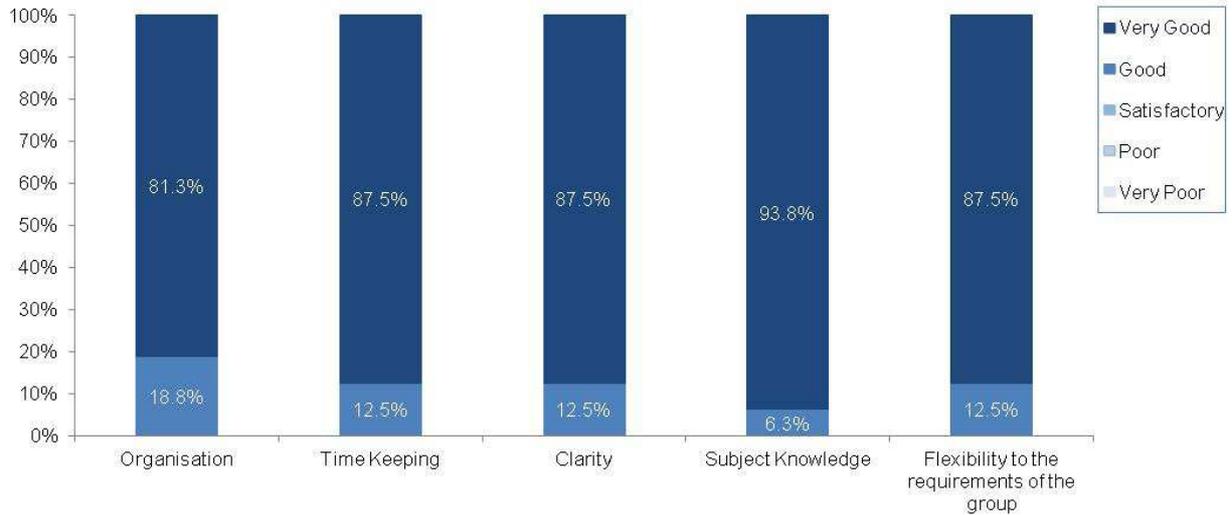
One respondent highlighted the importance of sharing information with colleagues to ensure consistency of practice.

'Sharing information with colleagues to ensure consistent practice with client groups'

4.2.3. Responses – Professional Development Consultant (PDC)

All respondents rated the event PDCs as ‘Good’ or ‘Very Good’ in terms of Organisation, Time-keeping, Clarity, Subject Knowledge and Flexibility to the Requirements of the group (Figure 2).

Figure 2: Response to evaluation questions relating to Professional Development Consultant.



The open comments received were again very positive in relation to their knowledge and the training methods used.

‘Both facilitators were very knowledgeable about all the subject matter discussed, but also asked members of the group to share their knowledge and experience which was very helpful.’

‘Course was run exceptionally well, the facilitators always encouraged group participation and always felt at ease asking questions within the environment created.’

4.2.4. Responses – Venue

100% of respondents rated the venue as ‘Good’ or ‘Very Good’ in relation to location, facilities and suitability of the training room. The venue used for this event was the Ardeer Youth and Community Centre.

4.2.5. Open Comments relating to Improvements:

3 participants (18.8%) provided a response to an open question about suggested course improvements. All responses stated that they could not think of anything to suggest to improve the course.

‘So far the course content has been excellent and I cannot think of anything that I would suggest to improve it.’

4.3. Module 3

Module 3 was delivered over two consecutive days in August. This module was designed to help participants explore co-occurring issues when working with families where substance misuse is present such as domestic violence and poor mental health. The module also considers in detail the impact of neglect on children and how practitioners can improve and develop their recognition of risk and resilience.

A total of 13 responses were received from participants on the third module, this equates to a return rate of 65%.

The following details a summary of all responses received.

4.3.1. Course Content

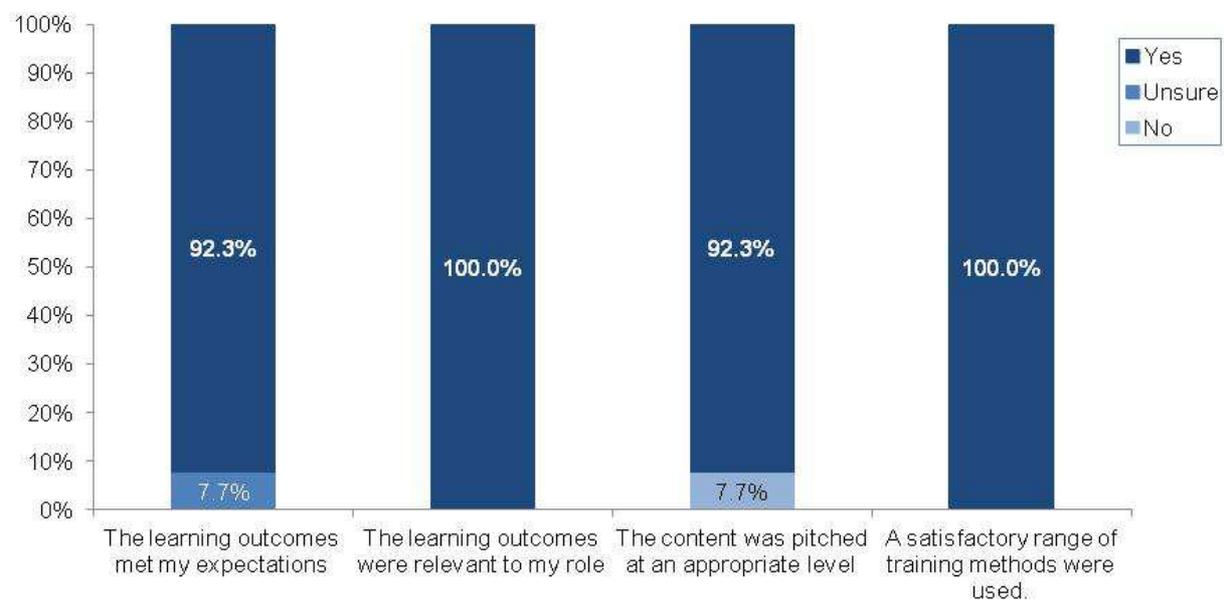
Responses – Content

All respondents stated that the course was relevant to their role and that a satisfactory range of training methods were used (Figure 3).

92.3% (12 respondents) stated that the learning outcomes met their expectations while one individual stated that they were 'unsure'.

92.3% (12 respondents) stated that the content was pitched at an appropriate level while one individual stated that this was not the case.

Figure 3: Response to evaluation questions relating to Course Content.



Learning Outcomes

Table 10 shows a summary of the responses received regarding the coverage of the Intended Learning Outcomes (ILOs) for this course.

On average, across all ILOs, 90.8% of respondents rated the coverage of ILOs as ‘Fully’ covered. No ILO was rated as having not been covered.

Table 10: Responses to question on Intended Learning Outcomes - Percentages (number of responses).

ILO	Fully	Partially	Not Covered
Understand the relevance and contemporary research evidence to practice in relation to current and new interventions to support children and families.	92.3% (12)	7.7% (1)	0.0%
Consider the impact of co-occurring indicators of risk e.g. domestic violence and mental health issues associated with parental substance misuse.	84.6% (11)	15.4% (2)	0.0%
Recognise the impact of neglect on children and families affected by parental problem drug/alcohol use.	92.3% (12)	7.7% (1)	0.0%
Exhibit improved practice skills for recognising risk and strengthening protective factors and resiliency.	84.6% (11)	15.4% (2)	0.0%
Consider the integral nature of change and recovery in relation to parenting capacity and the safety and protection issues for children.	100% (13)	0.0%	0.0%
Average	90.8%	9.2%	0.0%

Open Comments relating to Course Content

1 participant (7.7% of respondents) provided a comment in relation to an open question in relation to course content.

‘Enjoyed group sessions’

4.3.2. Professional Development

Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?

Participants responded to a checkbox style question about how they felt their practice has / will change as a result of attending the course.

92.3% of respondents (12 participants) stated they had Increased Knowledge since attendance while 69.2% (9 participants) stated they had better relationships with colleagues as a result (Table 11).

Table 11: Responses to a checkbox question ‘Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?’

Professional Development	n	%
Increased Knowledge	12	92.3%
Better relationships with colleagues / professionals	9	69.2%
Better relationships with clients / service users	8	61.5%
Improved Practice	7	53.8%
Increased Confidence	6	46.2%
Improved Skills	5	38.5%

Open Comments relating to Planned Actions

9 respondents (69.2%) provided a comment in relation to an open question about what participants might do differently in their practice as a result of attendance at this course. All responses are detailed in full in Appendix 5.

The majority of responses referred to better assessing the impact of substance misuse and change on children.

'Assessing the impact of substance misuse on children in a holistic manner'

'My learning will inform my assessment in relation to recognising the periods where risk is increased and the child's perception of situations.'

'Have always been passionate about working and supporting children affected by substance use. This course has reinforced the importance of listening, supporting and identifying these children in order that services can affect change.'

'Wider consideration of these issues affecting children. Expands knowledge of how this impacts not only on the children but the parents/carers and their ability to function.'

Several respondents stated that the 'Cycle of Change' concept would be useful to them in practice.

'Cycle of change shall allow me confidence in appreciating difficulties clients face on a day to day basis'

'Recognition of the fact that the client may not be ready to make the changes that are asked of them. My care would then be directed at what we can do to support the family at that time.'

9 respondents (69.2%) provided a comment in relation to an open question about what support might be required to enable them to make these changes. All responses are detailed in full in Appendix 6.

Several participants suggested that a greater emphasis on integrated working would be of benefit.

'More joint working with addiction services, although our department has excellent working partnerships with NAC Addiction Services. Better relationships could be built with NHS Community Addictions Team'

'More emphasis on integrated working.'

Again some participants suggested the time and support required to make changes.

'Protected time to make phone calls and joint visits'

'To continue to be supported via line manager with the space and time to create effective working relationships with families.'

One respondent stated that they had developed a groupwork intervention and that this required social workers to recognise the importance of the child and take time to make referrals,

'Have developed a groupwork intervention that is aimed at 8-11yrs old children who have all been affected by parental substance use. In order for this to continue social workers need to recognise the importance of the child in this situation and take time to refer y.p. to enable to intervention to continue. I believe the course is essential in supporting/highlighting these issues.'

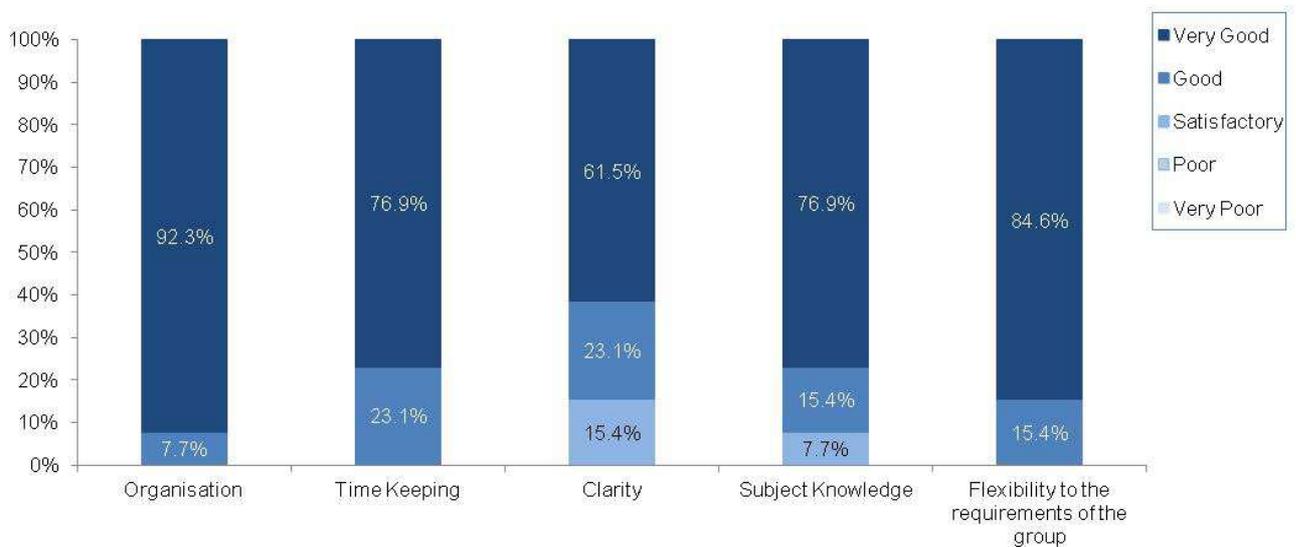
4.3.3. Responses – Professional Development Consultant (PDC)

All respondents rated the event PDCs as ‘Good’ or ‘Very Good’ in terms of Organisation, Time-keeping, and Flexibility to the Requirements of the group (Figure 4).

92.3% (12 respondents) rated the event PDCs as ‘Good’ or ‘Very Good’ in terms of Subject Knowledge while one participant rated them as ‘Satisfactory’.

84.6% (11 respondents) rated the event PDCs as ‘Good’ or ‘Very Good’ in terms of Clarity while two participants rated them as ‘Satisfactory’.

Figure 4: Response to evaluation questions relating to Professional Development Consultant.



The only open comment received about the event PDCs was positive.

‘Very easy to listen to - personal experiences relevant and enhances discussion.’

4.3.4. Responses – Venue

100% of respondents rated the venue as between ‘Satisfactory’ and ‘Very Good’ in relation to location, facilities and suitability of the training room. The venue used for this event was the Ardeer Youth and Community Centre.

4.3.5. Open Comments relating to Improvements:

4 participants (30.8%) provided a response to an open question about suggested course improvements. All responses stated that they could not think of anything to suggest to improve the course.

4.4. Module 4

Module 4 was a three-day module comprising two back-to-back days in September and a subsequent follow-up day in October. It was designed to help participants reflect upon their practice and afford them an opportunity to practice and improve their skills in supporting behavior change when working with families affected by parental substance misuse.

A total of 11 responses were received from participants on the fourth module, this equates to a return rate of 57.9%.

The following details a summary of all responses received.

4.4.1. Course Content

Responses – Content

All respondents stated that the course met their expectations, was relevant to their role, was pitched at an appropriate level and that a satisfactory range of training methods were used.

Learning Outcomes

Table 12 shows a summary of the responses received regarding the coverage of the Intended Learning Outcomes (ILOs) for this course.

On average, across all ILOs, 96.4% of respondents rated the coverage of ILOs as 'Fully' covered. No ILO was rated as having not been covered.

Table 12: Responses to question on Intended Learning Outcomes - Percentages (number of responses).

ILO	Fully	Partially	Not Covered
Explore the context and stages of supporting behaviour change and its use with evidence-based interventions.	100% (11)	0.0%	0.0%
Recognise the process of behaviour change through analysing the determinants of personal behaviour change.	100% (11)	0.0%	0.0%
Explore the context of supporting behaviour change when working with children and families.	100% (11)	0.0%	0.0%
Practised the use of supporting behaviour change interventions.	81.8% (9)	18.2% (2)	0.0%
Reflected on practice and considered means of supporting future skills development.	100% (11)	0.0%	0.0%
Average	96.4%	3.6%	0.0%

Open Comments relating to Course Content

The comments received in relation to an open question in relation to course content were positive.

'the course explores each of these areas comprehensively enabling participants to not only consider these issues from a clients perspective but also to consider if from a personal perspective giving participants the insight into how difficult it can be to change long established behaviours.'

'Thoroughly enjoyed course and shall use many aspects within my current role.'

4.4.2. Professional Development

Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?

Participants responded to a checkbox style question about how they felt their practice has / will change as a result of attending the course.

All respondents (11 participants) stated they had Increased Knowledge since attendance while 90.9% (10 participants) stated they had increased confidence and better relationships with colleagues as a result (Table 13).

Table 13: Responses to a checkbox question 'Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?'

Professional Development	n	%
Increased Knowledge	11	100.0%
Increased Confidence	10	90.9%
Better relationships with colleagues / professionals	10	90.9%
Improved Skills	8	72.7%
Better relationships with clients / service users	8	72.7%
Improved Practice	7	63.6%

Open Comments relating to Planned Actions

9 respondents (81.8%) provided a comment in relation to an open question about what participants might do differently in their practice as a result of attendance at this course. All responses are detailed in full in Appendix 7.

Many respondents referred to using the cycle of change, often along with motivational interviewing techniques while two respondents also suggested that they would now be more child-focused in their practice as a result.

'I will keep the child at the centre of my practice, and ensure I make the opportunity to speak to them specifically about their understanding and views of the situation. I will consider the cycle of change in more depth particularly in relation to the child, and will be mindful that agency and client timescales/ goals may not be the same. '

'Pay more particular attention to the process of change and the difficulties experienced by anyone going through this. Be more aware of how children are affected by change - whether professionals see it as 'positive' change or not, their views may be different.'

'Motivational interviewing. Using Cycle of Change Model'

'Will not always act immediately with solution focused actions. Will listen and support clients to make changes that are achievable and which they have identified. I have more patience when things don't go to plan as I have a greater understanding that affecting change is difficult and sustaining change is challenging.'

One respondent stated that they were now able to reflect on their own values.

'I have been able to use the skills from the module on motivational interviewing. I have been able to reflect on my own values as well as societies pre conceived ideas on drugs and alcohol. '

8 respondents (72.7%) provided a comment in relation to an open question about what support might be required to enable them to make these changes. All responses are detailed in full in Appendix 8.

As previously a number of responses referred to the requirement for time to reflect and put into practice new skills.

'More time to be able to reflect, and to put into practice motivational interviewing skills.'

'Time to plan interventions and to reflect on practice.'

A few comments suggested that support from colleagues and managers would be / was beneficial.

'Support from other colleagues and improved inter-agency pathways of care.'

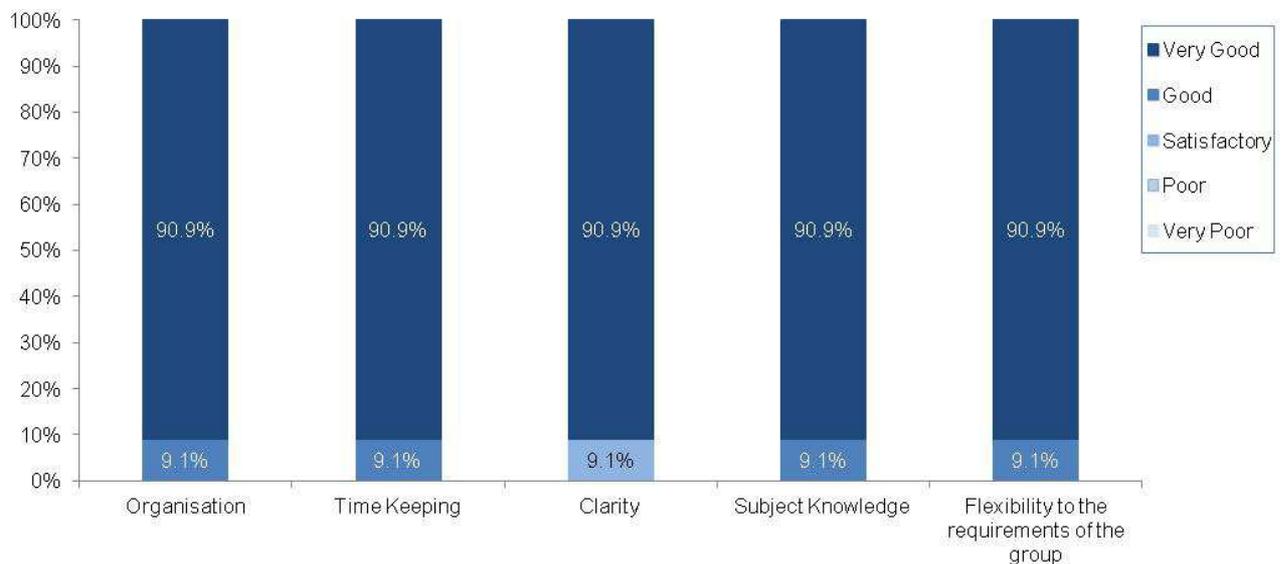
'I don't feel I need specific support but have the support of manager and colleagues to share plans and practice.'

4.4.3. Responses – Professional Development Consultant (PDC)

All respondents rated the event PDCs as 'Good' or 'Very Good' in terms of Organisation, Time-keeping, Subject Knowledge and Flexibility to the Requirements of the group (Figure 5).

90.9% (10 respondents) rated the event PDCs as 'Good' or 'Very Good' in terms of Clarity while one participant rated them as 'Satisfactory'.

Figure 5: Response to evaluation questions relating to Professional Development Consultant.



All open comments received in relation to the PDCs were very positive.

'Both facilitators were very knowledgeable and experienced and delivered the course in a very flexible and inclusive manner.'

'Ability to allow those attending to be involved in the learning process and build up interactions with other areas of the service'

4.4.4. Responses – Venue

90.9% of respondents (10 individuals) rated the venue as ‘Good’ or ‘Very Good’ in relation to location, facilities and suitability of the training room, while one respondent rated the venue as ‘Poor’ for all these measures and no open comment was received from this individual to further explain this rating. The venue used for this event was the Ayrshire Central Hospital.

4.4.5. Open Comments relating to Improvements:

6 participants (54.5%) provided a response to an open question about suggested course improvements. 2 respondents stated that they could think of nothing to improve the course while one other comment suggested that the opportunity to bring in external speakers from a different discipline should be continued. These comments suggest that the inclusion of the guest speakers from mental health services to the programme of Module 4, based upon the identified need to improve communication links, was appropriate and relevant to the needs of the participants and this flexibility brought added value to the learning and development experience over and above the pre-prepared training material.

‘Included in this event was the opportunity to bring in speakers from a different discipline. This should be continued. A nine day course is a big commitment; however, this appeared to work well, with the group getting to know each other over a suitable period of time.’

‘More guest speakers from other agencies would continue to improve inter agency networking’

‘It was mentioned on the last day that if the course was to run again in North Ayrshire then perhaps someone local would be willing to participate in facilitating. I am willing to participate although my local knowledge is mainly within maternity services.’

4.5. Final Evaluation

Following delivery of all four modules, participants were emailed a link to a final online evaluation, asking for some feedback on the series of events as a whole.

A total of 3 responses were received, this equates to a return rate of 15.8%. The following details a summary of all responses received.

4.5.1. Do you feel that being part of the same group throughout a series of events made a difference? What added value did it bring?

All respondents stated that being part of the same cohort through the training had made a difference. When asked about the added value, two respondents described being more confident / comfortable when participating while one participant stated that this allowed them to develop relationships with the other professionals.

'Familiarity with the others helped confidence to more fully participate.'

'Everyone became more comfortable discussing sensitive topics as the group progressed through the course.'

'It allowed me to develop relationships with professionals to a greater depth'

4.5.2. What networking opportunities were afforded by these courses, and how have these relationships been maintained since?

One participant stated that they had maintained communication with other participants since the course while another highlighted the benefits of networking with specific sectors.

'The make up of the group allowed for networking and I have spoken to most of the other participants since. This has aided closer working and an understanding of the roles of others.'

'The relationships with health visitors midwives and addiction worker was particularly useful as it identifies common approaches. Shame mental health workers were not included'

4.5.3. Professional Development

Participants again responded to a checkbox style question about how they felt their practice has / will change as a result of attending the set of modules.

All respondents (3 participants) stated they had Increased Knowledge, Increased Confidence and would have Better relationships with colleagues following attendance. Two respondents (66.7%) stated they had improved skills and Better relationships with clients (Table 14).

Table 14: Responses to a checkbox question 'Please detail the ways in which you think your practice has changed / will change as a result of having attended this training?'

Professional Development	n	%
Increased Knowledge	3	100.0%
Increased Confidence	3	100.0%
Better relationships with colleagues / professionals	3	100.0%
Improved Skills	2	66.7%
Better relationships with clients / service users	2	66.7%
Improved Practice	0	0.0%

4.5.4. What has helped you achieve these changes?

Two respondents mentioned the value of the events having the same participants present as helping them achieve these changes. Two responses also related to the contents of the course providing them with a better understanding and awareness of the subjects covered.

'Knowledge from the training and a better understanding of addiction and how it affects adults and young people. Number 5 above comes from being involved in the group in training.' [No 5 was 'Better relationships with colleagues / professionals]

'Length of the course and having same trainers and participants'

'Greater understanding of recent development in particular the effects of alcohol and unborn child and the long term effects on the child'

4.5.5. What, if any, barriers or challenges have you faced implementing your learning?

One respondent detailed the number of clients as being a barrier currently faced.

'Number of clients, at the moment, who have addiction issues. However, other aspects can be transferred to other problems.'

4.5.6. What added value did having the same two trainers throughout bring?

Two respondents identified familiarity with the PDCs as being beneficial in encouraging confidence during discussions.

Two respondents also suggested that having two PDCs allowed participants to become familiar with their expertise and one suggested this gave added perspective as well as a variation in teaching styles.

'Again, the familiarity allowed everyone to feel comfortable with discussion. Also, the consistent information was relevant and this was supported by having the same two trainers.'

'Also, familiarity aided confidence in taking a full part in discussions. Using different trainers would upset the balance of the group. Workers were able to get to know the trainers and their expertise.'

'It's a ying yang thing it gives added perspective to the training and a variation in teaching styles'

4.5.7. Do you have any other comments regarding how this series of training events was run?

The two comments received to this open question were very positive. One respondent that the length of modules and time period delivered over were good while another stated that a good mix of professionals were represented on the course.

'I am in favour of the length of training, spaced over three months. The numbers involved seemed appropriate. Venues good. Trainers clearly worked together and were very good facilitators.'

'It was a good mix of professionals from most areas of social care'

5. Focus Group

A focus group was held with all staff who attended the final learning and development module. The focus group discussion was transcribed and analysed by STRADA in addition to the agreed commission, as STRADA recognised that this provided an opportunity to evidence the short-term impact of the training and to learn about the experiences of the group.

The transcription of the discussion held in the focus group was coded for specific topics and themes, and quotes evidencing each were collected and used to summarise the main topics which arose.

A full summary of the focus group can be found in Appendix 9.

5.1. Knowledge, Confidence and Competence

It was clear that participants felt they had increased knowledge, confidence and competence following attendance at the course. Participants in the focus group referred to aspects of the cycle of change model and its relationship to service users' children throughout.

Participants also described changes in thresholds and increased confidence around talking to service users about the impact of addictions on their children.

Increased competence due to having more knowledge of and links with services in the area and greater empathy with service users was also reported.

Participants described the fact that therapeutic interviewing skills were key to relationship building however there were clearly barriers to their use, such as the need for more training in these skills and the requirement to embed this practice style in some sectors such as health.

5.2. Change in Practice

When asked how this learning and development is currently being applied to practice a number of examples were described including being more realistic with what might be achieved with a service user in a given timescale. Again participants described the fact that they now had increased confidence to discuss with service users the effects of substance misuse on their children and it was clear that this was already having an impact on practice.

One participant also stated that they now had more communication between agencies throughout the interventions rather than just at the beginning and end as happened previously.

Increased awareness in relation to recognising the effect of substance misuse on children was again highlighted.

5.3. Reflection on Practice

Participants clearly felt that the course had allowed them to reflect on previous decision-making and casework. One participant described the fact that they now recognise that some service users were not ready to make changes or move on but that this presents a difficult balance with the needs of the child.

5.4. Supporting Recovery

Many participants stated that their increased knowledge, understanding and awareness of the effect of adult recovery on children has and will continue to enable them to provide better integrated support. This theme recurred at various times throughout the focus group.

It was also apparent that having local services / organisations working in the same way and understanding each other's roles is important for providing a family-focused approach and it was clear that participants valued the fact that the course helped facilitate this process.

Participants valued the opportunity afforded during this course to identify services that they work with regularly and have representatives attend a later date of the course to discuss their roles.

5.5. Course Delivery

Participants stated that the two STRADA PDCs, who facilitated the events, fully met their expectations in terms of knowledge base and training techniques used. When asked about the importance of having the same facilitators at each event, one participant highlighted the fact that this made the group feel more comfortable and 'safe' to discuss practice.

It was clear that participants greatly valued the fact that the group remained constant throughout all modules as this again enabled them to be more comfortable and open when discussing practice. Participants greatly appreciated the multi-agency aspect of the group with many suggesting that there was a good selection of organisations represented and that this particular aspect made the course unique.

When asked about the number and length of the modules it was clear that all participants had experienced similar reservations about the required time away from the office to attend. Participants were however in agreement that the format worked very well. There was also discussion around the fact that the attendance levels on the course were maintained throughout.

From the discussion and comments throughout this focus group it is apparent that participants felt the course met its objectives in relation to improving outcomes for children and families affected by substance misuse.

'I think if you're talking about if it's met the requirements I find if you're talking about improving outcomes for children and families affected by substance use, I think it has because we're all thinking about it, we're all talking about it. We all know what each other does a bit better and we all feel more confident to have the conversations and to know where we're coming from. So I think having this sort of blanket term for has it met the requirement of the title of the course, then yes, I would say, I would speak for most of us, it certainly has in that respect.'

6. Summary and Recommendations

The aim of the commission was to improve skills, recognition and knowledge of contemporary evidence and effective interventions when working with families in a recovery context.

These events were aimed at front line staff and key managers involved in assessment, intervention and planning for families where there are substance misuse concerns.

Over this period a total of four 'Improving Outcomes for Families and Children Affected by Substance Misuse' modules were developed and delivered as part of this commission.

All events were delivered in the North Ayrshire ADP region.

A total of 20 participants attended between 2 and 4 modules. 17 participants attended all four modules, 2 participants attended three modules and 1 participant attended two modules.

Over all modules a total of 76 places were filled of a total of 80 places offered. This equates to a 95% uptake rate.

Participants on these courses represented two organisations, North Ayrshire Council (80%) and NHS Ayrshire and Arran (20%).

It appears from the responses received that all modules delivered met the expectations of the majority of participants who attended, in terms of content, relevance, pitching and training techniques used.

In terms of the Intended Learning Outcomes it is clear that these were 'Fully Covered' for the majority of participants on each module.

- It is apparent that Module 3 was the least effective in relation to coverage of ILOs with a few participants reporting that some ILOs were only partially covered.

Based upon the discussions which took place regarding intra- and inter-agency communication and information sharing, the majority of participants felt that links with mental health services (local authority and NHS) were not as strong as they ought to be.

- On this basis, the PDCs adapted Module 4 to allow for representatives from these services to meet the group and start a dialogue in an effort to address these issues.

There was a clear indication that many participants felt they had improved practice through attendance on these courses.

- It should be noted that the same checkbox style question was used for each evaluation with the same selection of practice change options available. As each module is designed to meet specific objectives, it is expected that participants would rate the change in their practice differently for each module depending on its content. For example, relatively few respondents reported 'Improved Skills' following Module 1, but as this was a knowledge-based module, this was not a matter for concern.

Participants also reported a range of planned changes to practice as a result of attendance at these events. These included more joint working, increase in child-focused work, use of the Cycle of Change Model and use of Motivational Interviewing.

The focus group also provided evidence of changes in knowledge, confidence and practice following attendance. It was apparent that participants had a clearer understanding of the effects of change on children and would be practicing in a different way as a result. It was also clear that practitioners now had a greater confidence to talk to service users about the effects or parental substance misuse on their children.

In relation to what may support participants in making these changes it was apparent that time and support from colleagues and managers were the most important factors.

The STRADA Professional Development Consultants who delivered these learning and development events met the expectations of and were well received by the majority of participants in terms of subject knowledge, organisation, clarity, timekeeping and flexibility to the requirements of the group.

- Participants at the focus group communicated their view that the knowledge base of and the skills employed by the PDCs were a fundamental element of the courses.

It is clear from the final evaluation that participants appreciated the fact that these modules were delivered to the same group of professionals by the same PDCs over a three month period, and the results of the focus group provide more evidence of these findings.

- This method of delivery appears to have provided added value to the learning and development by ensuring participants were more confident / comfortable with everyone present and therefore more willing to contribute to discussions.
- This method also appears to have encouraged more networking between professionals and there is suggestion that this may lead to increased joint-working.

Recommendations:

The results of the final evaluation suggest a need for further skills-based learning and development, based upon some of the work covered across the four modules. The PDCs who delivered these learning and development events also observed that the participants would benefit from a programme of Motivational Interviewing knowledge and skills development.

- Further skills learning and development opportunities should be explored to build upon the baseline knowledge from these modules.

Future deliveries of these modules should take cost-effectiveness and sustainability into account.

- Future commissions could be potentially be co-facilitated by a STRADA Professional Development Consultant and a suitably equipped and experienced local practitioner. This could further enhance the opportunity to explore local issues and opportunities pertinent to North Ayrshire.

Participants clearly valued the networking opportunities with the range of services represented within the cohort and it appears that this may lead to improved / increased joint-working between agencies.

- North Ayrshire ADP should investigate the possibility of shadowing opportunities for the cohort of participants, to build on the relationships, collaborative working and information sharing practice that has taken place as a result of this commission.
- North Ayrshire ADP should consider the delivery of this learning and development package for new staff; however consideration must be given to establishing the balance of experience within any cohort to ensure that learning is supported, relationships are built and coaching and mentoring opportunities are made possible.

STRADA have found significant benefits in managers engaging in learning and development events and being supported in further developing existing mechanisms to support and supervise staff who have attended learning and development events.

- North Ayrshire ADP should consider involving line managers as participants in any future learning and development commissions.

- North Ayrshire ADP should consider the provision of learning and development events based around line management support and supervision to facilitate practice change and provide opportunities around shadowing, mentoring and coaching. .

A future commission may benefit from stressing to participants the importance of evaluation as the total response rate is lower than would be expected. That said it is likely that some form of “evaluation fatigue” has taken place due to the number of course evaluations, focus group and follow-up evaluation.

- Evaluations of future commissions of this type would take this further into consideration by looking to reduce the course evaluation length to take cognisance of the repetition involved for each respondent.

The focus group provided some useful evidence as to the short-term impact of attending these modules. Medium and longer-term impact cannot yet be established.

- A follow-up focus group should be arranged to investigate relationships, joint-working, practice developments and any benefits and challenges the participants have encountered.
- Arranging this focus group with the same participants approximately 6-12 months after the original focus group would allow for evidence of any longer-term impact and/or sustained practice changes to be gathered. This would be valuable in building the case for future learning and development commissions of this sort.

Although this commission was targeted at a specific staff group, in the future this learning could involve other sectors including housing and homelessness, education and employability services.

This report contains recommendations and findings which may influence subsequent learning and development work in North Ayrshire.

- STRADA and the commissioners should schedule a debrief meeting to discuss further the main findings of this report.
- Ideally, a follow-up event should be scheduled to disseminate the findings of this report to the cohort of staff involved.

STRADA are available to discuss any further developments in relation to these courses and any other bespoke courses required in the future by North Ayrshire ADP.

STRADA

Appendix 1: Module 1 Practice Change Intentions

Module 1 - Responses to an open question 'What specifically are you doing / will you do differently in your practice as a result of your participation in this training'.

'By attending the course I feel I have a much better understanding of the issues these children face. I will be able to use this knowledge to inform my practice.'

'Aim to build a better relationship with child. Look at the situation from the child's point of view. '

'More in depth reflection on families affected by substance misuse and a deeper understanding of the impact on children.'

'Clearer understanding already after module 1. More evidence based knowledge to apply to seeking appropriate supports.'

'I have always assumed because I am not Mental Health trained that I don't have the same skills as my colleagues but the course has highlighted that I do have the knowledge and skills - just in a different way. I will have more confidence in working with families in my area.'

'This training has again highlighted the need for multi-agency communication. This training has given me the information and beginnings of new knowledge that I will be able to take forward and share with my Colleagues both within C&F and other agencies.'

'I will make more effort to consider the situation from the child's perspective and ensure that I give them the opportunity to listen to them and enable them give their views if they wish to. '

'I will consider the theories of addiction when assessing and the impact of substance misuse on families.'

'As the training is multi-agency, my relationships with other agencies have improved. This will contribute to more effective practice.'

'Will endeavour to continue to improve multi agency working as became aware from course different levels of knowledge base depending on agency and importance of my role within health.'

'Have a greater confidence to challenge colleagues in professional meetings. Course has reinforced that my role and the thought process regarding addiction and the effect on children is accurate and important. The increased knowledge enables me to evidence this not only in practice but in theory.'

Appendix 2: Module 1 Support Required

Module 1 - Responses to an open question about what support might be required to enable them to make these changes.

'More time to spend with the child to build up a better relationship. '

'Discussions with colleagues who also attended the course.'

'Further training and also better relationships with other professionals.'

'Managerial and interagency support/signposting - using the contacts I have made during this course.'

'I have developed new multi-agency relationships with colleagues who are also on the training. Again this training has highlighted the need for multi-agency communication and the positive affect that has on service users. I will continue to highlight and discuss the above planned actions with my manager and colleagues. '

'Ringfenced time to spend with the child/ children '

'Time to attend meetings to aim to improve service'

Appendix 3: Module 2 Practice Change Intentions

Module 2 - Responses to an open question 'What specifically are you doing / will you do differently in your practice as a result of your participation in this training'.

'Increased knowledge skills and confidence will aid service to service users - adults and thereby, their children.'

'I will be making concentrated efforts to make sure that the communication between myself/colleagues and clients is clear/ plain English and relevant to the current situation'

'I will be more aware of my use of language and use motivational interviewing skills such as active listening, paraphrasing and use of summary. As well as this I have increased my knowledge on FAS and the effects of drugs on an unborn child. '

'More aware of the affects of alcohol during pregnancy and will feel confident in challenging, young mums in particular, who feel that a few drinks is okay. More aware of the long term difficulties which can affect families where alcohol and or substance misuse has been an issue during pregnancy.'

'Increased awareness of the need to actively seek information from other agencies if this has not already happened, and knowing to ask the right questions.'

'As a result of the knowledge I am gaining it promotes better practice on my part and also I am gaining more confidence in challenging service users if required and also a clearer understanding of the difficulties that they encounter on a daily basis.'

'My approach to clients using some of the motivational interviewing techniques. MI was briefly discussed but I will take some learning from the session to improve my practice.'

'I currently work with two clients who are pregnant, I feel I am more confident and able to pass on knowledge relating to alcohol in pregnancy and the effect this has on the unborn child.'

'In terms of information sharing I will take responsibility to ensure that information is shared and acted on. I will regularly contact the services who are lax in contact my service, and encourage a two way sharing of information. '

'looking at the impact of alcohol on pre birth situation and the possible long term effects of alcohol'

'Continue to improve motivational interviewing skills. Continue to improve better relationships with multi agency professionals'

'I feel more informed regarding the effects of alcohol and substances and will therefore be able to support service users in recognising the potential impact of their behaviours.'

'I will make incorporate some of the tools to my practice and will take time to continue to improve my learning for pregnant substance misusers.'

'Share the knowledge information with colleagues in terms of the impact of alcohol on the foetus. Address this with young female clients as part of a groupwork intervention.'

Appendix 4: Module 2 Support Required

Module 2 - Responses to an open question about what support might be required to enable them to make these changes.

'A brief reference to the effects of drugs - albeit combinations thereof will be different.'

'space cleared from my diary on a weekly basis to enable me to be able to share information and keep clear up to date care plans'

'I feel that these skills I can use in my practice on a daily basis to better my relationships and assessment with clients. Although some times, time may be an issue. '

'Sharing information with colleagues to ensure consistent practice with client groups '

'More clarity on when and how much information we can share to increase my confidence.'

'More interagency working and perhaps forums with other agencies to explore ideas.'

'Further training on MI so support from line manager to attend would be beneficial.'

'Unfortunately practitioners don't always have the time to contact everyone who is involved in their caseload, so adequate time to enable information sharing would be beneficial. '

'look at further pre birth education for prospective parents '

'Have arranged monthly meetings with Addiction service aiming to improve awareness of vulnerable families midwifery service'

'I would benefit from a short session reminding of different substances and street names used for these. This would increase my understanding and allow me to advise appropriately.'

'not sure'

'Have built a relationship with colleagues in the course to help facilitate and support intervention.'

Appendix 5: Module 3 Practice Change Intentions

Module 3 - Responses to an open question 'What specifically are you doing / will you do differently in your practice as a result of your participation in this training'.

'Recognition of the fact that the client may not be ready to make the changes that are asked of them. My care would then be directed at what we can do to support the family at that time.'

'Wider consideration of these issues affecting children. Expands knowledge of how this impacts not only on the children but the parents/carers and their ability to function.'

'Clearer understanding of the challenges experienced by many of the service users that I come in contact with.'

'continue to communicate with my colleagues from other services such as health and mental health'

'Increased knowledge will enhance my practice in working with parents who misuse substances, especially mothers who are pregnant and mis-using substances etc'

'Assessing the impact of substance misuse on children in a holistic manner '

'My learning will inform my assessment in relation to recognising the periods where risk is increased and the child's perception of situations.'

'Cycle of change shall allow me confidence in appreciating difficulties clients face on a day to day basis'

'Have always been passionate about working and supporting children affected by substance use. This course has reinforced the importance of listening, supporting and identifying these children in order that services can affect change.'

Appendix 6: Module 3 Support Required

Module 3 - Responses to an open question about what support might be required to enable them to make these changes.

'Good multi-agency working and communication.'

'Continue to look at research as this is constantly updated.'

'More emphasis on integrated working.'

'protected time to make phone calls and joint visits'

'More joint working with addiction services, although our department has excellent working partnerships with NAC Addiction Services. Better relationships could be built with NHS Community Addictions Team'

'To continue to be supported via line manager with the space and time to create effective working relationships with families.'

'Thinking about ways of managing risks when they are increased. For example, how to manage the risks associated with abstinence and the child's experiences of this.'

'Ensuring planning and assessment process is maintained throughout the cycle where possible'

'Have developed a groupwork intervention that is aimed at 8-11yrs old children who have all been affected by parental substance use. In order for this to continue social workers need to recognise the importance of the child in this situation and take time to refer y.p. to enable to intervention to continue. I believe the course is essential in supporting/highlighting these issues.'

Appendix 7: Module 4 Practice Change Intentions

Module 4 - Responses to an open question 'What specifically are you doing / will you do differently in your practice as a result of your participation in this training'.

'Pay more particular attention to the process of change and the difficulties experienced by anyone going through this. Be more aware of how children are affected by change - whether professionals see it as 'positive' change or not, their views may be different.'

'I will keep the child at the centre of my practice, and ensure I make the opportunity to speak to them specifically about their understanding and views of the situation. I will consider the cycle of change in more depth particularly in relation to the child, and will be mindful that agency and client timescales/ goals may not be the same. '

'currently looking to engage with families who may require additional support with children who are now showing signs of foetal alcohol damage but have not a residence order and no live social services support '

'I don't have a caseload within my job remit but I do follow up pregnant women who drink at hazardous levels. The training has increased my knowledge and confidence when interviewing these women.'

'Motivational interviewing. Using Cycle of Change Model'

'I have been able to use the skills from the module on motivational interviewing. I have been able to reflect on my own values as well as societies pre conceived ideas on drugs and alcohol. '

'Will not always act immediately with solution focused actions. Will listen and support clients to make changes that are achievable and which they have identified. I have more patience when things don't go to plan as I have a greater understanding that affecting change is difficult and sustaining change is challenging.'

'Although I always actively sought out to involved my colleagues from other agencies to carry out joint visits with me I now encourage others to involve their colleagues in home visits and meetings '

'I am now better equipped with the knowledge that I have gained to understand may of the difficulties experienced be service users'

Appendix 8: Module 4 Support Required

Module 4 - Responses to an open question about what support might be required to enable them to make these changes.

'Take more account of the views of children, whether verbal or non-verbal. Fully consider alterations to care plans which are completed in the best interest of children.'

'Time to plan interventions and to reflect on practice.'

'we are currently looking to roll out yearly reviews in the family home with kinship carers who have residence orders now in place'

'Support from other colleagues and improved inter-agency pathways of care.'

'None'

'More time to be able to reflect, and to put into practice motivational interviewing skills.'

'I don't feel I need specific support but have the support of manager and colleagues to share plans and practice.'

'Ongoing or any refresher training.'

Appendix 9: Focus Group Summary

Methodology

A focus group was held with all staff who attended the final learning and development module.

The transcription from the focus group was coded for specific topics and themes and quotes evidencing each were collected and used to summarise the main topics arising.

Knowledge, Confidence and Competence

When asked about how their knowledge of addiction has changed following attendance at the modules, participants primarily discussed the Cycle of Change.

'For me it's learning more about the cycle of change. That has been really beneficial and that's helped me understand parents' relapse and the process of that and where they're at on that cycle and that the relapse is part of that cycle and likely to recur and what that means.'

'I think as well for me, is again about the cycle of change but even the reflective parts, doing our own cycle of change and things that we've tried to change in our own life and how many times we do that.'

Participants also went on to describe the Cycle of Change model and the importance of this in relation to children.

'It's really made me reflect on what that means for the children that I'm working with. That we have to recognise that relapse is part of this process but how does that fit in with children who are let down maybe time and time again. At what point we intervene and, well, at not what point we intervene, but at what point we decide that, you know, it's enough for that child.'

'When a child's placed on the register certainly some of the decisions are asking parents to commit themselves to a child's care plan which is right. However it doesn't maybe recognise the deep rooted issues in addiction issues which some parents have. They can't change as quickly as we would maybe like through the core group meetings and maybe the review case conferences and sometimes they will relapse, but I think it just gave me a better insight of that addiction cycle and how difficult it is.'

'It also affects the roles within the family, doesn't it? When you look at the 14, 15 year olds that had these roles, that's suddenly gone, whether they were right or wrong, but that young person's role is gone and mum, she hasn't been there for them essentially.'

When describing changes in confidence it was clear that participants felt an increased confidence to talk about the impact of addictions on service users' children.

'I think I always had the confidence to obviously talk about addictions and that was fine, but it's the confidence to talk about the impact that's having on people's children, it seems for me now. Whereas I was aware it had an impact before, but it was having that conversation, knowing what to say and what's out there and what services are available to support that that this course has really helped me with.'

It was also apparent that participants recognised an increased confidence in relation to listening to children and the level of information that can be acquired.

'I think it's more about the quality of information you can direct to the children about what the impact was for them, because before I think it was maybe assuming that they weren't aware of they didn't have that knowledge and just...I think it was the first week that we did

an exercise and a video with the children giving their own views on what the impact was, made me realise that these children know a lot more and we're not doing enough to actually get that information from them.'

One focus group participant stated that they now had raised awareness of the effects of alcohol in pregnancy.

'It's being aware of the dangers of alcohol especially during pregnancy and how that can affect the foetus and then fundamentally the child for the rest of their life and if you can identify that you can actually quickly see there is a problem, whereas you maybe didn't see it before. I think it's always been hidden, I'm much more aware of it, especially after this course.'

When discussing changes in thresholds as a result of attendance, one participant highlighted the need to understand the disruption that change can have on a child when making decisions while another described participant responses to an exercise on thresholds.

'I think there's still a balance in it though because when we did look at children and listen to children at the beginning, sometimes it can be more disruptive to act too quickly. Sometimes in the background this is their life, this is what they know. It might not be the ideal that we think is the ideal, but we have to be aware of that; the safety of the child versus the disruption. I'm not saying we leave them there, but it must be a huge consideration.'

'I thought we did a really good exercise' 'Where we were all stood in a line and we were given a case scenario and fed bits of information and what was identified as at risk, what was not, step back, step forward. I think it was very interesting to see everybody's threshold at that point, but I think really ultimately in the end though we were all pretty level, a lot of us, and that was good to see that.'

In relation to changes in competence, participants stated that this had been improved by meeting the other participants and learning more about other available services. It was clear that participants placed great importance on the networking opportunities offered by the courses.

'there was always that, I don't know really what I can do for this woman at that time but sitting with all these other people over the course of the nine days and knowing what else is available and that's really helped me in my competence levels.'

'For me as a new worker to see in a local authority has been really, really helpful because I've now got a point of reference within the different agencies. So if I don't know the answer, I know who I can go to.'

'I think one of the benefits, I didn't realise the wide range of services available and workers within, even in North Ayrshire I think everybody's walking out today with a name and a contact. I think that's better than phoning up an organisation or an agency, I'm going to be phoning a particular person and know and quite easily ask the questions.'

Recognition of Stigma, Discriminatory and Prejudicial Practice

When asked whether the course had affected the recognition of stigma, discriminatory or prejudicial practice it was clear that all participants thought it had and discussed a range of examples.

One participant suggested that they now had more empathy for clients and a greater understanding of what the process is like for service users.

'I think it's made me change a lot about thinking, I'm just the exact same as the substance users. We did a motivational interview, that was really good, because it made me realise how you feel when you go into personal information for people and very personal information considering its someone who you don't have that close relationship with, that professional relationship and also when you look at the change cycle you know, I thought there really wasn't an us and them and I think that totally changed my perspective, just because of that exercise.'

Another participant suggested that the course had challenged their thoughts on the impact of other types of substance misuse rather than viewing heroin as more problematic.

For me there's been a hierarchy about substances being problematic and heroin and that one's been trumping everything else, but actually focusing on the impact, especially alcohol and cannabis and stuff, which are growing more socially acceptable substances and how that actually has a knock on effect on people's ability to parent and engage with their kids. So that's challenged my attitude there.

It was clear that the events had provided time for personal reflection on attitudes and values which participants had also found useful.

'I think the course has given us a lot of opportunity for reflection as well and certainly that was a big part of today' 'I had used an example this morning of I had been allocated five children on duty and another case with two, both very similar, serious issues of neglect. The assumption that I had made was there's got to be alcohol or drugs and I had to reflect on where could have that attitude come from. I think the course had actually encouraged me to look at my thoughts and things. So there's a lot of reflection.'

Using Skills

When discussing using the practical skills elements of the course, participants noted that therapeutic interviewing skills were key to relationship building however there are clearly barriers to their use such as the need for more training in these skills and the requirement to embed this practice style in some sectors such as the health.

'Therapeutic interviewing skills are probably core to be able to form productive relationship with someone that actually supports them and are non-judgmental and that's incredibly difficult. When they're actually asking for information that people are more prejudiced of maybe what the outcome is. I think people can think about how they feel going to an appointment.'

'I'd have to attend further training courses. I would think that something before they send you out into people's houses, they should forget some of the material that they do teach and teach us something practical'

'From a health point of view that can affect things and unless they can put a different approach, especially that motivational interview. It's all very new that's what I'm trying to say, but it's not part of their training, they have a way of doing things and this is completely different.'

Practice Change

When asked how this learning and development is currently being applied to practice a number of examples were described.

One participant stated that they were now being more realistic with what might be achieved with a service user in a given timescale and realised that they were previously perhaps expecting too much from service users in such a short time frame (pregnancy).

'I've realised, from my pre-births especially that probably we're asking for far too much from our service users' 'I think perhaps when you look at the whole cycle of change and how difficult it was for all of us round this room to change what we all wanted to do, that we're possibly expecting too much of them.' 'I suppose really it's just recognising that the whole stage of recovery is a lot longer than a pregnancy. So that's been a huge impact on myself, knowing just how long it actually takes and we're probably expecting too much of our clients at times. But we've got to weigh up the risk for the baby as well, so it's a bit frustrating. It's a very difficult one.'

'Recognising that all of us in Addiction Services that we can't always make...we can't do the change with them. It's supporting the women longer term and the whole process of recovery with it, really.'

Again participants described the fact that they now had increased confidence to discuss with service users the effects of substance misuse on their children and it was clear that this was having an impact on practice.

'I set up an information session with a young girl that I work with who's pregnant and it was all about foetal alcohol and I've never done that before, but now I'm going to continue. Every time I get a young girl that's pregnant, as soon as I know she's pregnant, I'm going to go in there armed with my stuff and have an information session'

'Having the confidence to talk about...how do you think your substance misuse or alcohol misuse impact on your children and being able to use that tool and get some good conversations going within a group setting. So that's been quite valuable and it's given me the confidence to do that as well.'

'I'm more confident to talk about the effects that substances has on people's children. I've been able to, with one of my patients, have that conversation with her about her child and about what he's going through and able to have some really good discussions about that and using it as a motivational interview type approach.' 'Obviously now I know of services that are out there that can support him as well which I was able to talk to her about'

Another participant stated that they now had more communication between agencies throughout the interventions rather than just at the beginning and end as happened previously.

'We would always get in touch with the health visitor, the school nurse at the start and at the end of an intervention and we would always do that. I probably started doing it consistently throughout my intervention a lot more than I was before. So I'll phone up and say, look, there's been a slight change. This is what's happening now and keep them in the loop about that. So that's been a big difference to my practice since we've done this course.'

Increased awareness in relation to recognising that the effect of substance misuse on children was again highlighted.

'I could maybe speak up a bit about parental misuse of alcohol, the difficulties that children can have, you know, they're three, four or five and just be aware when you're dealing with CAMHS and things like that, you need to identify the alcohol or substances could be the factor as to why the children are behaving in this particular way.'

Reflection on Practice

Participants clearly felt that the course had allowed them to reflect on previous decision making and casework.

'when you look at all the cases that I'm absolutely passionate about, and you see her at three, six months, nine months later, these children and adults who have been removed. I suppose this course has really had a huge impact and now I have a better understanding of why, which is really, really good'

'Yes, quite a lot I would say.' 'We're aware this has risen to such an extent about the impact on the children and it's always been in the back of your mind, but I think for me it's moved to the front. Maybe that's where it should have been, but it's not always the presenting issue that you have to work on and hammer. Perhaps if they've had other issues around it and there is a presenting issue. It would probably make me practice in a slightly different way.'

One participant described the fact that they now recognise that some service users were not ready to make changes or move on but that this presents a difficult balance with the needs of the child.

'I think from an organisational point of view I used to work in during pregnancy, mum, dad have to turn their life round in x amount of months. Then you're going for permanency and that's really the wrong way to look at things. I know we've got to balance the right of the child to kind of move on but we hearing quite often parents are coming into our service not because they're seeking help, they're being forced to. If they're not ready to move on, how are you meant to help them move on, but at the same time you can't have a child languish in care but it's not been the right time for the parent.'

Supporting Recovery

Participants were asked in what ways they felt better equipped to support adult recovery and still be family focused. Many participants stated that their increased knowledge, understanding and awareness of the effect of adult recovery on children has and will continue to enable them to provide better integrated support. This theme recurred at various times throughout the focus group.

'I think that's probably one of the most important times that we should be in a lot of communication with the children and how the recovery has actually impacted on them without us making assumptions. I think it's like we were saying...we're assuming that recovery is positive for them. I think we really need to get in there and get that from the horse's mouth. What are the children...what do they feel about the recovery, how has it impacted and it is what they expected?'

'Also highlighting that the adults in recovery, but also the impact that has on the children. We can talk about the negative aspects of an addiction in relation to a child, but what we were talking about today' 'was that when the parents are in recovery and the children are living in a different environment and the support they need during that time.'

'I think a lot of time, especially with maternity service, they got overwhelmed with the addiction rather than the whole family and the whole process and they get very side tracked. This addiction is the whole issue whereas we've all learnt hugely from this course in actual fact it's not. It's a very small part of the issue but it's looking at the whole family and the course has reinforced that we should be integrating services much better than we're already doing.'

'We talked about the fact that when drinking or drugs stop, and putting that child back into the family home, if the parents are not using it doesn't necessarily make it happier or a safer situation.'

It was also apparent that having local services / organisations working in the same way and understanding each other's roles is important for providing a family focused approach and it was clear that participants valued the fact that the course helped facilitate this process.

'I think for me, if we're looking how to be better equipped to support adult recovery, I think times like this knowing where we're all coming from a little bit and we're hopefully singing from the same hymn sheet now.' *'Therefore hopefully on the back of that, the child care planning falls into place a little bit easier, if I'm making sense.'*

'I think we will be open to another point of view to discuss cases in a nice way and nobody was right or wrong and it's been supported. Really though I think it's identified how far away we are sometimes and that we need to get closer. We need to start understanding each other better and whether it's through an integrated team or more specialist training in health or whatever we need to identify the needs for us all.'

'Language is important. When I joined Addictions just over two and a half years ago, the word recovery was rarely used. It was a mental health terminology and now it's used in our day to day practice language all the time with service users because we want to inspire people to be hopeful and move away to other behaviours. So it's positive if we're all sharing the same kind of language.'

Participants described the opportunity afforded during this course to identify services that they work with regularly and have representatives attend a later date of the course to discuss their roles.

'One of the good exercises we had where a lot of us identified services that we are close to and in touch regularly with and perhaps ones that you don't and you'll know that representatives from mental health, social worker and the NHS were brought in today. I would keep that in' 'but if there's a gap there, it would be good to use one of those days or half of one of those days so they could come in and speak. I don't know if it lived up to our expectations right enough, mental health people coming in today. I still feel a bit different from them ourselves'

'They've certainly got a face now – I would agree with that. It was good to see, there are two other major teams that we should be working with and we need to work with in future.'

It was apparent that one participant thought this should be developed further to be longer and include more on improving the communication and joint work between services, specifically with adult mental health services.

'I think more of what we needed from that is how we can improve the communication in integrated agency working rather than their roles. I think perhaps maybe they thought that we didn't know what their role, I think the majority of people in this room are very aware of their own, but it's how we can dip in and out of their services.' *'I think the adult mental health we still didn't really get a great understanding of where we can best refer to.'*

Course Delivery

Facilitators

It was clear that the two STRADA PDCs, who facilitated the events, fully met the expectations of the participants in terms of knowledge base and training techniques used.

'And knowledge base was incredible and useful and it was given in a way I learned. The way they facilitated a lot of the stuff brought you into it and teased out your views and opinions. Never once did I ever feel that I was really stupid about what I said, probably it

was, but no, I think because of their knowledge base I think that they knew what they were talking about.'

'I think they got you to think objectively about finding out, they didn't put their slant on it here or there. It made you think. It made me think about certain things that they said and, ah, right, okay, yeah I never thought about it quite just like that. It was very objective.'

'They gave space for evaluation as well, they've always asked us, how did that feel? Should we change this, why don't we try...always looking for suggestions as well, about changes on the course content as well if it's not been working. I think that's important.'

When asked about the importance of having the same facilitators at each event one participant highlighted the fact that this made the group feel more comfortable and 'safe' to discuss practice.

'I thought that was helpful. I thought that was so important for everyone in the group to get to know each other, but also to get to know the facilitators. You were safe to say what you wanted to say and feel comfortable, I thought that was really important.'

Participant Group – Services Represented

It was clear that participants greatly valued the fact that the group remained constant throughout all modules as this enabled them to be more comfortable and open when discussing practice.

'It wouldn't have meant the same or I wouldn't have got the same out of it if I wasn't in a safe group. Maybe that's just me personally, but I think it's essential.'

'it brings a good healthy debate if you know the agencies and what our roles are'

It was also apparent that participants greatly appreciated the multi-agency aspect of the group with many suggesting that there was a good selection of organisations represented and that this particular aspect made the course unique.

'There's been a really good balance in this group with representatives from different services which has really helped and improved all of our knowledge to be honest.'

'I think this has been key and certainly the variety of agencies within this training'

'And I think the mix by design or whatever, it's been great because of the mix.'

'And then you can add extra services if they're willing to come in and stay with it, because that was invaluable. It's certainly not what you find on any training list.'

Participants described the fact that attending over nine days has allowed them to gain a depth of insight into other local services and job roles which has been invaluable, despite the fact that some initially thought there would be barriers to discussing practice in this sort of forum.

'...but it's really gaining an in depth respect about what we all do and ultimately our aim is to get it better for women and children, we've all got that same aim. So that's been the best part of this whole course for me is the understanding in depth. We've always known what their roles are, but if you did it in less than nine days you wouldn't get it. You don't get that on a one to one, day to day, dipping in and out of people's services, so it's been hugely interesting, really.'

'Also you're building a relationship up with people and you're getting to know more about their goal, their responsibilities and it may be going back to your question about how competent you are in doing that, certainly that's been a big, big, huge positive for me.'

'I was expecting a lot of barriers personally, values expressing them more and attitudes of agencies, how...' 'We've got a greater understanding of roles and we're not out to beat folk or be better. It's about coming together hopefully.'

One participant stated that it was particularly useful to attend without the rest of their team as this made them more confident to discuss certain issues.

'I think also the bit about it wasn't your team that was here and there was good reason to do that without fear of any comebacks. I'm not saying it was these things in confidence, you felt as if you could be as an individual and as part of your agency, and that's the way it is, whereas if you're in a team situation you maybe think I'd better no say that just now.'

Course Delivery

When asked about the number and length of the modules it was clear that all participants had experienced similar reservations about the required time away from the office to attend.

'I feel that it was difficult to walk away from the office knowing things that are outstanding but...'

'I Had to consciously make the choice, I need to go, because I'm really enjoying the course and I'm getting a lot out of it, but it was quite difficult to walk away from reports...'

Participants were however in agreement that the format worked very well.

'I think it's the right format I have to say, because if it was nine separate days it wouldn't have worked as well, but that's just my opinion' 'I felt the same pressures. I think four, two days and then the single day was the ideal format.'

'I agree the two days together consolidated and there was maybe one day was a little bit drier and then another day there was a lot of group working. I think that balances quite well, but I did feel a little bit of pressure in terms of workload.'

One participant highlighted the fact that the number of days spent at these modules were worth it when balanced against the benefits of attending.

'I think if you can see like I have through doing the course that your practice is changing and your thinking's changing, then I think that way you can justify having nine days away from your caseloads and your desk or whatever and you can really justify it. At first I thought, God, nine days is a lot, you know and talked about it with my line manager and stuff, but now I can say that was nine days well spent, definitely. It's now changed the way I, think and the way I practice on a permanent basis. So nine days isn't an awful lot to give up for that, I wouldn't have thought.'

There was also discussion around the fact that the attendance levels on the course were maintained throughout.

'That indicates the success of training that 95 per cent of people have attended most days'

'If somebody was missing, it was like, oh, where's such and such today? You were looking for that person, so that to me showed the value of that person being part of the group.'

Participants were also very clear that they would recommend attendance at these modules to a colleague.

Content

One participant described the fact that the course content was placed in a North Ayrshire context as being very important.

'it was kept within a North Ayrshire remit which was really, really important' '...they've got that extensive knowledge base that they're able to bring it into where we are in current practices now within North Ayrshire which has been great to be honest. We've all been able to reflect on our own individual cases which means a lot obviously.' 'It was very pertinent to what's going on in North Ayrshire at this present time, rather than what's going on in Scotland.'

From the discussion and comments throughout this focus group it is apparent that participants felt the course met its objectives in relation to improving outcomes for children and families affected by substance misuse.

'I think if you're talking about if it's met the requirements I find if you're talking about improving outcomes for children and families affected by substance use, I think it has because we're all thinking about it, we're all talking about it. We all know what each other does a bit better and we all feel more confident to have the conversations and to know where we're coming from. So I think having this sort of blanket term for has it met the requirement of the title of the course, then yes, I would say, I would speak for most of us, it certainly has in that respect.'