Let's Learn about Drugs Together

Pilot Programme Evaluation

A shared learning experience for Parent and Pupil

to support Junior Cycle SPHE

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To develop and pilot an evidence-based, sustainable workshop for teachers, guardians/parents and their children that will allow them to have a shared experience of drugs education.

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Acronym's

Co-ed	Co-educational School
CSPE	Civic, Social and Political Education
DEF	The Drug Education Forum, UK
DES	Department of Education and Science (1997-2010)
	Department of Education and Skills (2010-*present*)
HSCLO	Home-School-Community Liaison Officer
HSE	Health Services Executive
GC	Guidance Counsellor
LLADT	The "Let's Learn About Drugs Together" Programme
MIC	Mary Immaculate College, Limerick
MWRDTF	Mid-West Regional Drugs Task Force
NACD	National Advisory Committee on Drugs, Ireland
NCCA	National Council for Curriculum and Assessment
NDP	National Development Plan
NDS	National Drugs Strategy
NIDA	National Institute on Drug Abuse, USA
SFP	Strengthening Families Programme
SPHE	Social, Personal and Health Education
SSB/SSG	Single-sex Boys/Girls School
UL	University of Limerick

Praise for the "Lets Learn about Drugs Together" Programme

Pupils:

We had training and we would have preferred to stay training but in the end it was kinda worth it (Female pupil)

Before we came we didn't want to come but then when we were like here we liked it (Female pupil)

Parents:

Very useful information, well presented
Well worth coming to,
Active participation in workshop…. excellent!
Non-lecturing approach…excellent!
Keep up the good work (Male parent)

I was very happy with the workshop short and precise. I think it is a great idea getting the pupil and parent together in different groups and working with my daughter and her peers was very enjoyable. It is very important for our relationship. I am very pleased with the programme and enjoyed the experience meeting the parents and their daughters (Female Parent)

Presenter was extremely knowledgeable pleasant, excellent presentation skills. Please continue this programme and have it in all schools "prevention is better than cure!!!" (Female Parent)

Teachers:

This programme was delivered in a most professional manner. The information was excellent and both parents and pupils took so much from it. Very practical, very open and honest (Vice Principal)

Well done, a really valuable opportunity for parents and students: many thanks for organising it. (SPHE Teacher)

Acknowledgements

Many people have contributed to the development of the "Lets Learn about Drugs Together" programme, and while it would be impossible to list each individual it is important to thank:

Executive Summary – "Lets Learn about Drugs Together"

LLADT: Background and Introduction

The "Let's Learn about Drugs Together" post-primary Programme began in September 2012 in response to funding made available by the Health Services Executive (HSE) for the development and pilot of "an evidence-based, sustainable workshop for teachers, parents and their children that would allow them to have a shared experience of drugs education". The programme was developed in consultation with a steering committee from October 2012 to December 2012, with the pilot project going 'live' in January 2013. Representatives from the HSE West Addiction Services, the Mid-West Regional Drugs Task Force (MWRDTF), Mary Immaculate College Limerick, the University of Limerick, the Health Promotion Unit (HSE & Mary I) and the SPHE Support Service sat on the steering committee.

The result was a two-workshop programme specifically designed to support post-primary second year SPHE, pupils and their parents. The programme would be delivered after school. Workshop one was second year parents only, it sought to empower parents with knowledge and confidence to talk to their child about substance use, and explored information on alcohol, solvents and cannabis and key prevention messages. The second workshop involved the parent and pupil in an experiential learning environment, where through active learning methodologies both parties shared, engaged, generated and processed key messages about substance use.

The pilot programme involved a mixture of single-sex and co-educational schools encompassing both an urban and rural mix. Ten schools were invited to become part of the pilot programme. Seven schools completed the programme, with one school delivering the programme twice due to popular demand from parents. Reasons for non-involvement from some schools included wrong time of year, SPHE plan made no room for LLADT programme. Expression of Interest (EOI) events were held in each of the schools to promote, recruit and market the programme. Participation was counted at each of the workshops with mothers/female guardians more likely to get involved in the programme. In some instances both parents/guardians were present for workshop one or different parents alternated between workshop. School A had the highest participation rates, with nearly 40% of second year cohort attending. School B has the lowest turnout relative to percentage available.

The programme was evaluated throughout the pilot delivery phase, with input sought from all key stakeholders; pupils, parents, teachers and facilitators. There were three phases to the evaluation, post-workshop two written evaluations with parents, pupils and teachers (questionnaire/feedback form). Second phase saw randomly selected schools involved in pupil focus groups, teacher and parent

interviews. The final element was written evaluations from the programme facilitators. Forty four pupils and parents along with eight teachers participated in the LLADT evaluation.

LLADT: Participants views - Parent Experience

* Significant increase in parental knowledge post-workshop esp. solvents
* 100% parental agreement regards being able to use what they had learned in the programme
* Increase in parental levels of confidence talking to their child about substance use post-workshop
* Substantial shift in parental thinking about the importance of talking to their child
* Strong praise for the shared learning experience and the approach taken in the full programme
* Recommendations for the future - incorporated that all parents attend and that all schools deliver LLADT
* Information gained and the shared learning experience outlined by parents as the most valuable feature of the programme
* Additional comments section emphasized the high level of approval and positivity that parents felt for the programme

LLADT: Participants views - Pupil Experience

* 93% found the workshop interesting, phase two indicated that approach made it interesting for pupils – working in groups, the real life aspect, not being lectured, having a say, being able to talk
* Male pupils indicated the development of new knowledge as the best thing about the workshop, whereas female pupils indicated their personal development as the best thing.
* 11% didn't want to come to the workshop, on investigation this was due to fear of feeling embarrassed, being embarrassed by parents on the night, no incentive, afraid of being "talked to" / lectured to
* Approach taken was very influential, 91% enjoyed working in groups during the workshop, "making new friends". Phase two indicated that pupils liked working with other parents
* 70% of pupils indicated they were happy to talk about drugs to parent if they had a question
* Some pupils found they knew the information all ready, note all from same school and all girls
* Evident from phase two that pupils were a fan of the "real life" and "myth v fact" because it was "real"

LLADT: Participants views - Views of school staff

* 88% agreement that second year cohort is the correct target group for the programme
* The information presented to parents was positively praised as too was the process of delivery
* 88% of teachers felt the shared learning experience between parent and pupil was very important, with some identifying it as the most valuable aspect of the programme
* 75% of teachers felt the interactive approach taken was successful and effective at engaging parent and pupil
* Teachers were unsure if SPHE needs to be integrate more – low numbers of SPHE teachers attended both workshops just one in fact of the four who completed the evaluation were present for full programme
* Small percentage (25%) of teachers indicated the need for more information for parents on substances
* 100% agreement that the workshop was necessary for parents
* 100% recommendation for the delivery of the programme to all second year cohort groups each year

* Suggestion by teachers to incorporate a third workshop, to take place in school prior to the evening sessions to 1) attract more parents 2) create greater links for pupils to SPHE classroom and evening session

LLADT: Conclusions

* Planned EOI events are crucial for parent recruitment and the marketing of the LLADT programme
* The HSCL officer is imperative to getting the programme into schools –they have regular contact with parents whereas it was evident that this would be additional work for SPHE teachers and therefore not overtly welcomed.
* Time of year is very important and needs to be considered, recommended that programme only runs from October to Easter. After Easter schools are too busy with examinations mocks, orals, practical's etc.
* In only one school did the SPHE teacher come to both workshops and engage with the programme,
* The programme model and approach taken is highly praised across the key participants.
* Approach taken is successful at engaging parents and pupils across the programme
* Message relayed re alcohol, alcohol is a drug and dangerous when used in excess needs to be redeveloped… pupils very much aware that alcohol is a drug, possibly a re-focus on consequences of alcohol
* Pupils enjoyed the "real life" aspect and approach and aspect of the programme, with one pupil suggesting an "ex-addict" as more believable
* Parents who have attended the LLADT programme recommend the programmes integration into the school long term and would encourage other parents to attend.
* Teachers openly recommend the programme for all parents, and suggest a stronger link to the classroom might aid this.

LLADT: Recommendations

* **Recommendation 1** - Schools are contacted May/June and Aug/Sept when planning for the following academic year, with the programme being delivered from October to Easter only. Where applicable EOI events should be encouraged and supported as the preliminary data collected in this pilot would show that they can increase parent participation and recruitment at the programme.
* **Recommendation 2** – Workshop two, interactive and experiential approach stays the same but more focus on the "real life" features. Perhaps video "testimony" would be a welcome addition into the programme. Overall an incorporation of more images and graphics, to reduce the high dependency of literacy. The key message relative to alcohol for workshop two is needed
* **Recommendation 3** – Extension of the programme to encompass a regional delivery of the LLADT Programme. A regional delivery would allow for a greater number of schools to implement the programme and would allow a more robust evaluation of the LLADT programme. Regional evaluation of the LLADT Programme will help feed into National policy and the new NCCA Junior Cycle Framework.
* **Recommendation 4** – the possibly trial of a third workshop in the SPHE classroom as suggested by teachers could be help to 1) increase the integration of LLADT in SPHE, 2) incorporate the SPHE teacher more 3) develop stronger links for pupils to SPHE content e.g. importance of decision making 4) could significantly increase the uptake by schools and parents 5) strengthen the sustainability of the programme for the new junior cycle changes in September 2014

Background to the "Lets Learn about Drugs Together Programme"

The "Let's Learn about Drugs Together" (LLADT) post-primary programme began in September 2012 in response to funding made available by the Health Services Executive (HSE) for the development and pilot of "*an evidence-based, sustainable workshop for teachers, parents and their children that would allow them to have a shared experience of drugs education*". The programme is funded and developed as a joint partnership between the Mid-West Regional Drugs Task Force (MWRDTF) and the Health Service Executive (HSE) West.

The programme was developed in response to requests from schools and teachers for HSE Education Officers to give talks/presentations to post-primary pupils and sometimes parents. This particular once-off approach was viewed as *ad hoc*, and was not always beneficial to those it served. The aim of the LLADT programme was to develop a programme that would address this need while support and build upon the work of SPHE in the classroom. The rationale for the development of such a programme was motivated by a variety of factors, which included;

- Addressing a local community need
- Supporting the National Drugs Strategy
- Enhancing the protective role of the parent
- Building on previous prevention programmes

Programme development began in September 2012, with the pilot programme going 'live' into schools at the end of January 2013. Development was influenced by the National Drugs Strategy 2009-2016, Risk and Protective Factors for Substance Use among Young People (NACD), the Strengthening Families Programme and finally approaches and interventions that had gone before (Morgan 2001).

Preliminary research was completed in October to December 2012 with SPHE teachers, parents and pupils. SPHE co-ordinators across the mid-west were invited to participate in a postal survey that sought to develop a "snapshot" view of the current teaching practices used in the substance use module of SPHE. A number of 'follow-up' interviews were held with SPHE teachers who participated in the survey and nominated themselves for interview. At the same time of the postal questionnaires to schools parents were invited to participate in the preliminary research via invitations sent to randomly selected parents councils across the mid-west. Focus groups were held in two post-primary schools in December, to gain input from pupils who had participated in junior cycle SPHE and were able to comment on the proposed programme.

The result was a multi-component two-workshop programme which focused on empowering parents to engage in collective dialogue with their child in a safe and encouraging environment, while supporting the Junior Cycle SPHE classroom. The programme would be delivered after school by MWRDTF and HSE staff, and would specifically target second year of the junior cycle programme.
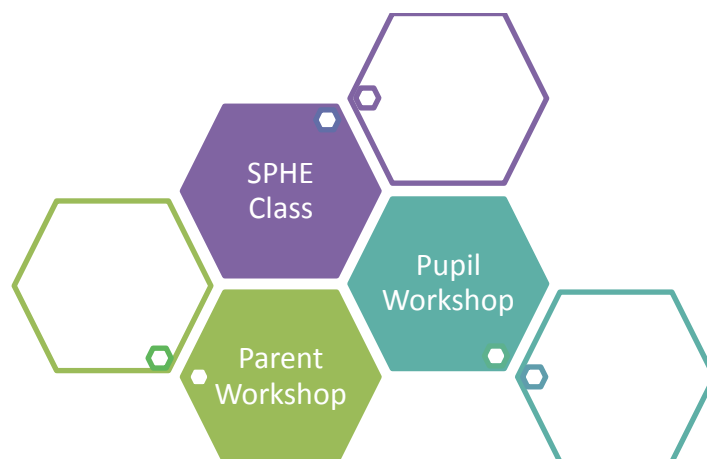
FIGURE 1.1 GRAPHIC REPRESENTATION OF THE LLADT PROGRAMME

Workshop one was parents only and sought to empower parents with knowledge and confidence to talk to their child about substance use. The workshop would explore information on alcohol, solvents and cannabis, key prevention messages and main protective factors. The second workshop involved the parent and pupil in an experiential learning environment, where through active learning methodologies both parties shared, engaged, generated and processed key messages about substance use. The programme underwent a continuous evaluation with teachers, parents and pupils engaging in formal evaluations after each programme delivery.

The programme was developed by Dr. Sancha Power in consultation with a steering group/committee from October 2012 to December 2012. The steering committee is composed of representatives from the HSE West Addiction Services, the Mid-West Regional Drugs Task Force (MWRDTF), Mary Immaculate College Limerick, the University of Limerick, the Health Promotion Unit (HSE & Mary I) and the regional co-ordinators from the SPHE Support Service (Appendix A).

The programme is specifically designed to support SPHE delivered in second year. National research literature would indicate that second year is a critical year within a young person's education; it is in this year that children are most likely to disengage from mainstream education (Smyth *et al* 2006, 2007). Disengagement from school is a huge risk factor for young people in relation to involvement with substance use (NACD, 2010).

Approach to Evaluation

Development of the LLADT Programme evaluation was informed by the World Health Organisation (WHO) "Evaluation in Health Promotion – principles and perspectives" (2001), where a framework for the 'evaluation of health promotion initiatives' was developed. The framework recommends a systematic approach, outlined below is the systematic approach utilised in this evaluation:

1. Describe the programme

A background description was made

2. Identify key issues

Meetings were held with the steering committee and other key stakeholders to establish key issues. Key issues were determined, such as, experience of workshop from pupil and teacher perspective, experience and content of workshop from parent perspective, impact on parent-child relationship, links with school SPHE, impact on teachers / schools, facilitator feedback.

3. Design process for obtaining information

Questionnaires were designed to evaluate the important issues for all participants: teachers, parents, pupils and programme facilitators. A selection of participant schools were randomly chosen to partake in a second round evaluation allowing for more in-depth focus groups and interviews to take place.

4. Collect Data

Data was collected over two phases, phase 1 – evaluation questionnaires for participants after workshop two; phase 2 – follow-up focus groups / interviews with randomly selected schools

5. Analyse and evaluate data

Detailed analysis was carried out on the questionnaires from all the key stakeholders, and where appropriate round two evaluation findings were threaded through.

6. Make Recommendations

Recommendations on the LLADT programme were made.

7. Disseminate information to funding agencies and stakeholders

It is planned to make this detailed report available on the MWRDTF website. It will also be circulated to the National SPHE Support Service, the HSE West and the national co-ordinating body for the Drug Task Forces. A shorter summary document will also be circulated to the relevant researchers and parties.

1. Literature Review

This section of the report offers a brief background on the relevant literature to the development of the LLADT programme. The literature aims to offer context and understanding to the necessity and benefit for the development of the LLADT programme. The section begins with a brief overview of the context of junior cycle education, and the SPHE programme. It then explores national and international literature identifying the main issues that were influential in the development of the programme.

1.1 Junior Cycle Education

Education is compulsory in Ireland from the ages of six to sixteen (Department of Education and Science Ireland 2002a). Junior cycle education is the first three years of secondary education in Ireland (Halbert and MacPhail 2010). It is completed by pupils between the age of twelve and fifteen years, and is a three year programme (Department of Education and Science Ireland 2004, NCCA 2006). The programme is formally assessed, largely by a written exam at the end of year three referred to as Junior Certificate Examination (Department of Education and Science Ireland 2004, Smyth 2009). The principal objective of junior cycle education is designed around completing a broad and balanced, relevant, coherent study in a variety of curricular areas (Department of Education and Science Ireland 2004). Curricular areas include; Irish, English, Mathematics, French Spanish, history, geography, science, CSPE, SPHE, technical drawing, engineering, construction etc.

In February 2010, the National Council for Curriculum and Assessment (NCCA) launched the "Innovation and Identity: Ideas for a new Junior Cycle" (NCCA 2010). This paper incorporated a set of ideas by the NCCA in facing the "dilemma" that is junior cycle education (NCCA 2010). The new programme is aimed at addressing the "problems of rote learning and curriculum overload while providing for greater creativity and innovation" (NCCA 2011a). Innovation and Identify was formally approved by the Minister of Education Ruairí Quinn on the 4th November 2011, and offers a radical and innovative approach to teaching and learning in Ireland (Power 2012). Subsequently the NCCA has published the "*Framework towards a new Junior Cycle"* (NCCA 2011b). The framework will bring together a set of key skills and provide a more flexible approach to learning. Schools will play a much bigger role than previous educational change programs; the new approach will allow schools to build their own junior cycle programme from the "framework" (NCCA 2011b). It is envisaged that the new programme will roll out through a phased introduction in 2014, with the first assessment in 2017.

1.2 Social, Personal and Health Education (SPHE)

The Education Act of 1998 mandates health education for all students within the Irish Education system (Education Act 1998). By the year 2000, the Department of Education and Science (DES) approved a syllabus for Social, Personal and Health Education (SPHE) at junior cycle (Nic Gabhainn and Barry 2007, Nic Gabhainn *et al* 2010). The SPHE programme was intended to address the health education mandate with a whole school approach to health promotion. The origins of SPHE can be traced back to the pastoral care initiatives of the 1970s and the more structured initiatives of the 1990s such as On My Own Two Feet (1991) (Nic Gabhainn *et al* 2010).

The aim of SPHE at junior cycle is to integrate important aspects of contemporary life into school life. SPHE at junior cycle provides pupils with an -

> Opportunity to develop the skills and competences to learn about themselves and to care for themselves and others and to make informed decisions about their health, personal lives, and social development

(NCCA, 2000)

The implementation of SPHE into junior cycle was a transition from an *ad hoc* approach often led by a few interested and motivated teachers to a standardised and systematic partnership between the Department of Education and Department of Health (Nic Gabhainn *et al* 2010).

The SPHE programme was developed and designed to complement and facilitate the educational principles that underpin junior cycle education (Nic Gabhainn *et al* 2010, Geary and Mannix McNamara 2003, NCCA, 2000). The programme integrates modern-day features of living in the twenty-first century such as bullying, substance use, and teenage pregnancy, self-harm and death by suicide, alongside with a moral development framework, that is responsible for holistic well-being and decision making. Table 1.1 outlines the ten modules within the SPHE programme. The curriculum content is planned and organised in what is referred to as a "spiral curriculum", where programme modules are developed upon each year of junior cycle.

TABLE 1.1 TEN MODULES OF THE SPHE PROGRAMME

Belonging and integrating	Self-management: a sense of purpose	Communication skills	Physical Health	**Substance Use**
Relationships and sexuality	Emotional health	Influences and decisions	Friendship	Personal Safety

The broad aims and objectives of the SPHE programme are to promote self-esteem and self-confidence, help develop personal skills, encourage responsible decision-making, offer opportunities to reflect and discuss and finally to support and uphold physical, mental, and emotional health & well-

being (Geary and Mannix McNamara 2003, NCCA 2000). There is a dedicated national support service for the teaching and learning of SPHE, with regional co-ordinators responsible for the delivery of in-service. The support service is a partnership between the Department of Education and Skills, the Department of Health and Children and the HSE in association with Marino Institute of Education with funding from the National Development Plan (NDP) (SPHE 2013).

The recently launched "Framework for Junior Cycle", will see changes to the context of SPHE, particularly its deliver and presence within junior cycle education (DES 2012). Within the new framework SPHE is outlined as a short course. Short courses directly link to the key skills outlined in the framework and will be designed for approximately 100 hours of student engagement over a two or three year period (NCCA 2013, DES 2012). While this will be an increase in student engagement hours short courses are to some degree optional within the new framework. Other short courses will include physical education, Chinese, CSPE and computer programming. The "off-the-shelf" short course of SPHE developed by the NCCA will be available in September 2013, with all schools free to implement SPHE as a short course from September 2014 (NCCA 2013).

1.2.1 Substance Use SPHE Module

As indicated earlier (Table 1.1), one of the ten modules within the SPHE programme is dedicated to substance use. The module is developed in a manner that does not necessarily discourage students but rather it is developed in a context that allows pupils to develop an informed and sensible attitude to use and misuse. The module within the SPHE programme invites pupils to explore the question of substance use in society, and explore when use becomes misuse (NCCA 2001).

Delivery of the substance use module can be delicate and somewhat awkward. In today's classroom the majority of young people know that drugs (including alcohol, tobacco) have health and social implications. However, we live in a society of acceptance and it is with this background of acceptance in the home and in society which makes discouraging pupils a difficult and complex task. Therefore it is imperative that other features of the SPHE module are intertwined into the substance use delivery. According to the NCCA SPHE Guidelines for Teacher (2001) "all of SPHE has a role in developing an informed and sensible attitude to substances" (NCCA 2001). The substance use module seeks to "deal with a complex and emotive issue in a rational manner" (NCCA 2001).

As mentioned the SPHE curriculum is developed in a spiral format, with an increase and scaffold of knowledge in each of the ten modules each year of junior cycle. Table 1.2 outlines the suggested topics across the three year curriculum.

First Year	Second Year	Third Year
Why Drugs	The Effects of Drugs	
Alcohol	Alcohol and its effects	
Solvents	Alcohol: why / why not	Ecstasy – realties'
Smoking and its Effects	Cannabis and its effects	Heroin - realities
Smoking – why/why not?	Cannabis – why/why not?	

1.2.2 SPHE and the Role of visitors

The role of the visitor to the SPHE classroom is outlined and welcomed within the SPHE Teacher Guidelines (NCCA 2001). Here the visitor is identified as a possible "learning event" in the teaching and learning of SPHE. Within the substance use module of the syllabus it is further developed:

> Drug talk from teacher may be viewed with suspicion by students; from specially trained peers or older students it can have greater impact and credibility

(NCCA: 2000: 51)

The guidelines are quite explicit however that the role of a visitor within the SPHE classroom is as a "useful addition" and that the "delivery of the programme remains the responsibility of the teacher" (NCCA 2001). There is also a comprehensible guide for SPHE teachers in relation to obtaining parental consent and referencing the visitor to work covered in class prior and school policy where applicable.

In 2010 the Department of Education and Science issued Circular 0023/2010 (Appendix K) to schools reiterating best practice guidelines (DES 2010). In the Circular 0023/2010, the department reminded Boards of Management and Principals of the role of visitors as enhancements or supplements to existing SPHE programme, not as a replacement for the teaching and learning of SPHE module content. The department also took the opportunity to highlight research findings regarding scare tactics, sensationalist interventions and information that is not age appropriate.

1.3 Developmental Influences on LLADT Programme

It was necessary to draw upon the national and international literature to maintain a programme that was evidence based and in accordance to best practice. Therefore the development of the LLADT programme was influenced by both national and international research, literature and policy. There were four significant contributions from the research and policy that the LLADT programme was developed from (Fig. 1.2).
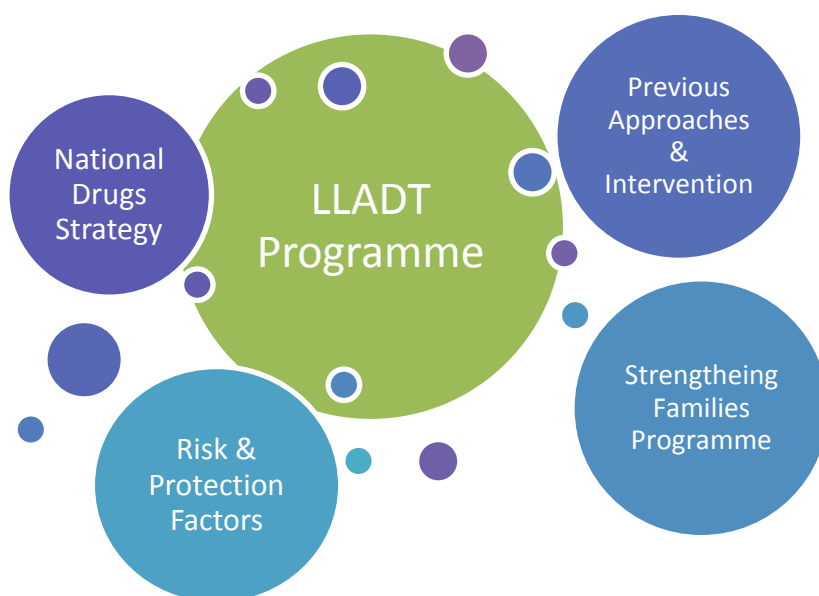
FIGURE 1.2 DEVELOPMENTAL INFLUENCES ON THE LLADT PROGRAMME

This first section of the literature will explore the context and impact of each of the four significant areas that influenced development; beginning with the National Drugs Strategy (2009-2016).

1.3.1 National Drugs Strategy 2009-2016

The National Drug Strategy (NDS) 2009-2016 was an important influence in the development of the LLADT programme. The overall strategic objective of the National Drugs Strategy (NDS) 2009-2016 is

> To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research

(Department of Community, Rural and Gaeltact Affairs, 2009)

The strategy is centred on five pillars, which outline a series of objectives and key performance indicators for the delivery of the national strategy (Fig. 1.2). The LLADT programme is focused on prevention and so adheres to the prevention pillar of the NDS.

National Drugs Strategy 2009-2016

| Supply Reduction | Prevention | Treatment | Rehabilitation | Research |

FIGURE 1.3 NATIONAL DRUGS STRATEGY – FIVE PILLARS

Prevention in the NDS references to the prevention of problem drug use in a board sense; seeks to prevent the usage of illicit drugs, the prevention of harm where drug usage has begun and the prevention of relapse where treatment has occurred, while also seeking to create awareness and understanding of the consequences (Department of Community, Rural and Gaeltact Affairs, 2009). It has been long established that education is the key to prevention and the national drug strategy is no different. The NDS 2009-2016 outlines that "prevention and awareness programme in schools are a key element in the prevention pillar", with the SPHE programme "the foundation for developing awareness of drugs and alcohol issues in schools" (Department of Community, Rural and Gaeltact Affairs, 2009).

1.3.2 Previous approaches and interventions

As the NDS outlined prevention programmes in schools are viewed as the foundation for developing awareness in mainstream education settings. School-based education and prevention programmes are the most contemporary prevention programme at present for young people. Young adolescents (12-15 yrs.) are targeted as this is a key stage for experimentation and developing patterns that can continue into adulthood (Botvin and Griffin, 2007). School-based programmes therefore play a very important role as they have the potential to prevent the use of substances and also have the potential to reduce harm where substance use has already initiated. It was therefore imperative to review the approaches and interventions that took place in the past internationally and nationally.

Traditionally school-based prevention programmes were primarily focused on the dissemination of knowledge and information about the dangers of use and abuse (NACD 2001, Botvin and Griffin, 2007). Morgan (2001) in an overview of the international and national research identified four classifications of school-based programmes that have been developed and delivered in the past.

- The "facts"
- Personal Factors / Affective Education
- Social Influences
- Multi-Component Approach

The first generation of school-based programmes relied exclusively on information (Clerkin 2008). They focused on presenting the facts about the effects of substance use and abuse in dramatic descriptions, with the emphasis on scaring or frightening young people into abstinence (Morgan 2001, Botvin and Griffin 2007, and Midford 2009). Concern was initially on illegal drugs, but over time legal drugs such as alcohol and tobacco were included as concern regarding health implications grew (Midford, 2009). The belief was that a "good scare" might be an appropriate way of ensuring non-involvement in experimentation. Subsequent research showed however that this "scare", "fear-inducing" approach indicated no change in drug use behaviour (Morgan 2001). A shift in thinking became evident after reviews consistently indicated no change as a result of these information, fact-led sessions. Botvin and Griffin (2007) outline how "information may help change knowledge or attitudes, but it is not sufficient to change behaviour" (2007).

The response was to "prevent drug use by enhancing personal development: affective education" (Midford 2009). The aim of affective education was to promote affective growth in young people through activities for example - developing self-esteem, creating understanding and enhancing personal growth (Clerkin 2008). According to Midford (2009) the thinking and theory behind this approach was that if young people were emotionally stronger they would be better able to make

decisions and therefore would be better able to resist the temptation of drug experimentation. The unique aspect of this format or approach was that hardly ever was drug use or alcohol use specifically addressed (Clerkin 2008). Like the previous information-led approaches, the personal development/affective education approach was not found to have any major effect or change on drug-use behaviour and, as a result another format emerged (Morgan 2001).

The third approach that emerged was based on social learning theory. These programmes were based on the hypothesis that young people use drugs because of direct and indirect social influences from friends, families and the media (Botvin and Griffin 2007, Clerkin 2008). The introduction of social influence programmes brought new features to the fore of school-based drug education. For example "normative education" was integrated throughout, this sought to undermine the popular belief that everyone was involved in drug use and that drug use was acceptable socially (Morgan 2001). The social based programme also brought a new skills element, a focus on social resistance skills training – how to identify situations and how to communicate "no" the best. Programmes also often included making young people aware of mass media advertising campaigns and motivating them to resist the pressures (Botvin and Griffin 2007). Programmes attempted to counter the pressure put on young people to experiment and learn counter-arguments. These new programmes were "theoretically and methodologically more rigorous" and for the first time demonstrated change in drug use behaviour (Midford 2009). Findings reported that social resistance skills training reduced the proportion of young people who experimented with alcohol, tobacco and cannabis (Botvin and Griffin 2007). On a national level programmes like "Walk Tall" and "On my Own Two Feet" would be classified into this education prevention approach.

The final and current phase of the school-based programme witnessed an extension to the social influences programme approach. The extension saw a movement away from isolated school programmes to a more multi-modal approach that involved schools, communities and home. Extensions included family-focused interventions and parenting programmes (Midford 2009). These extensions were viewed as complementary to the school-based programme and in combination would produce an additive effect. Education programmes that incorporated such extensions became multi-modal or multi-component. Research results and findings from the multi-modal programmes indicated that this approach was effective in reducing the rate of growth of use within communities (Midford 2009). It is envisaged that LLADT will be multi-modal in design by integrating the parent with the SPHE classroom, the parent and pupil sharing a leaning environment, and the pupil benefiting from a stronger link between SPHE, school and home.

1.3.3 Risk and Protection Factors

Research over the past few decades has endeavoured to determine the origins and pathways of substance use and addiction – how people start, why people start and how it escalates (NIDA, 2003). Emerging from the research has been the identification of a number of factors that help differentiate those most likely to engage in substance use from those who are less likely to engage in substance use. Influences associated with greater vulnerability are called "risk" factors, while influences associated with reduced vulnerability are called "protective" factors. This concept of "risk" and "protective" factor is a common theme within adolescent drug use research literature. According to National Institute on Drug Abuse (NIDA) prevention programmes should enhance protective factors and reverse or reduce risk factors (NIDA 2003). This section of the literature will classify what is meant by risk and protective factor in more depth and will explore the significant factors for the development of a schools-based multi-modal prevention education programme in Ireland.

Risk-taking is sometimes described as making choices or participating in activities that have negative outcomes. To take a risk there must not be a guarantee of a positive or natural result or effect (Boyer 2006). Risk-taking is believed to be common and even normative during adolescence yet it is connected with unfavourable outcomes including substance use and misuse (Steinberg *et al* 1994, Dever *et al* 2012, Pilgrim *et al* 2006). The potential for a dangerous or detrimental outcome is the salient feature of risk-taking. Risk factors for partaking in substance use represent a challenge to an individual's emotional, social and academic development (NIDA 2003). It is noted that risk factors produce different effects and outcomes depending on the individual - personality traits, their phase of cognitive, emotional and moral development and their personal environments (NIDA 2003). Variables that mitigate the negative or adverse effects/outcomes of risk factors are called protective factors (Dever *et al* 2012). Protective factors therefore are a very important goal of education and prevention initiatives. It is the responsibility of the protective factor to outweigh the presence of the risk factor. The presence of many protective factors can lessen the impact of a few risk factors (NIDA 2003).

Primary socialization theory proclaims that parents, school and peer clusters are the critical socializing energies and protective forces for adolescent drug use (Pilgrim *et al* 2006). The National Advisory Committee on Drugs (NACD) in Ireland associated similar risk and protective factors to young adolescents in their 2010 report. The report identified risk and protective links between substance use among young people and the family context, the school environment, peer relations and the neighbourhood context (NACD 2010). Risk and protective factors were therefore significant in the development of the LLADT programme. Specific protective factors addressed within the LLADT programme will now be explored in more depth.

The Family

The role of the family can be viewed from both the protective and risk margins. Much research has explored the risk caused to young people where parents are engaged themselves in illegal drug use (Brook *et al* 2001). One of the most significant factors in protecting young people relative to the family and adolescent substance use is the quality of relationship among family members (Nation and Heflinger 2006, Siebenbruner *et al* 2006). Other protective factors include young people spending time with their family, parents knowing where young adolescents are when they are out; clear rules especially regarding access to alcohol, and good family communications (James 2012). Parental monitoring is one factor that can act as a buffer against most of these factors/influences substance use. Parental monitoring is strongly connected with family closeness and forms part of a parent's general communication and regulation of children's behaviour (Moore *et al* 2010). Typically the research has demonstrated that when parental monitoring is high, substance use is low (Pilgrim *et al*, 2006). Research has shown that when parents who know where their children are and what they are doing can insulate and protect their child more especially from substance use. Steinberg *et al* (1994) indicate that adolescents that are raised by parents who are responsive are less likely to engage in substance use. One of the theories behind the protective influence of parental monitoring suggests that where there is poor family relations or inept parenting, adolescents are more likely to be socially unskilled and lack conventional ties to the society (Pilgrim *et al* 2006). Whereas "supportive parenting during adolescence has been linked to later initiation of substance use, less frequent substance use and less engagement in heavy and problematic use" (Steinberg *et al* 1994). In research carried out by Dever *et al* (2012), parental monitoring had the strongest promotive effect against alcohol and cannabis use.

The Peer Relations

The most potent proximal influence on adolescent drug use is not necessarily the family unit but their peers (Steinberg *et al* 1994). There is universal agreement that the peer group is of great social and psychological importance during adolescence (NACD 2010, Fallu *et al* 2010). Similar to the family unit the peer unit can bring risk and protection to a young adolescent. The impact of the peer unit becomes increasingly important throughout the course of adolescence in comparison to parental/familial influences (Fallu *et al* 2010). Research shows that when adolescents perceive limited closeness to family members, influence from their peers can become greater than those in the family home (Moore *et al* 2010). According to Nation and Heflinger (2006) drug and alcohol use among the close peer group appears to influence initiation and the continued usage of substances. Bailey and Hubbard (1991) identified in their research how one of the main factors prevalent within the research literature is the notion regarding the number of friends using substances and the frequency at which they are used. It is important to acknowledge the protective element to peers at this stage and the importance of choosing social groups carefully, the impact of peers can be positive.

In some cases belonging to groups that do not use substances can reduce pre-existing use with some adolescents. Young adolescents who use legal and illegal substances typically have friends who are users whereas adolescents who are themselves nonusers typically have friends who are not (Steinberg *et al* 1994).

1.3.4 Strengthening Families Programme

Strengthening Families Programme (SFP) was developed in the University of Utah, Iowa, by Dr. Karol Kumpfer and associates. SFP is a prevention strategy for high risk children of drug and alcohol stressed families. The programme is a "family skills training program that involves the whole family in three classes run on the same night once a week" (Kumpfer *et al* 2012). Within SFP there are different age versions of the programme for example 6-11, 10-14, 10-16, 12-16 etc., however all programmes have the same format and theoretical underpinnings, the only significant different is that school versions are shorter in length.

It is the process of the SFP that was influential to the development of the LLADT. The two hour weekly SFP programme incorporates three classes that see both parent and child work independently and then re-join to share their thinking and experience. While parents attend a parent training programme, children are attending a teen skills training program, when both programmes are complete both parents and children re-join to participate in a SFP Family Skills Training Program. While the LLADT programme will not run for as long as the SFP, the approach has influenced the development of the programme, figure 1.3 is an outline of how the SF approach influenced the LLADT programme

SPHE Class	Workshop One	Workshop Two
Pupils working independently from parents	Parents working independently from pupils	Parents and Pupils working together
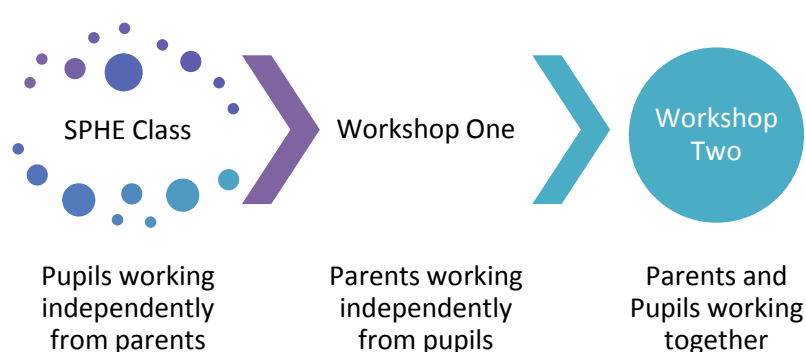
FIGURE 1.4 SFP INFLUENCE ON LLADT PROGRAMME DEVELOPMENT

1.3.5 Guiding Principles for Best Practice

The brief for the LLADT programme was:

> To develop and pilot an evidence-based, sustainable workshop for teachers, guardians/parents and their children that will allow them to have a shared experience of drugs education

From the international literature there were two main organisations whose work was drawn upon in the development of the LLADT programme. Both agencies offered guidance on principles for best practice from a research evidence base. The first agency was the National Institute on Drug Abuse (NIDA) in the United States and the second agency was The Drug Education Forum (DEF) in the United Kingdom. Below is a brief synopsis of their publications regarding best practice, while table 1.3 and 1.4 outline how the principles from both agencies were interwoven into the LLADT programme development ensuring evidence-based best practice.

National Institute on Drug Abuse, USA – Principles for Prevention

There are sixteen prevention principles classified into; risk and protective factors; prevention planning; prevention program delivery. The prevention principles have emerged from research studies funded by NIDA. Not all prevention principles were directly applicable to the LLADT programme, however where appropriate the principles were applied, in some cases principles were applied in both workshops at different levels for parents and pupils. Table 1.3 outlines the principles which were taken on board and how they were integrated.

The Drug Education Forum, UK – The Principles of good drug education

The principles of good drug education were published in 2012 by The Drug Education Forum in the UK. The principles formed part of a briefing series for schools and others involved in formal and informal drug education (DEF, 2012). The purpose of the document was to help educators understand the principles that lie at the heart of best-practice. The principles were adapted from best practice evaluations carried out in the UK, Canada, Australia and the USA by the United Nations (James 2012). Table 1.4 summarizes the principles and offers a brief outline of how these principles were integrated into the LLADT programme.

TABLE 1.3 GUIDING PRINCIPLES FOR LLADT – NATIONAL INSTITUTE ON DRUG ABUSE (NIDA), USA

	Prevention Principle	LLADT
Risk Factors and Protective Factors		
#1	Prevention programs should enhance protective factors and reverse or reduce risk factors	• Enhance the protective role of the parent • Enhance the protective role of the school • Engage parent and pupil in shared learning – open communication • Give informed, relevant and factual information • Relevant and factual information
#2	Prevention programs should address all forms of drug abuse, alone or in combination including underage use of legal drugs (alcohol, tobacco); the use of illegal drugs (e.g. cannabis, heroin) and the inappropriate use of legally obtained substances or over the counter drugs (Johnston *et al* 2002)	• All were discussed with parents in workshop one • Workshop two explored - Alcohol, Cannabis and Solvents • Over the counter drugs were deemed not age appropriate • Poly Drug use was not explored with pupils
#3	Prevention programs should address the type of drug abuse problem in the local community, target modifiable risk factors and strengthen identified protective factors (Hawkins *et al* 2002)	• Evidence informed from national and local studies and service statistics • Workshop One – parents only • Reference to local community substances – raising awareness
#4	Prevention programmes should be tailored to address risks specific to population or audience characteristics, such as age, gender and ethnicity to improve program effectives (Oetting *et al* 1997)	• Specifically designed for 2nd year pupils • Tailored messages to parents -specific to this age group. • Where appropriate in single sex schools – important information specific to genders might be reinforced, e.g. the higher no. of males who experiment etc.

Prevention Planning		
	Prevention Principle	LLADT
#5	Family-based prevention programs should enhance family bonding and relationships and include parenting's skill; practice in developing, discussing and enforcing family policies on substance abuse; and training in drug education and information (Ashery *et al* 1998).	• The essence of the programme is to involve parent and child in shared learning, working together – family bonding • Workshop One, will address parents skills and the importance of parental monitoring as a key protective factor
#8	Prevention Programs for middle or junior high and high schools students should increase academic and social competence with the following skills (Botvin *et al* 1995, Scheier *et al* 1999) – communication, peer relationships, self-efficacy and assertiveness, drug resistance skills, reinforcement of anti-drug attitudes and strengthening of personal commitments against drug abuse..	• Communication, peer relationships, self-efficacy and assertiveness and reinforcement of anti-drug attitudes are all facilitated through the format of delivery • It is envisaged that the academic and social competence will increase with both parents and pupils, through the unique format
#9	Prevention programs aimed at general populations at key transition points such as the transition to middle school can produce beneficial effects even among high-risk families and children. Such intervention do not single out risk populations and, therefore reduce labelling and promote bonding to school and community (Botvin *et al* 1995, Dishion *et al* 2002)	• Programme is specifically targeted at 2nd year students within the junior cycle education. Irish educational research indicates that 2nd year is the year Irish pupils are most at risk of disengagement from formal education which from the substance use research we know is a major risk factor

Prevention Program Delivery		
	Prevention Principle	LLADT
#15	Prevention programs are most effective when they employ interactive techniques, such as peer discussion groups and parent role-playing, that allow for active involvement in learning about drug abuse and reinforcing skills (Botvin *et al* 1995)	• All of the programme is interactive in nature • Parent workshops avoids "lecture style" presentation -offer opportunity for discussion, collaboration and questions • Pupil workshop is developed in a manner that allows the pupils and parents to work together in an experimental approach.

TABLE 1.4 THE PRINCIPLES OF GOOD DRUG EDUCATION – THE DRUG EDUCATION FORUM (DEF), UK

Environment Good drug education is…	• Underpinned by a whole school approach • Enhanced by family based prevention programmes	• Links into SPHE which is a whole school approach • The incorporation of the parent enhances the work being completed in school
Planning An appropriate curriculum is…	• Relevant and responsive to the development stage and circumstance of the children and young people • Taught in context of other social and health issues • Manageable given available resources • Informed by programmes that produce achievable outcomes • *Developmental: re-visited, consolidated and extended through childhood and youth* • *Supported by appropriate training* • Evidence based and or evaluated	• Specifically targets 2nd year junior cycle students • Delivered in the context of the other SPHE modules • Raise awareness for age related developmental issues for parents • Informed by Strengthening Families, RSE @ primary, NIDA and DEF best practice principles • Both
Practice The Educator…	• Creates a comfortable classroom climate • User interactive teaching styles • Is responsive to different cultural view and realties • Includes a normative component	• Informal group setting • ALMs and experimental learning formats • Responsive to cultural views • Includes normative component – local stats
Content The selected material and activities….	• Explore attitudes to drugs and drugs users • Provide children and young people with opportunities to develop skills • Use credible, reliable and up to date sources to explore, contract and where appropriate support or challenge attitudes to self and other, to drugs and to drug use and non-use and to drug users and non-users • Strengthen protective factors • Minimise risk factors	• Explores attitudes to drugs in an age appropriate context • Pupils and Parents engage in "case study" work that challenges them to explore and discuss attitudes re drugs, and drug users etc. • Strengthens protective factor of the family unit • Minimise risk factors
Evaluation The programme is informed by	• Assessment • Monitoring • Impact Evaluation	• Oral assessment of the facts etc. • Programme is monitored and evaluated by HSE/MWRDTF staff • Programme evaluation is completed after delivery

** Principles/Points made in Italics are not currently feasible within the project due to either developmental or financial constraints

2. The "Lets Learn About Drugs Together" Programme

The LLADT programme was piloted across the mid-west region from January to May 2013. Due to the demographic of the mid-western region it was decided to gain pilot schools specifically from an urban and rural mixture. Urban schools were selected from Limerick City, while rural schools from Co. Clare. North Tipperary and County Limerick were therefore excluded from the pilot phase. This next section of the report outlines how schools were recruited into the pilot programme and the methodological approach taken to evaluate the LLADT programme, also incorporated into this section is a brief demographic on schools that were involved.

2.1 School Recruitment

This section outlines the sampling methodologies employed to recruit schools for the pilot programme. It also presents some background data on each school that participated, and offers reasons why some schools declined to participate in the pilot phase. Schools were selected using convenient and purposive sampling techniques. Purposive sampling took place in Limerick City where schools were selected due to their gender composition. Within Limerick City there are a high number of single-sex schools, therefore co-educational schools were purposively sampled. Convenient sampling was allotted within the rural schools for two particular reasons firstly to reduce any stigma that a particular school may get for delivering additional drugs education programmes and secondly it was more cost and time effective if the schools in the rural area were conveniently located near each other. In total ten schools were approached to become part of the pilot programme, table 2.1 offers a description of each of the schools invited.

TABLE 2.1 DEMOGRAPHIC OF SCHOOLS INVITED TO PARTICIPATE

School Name	SSG / SSB /Co-educational	Urban / Rural	No. in 2nd year
School A	Co-educational	Rural	24
School B	SSB	Urban	90
School C	SSB	Rural	32
School D	SSG	Rural	60
School E	SSG	Urban	45
School F	Co-educational	Urban	87
School G	Co-educational	Rural	30
School W	Co-educational	Urban	77
School X	SSG	Urban	60
School Y	Co-educational	Urban	20

Seven of the ten schools invited agreed to participate in the pilot programme (Schools A – G). Three schools declined the opportunity to become involved when approached (Schools W, X, Y). It is acknowledged that these three schools did outline if the programme was to be re-administered in the academic year 2013/2014 then they would consider becoming involved. Reasons obtained for non-participation are outlined below.

School W   "timing is late in the academic year, prefer to run in September/October, school is currently too busy with exam orals and practical's, afraid parent input might not be as strong as it would be in September" (HSCLO)

School X   "it is our practice to get a recovering addict in to talk to the girls we feel this works best, that's not part of this programme. Let me see how you get on in school _____, if it works there I'll consider it for next year" (SPHE Teacher)

School Y   "personally feel the pupils see school as a "break". Many of the pupils here see drug and alcohol problems in the home and school is often viewed as a 'safe place' away from that. A lot of the community groups and clubs would also offer programmes to the pupils outside of school too, so at this time we would decline" (SPHE Teacher)

2.2 Evaluation Methodology

The evaluation of the LLAADT programme was administered on completion of workshop two. Due to the non-completion of workshop two in two of the pilot schools, just five schools were eligible to evaluate the programme (table 2.2). To increase the reliability and validity of the evaluation, all programme participants were involved in the evaluation process; pupils, parents, and teachers, along with programme facilitators.

The evaluation methodology was multifaceted to generate a robust and in-depth appraisal. It involved three key phases of development; figure 2.1 is a graphical representation. Phase one involved the administration of a written questionnaire/evaluation feedback form each of the programme stakeholders; parents, pupils and teachers (Appendix B, C and D). Participants of phase one were invited to partake in phase two through the evaluation instrument, those who wished to partake were invited to provide their name and contact details. The final phase of the evaluation of the pilot programme was from programme facilitators.

The first phase of the evaluation sought participants to indicate levels of agreement to statements about workshop content and workshop experience. Participants were invited to give recommendations for the future and to propose any changes to the content / design that they may have. Fifty-seven pupils and parents, along with seven teachers provided feedback by completing phase one of the programme evaluations.
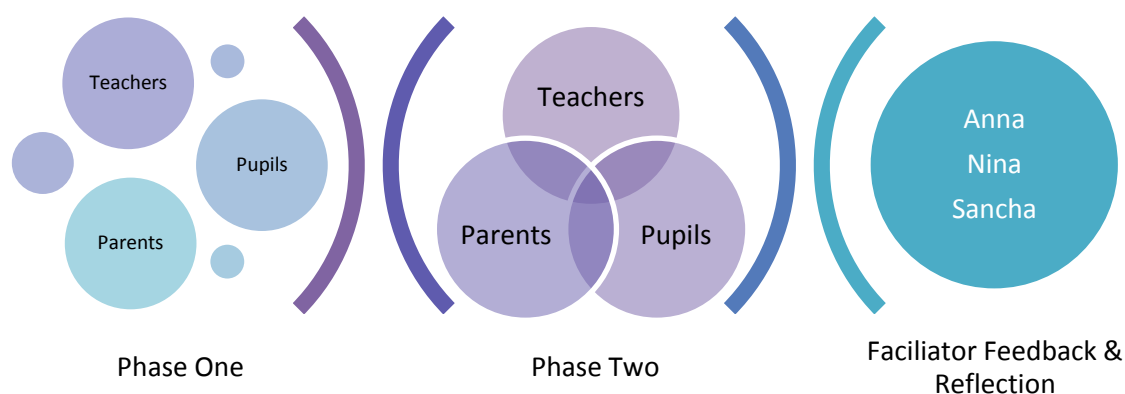
FIGURE 2.1 LLADT PROGRAMME - STAGES OF EVALUATION

Phase two of the evaluation process was more qualitative in nature, and sought to supplement the findings of phase one. In phase two pupils were invited to partake in focus groups held in school (Appendix E). Participating teachers were invited to participate in semi-structured interviews and these took place in the school or over the phone, whatever was most convenient for the specific teacher (Appendix F). Parental interviews took place over the phone, at a time identified by the parent as best (Appendix G). Due to time constraints participating schools for phase two were randomly chosen (table 2.2), it was not feasible in the time allowed to complete phase two will all participants in all seven schools.

TABLE 2.2 PHASES OF EVALUATION AND SCHOOLS INVOLVED

School Name	Phase One	Phase Two
School A	✓	✓
School B	✓	✗
School C	✓	✗
School D	✓	✓
School E	✗	n/a
School F	✓	✗
School G	✗	n/a
School W	n/a	n/a
School X	n/a	n/a
School Y	n/a	n/a

The final phase of the LLADT evaluation was facilitator feedback and reflection from Anna O'Neill and Nina Smyth (HSE West Education Officers) and Dr. Sancha Power (Post-Primary Substance Use Education Worker). All three facilitators completed an evaluation questionnaire (Appendix H).

2.3 LLADT Participation

This section summaries the attendance and participation that was achieved at the pilot schools in which the LLADT programme was delivered. Programme participation was explored on a number of different levels; family participation relative to total population available, parental/guardian participation at workshops, pupil and school/teacher participation.

Family representation was the preferred unit for the programme evaluation as in some instances both parents/guardians from the one family attended the programme. Measuring participation this way allowed for the calculation of percentage family attendance from the total second year family cohort per school. Parental/guardian participation was measured from a calculation of parents/guardians who engaged with any part of the programme (workshop one or two or both). The gender composition of parental/guardian participants was correspondingly examined. Pupil and teacher participation were the final two levels on which programme participation was measured.

The section begins with a description of the "expression of interest" events that were held in schools to encourage the recruitment and participation by parents.

2.3.1 Expression of Interest (EOI) Events

The preliminary research (SPHE Substance Use Mid-West Region Survey) had identified concerns from SPHE teachers who were quite vocal about the difficulties gaining parental commitment to attend the programme. Therefore, promotion of the LLADT programme among parents was envisaged as a key element in getting parents to attend the programme.

It is customary for schools to send information letters home informing parents of workshops/programmes/talks etc. that they may be interested in attending. However, where possible the facilitator of the LLADT programme developed specific "Expression of Interest" (EOI) events in conjunction with the school to aid in the recruitment and marketing of the LLADT programme to parents. EOI events were developed to enhance the promotion of the LLADT programme and were built into the delivery of the LLADT programme in each of the pilot schools. The EOI events were developed to suit each school context with most integrating an element to pre-register, to receive text reminders and allow the facilitators to gain an idea of numbers attending. Examples of EOI events

included attending parent teaching meetings (PTM), presentation to parent's councils/parents associations, flyers encouraging text sign-up and registration. Once a school agreed to join the pilot study an EOI event was developed relative to the school setting and situation. For example in School A, a school meeting was being held to develop a new Parents Association, so the school invited the facilitator to give a brief presentation on the programme to gain interest from parents. This was followed up with an information letter with text sign-up to all second year parents. While in school C, the context was different and the facilitators were invited to attend the parent-teacher meeting (PTM) and distribute flyers to parents while they waited to meet individual teachers. Parents were given an informational flyer and encouraged to "text-register" by texting their name, followed by school name.

Table 2.3 below indicates where EOI events took place, the type of event and the number of registrations received from each school. The final two columns in table 2.3 identify how many participants who registered through the EOI event <u>actually</u> attended; School B was the only school where no EOI event took place.

TABLE 2.3 EXPRESSION OF INTEREST EVENT AND PROGRAMME REGISTRATION

School Name	EOI Event	Type of EOI	Register by EOI	Actual Attendance from EOI	%
A	Yes	Presentation to the Parent Association Information Letter (Text sign up)	15	10	66.6%
B	No	Standard information letter (no EOI event or text sign up)	n/a	n/a	n/a
C	Yes	PTM - Flyers (Text sign up, facilitator)	3	3	100%
D	Yes	PT Meeting – Written sign up Information Letter (Text sign up)	12 (5) 6 (5)	10	55.5%
E	Yes	Information Letter (school report mailing) PT Meeting – written sign up Information Letter (Text sign up)	17	1	5.8%
F	Yes	Presentation to Parents Council Information Letter (Text sign up)	29	26	90%
G	Yes	PTM - Flyers (Text sign up, no facilitator present)	3	2	66.6%

The number in brackets indicates the number of parents registered through each individual method

It is evident from table 2.3 above that the type of EOI event held seemed to affect the take up from families. Where EOI events incorporated the parents council/associations a larger uptake was evident (school A, and school F). Likewise EOI events at PTMs where parents got to physically talk/meet the LLADT facilitator and ask questions was likewise successful. Less successful was the distribution of leaflets/flyers to parents as evident from school C and school G. Evidence from table 2.4 below

identifies that school B suffered the lowest level of parent/family participation relative to total school number for second year; no EOI event took place in school B.

2.3.2 Programme Participation – Family Representation

Sixty-nine families, 18.6% of the total number of families in second year across the seven schools participated in the pilot programme (table 2.4). Calculating participation according to family representation was the preferred route for determining participation for the pilot evaluation, as in some instances both parents/guardians from the one family attended the programme. There were two ways in which this occurred: the first was where both parents attended the first workshop together; and the second way was when alternate parents attended alternate workshops. For example, in one school, two male parent/guardians replaced two female parent/guardians for the second workshop (School A).

Table 2.4 offers a breakdown of attendance by family and a percentage of attendance in relation to total number in second year. It is visible from table 2.4 that of the schools who delivered both workshops, school A recorded the highest attendance while school B recorded the lowest relative to total number of families in second year. School A recorded the highest attendance for both workshop one and workshop two with 42% and 38% respectively. While school B recorded the lowest attendance for both workshop one and two, this would pose the question regarding the importance of the EOI events as a recruitment and promotion tool for the LLADT programme. School B no EOI event and subsequently the lowest turnout.

TABLE 2.4 BREAKDOWN OF ATTENDANCE BY FAMILY, % ATTENDANCE

School	Type	Area	Total in 2nd yr.	Workshop 1	% of 2nd yr.	Workshop 2	% of 2nd year
A	Co-ed	Rural	24	10 (11)	42%	9	38%
B	SSB	Urban	90	9 (10)	10%	7	7.7%%
C	SSB	Rural	32	5	15.6%	4	12.5%
D	SSG	Rural	60	10 (11)	16.6%	10	16.6%
E	SSG	Urban	45	1	2%	n/a	
F	Co-ed	Urban	87	31 (34)	35.6%	27	31%
G	Co-ed	Rural	30	3	13%	(n/a)	
Family Totals			**368**	**69**	**18.8%**	**57**	**15.5%**

The number in brackets indicates the number of parents present for workshop one

Significant observations from table 2.4 include;

- There was a decrease in attendance from workshop one to workshop two, in all schools except school D. Reasons for this decrease were explored with parents via text message or phone call post-workshop two, and are outlined below (ref: 2.3.4).

- Workshop two was not delivered in school E or in school G. Delivery was not possible in school E as only one parent turned up for workshop one, and therefore it was not feasible or fair on the pupil to run workshop two. While in school G, only one parent was available out of the original four for workshop two, and so was subsequently postponed, unfortunately this never occurred.

With regards the schools which only delivered workshop one, school E recorded the lowest attendance with 2% of total families in second year. School G had 13% of the available cohort present for workshop one. Due to the high interest in the project through the EOI event in School E, follow up occurred to seek explanation for poor turnout. Work commitments were cited by parents who replied as the main reason (75%), while another parent responded to say that there had been bereavement in the family and therefore was unable to attend. It is acknowledged that both the Deputy Principal/SPHE Teacher in School E and the facilitators felt that one of the reasons for non-attendance was the delayed length of time between the EOI event and the actual delivery of the programme.

2.3.3 Reasons for Non-Attendance at Workshop Two

This subsection explores the reasons offered to the facilitator for non-attendance at workshop two. Reasons for non-attendance at workshop two are quite significant as the preliminary research with TY pupils indicated a level of difficulty in getting pupils to attend. Therefore from a research point of view it was important to observe if non-attendance at workshop two by a family was due to the fact that the pupil would not collaborate and attend. Below is a breakdown of reasons offered:

School A   Within School A, just one family was unable to return for workshop two. The family contacted the facilitators of the workshop prior to inform. Their reason for non-attendance was health related. One of their children needed to attend A&E in Limerick city, and the second parent was needed at home. It needs to be acknowledged that both parents from this family were present at workshop one, and that their child was genuinely hurt the preceding Friday in school.

School B   Two families failed to attend workshop two from School B. One family texted the facilitator to indicate they had a funeral to attend and so would be unable to make it. The second family gave no indication for non-attendance. There was no mobile contact detail to contact this family to query.

School C   One family did not attend workshop two in School C, when contacted after the workshop the parent sighted personal reasons for non-attendance.

School D   All families were present for workshop two.

School E   Just one parent was present for workshop one, so it was not feasible to delivery workshop two.

School F   Four families were unable to make workshop two. One family contacted the facilitator to outline that their 2nd year child had a camogie match and if possible they would join after the match. The other three families were contacted, with one family replying indicated that they were unable to make it as son refused to go, while the other two families gave no reason.

School G   Three of the four parents contacted the facilitator after receiving a text reminder to indicate non-attendance. One parent outlined refusal from the pupil to attend as no peers were going to be present. The final two parents sighed personal reasons (illness, and bereavement) for non-attendance. All three parents correspondingly indicated that the workshop was too early and if it was to be re-delivered later in the evening (7pm /8pm) would suit a lot better. Two of the parents offered this excuse for non-attendance of their peers at workshop one.

2.3.4 Programme Participation - Parental Participation

Parent/guardian participation was tallied at workshop one and workshop two, for a variety of reasons. Firstly, to allow a percentage of total possible participants/families to be counted (table 2.4), secondly to develop a record of attendance in relation to who attended both workshops (table 2.5), and finally to open communication between the delivering agencies / services (MWRDTF, the HSE) with parents. A total of seventy-five parents engaged with workshop one, with fifty-seven participants progressing on to engage with workshop two (table 2.5).

TABLE 2.5 PARENTAL PARTICIPATION GENDER BREAKDOWNS

School	Type	Area	Workshop One		Workshop Two	
			Male	Female	Male	Female
A	Co-ed	Rural	2	9	3	6
B	SSB	Urban	2	8	2	5
C	SSB	Rural	2	3	2	2
D	SSG	Rural	1	10	0	10
E	SSG	Urban	0	1	n/a	n/a
F	Co-ed	Urban	8	26	4	23
G	Co-ed	Rural	0	3	n/a	n/a
Totals			**15**	**60**	**11**	**46**
			75		57	

The reasons for decline between the workshops was already explored (ref: 2.3.3), however, as no recommendation was made in any of the LLADT programme literature or at any of the expression of interest (EOI) events, that both parents/guardians attend or alternate this was viewed positively and a key indication of the interest from parents. It was nevertheless recommended that only one parent would return for workshop two so as not to intimidate, discourage or 'embarrass' their child in front of their peers. A summary sheet was subsequently developed and parents were encouraged to share this among themselves at home especially if an alternate parent was coming to the second workshop (Appendix I).

It is evident from table 2.5 that female parents/guardians are more likely to attend the workshop than male parents/guardians. In the rural single-sex girls school (school D), it was an entire female group of participants parents, pupils, teachers and facilitators. The urban co-educational school (school F) had the highest percentage of male participants in the programme, with over 30% of workshop one being male.

Attainment of participant names and mobile numbers at the EOI events and in the first workshop aided interaction and participation as it allowed the facilitator to communicate reminders before and during programme delivery. It also allowed a line of communication to be developed outside of the workshop space if a parent had any questions or queries before or after the programme was delivered. The sign-in form additionally allowed the facilitators to examine the gender composition of participants at workshops, ascertain actual uptake from EOI events and also gain some insight into the pupil participants in the co-educational schools prior to workshop two (Appendix J).

2.3.5 Programme Participation - Pupil Participation

Pupils were involved in the LLADT programme through workshop two, and therefore were involved in five of the pilot schools, as two schools did not delivery the second workshop due to circumstances outlined previously. In total fifty-seven pupils completed LLADT workshop two and the subsequent evaluation, 15.4% of total pupils available in each of the five pilot schools (table 2.6). The highest percentage attendance relative to whole school numbers in second year was achieved by School A with 35% of the second year cohort attending the LLADT programme. School F had the most equal representation of both male and female pupils of the co-educational school involved with twelve male pupils and fifteen female pupils.

TABLE 2.6 PUPIL PARTICIPATION AND GENDER BREAKDOWN

						Gender Breakdown	
School	Type	Area	Total in 2nd yr.	No. of Pupils Present	% of 2nd yr.	Male	female
A	Co-ed	Rural	26	9	38%	7	2
B	SSB	Urban	90	7	7.7%%	7	-
C	SSB	Rural	32	4	12.5%	4	-
D	SSG	Rural	60	10	16.6%	-	10
E	SSG	Urban	45	n/a		n/a	
F	Co-ed	Urban	87	27	31%	12	15
G	Co-ed	Rural	30	(n/a)		n/a	
Totals			368	57	15.5%	30	27

It is evident from table 2.6 that more boys participated in the programme than girls. However it is acknowledged that representation from the single sex schools was almost equal (SSB 11 v SSG 10), and taking into consideration that the programme was not delivered in one of the single sex girl schools. It can be concluded that a higher percentage of parents with male children attended the programme overall. This could be related to socialization - that boys get involved with substances use more than girls, and are more likely to experiment that girls. It is recommended that this is investigated if a larger sample comes available.

2.3.6 Programme Participation - Teacher Participation

The LLADT programme was specifically developed to support junior cycle SPHE and therefore, it was understandable that SPHE teachers would be the main contact point in the school environment to approach and engage with for the delivery of LLADT. However, as table 2.7 demonstrates Principals, Vice-Principals and Home-School Community Liaison (HSCL) officers also became part of the programme delivery team in most of the pilot schools. In some instances the HSCL became the programme main contact point and project led within the school environment. One reason for this was the very nature of the HSCL officer's role – to liaise between home and school. It was much easier for the HSCL officer to contact, engage and recruit parents for participation at the programme. Moving forward a recommendation would be that where available the HSCL officer would become a central player in the delivery of the programme.

While SPHE teachers found the programme to be "an excellent idea and to serve the pupils and parents well", having to stay back for its afterschool delivery was not overtly welcomed by all. In essence while a stronger participation from the SPHE teacher would have been welcomed, the position is totally understandable. It is also acknowledged that the late delivery of the programme into schools (January instead of September) also militated against participation from some, as mentioned previously.

Where there was difficulty attending both nights of the programme, school personnel, especially the SPHE teachers were encouraged to attend workshop two when pupils were present (Table 2.7). It was envisaged that the presence of the SPHE teacher would help develop the link between the LLADT programme and the SPHE classroom for the pupils and parents.

TABLE 2.7 TEACHER PARTICIPATION

School	Type	Area	Workshop One		Workshop Two	
			No of Teachers	Subject / Role	No of Teachers	Subject / Role
A	Co-ed	Rural	1	HSCL	2	HSCL & SPHE
B	SSB	Urban	2	HSCL & GC	3	HSCL, GC & SPHE
C	SSB	Rural	1	Principal	1	SPHE
D	SSG	Rural	1	SPHE	1	SPHE
E	SSG	Urban	1	Deputy P/SPHE	n/a	n/a
F	Co-ed	Urban	1	Vice Principal	1	Vice-Principal
G	Co-ed	Rural	2	Chaplin/SPHE	n/a	n/a

In just one school was the SPHE teacher was present for both workshop one and workshop two.

3. Evaluation Results

This section of the report offers a description of the main findings and indicates the emergent themes from the evaluation questionnaires and follow-up focus groups with pupils, parents and teachers involved in the LLADT pilot delivery. Results are presented in distinct sub-sections from each of the stakeholders, beginning with evaluation feedback from pupils. The phases of data collection are interwoven within each sub-section.

3.1 Parental Evaluation Findings

Parents were invited to participate in both phases of the LLADT programme evaluation. Due to time and financial constraints it was only parents who participated in the randomly selected schools A and D were invited to participate in both phases.

In the first phase of the evaluation parents were invited to complete a three page evaluation form (Appendix B). The first page of the form worked as a post-then-pre-test of parent's knowledge and confidence surrounding the substances explored within the workshop (alcohol, solvents and cannabis). The second page of the evaluation form incorporated a grid of statements about the workshop experience and content. Parents were asked to identify their level of agreement with each statement from a five-point likart scale. The final section of the evaluation form sought to gain suggestions for the future similar to other evaluation forms disseminated to pupils and teachers.

Parents self-nominated themselves as part of the evaluation questionnaire disseminated in workshop two for the follow up telephone interviews. The telephone interview took place some weeks after the delivery of the LLADT programme (Appendix F).

Feedback from parents involved in the workshop has been very constructive and encouraging. The results from their comments are presented in four sections

- Knowledge and Confidence
- Speaking about drugs in the home
- Workshop content and experience
- Comments for the future development

3.1.1 Knowledge and Confidence

Parents were invited to participate in a post-then-pre evaluation of their knowledge ability and confidence. Questions addressed each of the three substances independently (alcohol, solvent and cannabis) and specifically asked parents to rate their knowledge and confidence before and after the LLADT programme. The purpose of the question was to ascertain if parents felt an increase in knowledge and confidence post LLADT programme.

Parental Knowledge

It is evident from the evaluation that parents felt more knowledgeable about alcohol before the workshop. Over 70% (n=57) approved either at 'strongly agree' or 'agree' to the statement *"I am knowledgeably about alcohol and its effects"* (Fig. 3.1). 11% (n=57) indicated that they did not agree with the statement, while 16% (n=57) were unsure about their knowledge ability around alcohol and its effects.

It is also evident that pre-workshop there was a large uncertainty and insecurity among parents about their knowledge in this area of solvents and cannabis. This is visible from the large amount of green, in figure 3.1, 44% and 30% of parents felt unsure about solvent and cannabis respectively (n=57).
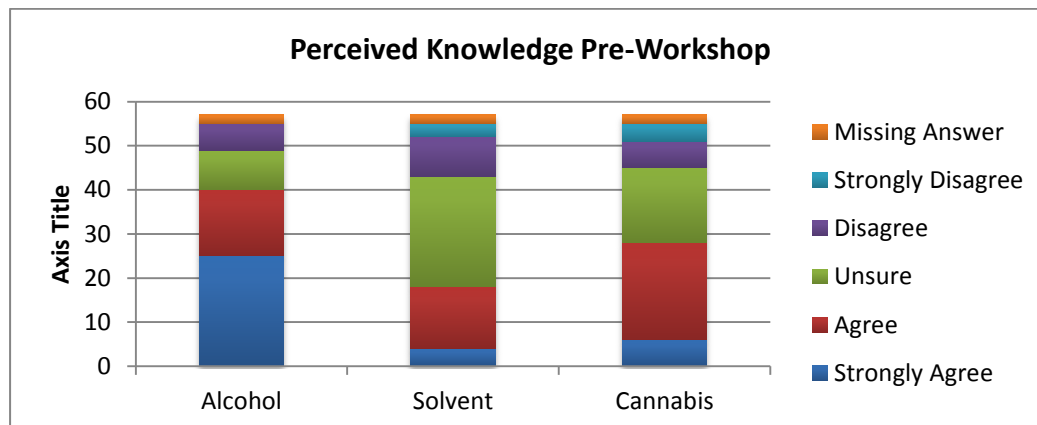
FIGURE 3.1 PARENT EVALUATIONS – KNOWLEDGE ABILITY PRE-WORKSHOP

21% (n=57) indicated that they disagreed with the statement, *"I am knowledge about solvents and its effects"*; while 18% (n=57) felt the same about cannabis. Interestingly, it can be identified from figure 3.1 that parents felt more knowledgeable about cannabis than solvents. Just under half of the parents, 49% (n=57) indicated a level of agreement regarding their knowledge ability re: cannabis before the workshop, while just 32% felt knowledgeable about solvents. 4% failed to answer the question and are represented as "missing answer".

Figure 3.2 graphically represents the post-workshop knowledge, and demonstrates a stark difference in parent's opinions regarding their knowledge post-workshop. A significant proportion of parents across the three substances now "strongly agree" with the statement "*I am knowledge about alcohol/solvents/cannabis and its effects*" 81%, 68% and 68% respectively (n=57). While a further 5%, 16% and 16% correspondingly "agree" with the statement relative to alcohol, solvents and cannabis (n=57).

Before the workshop very few parents were in strong disagreement with the statement "*I am knowledgeable…*" relative to any of the three substances. However post-workshop significant increases were visible. Evidence shows an increase in the "strongly disagree" category across all three substances, 9%, 14% and 11% respectively. There is however possible explanation for this, after the programme delivery in School F, one parent commented

> "I got really confused on the first question so I marked them five instead of one, I've drawn a line through it and ticked number one, but just so you know that question is confusing" (Parent, School F)

The notion was further explored in the phase two evaluations with one parent commenting:

> "I would think that parents ticked the wrong box and didn't understand the question, How could they be less knowledgeable after completing the programme" (Parent #7, School D)

One parent also outlined in the parental interviews -

> "I'd be very surprised, I learned a lot from it, I feel very much aware now since finished in the programme" (Parent #2, School D)
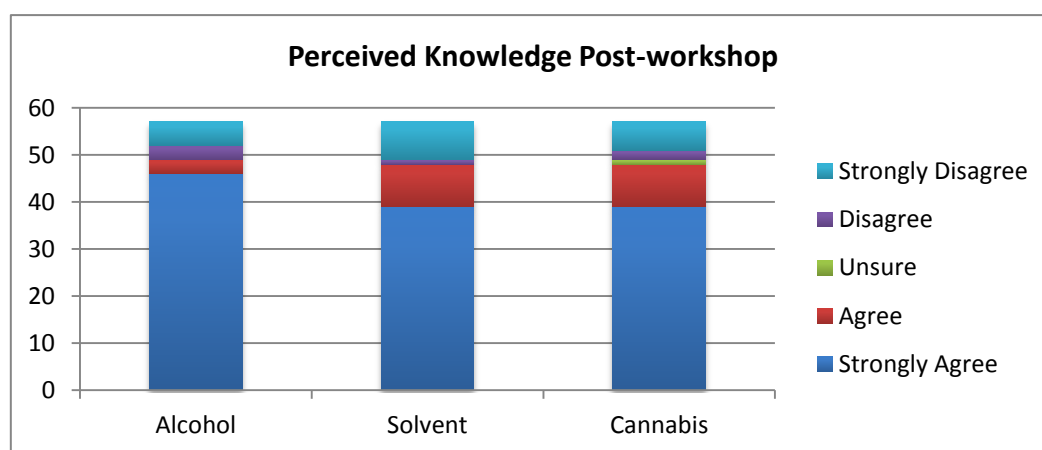
FIGURE 3.2 PARENT EVALUATIONS – KNOWLEDGE ABILITY POST-WORKSHOP

Parental Confidence

Findings regarding parental confidence were somewhat comparative to those evident within parental knowledge. Prior to the workshop parents had more confidence talking to their child about alcohol, 70% (n=57) indicating a level of agreement to the statement *"I have confidence talking to my child about alcohol"* (37% strongly agree and 33% agree) (Fig. 3.3). Similar to knowledge ability pre-workshop, there were high levels of insecurity with parents around talking about solvents and cannabis, with parents equally unsure about both; 39% (n=57) parents indicating "unsure" respectively. 11% (n=57) failed to answer the question and so have been represented by the category "missing answer".
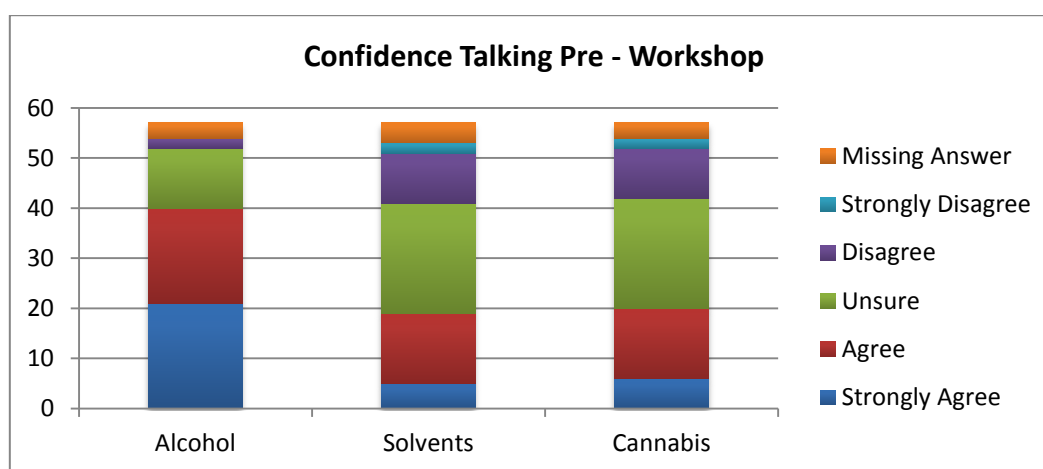
FIGURE 3.3 PARENT EVALUATIONS – CONFIDENCE TALKING PRE – WORKSHOP

Not surprisingly just two parents (4%) felt uncomfortable talking about alcohol while the number of parents who felt uncomfortable talking about solvents and cannabis was significantly larger, 18% for both. The results for post-workshop are similar to those found for knowledge ability, with a positive increase in those who now agree with the statement. Visually one can see the absence of the green "unsure" colour from the post-workshop graphical representation indicating parents are more confident (Fig. 3.4). The large presence of blue and red demonstrates that parents are more agreeable with the statement *"I am confident to talk to my child about alcohol/solvents/cannabis"*. Combining both likart categories of "strongly agree" and "agree" it is evident that 88% (n=57) of parents are in agreement that they now have confidence talking to their child about alcohol, 86% (n=57) of parents confident about solvents and 82% (n=57) of parents confident talking about cannabis.

It is noted that similar to the findings surrounding parental knowledge ability, there is once again an increase in the number of parents who indicate "strongly disagree" post-workshop. This may be due to the reasons outlined earlier, by parents, for example incorrectly completing the evaluation form. However, one parent in phase two evaluation interviews did openly indicate that while she felt confident she was unsure how she felt, she was imagining it being "very hard to talk" (parent #23).
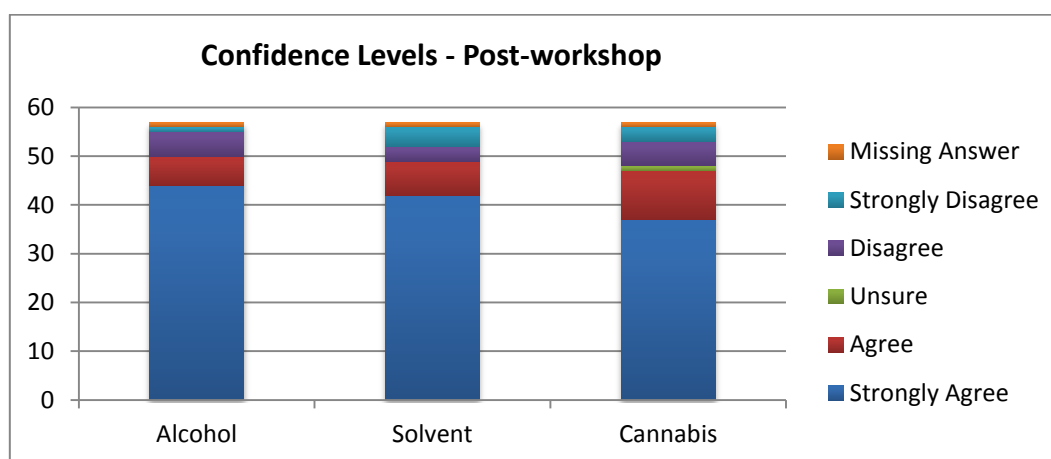
FIGURE 3.4 PARENT EVALUATIONS – CONFIDENCE TALKING POST-WORKSHOP

3.1.2 Speaking about drugs in the home

One of the main outcomes of the LLADT programme was to empower parents to talk to their child about substance use. Therefore the evaluation sought to explore if having completed the workshop parents would talk to their child more. This was explored through two questions-before and after scenario, dealing with each substance independently. In the first question *"Before these workshops, how often would you have spoken to your child about the different substances explored in the workshops?"* Parents were invited to rank their answers from never-to-often on a likart scale; figure 3.5 below is a graphical representation of these results.
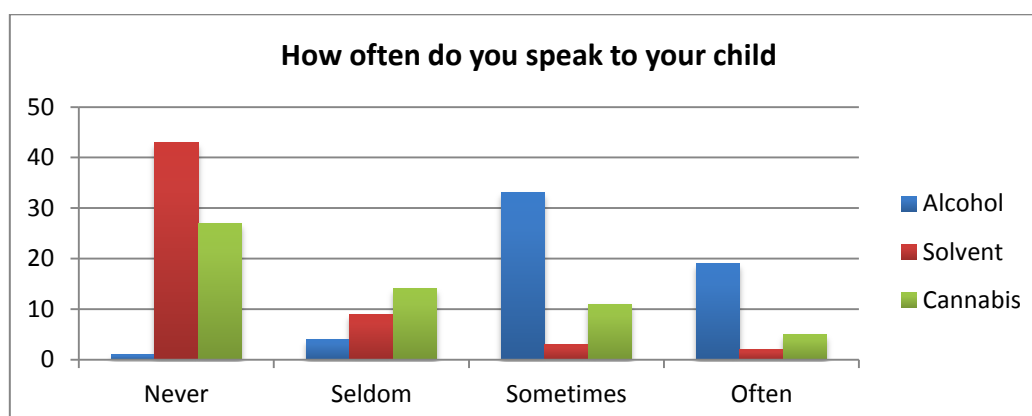
FIGURE 3.5 PARENT EVALUATIONS – SPEAKING TO CHILD – PRE-WORKSHOP

It is evident from figure 3.5 that the majority of parents "sometimes" or "often" spoke about alcohol in the home and "sometimes" or "never" about solvents and cannabis. This would concur with the findings regarding knowledge and confidence. Interestingly 19% of parents (n=57) indicated that they "sometimes" talk about cannabis in the home with just 5% (n=57) "sometimes" talking about solvents in the home. The number of parents which indicated "often" talking about solvents or cannabis with their child was significantly lower; 3.5% (n=57) for solvents and 9% (n=57) for cannabis.

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The situation is very different post-workshop, as figure 3.6 demonstrates. This time parents were invited to answer *"Having completed the workshops, how often do you think you will speak to your child about the different substances explored in the workshops?"* It is clearly evident that parents have had a change in thinking and a significant shift is established from "never" or "seldom" to "sometimes" or "often". All parents acknowledge that they will speak about the substances in the home with 0% indicating the "never" category. Just one parent (2%) indicated that he/she will "seldom" talk about solvents and cannabis in the home. 77% (n=57) of parents indicated that they will "often" talk to their child about alcohol, while 51% and 53% of parents (n=57) will talk about solvents and cannabis respectively. 46% of parents indicated that they will sometimes talk about solvents in the home, and 44% said likewise about cannabis.
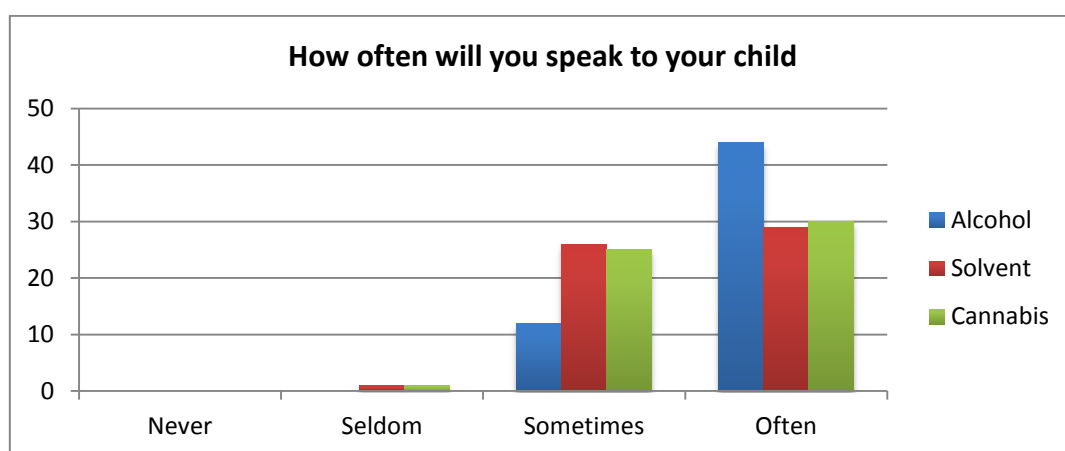
FIGURE 3.6 PARENT EVALUATIONS – SPEAKING TO CHILD – POST-WORKSHOP

It is worth noting that in the additional comments section of the evaluation one parent further commented:

> Regarding q3 section one I have ticked "sometimes" as I don't think it would be good to be going on about drugs all the time at home. We have to give the teenager space to prove their own independence and responsibilities too (female, co-ed, urban)

Further to parents indication in phase one that they would talk more often, the telephone interviews within phase two sought to directly ask parents *"has the opportunity arisen since the workshop to talk about drugs with your child"*. The majority of parents spoke how the topic had not arisen openly, however they had in subsequent weeks since the workshop, talked about the programme and the fun that was had in the workshop.

> She hasn't directly talked to me, but I know she has spoken with her older sister about it (Parent #22, School D)

> Talking alright but mainly to her dad, she always talked better to him
> (Parent #23, School D)

Hasn't openly arisen but we have talked, I was telling her how shocked I was to learn new stuff ((Parent#27, School D)

3.1.3 Workshop Content and Experience

The third section of the parent evaluation sought feedback on the parent's experience of the workshop and also their opinion on the content that they were presented with. Figure 3.7 below is a graphical representation of the parent's level of agreement with the statements about workshop experience. One parent failed to answer a few statements and so their response has been included as "missing answer".

Overwhelmingly parents reported a very positive experience of the workshops. It is apparent that parents felt well informed of what was involved in the workshops, and, openly indicated that their expectations for both workshops were achieved. 95% of parents (n=57) were in agreement that workshop one and workshop two lived up to expectations. Some parents in the additional comments section included:

> An informative session - think more parents should avail of it and valuable learning Know main points but grounds it and give students space to talk. Disappointed more parents didn't participate think it would be worthwhile thank you (female, SSG, rural)

> Very worthwhile I think should be done at all schools (female, co-ed, urban)
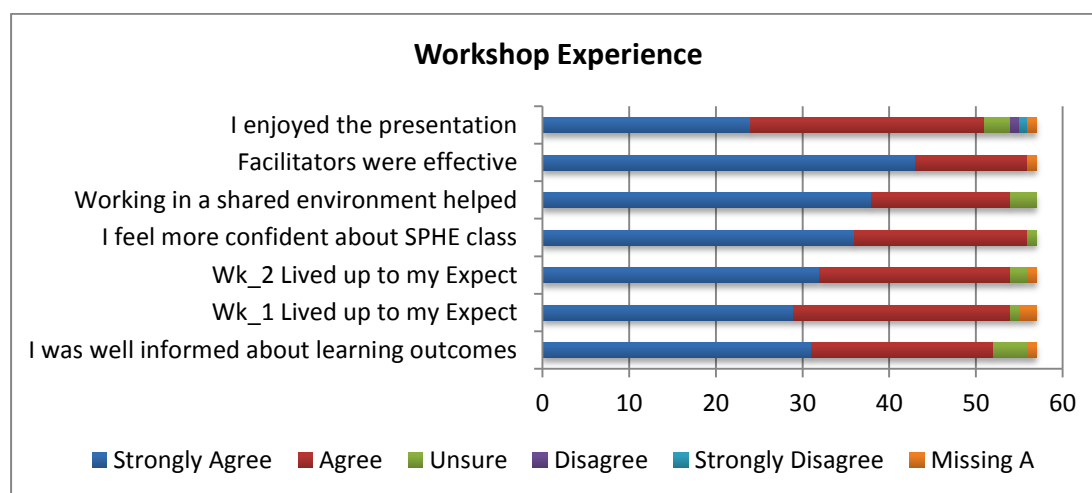
FIGURE 3.7 PARENT EVALUATIONS – WORKSHOP EXPERIENCE

Findings also indicate that parents enjoyed the shared learning environment with their child and their child's peers. 66.6% (n=57) indicated that they "strongly agreed" that "working in a shared environment helped". With parents offering further commendations in the additional comments section:

> I was very happy with the workshop short and precise. I think it is a great idea getting the pupil and parent together in different groups and working with my daughter and her peers was very

enjoyable. It is very important for our relationship. I am very pleased with the programme and enjoyed the experience meeting the parents and their daughters (female, SSG, rural)

Phase two findings also indicated that parents really enjoyed the fun and interactive methods of workshop two and what was achieved through them:

Fantastic idea really enjoyed it (parent#21, school D)

Broke the barrier (parent #23, school D)

Figure 3.8 demonstrates parents opinions to the statements asked around workshop content. Encouragingly parents were in 100% (n=57) agreement that they would be able to use the content that they had learned in the workshops. With one parent commenting:

Really enjoyed both workshop my knowledge of drugs was not great and got a real eyeful and earful at both workshops (male, co-ed, urban)
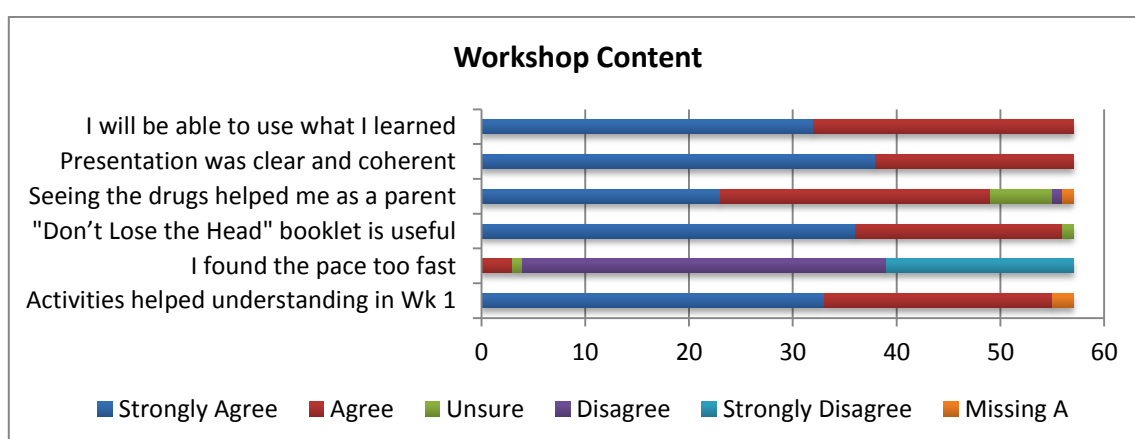
FIGURE 3.8 PARENT EVALUATIONS – WORKSHOP CONTENT

98% (n=57) of parents were in agreement that the resource booklets disseminated in workshop one were useful, and all parents (100%, n=57) found the workshop presentations to be clear and coherent. It is worth noting that some parents did find the workshop pace a little too fast (5%, 3 parents), however, no comments were made relating to why parents found it fast paced.

Seeing the drugs was also welcomed by parents. 86% of parents were in agreement that seeing the drugs helped them. One parent further on in the evaluation indicated that seeing the drugs was the "best thing" about the programme:

Seeing first-hand what the drugs looked like now and I know what to look for
(female, SSB, rural)

The activities of workshop one were positively welcomed by the majority of parents. It is worth nothing that those who failed to answer this question were parents who were not at workshop one. Finally one parent commented in the additional comments section that:

I think it was good I liked the way it was pitched to be age appropriate and to tie into the curriculum (female, co-ed, urban)

3.1.4 Comments for the future development

The parents were invited to answer five qualitative questions to establish their opinions on

1) Recommendations for the future?
2) Consider the most valuable from the programme?
3) Consider the least valuable from the programme?
4) If workshop one did not live up to expectations, why?
5) If workshop two did not live up to your expectations, why?

Recommendations for the Future

61% (n=57) of the parent cohort answered this question regarding recommendations for the future. Just below half of those 49% (n=35), left a response indicating that they had "no" recommendations for the future.

No (female, co-ed, rural)

No (male, co-ed, rural)

No this worked for me personally (male, SSB, urban)

No, continue the good work (female, SSG, rural)

No it was very informative and well delivered (female, co-ed, urban)

No I think you are on the right path (male, co-ed, urban)

No well-paces and one week after the next helped too (female, co-ed, urban)

No thought it was excellent (female, co-ed, urban)

No, thought it was very clear and concise (female, co-ed, urban)

No (female, co-ed, urban)

No I found both very effective just enough information (female, co-ed, urban)

No, facilitator fantastic, more of the same! (Female, co-ed, urban)

Comments that were left from parents can be themed into the following categories:

- Content
- Format
- Attendance

Content

11% (n=35) made recommendations for the content of the programme. Most comments were in relation to workshop two and the inclusion of additional content. One parent specifically asked for more information in workshop two;

> More information in workshop two (female, SSB, urban)

While another parent looked specifically for more scenarios

> Maybe have some more "scenarios" as they got the parent and child discussing different issues – maybe they wouldn't at home (male, SSB, rural)

One parent made the recommendation for:

> Show pictures of girls that are intoxicated [not in a good way] (female, co-ed, urban)

Two parents made a recommendation for the addition of "scary" content. One parent recommended the addition of a former addict as a speaker.

> I would like to see all types of drugs and what form they come in. maybe a former addict to speak about their experience (male, SSB, urban)

While the other parent recommended more "scary content" and examples of famous people who were addicts:

> Maybe a bit more "scary" content and examples from real life of famous people that have died from misuse of drugs and alcohol (female, SSB, urban)

The notion of an addict attending the programme was also included in the additional comments by another parent, who felt the presence of the Gardaí or ex-addict could be beneficial.

> I think it would be very valuable if a member of the police force spoke to the boys also an ex drug user to let them know how hard it was to sop after they had started and the effects the drugs had on her/her life (female, SSB, urban)

Just two parents looked for more information in workshop one – surprisingly both from the same school.

> A bit more on how to handle a situation where your child is engaged in drugs (male, co-ed, urban)

> More information on solvents in parents workshop one (female, co-ed, urban)

Interestingly one parent made comment to the "myth v fact" content.

> the "test" we completed together was tricky because the parents were given the answer the first week so we either force our child to listen to us or we let them put down an answer we knew was wrong (female, co-ed, urban)

Format

There were a few different suggestions put forward by parents in relation to the format of the programme. For example there were a few references by parents to the time of the workshop and events within the programme. Two parents recommended that more time be added

> Second workshop was a little rushed there could have been more discussion around the answers to the scenarios (female, co-ed, rural)

This parent was a member of the first pilot school, where timing for the second workshop really went by and the workshop was a little rushed towards the end. After this workshop, the facilitators meet and changed material around to make better use of time. After this workshop, the facilitators meet and changed material around to make better use of time.

Other comments left by parents included:

> Maybe a bit more time for discussion (male, co-ed, urban)

> It should be a bit longer (male, SSB, rural)

Another parent also recommended more time for workshop two but by recommending that workshop one be shortened:

> The adult one could be done in an hour and devote two hours to the 2nd workshop (Female, co-ed, urban)

This last parent reiterated his point in the additional comments section but added explanation commenting:

> I wouldn't make any changes except maybe it could be a little longer the talk were good and beneficial thank you (male, SSB, rural)

Intriguingly another parent suggested:

> Have it all on one night – easier to get parents out for one night than two (female, SSG, rural)

The final recommendation for the programme relative to format came from one parent who wished to see the child/pupil being involved more from the start of the programme.

> Maybe involve the child more from the start (female, co-ed, rural)

Attendance

Two parents directly made comments regarding attendance at the workshop, interestingly both from the same school, and a school with a good turnout.

> No, make sure every parent attends (female, co-ed, rural)

> Make all the class attend – no excuses (female, co-ed, rural)

However, more parents left reference in the additional comments section about recommending the programme and how the programme should be run in all schools (ref: 3.4.6). This was also found to be the case in phase two of the evaluation programme with strong agreement that the programme should be made obligatory in all schools for second year parents and pupils.

Consider most valuable from this programme

Information gained from the programme was considered the most valuable aspect by parents. 97% (n=57) of the participant cohort left an answer to this question and overwhelmingly, two-thirds 66% of these answers explicitly related to information gained. Different features of the information presented to parents were explicitly mentioned. Below is a selection of the comments left by parents:

> Things to look out for (female, co-ed, rural)

> Being informed about drugs (male, co-ed, rural)

> To know the signs of drugs if my child started using them and the effect (female, SSB, urban)

> The effects drugs can have on a person and how quick they can kill (male, SSB, urban)

> The whole drugs issue e.g. drink tobacco solvents (male, SSB, rural)

> To have learned all the effect of drugs and the outcome that can happen (female, SSG, rural)

> Learning about solvents and cannabis (female, SSG, rural)

> Information on solvents I wasn't aware of the risk of instant death
> (female, SSG, rural)

> That solvent can kill from first use (male, co-ed, urban)

> The information the way in which it was presented and the discussions (female, co-ed, urban)

> Highlighting the drugs that mainly affect my child's age group (female, co-ed, urban)

> Solvent and cannabis info was great (female, co-ed, urban)

> The work on solvent abuse, I had no idea how prevalent it still was or how lethal it can be
> (female, co-ed, urban)

> My own knowledge about cannabis was inadequate so found information beneficial (female, co-ed, urban)

It is evident from the comments above the information on solvents was relatively new to some parents, as too were the effects of some of the substances discussed.

The other emergent feature that parents valued was evident in the unambiguous comments to the shared learning environment.

Learning about drugs together with my son (female, SSB, urban)

Working with pupils and parents together (female, SSG, rural)

2ⁿᵈ workshop working together (female, SSG, rural)

Interactions between students and parents, more around (female, SSG, rural)

The opportunity to discuss drug abuse with my child in a non-confrontational environment (female, co-ed, urban)

Open discussion easy way to introducing the topic to a conversation (female, co-ed, urban)

Getting parents and children to discuss alcohol and its effects (female, co-ed, urban)

Just getting us talking about it, -myth busting-giving my child the facts-getting us to think about the case studies (female, co-ed, urban)

The shared experience with my child is invaluable in educating him about drugs (female, co-ed, urban)

There was one final comment within this section that was very poignant and important to the future development of the programme.

My child knows I was interested enough to participate (female, SSB, rural)

Consider least valuable from this programme

47% (n=57) of participants answered this question. 82% (n=27) of those who did leave an answer indicated that there was "nothing" that they found least valuable from the programme.

Nothing I found it very interesting (female, co-ed, rural)

Nothing all relevant (female, SSB, urban)

Everything has been valuable (male, SSB, rural)

Found it all valuable (female, SSG, rural)

I have nothing negative to stay (female, co-ed, urban)

Neither both valuable as they stand (male, co-ed, urban)

I couldn't disagree about any of the content it was all relevant (female, co-ed, urban)

Not applicable to me – workshops are great (female, co-ed, urban)

All invaluable wished it was there for our older child (female, co-ed, urban)

The other comments left in reply to this question were about suggestions for the future. Interestingly these were all from the same school.

> Workshop one could possibly be shorter (female, co-ed, urban)
>
> Maybe having two case studies one might suffice (female, co-ed, urban)
>
> I thought it could have been a bit shorter (female, co-ed, urban)

One parent found the cartoon activity least valuable

> Cartoon conversation – workshop 2 (female, SSG, rural)

If workshop one did not live up to expectations, why?

While all parents agreed in section three that workshop one did live up to their expectations, some parents left additional comments for recommendations to workshop one in this space. These included another call for the inclusion of an ex-addict to attend as a speaker (it should be noted that this was not the same participant as previously mentioned) and finally for more people from the community to be involved.

> More people from the community involved i.e. the Garda, the doctor ambulance personal etc. (male, SSB, urban)
>
> Maybe we could have had an ex addict there (male, SSB, urban)
>
> I think it was good I liked the way it was pitched to be age appropriate and to tie into the curriculum (female, co-ed, urban)

One parent somewhat indicated that workshop one was not needed

> Information read at home from booklet was all that was required instead of workshop one (female, SSG, rural)

While another parent suggested that more focus is spent on alcohol abuse:

> I thought this was effective – I would have liked some helpful hints on how to deal with possible drugs use – especially alcohol (female, co-ed, urban)

While another parent also asked recommended the inclusion of the effect of alcohol on relationships

> More emphasis on the fact that alcohol abuse can affect relationships (female, co-ed, urban)

If workshop two did not live up to your expectations, why?

Similar to the previous section, comments left in answer to this question was relatively low, 28% of parent's lefts a response to this question. The majority of the comments again were positive in what they responded.

> It was very helpful (male, co-ed, rural)
>
> Worked well as the interaction with the girls helped when they moved room and the roles we had to act (female, SSG, rural)
>
> Very successful workshop (female, SSG, rural)
>
> Excellent (male, co-ed, urban)
>
> I found workshop two very good especially interacting with the kids (female, co-ed, urban)

Two parents (n=16) felt that expectations could have been met more by the inclusion of extra information and time spent better.

> Lived up to my expectation but could have benefited from a little more discussion around the answer given to the scenarios (female, co-ed, rural)
>
> I thought maybe they could have gave more details to the boys went through drugs in more depth. I.e. showing the drugs as in workshop one (female, SSB, urban)

It should be acknowledge that the first comment comes from the first pilot school where workshop 2 ended-up coming across as very rushed and was subsequently rectified. Another aspect that was recommended was more interaction with parents own child.

> More involvement with my own child (female, co-ed, urban)
>
> I think I mentioned this earlier – the group works was quite generic-I would have like more discussion with myself and my daughter on a problem case or sometime (female, co-ed, urban)

Interestingly these comments come from the same school (2nd delivery in School F), and on this particular night only one facilitator was in attendance and so that might have slowed different aspects of the night as a result.

3.1.5 Additional Comments

Parents were invited to leave any additional comments; where appropriate these have been filtered throughout the parent findings however those that were not are outlined below

I found both workshops interesting (female, co-ed, rural)

I think it would be very valuable if a member of the police force spoke to the boys also an ex drug user to let them know how hard it was to sop after they had started and the effects the drugs had on her/her life (female, SSB, urban)

Geared for parents could be more information and hard hitting for the boys/girls. Not the softly approach (female, SSB, urban)

would like to see more parents getting involved, Feel boys may have been under pressure from each other not to come (female, SSB, rural)

Facilitators were very good clear information and friendly (female, SSG, rural)

It might be helpful to discuss way to help encourage your teenager possible ways to decline drugs without being picked on (female, SSG, rural)

Keep up the good work (female, SSG, rural)

Didn't like the word "catch" in "you'd never catch any member of my family taking drugs"…crime in being found out only (female, SSG, rural)

A great opportunity to have a discussion with my child and to make sure that she has a good grasp of the facts relating to the drugs she will come across (female, co-ed, urban)

A well-paced and enjoyable learning experience. Up to date research is very useful and may not be available to parents so this was useful and well presented. Lively presenters and well delivered. More information of "new" addiction develops such as prescription drugs and gaming and online games etc. would be useful. (Female, co-ed, urban)

I think it would be helpful for parents to be informed what to look out for if their child has started to take drugs i.e. what are the tell-tale signs (female, co-ed, urban)

Very interesting I liked that it started and finished on time (female, co-ed, urban)

I feel I have much more information and a lot more to offer my children

Workshops were quite good but they could be more information in workshop 1

The first workshop was shorter than the second by far. Perhaps a timeline for both could be estimated in advance – perhaps I missed this….fab to meet some of the students my child goes to school with

Timeline was just right you didn't have time to get bored or tired

Although there are no issues arising these discussions with my daughter has made her more forthcoming with instigating these conversations. Overall very well presented and worthwhile…..Might be a good idea to tie it in to the school curriculum so attendance is mandatory. As very often the most venerable are the least likely to attend

I would hope that other drugs are mentioned because its harder drugs are on our door step I don't even hear people talking about cannabis

I found this workshop and additional material very useful. I think our group size was about right – you just had to be present and take part. The information when presented as fact/myth will be easier to recall

in workshop two I was horrified when one of the children asked how people use solvents as a drugs and one of the adults proceeded to give the child graphic details about squirting the lynx deodorant on your tongue to get a hit – this left me speechless – parents should be warned in the first workshop not to do this.

I fully support this initiative and welcome the inclusion in the SPHE programme. It is important to inform and educate children and parents alike and therefore am glad that I participated in this workshop series

Both workshops were very informative Sancha was a very good teacher and listener. She was precise and very patient with the kids

Presenter was extremely knowledgeable pleasant, excellent presentation skills. Please continue this programme and have it in all schools "prevention is better than cure!!!"

3.1.6 Parent Evaluation – Researcher Observations

It evident from the findings and evaluation that parent's knowledge ability and confidence significantly increased after participating in the workshop. It is also apparent that parental attendance at the workshop has influenced parent's awareness and understanding. There was a significant increase in how often parents would now talk to their children about substance use, and that there was an improved awareness with parents of the importance of talking about substance use and misuse with young people in the home.

The information gained was viewed by parents as the most valuable aspect of the programme - with some parents recommending the programme for all schools and all parents, which was very positive and encouraging. Parents agreed that the sharing environment helped them and that they found the experience enjoyable. Parents were in full agreement that the information in workshop one was very relevant and within and they found the information to be clear and coherent. There was nothing found by parents to be invaluable within the programme. The high level of positive additional comments left by parents exemplified the praise that parents had for the programme.

Its terms of the moving forward the parents had some mixed recommendations for the future. There were some comments regarding the content mainly within workshop two – parents looking for more information, more time for discussion, with the suggestion of possibly inclusion of the Gardaí and even an ex-addict. Parents openly sought for workshop two to be longer also, with more engagement with their child for longer. Two parents made a recommendation that the workshop occur for all classes ad that every parent must attend.

Recommendations

- Parental Attendance
    - Encourage schools to adopt the LLADT programme as a mandatory part of their 2nd year education programme – might enhance parental attendance if they believe its mandatory
- Redesign Evaluation feedback form
    - The migration into the "strongly disagree" in the pre-and-post-tests while small would require further investigation if it were to repeat within a larger sample. For the moment the recommendation would be a change in design for the question as follow up research indicated that perhaps parents were misled by the format.
    - – too many errors with current design
- Workshop Content
    - Revise the 2nd workshop to develop/process more information and engage parents with their children more.
    - Explore the potential of linking in with An Garda Síochana
    - The dangers and risks of scary tactics and fearful messages needs to be integrated into workshop one to inform parents that this is not best practice.

3.2 Pupil Evaluation

Fifty-seven pupils completed programme evaluation questionnaire at the end of workshop two with a further seven students participating in follow-up focus groups. Pupils were invited to complete a two page feedback/evaluation form (Appendix C), and from this invited to participate in follow-up focus group (Appendix E).

The evaluation questionnaire sought to gain insight from pupils regarding their experience of the workshop/programme. The first page of the evaluation questionnaire asked pupils to indicate their level of agreement with a set of statements. The statements incorporated different features regarding workshop experience and workshop content. The second page of the evaluation form was more open and qualitative; pupils were asked to comment on recommendations for the workshop, and changes for the future. Overall, feedback from pupils involved in the workshop has been very positive. The results from their evaluations are presented in three sections:

- Experience of the workshop
- Content of the workshop
- Recommendations

3.2.1 Experience of the Workshop

A significant amount of pupils involved found the workshop interesting. 93% (n=57) participants indicated a level of agreement (strongly agree and agree) with the statement *"I found this workshop interesting"*. No pupil disagreed with the statement and 5% (n=57) were unsure how they felt (Fig. 3.9). One pupil failed to answer the question and so is represented by missing answer.
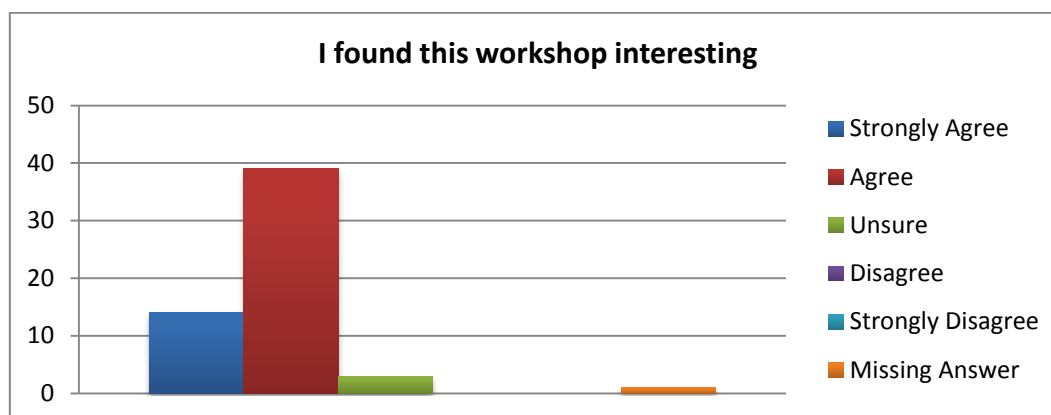
FIGURE 3.9 PUPIL EVALUATIONS – WORKSHOP INTEREST

When pupils were questioned in phase two of the evaluation as to why they found it interesting the following responses were given:

> "Learning about the different solvents, the effects of them and what they can do to you" (female #1, school D)

> "The cartoon was good cause it was distinguished which people was using it (drug) and why" (female#2, school D)

> "The stories, the real life stories-cause you had to figure out why they got involved" (female#4, school D)

> "The different way of learning the information, like making the story" (female#1, school A)

Pupils acknowledged in phase two that working in the groups helped to make the workshop interesting:

> "Ya" (female #4, school D)

> "Ya" (male#2, school A)

> "Yes, because we saw what everybody else thought" (female#3, school D)

This supported the pupil responses in phase one, where pupils overwhelmingly indicated that the experience of working in groups was liked, with 91% (n=57) of pupils identifying a level of agreement with the statement *"I enjoyed working in groups during the session"* (Fig. 3.10) (47% strongly agree, 44% agree).
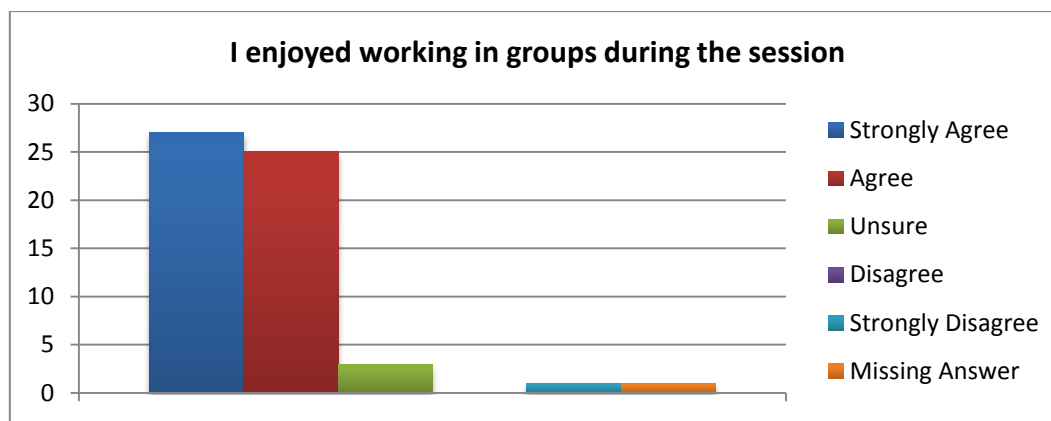
FIGURE 3.10 PUPIL EVALUATIONS – EXPERIENCE WORKING IN GROUPS

Figure 3.11 outlines pupil's levels of agreement to the statement *"I enjoyed working with my parent in the session"*. 60% (n=57) of pupils indicated a level of agreement, 20% strongly agreeing with a further 40% in agreement. Some pupils even outlined that working with their parents was the best thing about the workshop

"Working with parents" (female, co-ed, urban,)

"Having an interesting conversation with my fellow student's parents" (male, co-ed, urban)
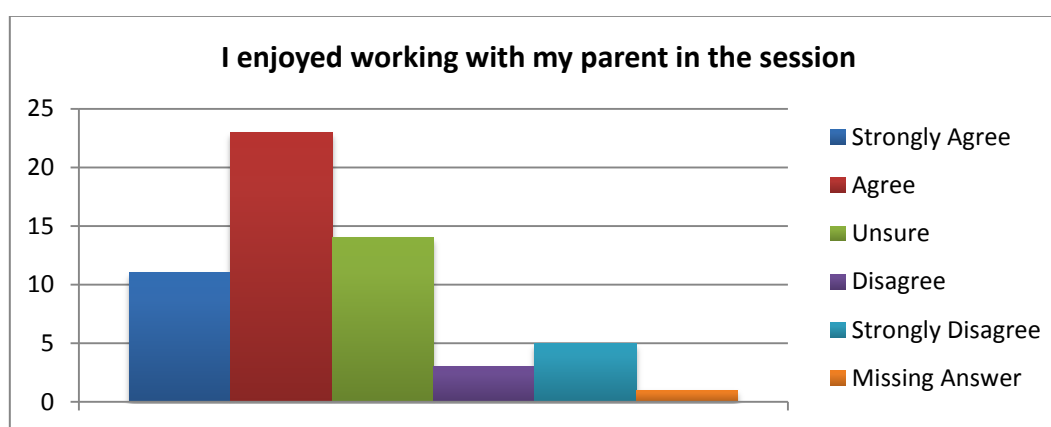
FIGURE 3.11 PUPIL EVALUATIONS – WORKING WITH PARENTS

25% of pupils (n=57) were within the "unsure" category. Investigating further in the second phase of the evaluation pupils identified in the focus groups that they found working in groups with parents both funny and awkward all at the same time.

"It was funny, because everyone was talking" (female #4, school D)

While another pupil indicated within phase two that she found it awkward, as she was:

"Afraid of what my mother would say, she would embarrass me" (female #6, school D)

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This may account for the moderate percentage of pupils who indicated they were unsure. Another pupil additionally commented in the focus group that:

"Ya, I was afraid of that too, because (name) sat in beside my mam and I was really nervous about what she would be saying to the others" (female#3, school D)

It is concluded that perhaps that the experience was not necessarily awkward it was the fear of what parents might say to embarrass. One solution to alleviate this could be as one pupil suggested:

"Maybe a pupil only session, part with parents and part without" (male, co-ed, urban)

In addition to finding the workshop interesting, it was evident from the pupil evaluation, that pupils had no difficulty in attending the workshop either. 49% (n=57) of pupils indicated that they didn't mind coming to the workshop (Fig. 3.12). This went against the preliminary research carried out in the development of the LLADT programme and therefore in phase two, pupils were surveyed to see if they had the chance would they go again? Interestingly in one focus group 100% (n=7) participants indicated "*yes*" they would go again and furthermore they would encourage friends to come along that didn't come.
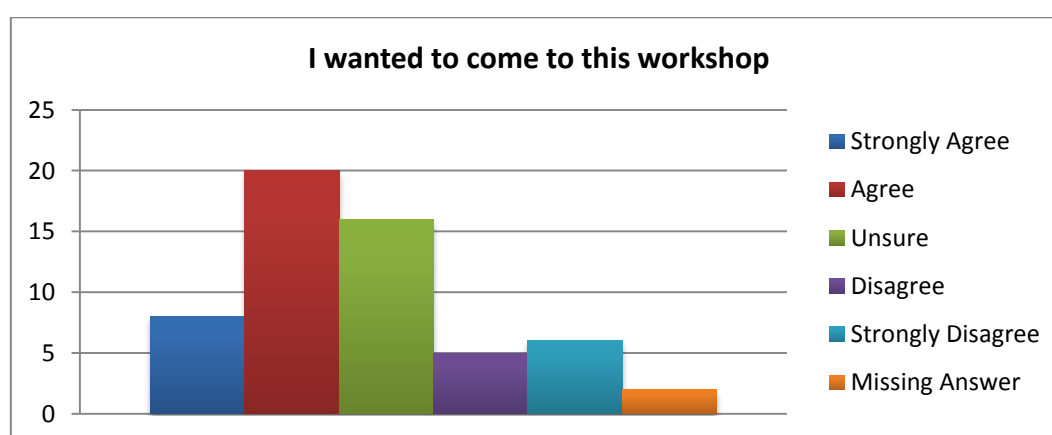
FIGURE 3.12 PUPIL EVALUATIONS – INTEREST IN ATTENDING

A moderate amount of pupils (28%, n=57) were unsure if they wanted to attend the workshop or not. This was investigated in phase two focus groups to ascertain why pupils were unsure. Pupils were asked "*Who didn't want to come to the workshop at all? Why?*" Pupils were honest and indicated:

"We had training and we would have preferred to stay training but in the end it was kinda worth it". (Female #1, school D)

Others indicated:

"Before we came we didn't want to come but then when we were like here we liked it" (female#3, school D)

It was explored further to understand why the change of heart, "*what made it okay*" pupils indicated:

"You got to like, talk as well, maybe even crack a joke" (female #1, school D)

"Wasn't a lecture, wasn't all serious" (female#4, school D)

"Weren't being talked at, you were involved" (female#5, school D)

"You had to come up with ideas too" (female#3, school D)

Encouragingly 53% (n=57) of pupils indicated a level of agreement to the statement *"The workshop was relevant for me"* (28% strongly agree and 25% agree). This notion of relevancy was further supported when pupils in phase two evaluations indicated that they would recommend and encourage their peers to attend and that they were glad that they came. Pupils were glad that they came as they found it:

"Easier than thought it would be" (male#1, school A)

21% (n=57) of pupils were unsure if the workshop was relevant to them, and a further 29% (n=57) disagreed with the statement (Fig. 3.13). It became evident both later on in the phase one evaluation and confirmed in phase two evaluations that in some cases the pupils felt they knew the information already and found the workshop a little irrelevant as a result.

"We had done a lot of it like in SPHE, but it was good like" (female#3 school D)

"I knew most of the information" (female #1 school D)

"I found it told us things we already know been taught in school I still have questions on other drugs" (female #45 school F)
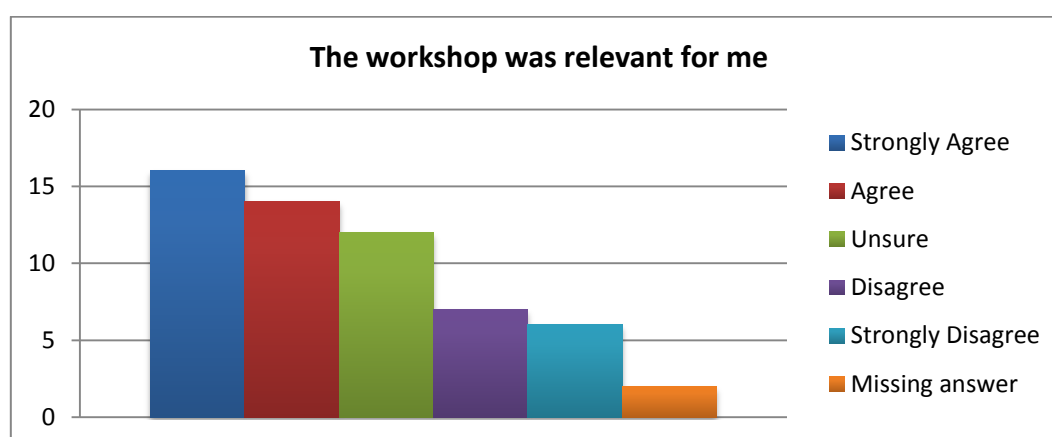
FIGURE 3.13 PUPIL EVALUATIONS – RELEVANCY OF THE WORKSHOP

88% (n=57) of pupils found the facilitators of the programme helpful, (33% strongly agree, 54% agree) (Fig. 3.14). Two pupils (3.5%, n=57) did not rate the statement and so was included as a "missing answer", while one pupil was unsure. 9% (n=57) of pupils were unsure about their views on the facilitators. Pupil's opinions and views on the facilitators were explored further in phase two, and it became evident that pupils liked the "informal" approach taken by the facilitators in the workshop.

> "it wasn't like you know… usually at these presentations straight forward and you get talked to and they go on and on, but this was actually quite laid back, a few facts and then we had to think for ourselves and that was good" (female#3, school D)
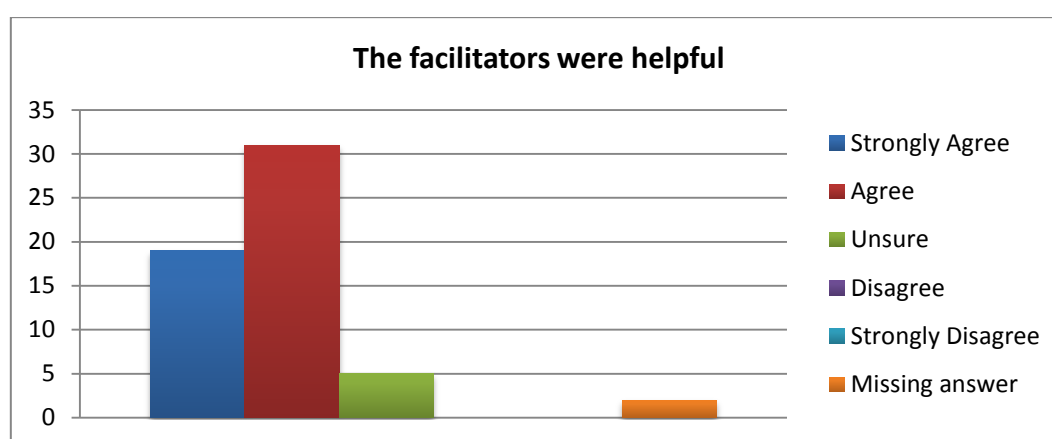
FIGURE 3.14 PUPIL EVALUATIONS – FACILITATORS

One of the most important questions from the pupils workshop experience was would the pupil now be happy to talk to their parents if they had any questions. 70% (n=57) indicated that they were now happy to talk to their parent if they had a question about drugs (33% strongly agree, 37% agree). Figure 3.15 demonstrates that 9% (n=57) were unsure if they would ask. 5% (n=57) were in disagreement with the statement and did not feel happy to talk to parents. Two pupils (3.5%, n=57) did not answer the question and so was included as a "missing answer". Due to the important of this question it was further investigated in phase two. It was encouraging to find that pupils had engaged with parents in some dialogue since the workshop.

> "We just talked about what we did at the workshop" (female #1, school A)

It was for this reason that phase two evaluations did not take place for some weeks after the programme had finished in the school. With others acknowledging that it was "easier" now that they had both been to the workshop (female #3, school D).

I am happy to talk to my parent if i have any questions about drugs
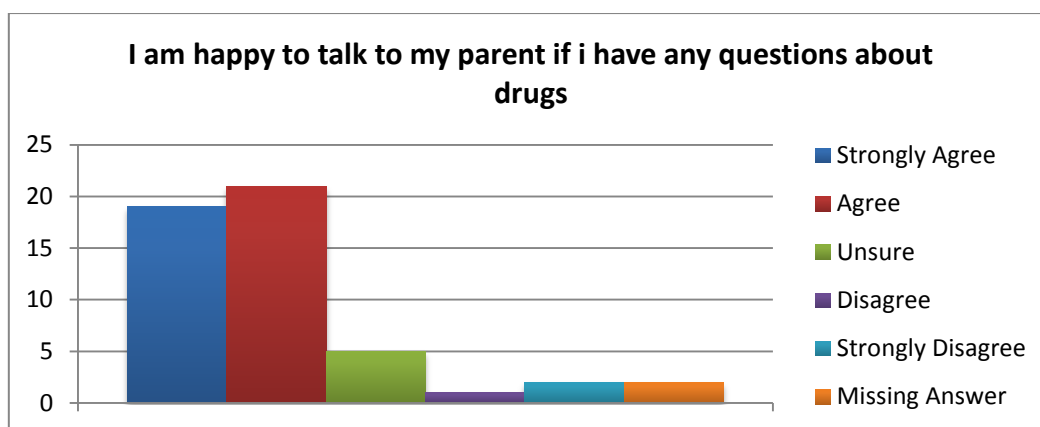
FIGURE 3.15 PUPIL EVALUATIONS – HAPPY TO TALK TO PARENT AFTER EXPERIENCING THE PROGRAMME

3.2.2 Content of the Workshop

Pupils were asked to specifically rate statements in relation to the content of the workshop. Pupils may report their experience to be positive but may have found the content too difficult or boring. The first question within the statements was specific to the difficulty of the content while the remaining statements were specific to activities completed or substances covered.

Figure 3.16 demonstrates pupils found the content of the workshop easy to understand; 46% strongly agreeing and an equal amount in general agreement (46%, n=57). 5% (n=57) disagreed with the statement; notably all who disagreed were from the same school (school A), a school in which the SPHE substance module had only just been started.

I found the content of the workshop easy to understand
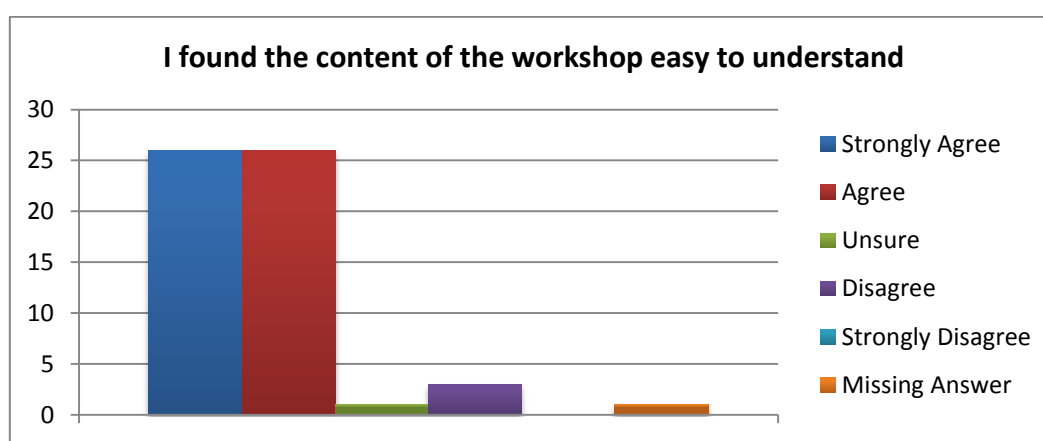
FIGURE 3.16 PUPIL EVALUATIONS – WORKSHOP CONTENT

Pupils were very positive about the activities which they were invited to give their opinion on, especially the "myth v fact" exercise which was specifically developed in a manner that initiated the parent and pupil working together as a pair at the very start of the workshop (Fig. 3.17). 81% (n=57) of pupils indicated a level of agreement to the statement *"I thought the myth v fact exercise was good"* (44% strongly agree, 37% agree).
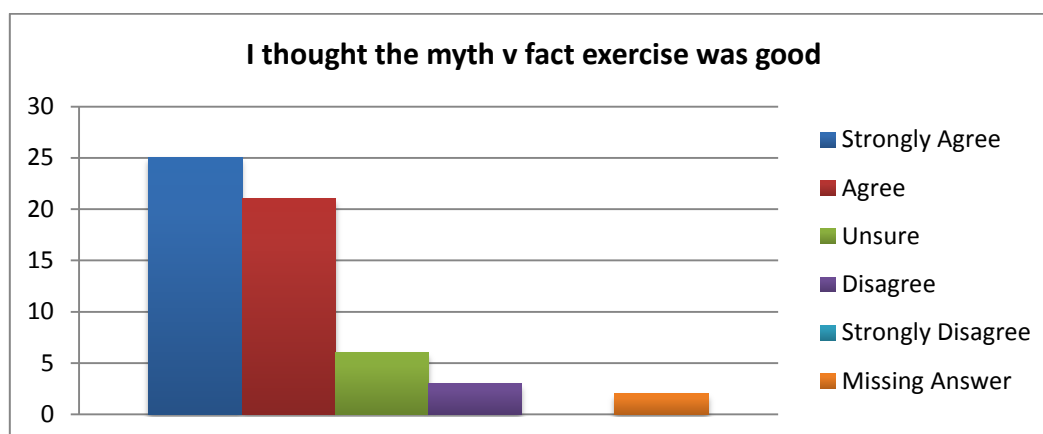
FIGURE 3.17 PUPIL EVALUATIONS – MYTH V FACT EXERCISE

5% did not like the exercise, with a further 10% (n=57) unsure if they liked the activity of not. 7% (n=57) of those involved identified further on the phase one evaluation that the "myth v fact" exercise was the "best thing about the workshop".

Myth and fact (male, co-ed, urban)

In the focus groups of phase two the evaluation it became evident that pupils liked the myth and fact activity:

"Because it got you thinking" (female #1, School D)

The second activity that pupils were invited to comment on was the "REAL Life" stories/scenarios. Figure 3.18 identifies that pupils liked the activity and liked the content of the scenarios (82% level of agreement, n=57). 10% (n=57) were unsure if the liked the real life stories activity. Three pupils who were unsure about the real life activities all came from the same school (school F). During the second phase of the evaluation it became evident that pupils liked these real life stories because:

"Cause they actually happened" (female #4, school D)

"Kinda learn from other peoples mistakes" (female #1, school D)
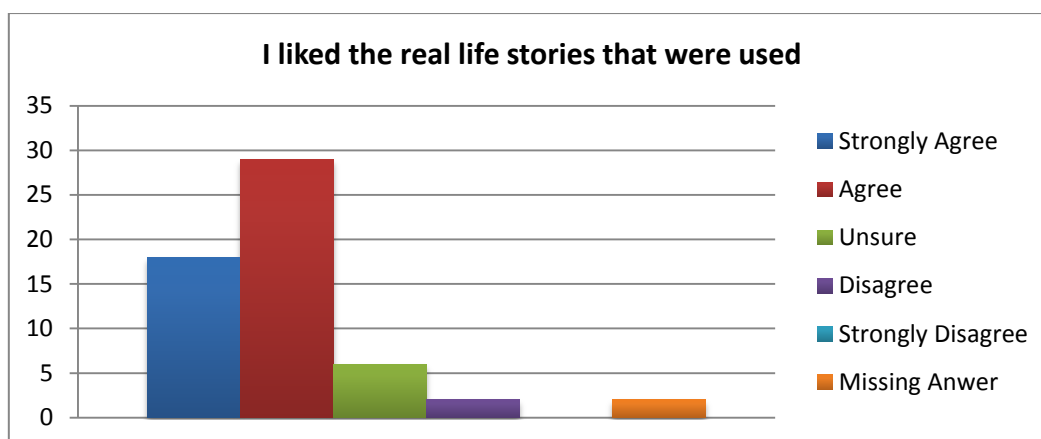
FIGURE 3.18 PUPIL EVALUATIONS – REAL LIFE STORIES

Also incorporated into this section of the questionnaire were specific questions about the increase in pupil knowledge. Figure 3.19 is a graphical representation of the increase in pupil knowledge across the three different substances.
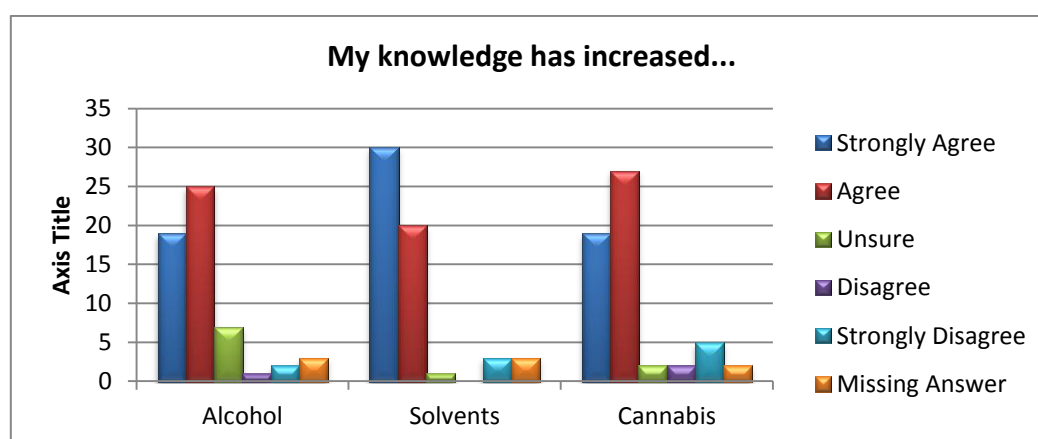
FIGURE 3.19 PUPIL EVALUATIONS – INCREASE IN KNOWLEDGE

It is evident from figure 3.19 that pupils indicated high levels of agreement to an increase in knowledge from attending the workshops.

Relative to an increase in knowledge about alcohol, 44% (n=57) of participants indicated that they agreed with the statement *"my knowledge about the dangers of alcohol has increased"*, with a further 33% strongly agreeing. Just 5% (n=57) disagreed with the statement. 53% (n=57) of pupil participants indicated strong agreement to the statement *"my knowledge about solvents has increased"*, with a further 35% (n=57) in agreement. 5% were in disagreement with the statement while an additional 5% left the question unanswered. 33% (n=57) of pupils strongly agreed that their *"knowledge about cannabis has increased"* and another 47% (n=57) were in agreement with statement. More pupils disagreed with this statement than any of the other two (alcohol, solvents). 11% (n=57) indicated a level of disagreement with the statement regarding cannabis. Results from

phase two focus groups with pupils indicated this may be due to that nature that in some schools the links between cannabis and mental health are explored in class, and perhaps some pupils felt no new knowledge was subsequently learned as a result.

Some pupils identified the development of their new knowledge as the "best thing" about the workshop:

It helped increase my knowledge about alcohol and solvent's (male, SSB, urban)

It increased my knowledge about drugs (male, SSB, rural)

3.2.3 Recommendations for Change - Emergent Themes

Pupils were asked three qualitative questions to ascertain their opinions on

1) What was best about the workshop,
2) What was least useful about the workshop *and*
3) What recommendations they would have for the future.

What was the best thing about the workshop?

This question was answered by 88% (n=57) of the fifty-seven pupils within the study cohort. One comment left by a pupil was deemed irrelevant as the answer was not beneficial, nor did it contribute to the evaluation or the future development of the LLADT programme, and was therefore classified as "blank". 12% (n=57) opted to leave the question blank.

From the responses obtained two prominent themes were emergent:
- The development of new knowledge
- Personal development

Development of New Knowledge

Of those who answered, 38% (n=50) identified that the learning of new knowledge was the best thing about the workshop. Pupil responses included:

Being able to list the facts of drugs (male, co-ed, rural)

Learning new facts about drugs and the dangers of them (male, SSB, urban)

The best thing about the workshop was that it was informative (male, SSB, rural)

Learning about the dangers of solvents (female, SSG, rural)

Learning about new drugs and getting more informed (male, co-ed, urban)

Discussions and debate (male, co-ed, urban)

I think the best thing about the session is that I have a broader range of knowledge about drugs (male, co-ed, urban)

I now understand how dangerous alcohol and solvents are which I didn't know before (female, co-ed, urban)

Personal Development

Personal development was the second theme to emerge from pupil's response to "*What was the best thing about the workshop?*" From those who answered, 26% (n=50) of pupils identified differing aspects and elements of personal development as the best thing about the workshop. Some responses from pupils included:

Meeting new people (female, SSG, rural)

Making new friends (female, SSG, rural)

Working with different parents and other peers and my mom (female, SSB, rural)

Group work (female, co-ed, urban)

When we worked together (female, co-ed, urban)

Having an interesting conversation with my fellow students parents (male, co-ed, urban)

Working with other parents and talking to everyone (female, co-ed, urban)

It was done in groups of adults and kids (male, co-ed, urban)

It is worth noting that it was mainly male pupils who identified the development of new knowledge as the "best thing" about the workshops, whereas it was mainly female pupils who associated the "best thing" was the advancement of their personal development.

Other Emerging Themes

Other emergent themes that arose were explicitly related to the activities of the workshop. 20% (n=50) identified one activity or another as the "best thing". 33% (n=10) felt that the cartoon activity was the best

Making up the cartoon thingy and creating a story around it with parents you don't know (female, co-ed, urban)

Another four pupils felt the "myth v fact" exercise was the best.

myth and fact (male, co-ed, urban)

In the focus groups of phase two it became evident that pupils liked the "myth and fact"

> "Because it got you thinking" (female #1, School D)

It is noted that one pupil said the PowerPoint presentation was the best, while the last pupil couldn't identify anything specific and instead listed "everything".

> Everything (female, SSG, rural)

What was the least useful thing about the workshop?

The responses of pupils to this question did not conform to each other as much as the previous question and therefore emergent themes were not as categorical. 77% (n=57) of the participant cohort answered this question, with 23% (n=57) opting to leave the question blank.

Of those that answered 18% (n=44) of the cohort indicated that there was "nothing" they felt was "least useful" about the workshop. This was evenly mixed among the five pilot schools involved.

> Nothing (male, co-ed, rural)
>
> Nothing (male, co-ed, urban)
>
> Nothing (female, co-ed, urban)

14% (n=44) however did find the material covered in the workshop repetitive. Interestingly the pupils who commented that the workshop was repetitive were from two individual schools. Three of these were from a single-sex girls school and indicated that the "knew most of the information".

> repeating (female, SSG, rural)
>
> I knew most of the information (female, SSG, rural)
>
> I knew most of the information (female, SSG, rural)

While the remaining three pupils specifically from the second delivery in School F, outlined

> I found it told us things we already know been taught in school I still have questions on other drugs (female, co-ed, urban)
>
> The section on alcohol didn't increase my knowledge (male, co-ed, urban)
>
> Didn't really learn anything new about drugs (sorry) (female, co-ed, urban)

This notion was further supported when a fourth pupil from School F left the following comment in the other comments section -

> The facts given about the various drugs weren't that shocking and didn't really stop my curiosity about trying them (I wont of course but I still remain curious) (female, co-ed, urban)

During the focus groups of phase two evaluations there was an opportunity to probe a little further into how much pupils actually knew already. It became evident that pupils (School D) were familiar with the link between cannabis and mental health and the notion that alcohol was a drug, but did not know as much around solvents. When probed pupils indicated that there was no new knowledge for them in relation to alcohol within the workshop. They indicated that they were very much aware that alcohol was a drug and when asked they offered up that they would like to know how the body breaks it down, the idea that the body sees alcohol as a poison and what this does to the body. With one pupil suggesting:

> "like if you drink too much alcohol and you have to get your stomach pumped, what are the effects of that on the body" (female #5, School D)

Pupils also found the interactive and experimental activities that were built in to be "least useful". 25% (n=44) found some of the activities "least useful". One pupil indicated

> The general exercise (male, co-ed, urban)

While three pupils identified "myth v fact" was the least useful aspect of the workshop.

> Myth v fact (male, co-ed, rural)
>
> Myth v fact (male, SSB, urban)
>
> Myth V fact (female, co-ed, urban)

And a further seven pupils identified the "cartoon" activity, as least useful:

> The cartoon idea (female, co-ed, rural)
>
> Cartoon exercise (male, co-ed, rural)
>
> The picture about the guy smoking (male, SSB, urban)

It is acknowledged that three of these seven came from the first school and minor changes were subsequently made in the development and presentation of the activity after reviewing their comments.

9% (n=44) made comments in this section about parents. It is noted that all four pupils were from the second delivery in School F. Two pupils outlined how they found some parents to be mean, while two pupils were upset they didn't get to work with their individual parent more.

> Some of the parents were overpowering and didn't want to listen to my ideas and thoughts they were mean (female, co-ed, urban)
>
> Some of the parents were a bit mean (female, co-ed, urban)

9% (n=44) outlined they found the "moving" to be least useful while another pupil found the "q & a" session to be least useful. Supplementary to the views about moving between groups being least useful, two pupils indicated that they:

> we didn't do much with our own parents (male, co-ed, urban)

> I didn't get to talk to my mom that much about drugs (female, co-ed, urban)

What would you change to improve the workshop?

27% (n=57) left this question blank, with 73% (n=57) of participants leaving a response. One recommendation from a pupil was deemed irrelevant, the nature of the recommendation was not conducive to the research or the evaluation, and therefore classified as "blank".

31% (n=42) reported that they was "nothing" that they would recommend to improve the workshop. Concluding that perhaps they thought it was good the way it was, as neither positive nor negative comment/change was documented by them.

> No (female, co-ed, rural)

> No there is not (male, co-ed, rural)

> Nothing (female, SSG, rural)

> It is as good as it can be (male, co-ed, urban)

The remaining answers could then be themed into three different streams

- Activities
- Format
- Information

Activities

In relation to activities the pupils had mostly positive recommendations. 10% (n=42) looked for additional activities with two pupils specifically recommending the addition of more real life stories.

> Add more real life stories thought they were interesting (male, SSB, urban)

> More real life stories from addicts or previous addicts (female, SSG, rural)

> More activities not as much question and answer (female, SSG, rural)

While one pupil commented that a change was needed to "myth v fact"

> Not much just myth or fact (male, SSB, urban)

Two pupils felt that there should be more movement within the workshops.

Pupils also indicated that more images and visuals would make the workshop more interesting in phase two of the evaluations. However were quick to point out "not to scare" but to inform of the effects on the bodies etc.

Format

40% (n=42) of responses supplied could be themed under "format"; this is where pupils recommended changes to the general or specific format of the workshop.

14% (n=42) made suggestions regarding the format of working with parents. Five pupils made recommendations to the organisation of the groups not necessarily the banishment of parents (which was expected). Pupil's suggestions regarding the reorganization of workshop format incorporated the following suggestions:

Put everyone together (male, SSB, rural)

Not to be with parents (male, SSB, rural)

Separate pupils from parents for some exercises (male, SSB, rural)

Group just with children (female, SSG, rural)

Maybe a pupil only session part with adults and part without embarrassing serious easy and truthful but some messers (male, co-ed, urban)

Remarkably only one pupil recommended "no parents", unlike our preliminary focus groups in schools.

No parents (male, SSB, rural)

Another suggestion to the format was the inclusion of more participants and parents, 14% (n=42) of pupils indicated that they would improve/change the workshop to include more participants, interestingly all were from the same school (school F). It is worth nothing that the pupil's response may be because friends were in the second delivery and they felt the school or facilitators had split it into two?

More participants (male, co-ed, urban)

More people (female, co-ed, urban)

More people involved (female, co-ed, urban)

More participants in the session (male, co-ed, urban)

More people (female, co-ed, urban)

More parents and pupils (male, co-ed, urban)

The final recommendation made by a pupil in relation to format was the inclusion of another element within the workshop. One pupil recommended that

"Get an ex-addict in and shows how body organs rot over time" (female, SSG, rural)

This was also put forward in phase two focus groups, suggesting that

"People would actual listen, that real life stories are best" (female #1, School D)

It also became evident that if pupils were to attend an incentive was needed. Pupils from one focus group recommend "time off class", "free food" and "wristbands". One pupil identified how she only did the Trocáire 24 hour fast to get the wristband, pens were also suggested as a possible "freebie" that they would like for attending.

Information

The final theme that emerged from the findings regarded more information. Pupils recommended more information for the improvement of the workshop; noticeably this was not just from pupils who found they "knew all the information already" as mentioned above. One pupil indicated that they recommended:

More about different kinds of drugs (male, SSB, urban)

While other pupils looked for more specific information

More information on cannabis (female, SSG, rural)

Add more on the dangers of it (female, SSG, rural)

There was an opportunity within the focus groups to ask pupils what more pupils would like to know about cannabis

"Where does it come from, what it looks like" (female #1, school D)

"What are the different slang names so that we know what people are taking about, they constantly seem to change, keep up" (female #3, school D)

3.2.4 Pupil Evaluation - Researcher Observations

In this section the researcher will summarise the pupil evaluation, outline some observations and possible recommendations moving forward.

There was a clear indication from pupils that they enjoyed the activities and interactive nature of the lesson. The approach taken for workshop two was identified by pupils in many areas of the evaluation as important. In some cases pupils openly acknowledged that prior they did not want to come, but in the end they liked it and found it interesting. Pupils found it interesting because they liked the approach, they liked the approach of working in groups, they found the approach easier to participate, to attend etc. The "real life" element proved very popular, the "REAL Life" stories were a big hit, with pupils suggesting the addition of more and even the input from an ex-addict to make it more real. Notion of being "real" seems to be very important also for pupils. Most importantly pupils found the workshop relevant to them; their knowledge increased and they would recommend their peers to attend.

It is evident however from the evaluation findings that there is quite a distinction between the varying schools relative to gender, completion of the SPHE module and the responses given. It is evident that boys (SSB) involved openly acknowledged an ''increase in their knowledge'', whereas girls (SSG) identified the most valuable aspect of the workshop the personal development and made no indication to an increase in new knowledge. In fact some indicated that they found the information least useful "as they knew most of it already". So it has to be considered: did the girls know the information better because they are more attentive in class? Or that their teacher covers it in more depth than the boy's school? Or did the boys just get an increase in new knowledge because they didn't listen in class, and/or was the knowledge gained due to the approach taken or was it genuinely new knowledge being received. The majority of pupils who left the evaluation blank were from the rural co-educational school, where pupils were only beginning their substance use module. It is also noted that this was also the first school in the pilot, and the approach to the evaluation was changed subsequently. Subsequently pupils would be more guided through the form to ensure they understood each question.

Recommendations regarding the format of the workshops with specific reference to the inclusion of parents came from the same school. This is quite interesting as this particular school had the lowest turnout with just four parents, four pupils. It may be just the case that the boys in this particular school found the format and organisation regarding the parents a little too intimidating because numbers were so small. It was something that the facilitators discussed at the time. It was also interesting that pupils recommended that for some exercises parents and pupils be separated.

Recommendations

- Stronger linkage to SPHE Classroom
  - Develop the links between the workshop and the substance use module in the classroom. Might also help with strengthening attendance at the workshop
- Ensure the that the SPHE substance use module is complete
  - If not fully complete, a recommendation that at least 80% of the second year module is complete before pupils take part in the LLADT together
- Explore the potential for additional workshop with pupils only
  - Explore with schools and the steering committee the potential of a third workshop that would take place in the SPHE classroom. Financial and resource constraints would have to be considered. Content and the role of the SPHE teacher would also need to be explored... possibly of a teacher-led session prior to workshop or even team-teaching led session.
- Within pupil evaluation ensure that a question is included regarding key messages
  - Direct questions need to be asked in relation to the key messages, to appreciate and understand if pupils are developing the messages themselves and understand the messages within the activities
- Within the evaluation ensure that each activity is rated by pupils
  - Limitation of this evaluation has been the fact that the activity about alcohol, the cartoon activity was not evaluated directly.
- Explore the potential of using an incentive for pupils to attend wristband/biro etc.
  - In phase two evaluations pupils identified that if there was an incentive to attend then all pupils would go, biros and wristbands were suggested by pupils as such incentive.

3.3 Teacher Evaluation

Teachers who were in attendance for LLADT programme delivery were invited to participate in both phases of the programme evaluation. However as outlined earlier not all the same teachers came to workshop one and workshop two (ref: 2.3.6), and therefore the number of teachers able to comment directly on workshop one is somewhat lower. In total, eight teachers were involved in the LLADT programme evaluation; this included four SPHE teachers, two HSCLO and a guidance counsellor. Each school is represented within the data; however the viewpoint of an SPHE teacher was only collected from six of the schools, in fact just one SPHE teachers was able to comment on both workshops. There was no SPHE teacher present at any of the programme in school F, including the second delivery.

Teachers involved in the programme delivery were given a three page evaluation form (Appendix D). The first two pages incorporated sets of statements that were divided into four areas;

- Programme model,
- Workshop one,
- Workshop two *and*
- Delivery and facilitation of the LLADT programme.

The last page of the evaluation form incorporated a series of open-ended qualitative questions exploring expectations and recommendations for the future. Teachers were asked to comment on the model from both their expertise and their attendance. In phase two of the programme evaluation teachers from the randomly selected schools (School A and D) were interviewed (Appendix G).

Findings are presented under the following headings:

1. "Let's Learn about Drugs Together" Programme Model
2. Workshop Content
3. Delivery and Facilitation of LLADT
4. Comments for the Future

3.3.1 "Let's Learn about Drugs Together" Programme Model

Questions in this section included appropriateness for age group, shared experience, number of workshops, expectations etc. The format for questions was closed format statements with teachers identifying their level of agreement on a likart scale (Appendix D).

63% (n=8) of teachers "strongly agreed" that the *"2nd year pupils were (are) the correct year group for this programme"* with a further 25% (n=8) in agreement with same (Fig.3.20). In the second phase of the evaluation process when asked to expand on why the teachers felt this way it was commented that

> From experience here in this school anyways, 2nd year is the year that they (pupils) start to lose the run of themselves… second year seems to be the year where they don't know themselves so they are searching who they are etc., test relationships etc., it really is the year for experimenting (HSCLO, co-ed, rural)

The second teacher involved in the follow up interviews did express some concern around the naivety of the pupils at 2nd year and questioned whether third year would be better

> I thought it was, certainly the ones who did it got an awful lot from it and they really did enjoy it and the parents particularly but am third years are probably more exposed, there was a certain level of naivety among parents at the second year level I thought, but then I suppose the younger that you give it to them the better, but in terms of reality and being expose maybe third years as well, but having said that I mean the second year that did do it got a lot from it (GC/SPHE, SSG, rural)

There was also unanimous agreement for the shared learning experience and the interactive approach taken within the programme model. 88% (n=8) of teachers identified that they "strongly agreed" that the *"shared learning experience between parent and pupil is important,* with a further 75% (n=8) of teachers "strongly agreeing" with the interactive approach *"interactive approach of the workshops was successful in engaging participants"*. In fact no teacher disagreed with either statement indicating the strong positive support for this approach from teachers (Fig. 3.20). This was further supported when teachers indicated that a two-parent only sessions would not be as effective, 88% (n=8) were in disagreement with the statement *""model would be more effective if the two evening sessions were just for parents"*, emphasising the support by teachers for the shared learning experience of the pupil and the parent. Within the second phase of evaluation it became evident that the teachers were happy with the one workshop

> I don't know I think one was enough there was a great mix of information and activity based stuff…they got a lot from it.. The information that they got was lot, sometimes there can be information overload and I think they got enough from the one workshop in fairness (GC/SPHE, SSG, rural)
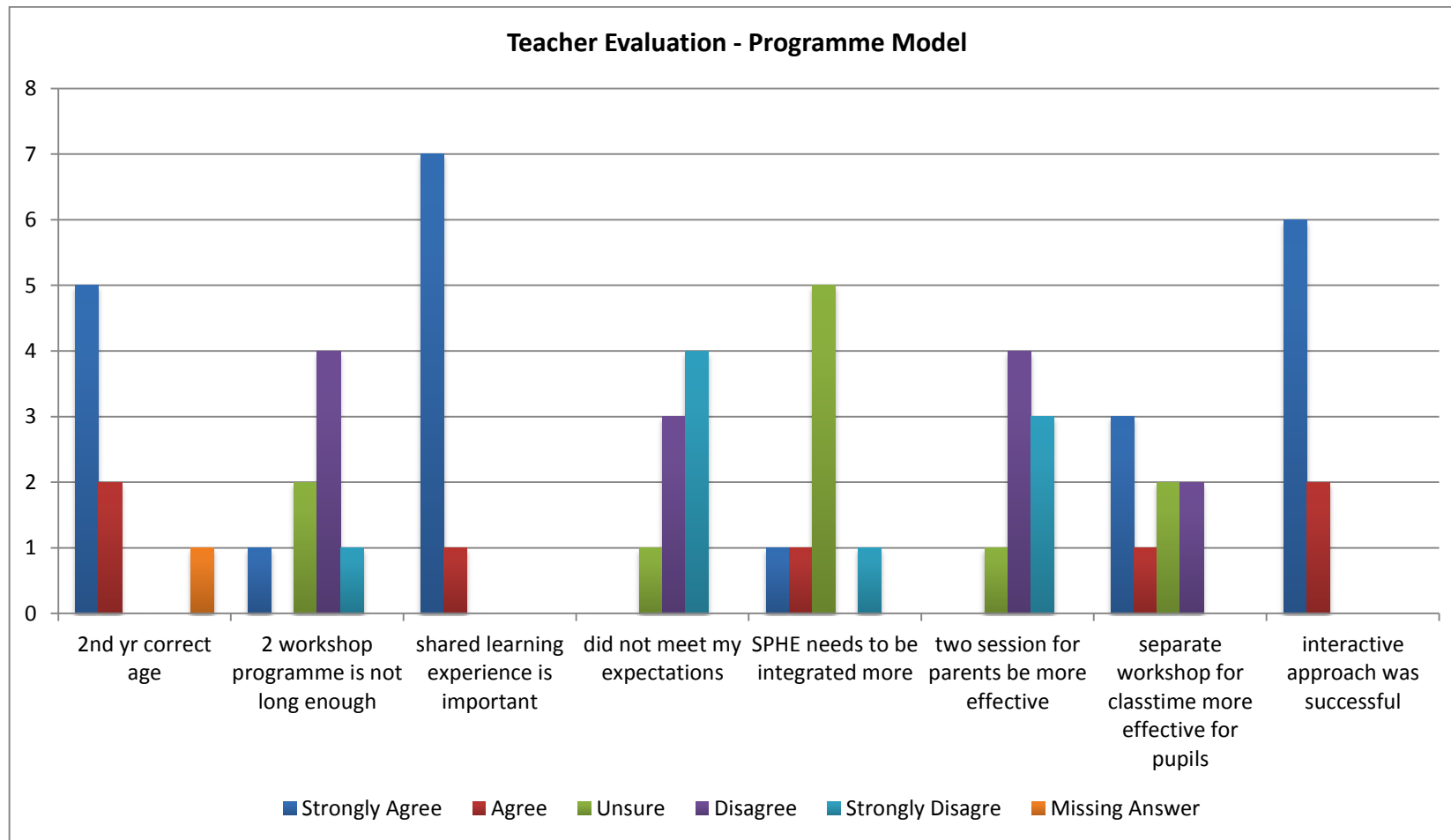
FIGURE 3.20 TEACHER EVALUATIONS – PROGRAMME MODEL

Due to circumstance that the programme was delivered in the evenings after school, teacher opinion on length of programme was also important. Teachers were invited to comment on the length of the programme as part of its overall model. For example teachers were invited to indicate a level of agreement to the statement *"two-workshop programme is not long enough parents need more than one session on their own"* and *"programme would be more effective if it ran a separate workshop during class time, just for pupils"*. 12.5% (n=8) felt that parents would benefit from an additional workshop for them on their own while 25% (n=8) were unsure. 63% (n=8) were in disagreement, indicating that they felt the programme was long enough. Curiously, teachers were very unsure about the integration of SPHE. This however maybe related to the notion that only 50% of the teachers who took part in the programme evaluation were SPHE teachers. Non-SPHE teacher may have been unable to comment. 25% (n=8) were in agreement that SPHE needed to be integrated more, neither were SPHE teachers. The integration of SPHE was further explored in the second round of evaluations with one of the teachers, and it was commented that

> I would agree with the SPHE teacher, sometimes more engaging an SHPE teacher is to make their life easier so perhaps even providing them with some lessons plans and activities that they can be doing with the kids, prior to you guys coming in, having a pack available for them, developing a pack to go with the workshop so that they can say start teaching same times as you are coming in and make life easier for them in that sense, you'll also get SHPE teachers on board easier, with SPHE finding resources is the hardest part....constantly looking for resources and that's stressful for them   (HSCLO, co-ed, rural)

3.3.2 Workshop Content

Workshop One

The next set of statements within the teachers evaluation surrounded workshop one. Five teachers were able to complete this section, as three of the final eight were not present for workshop one. It should be noted that only one of the four teachers who completed this section is a teacher of SPHE, the other participants were HSCL officer, vice principal and a guidance counsellor (ref: 2.3.6). The statements in this section wished to explore teachers view on different aspects of workshop one, was it too long? Was it too fast? Was the information relevant etc. There was 100% (n=5) strong agreement that the *"information in workshop one was relevant for parents"* (Fig.: 3.21). There was also 100% agreement (n=5) that the workshop lived up to expectations for teachers (60% strongly agree, 40% agree). One of the teachers interviewed in the second phase of evaluations outlined:

> I wasn't too sure what to expect to be honest with you, I suppose in my head I had a little fear from the school point of view that running it you, would end up coming down on a night and there would be no one there cause there is such a poor turnout at these things-that was my biggest anxiety. But in terms of the workshop itself I really wasn't expecting the mix of activity, interaction, and the practical input - the other lady that was with you Anna from the HSE real added value

The teachers were in 100% (n=5) agreement that the activities incorporated into workshop one were useful; however two teachers (40%) were unsure if the workshop *"should have more interaction and activity"* (Fig. 3.21). A divide is evident in relation to the statement about more information *"more information on the substances is needed for parents"*. Two teachers indicated differing levels of agreement, one teacher was unsure and two teachers disagreed with the statement. Figure 3.21 also reveals that teachers were in 100% agreement that the workshop was not too long, or material covered too fast.
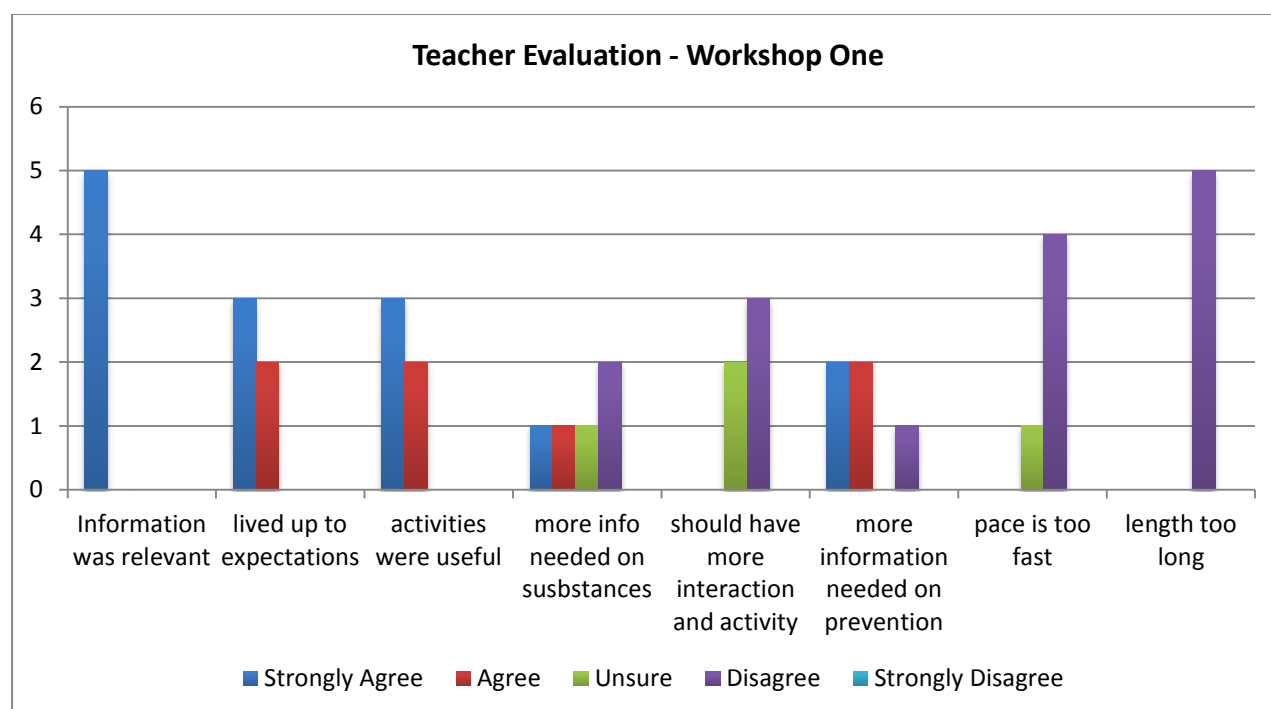
FIGURE 3.21 TEACHER EVALUATIONS – WORKSHOP ONE

Workshop Two

This section of statements sought to explore teachers views on different aspects of workshop two, delivery of the key messages, did it live up to expectations, was it too long for pupils?

88% (n=8) of teachers did not feel that workshop two was too long nor did they teachers feel the pace of the workshop too fast (Fig. 3.22). In the second round evaluation it became evident that the teacher, who was unsure, felt that parents should have had more voice in workshop two, but was unsure if this was planned or part of the programme, or an oversight in programme design.

There was high levels of agreement that the *"activities involved were effective in getting pupils and parents working together"* 63% strongly agreed, 37% agree (n=8). These results were also mirrored in the statement *"the activities were appropriate"* 63% strongly agree, 37% agree (n=8).
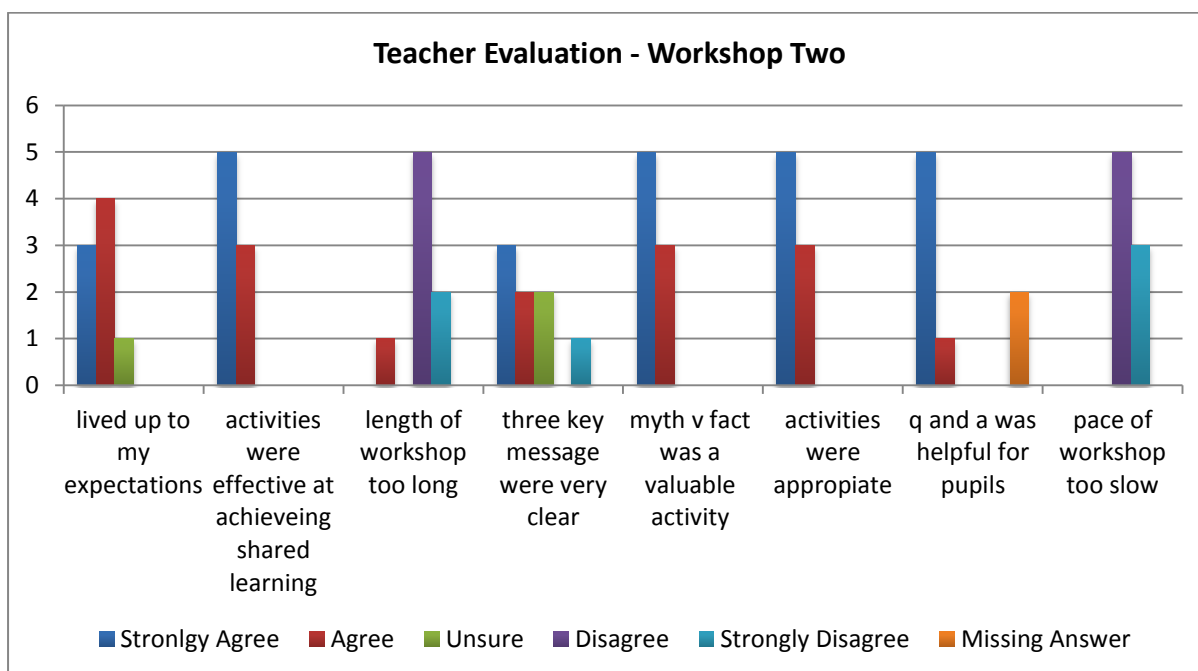
FIGURE 3.22 TEACHER EVALUATIONS – WORKSHOP TWO

Teachers also indicated high levels of agreement regarding expectations being meet. 37% (n=8) strongly agreed that the workshop lived up to their expectations, and a further 50% (n=8) were in agreement and just one teacher unsure.

There was a mixed response to the *"three key messages were very clear throughout the workshop"*. One teacher did feel that the key messages delivered in workshop two were not very clear, and a further two teachers, 29%, (n=8) unsure if the messages were clear (Fig. 3.22). 63% (n=8) of teacher participants however were in agreement that messages were clear.

3.3.3 Delivery and Facilitation of LLADT

The final set of statements that teachers were asked to indicate levels of agreement to statements in relation to the delivery and facilitation of the LLADT programme. The findings explore questioning in relation to programme delivery and facilitation of the programme within the school. It was imperative to the design that this programme got the support from schools and teachers and so the delivery and facilitation was streamlined as best as could be.
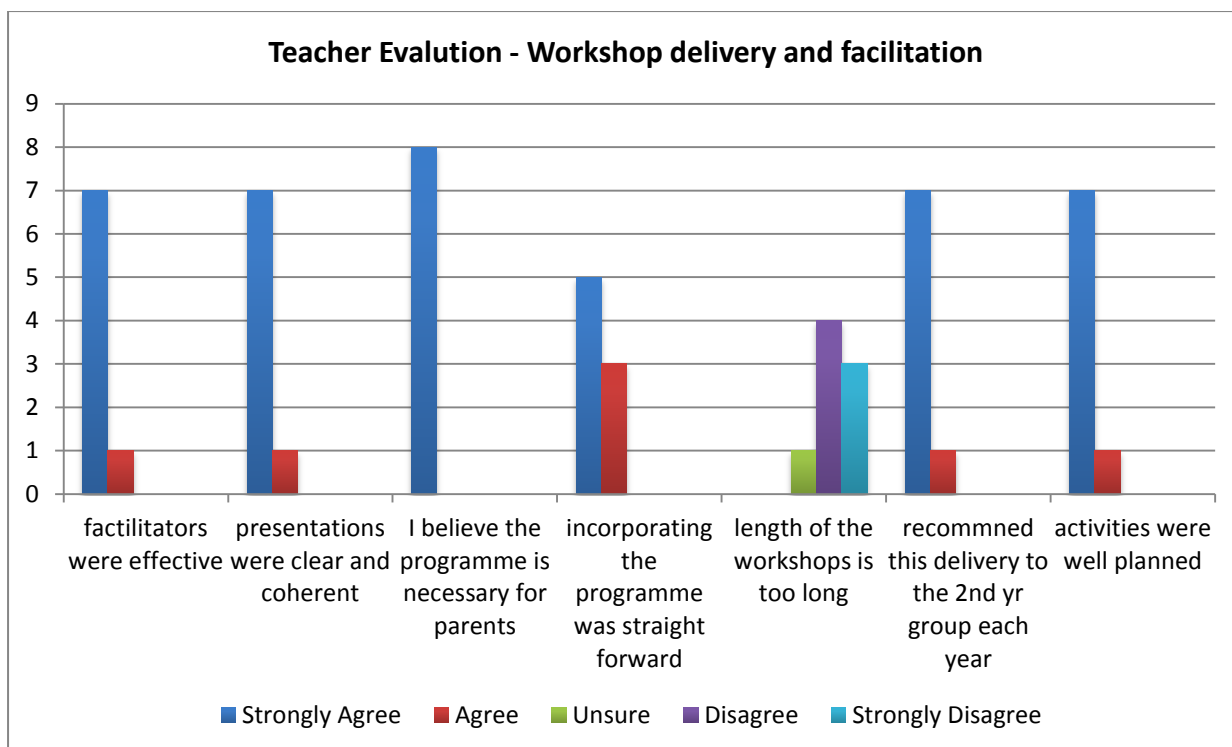
FIGURE 3.23 TEACHER EVALUATIONS – PROGRAMME DELIVERY AND FACILITATION

It is evident from figure 3.23 that teachers were very positive about the delivery and facilitation of the LLADT programme. The presence of blue within the graph (Fig. 3.23) indicating the high levels of strong agreement. There was an outright 100% agreement from teachers involved on the importance of the programme for parents "*I believe the programme is necessary for parents*". 88% (n=8) of the teachers involved "*strongly agreed*" that they would "*recommend the delivery of this programme to 2nd years and their parents each year*" Teachers were also hugely positive about the facilitators, presentation and the process of incorporation into the school. There was 100% agreement teachers indicated by teachers majority strongly agreeing to the statement "*presentations were clear and coherent*" and "*facilitators were effective*" (88% strongly agree, 12% agree, n=8). While 63% (n=8) of teachers strongly agreed that "*incorporating the programme was straight forward*" a further 37% (n=8) also agreed with the statement. Teachers also commented that the workshops were not too long and the activities were well planned.

3.3.4 Comments for Future Development

Teachers were invited through open-ended questions to identify some suggestions for the future recommendations for the project, what they considered most and least valuable and suggestions for getting more parents involved in the LLADT programme. Their answers are outlined below:

Recommendations – do differently going forward

Teachers were invited to outline anything they felt should be done differently with either workshop one or workshop two going forward. There was a 100% (n=8) response to this question, with 25% (n=8) indicating they would have no recommendation.

> No (SPHE, SSB, rural)

> No, I thought there was a good mix of factual information and activities (SPHE, SSG, rural)

38% (n=8) from the same school quite rightly made a recommendation regarding the room and location. The programme was delivered within the community and the room was very difficult to find. It was also not very adaptable or flexible for the delivery of the programme. It could not be easily manipulated to our interactive and group needs unfortunately. Both facilitators made comment after the first night and attempts were made to change location for workshop two within the community, but this was not successful.

> I feel location may be a problem and especially the signage entering this building. Room was hard to ding and it's possible that a parent may have gone home thinking they were in the wrong place (GC, SSB, urban)

> Different location, room hard to find (SPHE, SSB, urban)

> locations is not very suitable I'd try the school to see if there would be more engagement I would also try involving the pupils in both workshops- better attendance? (HSCLO, SSB, urban)

One teacher made comment that

> More time could be spent on the workshops. It could be a 4/5 week course covering all aspects in more detail (SPHE, co-ed, rural)

An interesting comment was made by one of the HSCL officers:

> I am unsure if the students fully benefit from the 2nd workshop a close link with SPHE – perhaps attending one of their classes would be beneficial (HSCLO, co-ed, rural).

One teacher made a comment in relation to the timing of delivery of the programme however in the same comment he indicated how this was possibly due to the individual school. School F, were late in the academic year choosing to deliver the programme. That said it is a recommendation of this report that the programme delivery in school be between October and Easter.

Maybe get the course on earlier in the year. This was really due to the school! (Vice Principal, co-ed, urban)

Consider most valuable from this programme

75% (n=8)of teachers involved in the LLADT programme evaluation considered the information given to parents the most valuable aspect of the LLADT programme. Some comments left by teachers included:

I really believe workshop 1 was very beneficial to parents. I think they were shocked and informed about lots of relevant matters. (HSCLO, co-ed, rural)

The message that alcohol and solvents are also addictive drugs (SPHE, co-ed, rural)

Information was excellent open to ask questions (GC, SSB, urban)

Information for parents, opportunity for parent and boys to work together on this issue (HSCLO, SSB, urban)

Good strong information given in a positive environment and manner - not scare mongering – which is very important (SPHE, SSB, rural)

Very informative and clear, very factual (Vice Principal, co-ed, urban)

Teachers also commented that the presentation and style of information explored was valuable.

The interactive nature of it (SPHE, SSG, rural)

Workshop 2 - interactive pupils and parents – excellent (Vice Principal, co-ed, urban)

One teacher specifically picked an activity as the most valuable from the programme. This particular activity was aimed at getting parent and pupil working together.

Workshop two myth v fact was very good (SPHE, SSB, urban

Consider least valuable from this programme

50% (n=8) of teachers left this question blank, and 25% confirmed that there was nothing invaluable from the programme.

Nothing (SPHE, SSB, rural)

N/A (Vice Principal, co-ed, urban)

From the two teachers that did comment, one teacher offered praise outlining that

All information was aptly chosen and relevant (SPHE, SSG, rural)

The remaining teacher used this space to indicate that she felt more information was needed in workshop two perhaps.

It was all valuable I just felt workshop 2 may need to be looked at – providing more info perhaps (HSCLO, co-ed, rural)

It is acknowledged at this point that this particular teacher comes from the first pilot school and it was in this school that workshop two was a little rushed and subsequently minor changes ensured which addressed the above comment by the teacher.

If workshop one did not live up to expectation…why?

This question was only applicable to five of the eight participants as outlined earlier three teachers who filled evaluations forms were not present at workshop one. From the five who were eligible to complete the form, 80% (n=5) left no comment, with just one teacher indicating:

I felt it was okay I wasn't sure what to expect (HSCLO, SSB, urban)

If workshop two did not live up to expectations…why?

88% (n=8) left this question blank with one teacher commenting

Possibly more information – not sure (HSCLO, co-ed, rural)

This comment would link it with the same teachers concerns regarding "least valuable" outlined on previous page.

Suggestions for getting parents involved in the programme

Teachers and schools would have a long tradition in linking parents with school programme and events. Therefore it was decided to ask teachers for their suggestion on increasing the attendance by parents at the LLADT programme. 88% (n=8) gave suggestions for getting parents involved in the programme, one teacher left the answer blank.

63% (n=8) indicated that starting in school would be a way of getting parents involved more. Outlined below are the relative comments made by the teachers in support of this viewpoint.

Involving students from start maybe through school (GC, SSB, urban)

Having workshops in school with pupils first might encourage them to get their parents to come along (SPHE, SSB, urban)

work with the boys in school first in an interesting way so as to ensure the boys will 'pressure' parents to attend the follow up session(S) (HSCLO, SSB, urban)

a class during school to 'wet' the appetite of the pupils (SPHE, SSG, rural)

Doing a workshop with students in class to introduce them to the topic – they would enjoy the interaction I think and would be more willing to get parent involved (SPHE, SSB, rural)

In the follow up interviews as part of the second phase of evaluation, one teacher expanded on the notion more suggesting

> For increasing the level of engagement of parents and pupils, during school time, something has to be done where you (the facilitator) are coming into the classroom to meet them, and I would nearly do that before the I would be inviting the parents to come in so hopefully going home talking about it, what's going on.. That way you might get the parents interested, rather than cold calling, sending out a letter explaining, it's better as its coming from the kids first (HSCLO, co-ed, rural)

The notion of a third workshop was put to the other teacher that was part of the second phase of evaluation, *"there was a suggestion of a third workshop, the programme would now become three workshops and that would take place first workshop would not take place in the classroom, there is talks that this idea would encourage more parents as they would see it more as being imbedded in the classroom – what are your thoughts on this ? Do you think this would help?*

> I think it would in fairness, without a doubt I think it would. Whereas if it was the case that you were coming in to the schools it would help without a doubt, as the kids themselves would have a better understanding and feel less threatened, physical face on seeing who is running it and doing it and they could identify with the person who is running it and if they didn't like it definitely I would say that would be something to consider (GC/SPHE, SSG, rural)

One of the other comments made by one of the remaining teachers was also suggesting something similar to this

> Held an information seminar in a locality through youth clubs, GAA clubs etc. and then target schools in more detail after this initial introduction (SPHE, co-ed, rural)

The final teacher commented that

> Plenty of notice, evening times are best, constant reminders and call backs! (HSCLO, co-ed, rural)

This final comment is a very practical approach to gaining more parents, however, what was very evident in the field was that not many schools have HSCLO and in the schools with no HSCLO the contact and phone calls is left to the SPHE teacher, something that was not overtly welcomed. This was also touched upon in the follow up interviews regarding delivery and implementation

> For me it was fine because I have the time as I'm the HSCL, I could imagine in another school if it was just directly the SPHE teacher then that he/she would be under a bit of pressure….like who is writing the letters and how are the following up on them with the permission slips etc. I know here the SPHE would be really stretched (HSCLO, co-ed, rural)

3.3.5 Additional Comments

Similar to parents, teachers were invited to leave any additional comments that they may have. 50% (n=8) took the opportunity to add further comments, these have been outlined below:

> I think working with parents and children is a good way to approach this issue (HSCLO, SSB, urban)

> Would prefer if more parents were in for the workshop as it is so important, need to find a way to bring more in. (SPHE, SSB, rural)

> Well done, a really valuable opportunity for parents and students: many thanks for organising it. (SPHE, SSG, rural)

> This programme was delivered in a most professional manner. The information was excellent and both parents and pupils took so much from it. Very practical, very open and honest (Vice Principal, co-ed, urban)

3.3.6 Teacher Evaluation – Researchers Observations

Teachers were very positive about the programme model. There was no disagreement among them regarding the importance of such a programme. Teachers indicated that they found the shared approach effective and much more worthy that a parent only workshop. The high level of interaction between those involved was recognised as successful, with some teachers identifying it as the "most valuable" part of the programme. There was significant support from teachers for the programme to link directly into the classroom first. More than one teacher suggested linking with pupils in their SPHE class prior to the after school sessions.

Teachers supported the specific targeting of second year pupils, however, one teacher did raise the question if 3rd year would be a better age, however reverting back to the research literature second year pupils are more at risk, and therefore the preferred group to work with.

Workshop one was well received by teachers too, with all agreeing information was relevant and length and pace of workshop was good. It was indicated by parents earlier that the information was the most important learning aspect for them and teachers were also in agreement that the information was very valuable for parents. Workshop two was also well received by teachers. Teachers deemed the activities to be appropriate and effective. The interactive nature of the programme was strongly praised by teachers. There was recommendation that the key messages be made more explicit and revisited; there was also a valuable suggestion to allow more "processing" time in the second workshop.

Regarding the delivery and facilitation of the LLADT programme teachers were very encouraging. No teacher involved indicated the incorporation of the programme within their school led to extra work or stress or pressure. In effect, there was 100% agreement that programme was

necessary and strong agreement towards the recommendation of the programme to second year parents and pupils each year.

Within the open-ended questions looking for recommendations for the future, there was a strong point made from teachers about the incorporation of a 3rd workshop that would take place in the school, prior to the evening programme. Teachers suggested that this might make the link stronger for pupils attending to SPHE class but also encourage parents to come. There seems to have been nothing outright that teachers found least valuable from the workshops, other than the low numbers of parents attending.

There was however some areas of concern emergent from the teacher programme evaluation. There was a split among the teachers in relation to whether more information was needed for parents on the substances, and some teachers sought more information in relation to prevention. The low level of SPHE teachers who engaged with workshop one and workshop two would warrant the further extension of the programme and its evaluation to get a clearer image from the view point of SPHE teachers.

Recommendations

- Strengthening Link to SPHE
  - Explore the potential for extra workshop to develop link to classroom more
  - Possible development of a "teaching pack" to accompany the LLADT programme
  - Brand and market LLADT as a complete package to gain more "buy-in" from schools
- Recruitment with Schools
  - Suggestion that recruitment for AY 2013/2014 would target principals first…present the programme as whole school, beneficial for all
  - Target schools earlier August/ September
- Processing and Generating new knowledge
  - More time needs to be allocated to workshop two
  - Possible redevelopment of the presentation of key messages to allow for more processing and generating
  - Extra information for parents regarding prevention – more direct

3.4 Facilitator Reflections

Delivery of the LLADT programme was facilitated by the HSE Education Officers Anna O'Neill and Nina Smyth, along with the Post-Primary Substance Use Education Worker, Dr. Sancha Power. There were two members of this three member facilitation team at each of the school deliveries; just one delivery (the second delivery in school F) had only one facilitator. The reason behind this was to explore the implications if any of reducing the facilitating team to one member.

After delivery in each school facilitators engaged in an informal debrief about the workshop in question or the delivery as a whole in a particular school (Appendix L). When the full pilot programme was delivered across the pilot schools facilitators completed a formal evaluation feedback (Appendix H). The evaluation forms were brief but specifically asked for what facilitators valued the most, what they didn't like and what recommendations they would have for the programme.

3.4.1 Facilitator Feedback - Workshop One

Within workshop one, all three facilitators indicated that creating an awareness and developing parental knowledge/information was one of most valuable aspects of workshop one.

> Research / stats, communication tips (Facilitator #1)
>
> Why young people use drugs, images of drugs (Facilitator #2)
>
> Developing an awareness, developing knowledge (Facilitator #3)

Developing the link between the programme and SPHE was also remarked as something valuable for the facilitator. One facilitator commented

> Demonstrating the link to the SPHE classroom, the importance of SPHE within their child's education, displaying the "other" side to education (Facilitator #3)

Recommendations for change for workshop one were mixed across the three facilitators, however there was one common theme – the notion of too much reliance on "words". Field notes from facilitator #3 remarked uneasiness with the amount of words and the subsequent high dependency on good literacy skills from the parental audience. The programme will be delivered across the mid-west region where the literacy skills of parents will vary significantly and such a strong reliance on literacy skills in the presentation and in the workshop process might discourage parents, or might unnecessarily exclude them and make them uneasy. In the formal evaluation another member of the delivery team commented that:

> Body maps with main points may alleviate wordiness (Facilitator #2)

Facilitator #1 felt that the message to parents needed to be made more explicit

> Emphasis that children have/will be doing substances in class and that workshop two does not include all material that parents are receiving in workshop one (Facilitator #1)

Facilitator #2 and #3 both agreed that the third "part" of workshop one needed to change. The third part of workshop one focused on "how to talk" in the home, re-visited the protective factors for parents. Facilitator #3 made reference to the section being

> Too rushed – too short – most important part, just stuck on the end!" (Facilitator #3)

While facilitator #2 felt

> Uncomfortable with "putting your child at risk" would prefer to focus on the protective factors (Facilitator #2)

Only one facilitator felt that additional key content needed to be incorporated, facilitator #3 felt that workshop one should incorporate a skills /practical element

> Physically activity or role play that engages the parents in having to "talk" to their child…skills based practical experience…sounds great in theory but in practice is very difficult so some time should be given over to this development of skill/practice (Facilitator #3)

3.4.2 Facilitator Feedback - Workshop Two

The three facilitators have deemed the most valuable aspect of workshop two as the shared experience and levels of interaction between parent and pupil -

> Interaction, movement and mixing up of participants working very well, excellent energy levels being created…the shared experience of the workshop is effectively created through the exercise and the method/format (Facilitator #2)

There was a mixed response amongst the facilitators regarding what was least useful, however each did find fault with one or more aspects of the second workshop. Facilitator #1, felt that the activity regarding alcohol – the cartoon, was perhaps too confusing. Regarding the same key message Facilitator #3 commented that the message wasn't strong enough and there needed to be more of a focus on "consequences of alcohol". Facilitator #2 felt once again the there was too much "wordiness" in workshop two and that

> Stats and info. Re: drugs could be trimmed to minimum with greater use of images / graphics, perhaps some very short video and audio clips of user experience as relevant but without resorting to shock tactics (Facilitator #2)

Recommendations for change within workshop two incorporated the notion of more time for processing as already mentioned by teachers. Two facilitators felt that while overall a strong workshop, there needed to be more time for processing the key messages that were presenting in the workshop. There was no recommendation for the addition of content to the workshop.

3.4.3 Suggestions for promoting the role of SPHE Teacher

There was agreement with the three facilitators that a more interactive role for the SPHE teacher is needed. It became very evident during the debrief sessions that as a team of facilitators there was disappointment with the level of engagement from the SPHE teachers. On reflection it was felt that perhaps this was partially due to the development and design of the programme, there was no clear active role for the SPHE teacher to play on the night of delivery. Both Facilitator #1 and #2 felt that the teacher could be involved in a form of co-facilitation. Facilitator #2 expands

> Teacher if present could briefly introduce the subject to the parents at workshop 1, also we could propose in-service for SPHE teachers on the programme with suggested support material to meet curriculum guidelines.

While Facilitator #3 proposed that addition of a third workshop to the overall LLADT programme that would happen prior to meeting parents, this notion was already put forward by one of the HSCLO involved. This initial workshop would be facilitated by both the SPHE teacher (s) and the facilitator. It would allow both teacher and pupil to see the direct link to classroom content and it would embed the programme as part of the second year SPHE school programme.

3.4.4 Additional Comments

Just one facilitator left an additional comment, which I think is fair to say encompassed how the team of facilitators felt post-delivery

> Really pleased with participation and engagement. The fact parent and child in almost every instance attended workshop 2 if they came to workshop 1 show their satisfaction with the project. Major issues is getting people to attend, which is what we had anticipated and is probably shared by other out of hours activities like this.

3.4.5 Facilitator Evaluation – Researchers Observations

Similar to the teacher and parent evaluation, the facilitators involved found the knowledge and information shared one of the most important and powerful outcomes of the LLADT programme. Recommendations from the facilitators evaluation do not necessarily raise any negativities but instead offer suggestions for future development and strengthening of the programme.

Recommendations

- Reduce the high dependency on strong literacy
  - o Develop the programme further to incorporate more images and graphics
  - o Potential to include short video clips
  - o Suggestion of Body Maps for showing the consequences of substance use
- Re-development of key message

- o Redevelopment of the key message surrounding alcohol, needs to link more with the consequences
- Link to SPHE classroom and teacher
    - o Need to integrate the SPHE teacher and classroom more to ensure consistency and sustainability

4. Conclusion and Recommendations

This section of the report seeks to draw some conclusions from the pilot programme evaluation and put forward some recommendations for the future development and sustainability of the programme.

4.1 Evaluation Conclusions

4.1.1 Future Programme Development

- Planned EOI events are crucial for parent recruitment and the marketing of the LLADT programme. Where no EOI event takes place parental attendance is significantly affected.

- The HSCL officer is imperative to getting the programme into schools –they have regular contact with parents whereas it was evident that this would be additional work for SPHE teachers and therefore not overtly welcomed.

- Time of year is very important and needs to be considered, after Easter schools are too busy with examinations mocks, orals, practical's etc. Schools need to be contacted sooner so that they can implement the programme into their academic year calendar.

- In only one school was the SPHE teacher present at both workshops of the LLADT the programme. The role of the SPHE teacher within the programme needs to be strengthened; SPHE teachers do not seem to be seeing the programme as part of the substance use module delivery yet. It is acknowledged that this may not be the case when schools are contacted sooner and the SPHE teacher can "plan" for the programme as part of their yearly plan.

4.1.2 Programme Model

- The programme model and the interactive approach employed are highly praised across the key participants (pupils, parents and teachers). It is evident that the approach taken is successful at engaging parents and pupils across the programme.

- Teachers openly welcome the programme for the second year cohort and strongly agree that this is the correct age group for the programme and openly recommend the programme for all parents.

- There is no evidence to suggest that a longer programme is needed or indeed that extra sessions for parents are needed. However, teachers do suggest another element for the SPHE classroom to build a strong link for pupils and encourage parental participation.

- Parents who have attended the LLADT programme recommend the programmes integration into the school long term and would encourage other parents to attend.

4.1.3 Programme Content

- There was a slight indication that more information on the substances is needed for parents
- The key message relayed re alcohol in workshop two needs to be revised "*alcohol is a drug and dangerous when used in excess*" … pupils are very much aware that alcohol is a drug, possibly a re-focus on consequences of alcohol – binge drinking / under-age drinking etc.
- Pupils enjoyed the "real life" aspect and approach of the programme, with one pupil suggesting an "ex-addict" as more believable

4.2 Pilot Programme Evaluation Emerging Recommendations

- **Recommendation 1** - Schools are contacted May/June and Aug/Sept when planning for the following academic year, with the programme being delivered from October to Easter only. Where applicable EOI events should be encouraged and supported as the preliminary data collected in this pilot would show that they can increase parent participation and recruitment at the programme.
- **Recommendation 2** – Workshop two, interactive and experiential approach stays the same but more focus on the "real life" features. Perhaps video "testimony" would be a welcome addition into the programme. Overall an incorporation of more images and graphics, to reduce the high dependency of literacy. The key message relative to alcohol for workshop two is needed
- **Recommendation 3 –** Extension of the programme to encompass a regional delivery of the LLADT Programme. A regional delivery would allow for a greater number of schools to implement the programme and would allow a more robust evaluation of the LLADT programme. Regional evaluation of the LLADT Programme will help feed into National policy and the new NCCA Junior Cycle Framework.
- **Recommendation 4** – the possibly trial of a third workshop in the SPHE classroom as suggested by teachers could be help to 1) increase the integration of LLADT in SPHE, 2) incorporate the SPHE teacher more 3) develop stronger links for pupils to SPHE content e.g. importance of decision making 4) could significantly increase the uptake by schools and parents 5) strengthen the sustainability of the programme for the new junior cycle changes in September 2014

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Appendices

Appendix A – LLADT Steering Committee Members

Rory Keane	HSE West Addiction Services Manager
Gearóid Prendergast	MWRDTF Co-ordinator
Dr. Sancha Power	Post-Primary Substance Use Education Worker (MWRDTF/HSE)
Anna O'Neill	HSE West Education Officer (Chair)
Nina Smyth	HSE West Education Officer
Dr. Carol O' Sullivan	Lecturer in SPHE / Co-ordinator Health Promotion, Mary Immaculate College
Eva Delaney	Joint Course Director Diploma Drug and Alcohol Studies, University of Limerick, & Health Promotion Service Advisor Mary Immaculate College
Alanna O'Berine	Curriculum Development Unit / Health Promotion, Mary Immaculate College
Martha Sweeney	SPHE Support Service (Clare, Galway, Mayo, Sligo, Donegal, Tipp North)
Brian Murray	SPHE Support Service (Limerick, Cork, Kerry, Tipp South)

Appendix B – Parental Evaluation Form

Let's Learn about Drugs Together

Thank you for taking part in our programme around substance use. This programme is a trial before we develop a finalised programme to run in schools across Clare, Limerick and North Tipperary. Your feedback to us is very important. We would be grateful if you could answer the questions below as honestly as possible, and return the form into the box. The questions are divided into two key areas

- What you've learned
- Questions about the workshops

<u>Section One-What you've learned</u>

1) Complete the table below, ranking your level of agreement to each statement.

There are two sides to complete "before the workshop" and "after the workshop"

1= Strongly Agree   2 = Agree   3 = Unsure   4 = Disagree   5 = Strongly Disagree

Before the workshop						After the workshops				
1	2	3	4	5		1	2	3	4	5
					Knowledge					
					I am knowledgeable about alcohol and its effects					
					I am knowledgeable about solvents and their effects					
					I am knowledgeable about cannabis and its effects					
					Level of Confidence					
					I feel confident about talking to my child about alcohol					
					I feel confident about talking to my child about solvents					
					I feel confident about talking to my child about cannabis					

2) Before these workshops, how often would you have spoken to your child about the different substances explored in the workshops? (Please tick a response for each substance)

	Never	Seldom	Sometimes	Often
Alcohol				
Solvents				
Cannabis				

3) Having completed the workshops, how often do you think you will speak to your child about the different substances explored in the workshops? (Please tick a response for each substance)

	Never	Seldom	Sometimes	Often
Alcohol				
Solvents				
Cannabis				

4) **Questions about the Workshop**

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I was well informed about the learning outcomes of the workshops					
Workshop 1, lived up to my expectations					
The activities in workshop 1, helped me to understand and learn more					
Workshop 2, lived up to my expectations					
I feel more confident about what my child is learning in SPHE class					
Working with my child in a shared environment like workshop 2 was successful for us					
I found the pace of the workshops too fast for me					
The resource booklet given out in workshop one is useful					
Seeing the drugs helped me as a parent					
The presentation was clear and coherent					
The facilitator was effective					
I found the PowerPoint presentation boring					
I will be able to use what I learned					

5) Is there anything that you recommend we do differently with either of the workshops going forward?
_____
_____
_____

6) What would you consider most valuable from this programme (workshop 1 and 2)?
_____
_____
_____

7) What would you consider least valuable from this programme (workshop 1 and 2)?
_____
_____
_____

Your opinion really counts!

8) If workshop 1 did not live up to your expectations, could you outline why this was the case, and what you'd have preferred to see in workshop one?

_____

_____

_____

9) If workshop 2 did not live up to your expectations, could you outline why this was the case, and what you'd have preferred to see in workshop one?

_____

_____

_____

Any other comments??

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Participation in a follow up survey

To develop the workshops more we are hoping to hold telephone surveys with parents from the programme. If you are willing to help us with this, please leave your name and mobile number and a preferred time to contact you. All information will be kept confidential and if you prefer you can just leave your mobile and a time and no name.

Name (optional) _____

Phone number to contact you on _____

Preferred time for contact _____

Thank you for taking the time to give us your feedback

Appendix C – Pupil Evaluation Form

Thank you for coming along this evening and getting involved in our workshop. We would be really grateful if you could fill this feedback form for us. It is to let us know how you found the workshop, what you liked, what you didn't like etc.

Q1. This grid asks you about your experience of the workshop overall. Please tick the column you feel represents your opinion best

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I found this workshop interesting					
I enjoyed working with my parent in the session					
I really didn't want to come to this workshop					
I enjoyed working in groups during the session					
The facilitators were helpful					
The workshop was relevant to me					
I am happy to talk to my parent if I have any questions about drugs					

Q2. This grid asks you about the content of the workshop.

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
I found the content of the workshop easy to understand					
I thought the Myth v Fact exercise was good					
I liked the real life stories that were used					
My knowledge about the dangers of alcohol has increased					
My knowledge about solvents has increased					
My knowledge about cannabis has increased					
The question and answer session was useful.					

3) What was the best thing about the workshop?

_____
_____ - 6 -
_____

4) What was the least useful thing about the workshop?

_____
_____
_____

5) What would you change to improve the workshop?

_____
_____
_____

Participation in a follow up group session

To develop the workshops more we are hoping to hold some group sessions with pupils. This will be an informal chat about what you liked or disliked about the workshop. It will also be a chance for you to put suggestions toward what you would find useful. If you are willing to help us with this leave your name below. Please note that your parent will have to agree also.

Name: _____

Parents Name: _____

Appendix D – Teacher Evaluation Form

Thank you for facilitating this programme to be run in you school. As you are aware this programme is a trial before we develop a finalised programme to run in schools across Clare, Limerick and North Tipperary. Your feedback to us is very important. We would be grateful if you could answer the questions below as honestly as possible. Complete the tables ranking your level of agreement to each statement.

1) Section One-Programme Model

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
2nd year pupils are the correct year group for this programme					
The two-workshop programme is not long enough parents need more than one session on their own					
The shared learning experience between parent and pupil is important					
The programme did not meet my expectations					
SPHE needs to be integrated more into the workshops					
The model would be more effective if the two evening sessions were just for parents					
The programme would be more effective if it ran a separate workshop during class time, just for pupils					
The interactive approach of the workshops was successful in engaging participants					

2) Section Two – Workshop 1 – Main Messages

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
The information in workshop one was relevant for parents					
Workshop one lived up to my expectations					
The activities involved were useful					
More information on the substances is needed for parents					
The workshops should have more interaction and activity					
More information is needed on prevention – protective factors etc.					
The pace of the first workshop was too fast for parents I felt					
The length of the workshop is too long					

3) Section Three – Workshop 2 – Main Messages

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
Workshop two lived up to my expectations					
The activities involved were effective in getting pupils and parents working together					
The length of the workshop was too long					
The 3 key messages were very clear throughout workshop two					
The myth v fact was a valuable activity to finish with					
The activities were appropriate					
The question and answer section was helpful for pupils in my opinion					
The pace of the second workshop was too slow					

4) Workshop Delivery and Facilitation

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
The facilitators were effective					
The presentations were clear and coherent					
I believe the programme is necessary for parents					
From a school point of view, incorporating the programme was straight forward					
The length of the workshops is too long					
I would recommend the delivery of this programme to 2nd years and their parents **each year**					
The activities were well planned					

Your opinion really counts!

5) Is there anything that you recommend we do differently with either of the workshops going forward?

_____
_____
_____
_____
_____

6) What would you consider most valuable from this programme (workshop 1 and 2)?

_____
_____
_____

7) What would you consider least valuable from this programme (workshop 1 and 2)?

_____
_____
_____

8) If workshop 1 did not live up to your expectations, could you outline why this was the case, and what you'd have preferred to see in workshop one?

_____
_____
_____

9) If workshop 2 did not live up to your expectations, could you outline why this was the case, and what you'd have preferred to see in workshop one?

_____
_____
_____

10) Would you have any suggestions for getting parents involved in the programme?

_____
_____
_____

Any other comments?

_____
_____
_____

Participation in a follow up survey

To develop the workshops more we are hoping to hold telephone surveys with parents and teachers from the programme. If you as a teacher are willing to help us with this, please leave your name and mobile number and a preferred time to contact you. All information will be kept confidential and if you prefer you can just leave your mobile and a time and no name.

Name (optional) _____
Phone number to contact you on _____
Preferred time for contact _____
Thank you for taking the time to give us your feedback

Appendix E – Pupil Evaluation Phase Two – sample questions

Experience

What did you find interesting about the workshops??
      Did the fact that your parents and other peers were there added to this interest or take from this interest do you think??
      Did working in the different groups help to make it interesting??

In relation to working with parents most of the pupils that attended were "unsure" if they liked working with a parent...
      Why do you think this might be...?
      Any suggestions on how to make working with the parent easier???

Didn't want to come to the workshop…
      Why…?
      What could we include next time around that might help and encourage pupils to come to this kind of workshop?

Facilitators were helpful...expand on this,
      What did them do.?
      How did they make you feel etc...? *Comfortable, safe etc...*

Were you glad you came when it was finished... was it as awful as you thought it would be or was it okay

Content

Did you find the workshops relevant to you? Why… how could they be made more relevant for you??

Did you think the workshop content was too easy... did you know all the facts already..?? If you were designing the workshop for your friends in another school, what content would you put into it...?

What content do you feel was new to pupils in relation to alcohol, in that most pupils who gave feedback outlined that their knowledge of the dangers of alcohol had increased?? Any ideas??

Did you know before the workshop that cannabis affect your mental health?? How did you know this was it done in class or does everyone know this??

Activities

Most of you indicated that the hardest was the cartoon yet some of you didn't think it was difficult... what did you think of the cartoon exercise? Did you like it?? Why did/didn't you like it??

You all liked the myth v fact activity, what was it about this that you all liked??

Most pupils liked the real life scenarios, what did you guys think of them?

Is there any other activity that you use in any other classroom or at sport that you feel would be really good to add to this workshop??

General

The workshops were designed and developed to support the work that you were all doing in SPHE class, yet the majority of pupils were unsure if the workshop helped in their understanding of SPHE class..

What would you comment be on this

Do you think the workshop linked up with class??

Would you have liked if we had one session in school without the parents, so that we could get to know one another first

Do you think all 2nd year pupils should go to the workshop?

Any other comments?

Appendix F – Parent Evaluation Phase Two – sample questions

Questions – Semi Structured Interview with Parents

1. Has the opportunity arisen since the workshop to talk about drugs with your child?

2. Have you read/used the booklet? Did you find it useful?

3. Confidence and Knowledge
   a. Some parents acknowledged "strongly disagree" with the statement in relation to "knowledge" after the workshop?
   b. Do you agree
   c. Did parents know the knowledge already?
   d. Do you think the information was too basic
   e. Is there a need to add more information

4. Some parents also acknowledged "strongly disagree" with regards the statement about confidence after the workshop
   a. How did you rate your confidence after the workshop
   b. Did your confidence decline because you knew more information

5. Do you think the increase in knowledge and increase in confidences that was experienced by some in the workshop will aid parents to talk to their child more regularly about substances in the home, or do you think it will still be hard

6. Did you find the workshop too fast? Is there a need for the workshop to be longer... would you like to see more included??

7. What is your opinion on the shared learning environment with your child
   a. Did you like this, Did you dislike this, Why

8. Would you recommend the "lets learn about drugs together" to other parents?
   a. Do you think schools should make it obligatory for 2nd year parents to attend this workshop?

9. We are thinking of incorporating a video into workshop two about how to have the conversation with a child that you suspect is using... do you think parents would like this ?? Why?

10. Any other comments or questions??

Appendix G – Teacher Evaluation Phase Two – sample questions

Semi-structured Interview – School

Programme Model
       Why do you think 2nd year is the correct year group for the project??

       One of the respondents indicated that parents need more than one session on their own...
       What are your thoughts on this??

Workshop Content – workshop one
       In relation to workshop one, you felt that more information is needed for parents in the first
       workshop on the substances. What do you feel is missing here or what would you like to see
       added to this workshop.

Prevention messages, on the night we delivered the programme we ended up being quite rushed on
this section. Do you think something was missing from prevention message section??

Do you feel workshop one should have more interaction and activity? Do you think the parents saw
the workshop as a lecture??

What expectations did you have prior to the workshop?

Workshop Content – workshop two
       What were you expecting from workshop two?
       Why did you feel that workshop two did not live up to your expectations?
       How could we rectify this the next time, what could be added to the workshops

Did you find the pace of the second workshop too fast?

Appendix H – Facilitator Evaluation Tool

Having completed the in the "Lets Learn about Drugs Together" pilot programme, please complete the following questions. Please if you can try to stay as objective as possible, try answer both in terms of your role as a facilitator/observer on the programme but also from your experience as a HSE Education worker.

Workshop One
1. What do you feel is most valuable about Workshop 1?
_____
_____
_____

2. What do you feel is least valuable within Workshop 1?
_____
_____
_____

3. Have you any recommendations or changes that you would like to make to Workshop 1?
_____
_____
_____
_____
_____

4. Is there any additional key content that you feel should be incorporated into the first workshop?
_____
_____
_____

Workshop 2

1. What do you feel is most valuable about Workshop 2?
_____
_____
_____

2. In your experience what do you feel is least valuable about workshop 2?
_____
_____
_____

3. Are there any recommendations or changes that you would like to see being made to workshop 2?
_____
_____
_____
_____

4. Is there any additional key content that you feel should be incorporated into the first workshop?
_____
_____
_____

Generic Question

1. Have you any suggestions towards promoting the role of the SPHE teacher within the LLADT Programme?

_____
_____
_____
_____

2. Any other comment?

_____
_____
_____

Appendix I – Summary Sheet to Share at Home

Importance of the role of the home and the family…what the research tells us
Teenagers spend 80% of their time OUTSIDE school,
Prime influences are the FAMILY and the COMMUNITY,
They learn from those who they RELATE to…

Chris Murphy 2008

"Parents who talk to their children about drugs and
know what they are doing and who they are with…
can reduce the chances of their children using drugs"

Biglan *et al* 2004

Who is a drug user?
⋆ A drug user can be anyone, any of us…no one sets out to become addicted

What is a drug?
⋆ A drug is any substance other than food that alters' the way a person thinks feels or acts…this includes medicinal drugs, alcohol, tobacco and caffeine…

Drugs can be divided into different groups
⋆ Depressants: examples - Alcohol, Cannabis
⋆ Stimulants: examples - Tobacco, Cocaine
⋆ Hallucinogens: examples - Solvents, Cannabis
⋆ Opiates: example - Morphine

So why do young people take drugs...there are lots of reasons including:
⋆ Curious,   ⋆ Enjoyment   ⋆ Their friends use them
⋆ Affordable   ⋆ Availability   ⋆ Rebellion
⋆ Cope with boredom   ⋆ Local youth culture

Importance of SPHE….first formal introduction to drugs education
⋆ SPHE = **S**ocial, **P**ersonal and **H**ealth **E**ducation
⋆ "In SPHE, **the student** and **not the content** is **at the centre** of the endeavour"
⋆ Substance use topics covered in SPHE / year
First Year: Why Drugs, Alcohol, Solvents, Smoking and effects,
Second Year: The effects of Drugs, Alcohol and its effects, Cannabis and its effects, Cannabis why/why not?
Third Year: Ecstasy – realities, Heroin - realities

Remember always REACH
⋆ **R**   RELATIONSHIP…good relationship, foundation stone
⋆ **E**   EXAMPLE………....children learn by example…lead a positive example
⋆ **A**   ATTITUDES….......children are very impressionable...keep a positive attitude
⋆ **C**   CONFIDENCE…...have confidence to learn & to TALK about drugs at home
⋆ **H**   HOW……………..question the how's, how can my child get into contact
                        with drugs, how can I protect my child a little more

Alcohol

* *Legality:*   Legal drug for over 18s
* *Scientific /Slang Name:*   Ethanol, Alcohol, Booze, Beer, and Wine
* *Tell Tale Signs:*   Smell of alcohol, Clumsiness, Slurred speech
* *Effects:*   Impaired Judgement…accidents, unwanted pregnancies
Risky Behaviour…unwanted sex, move onto other drugs
Aggression…fights, streets brawls
* *Examples:*   Wine, Beer, Vodka, Alco-Pops

Solvents

* *Legality:*   Solvent possession or abuse is not a criminal act
* *Method of use:*   Inhalation, Huffing (breathing fumes in order to get high)
* *Tell Tale Signs:*   Strong smells of aerosols or petrol,
Unusual amount of discarded cans,
Child appearing drunk for a short time
Sniffers Rash (caused by pieces of cloth soaked or sprayed
 in solvent being put over nose and mouth)
* *Effects:*   Sudden death
Accidents (impaired judgement)
Addiction, General and Mental Health both affected
* *Examples:*   Super Glue, Deodorant Cans, Tipp –X, Markers,
Lighter Fuel

Cannabis

* *Legality:*   Illegal to grow, produce, supply or possess
* *Different Forms:*   Herbal, Resin & Oil
* *Method of use:*   smoked, eaten
* *Scientific /Slang Name:*   Marijuana, Smoke, Dope, Blow, Pot, Grass, Weed
* *Tell Tale Signs:*   Dilated pupils, Bloodshot eyes
Short Attention Span, distracted
Giggling, Introverted
Cigarette papers, torn cigarettes
* *Effects:*   Mental Health
Intelligence – IQ
A-motivational Syndrome (careful not to mix up with general
       laziness of teenage years !)

Top Tips for Talking

* Find out the FACTS!
* Think about how YOU will react
* DON'T make assumptions
* If they admit trying/using – DON'T panic, stay calm
* Pick a good time for talk…not on route to school in the car!
* Use opportunities to talk about substance use – TV, Media, Local News
* Listen with RESPECT
* Set boundaries
* Let them know that you're there for them!

Venue:_____

Date: _____

Let's Learn about Drugs Together
Workshop One Sign In

Block capitals please. If you wish to provide your mobile number we will happily send a reminder for the next workshop.

	Parent Name	Pupil Name	Mobile Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Circular 0023/2010

To Chairpersons of Boards of Management and Principals of all Post-Primary Schools

Social, Personal and Health Education (SPHE) & Relationships and Sexuality Education (RSE)

Best Practice Guidelines for Post-Primary Schools

INTRODUCTION

The Department of Education and Science wishes to advise management authorities of the necessity to adhere to best practice guidelines in the mandatory implementation of SPHE/RSE in the junior cycle and RSE in the senior cycle.

National and international research has consistently shown that the qualified classroom teacher is the best placed professional to work sensitively and consistently with students and that s/he can have a powerful impact on influencing students' attitudes, values and behaviour in all aspects of health education.

The SPHE/RSE programme should have a substantial skills development element and should not merely be information based. Such skills are developed over time and founded on an ongoing relationship based on trust, understanding and mutual respect.

Young people flourish in an environment where there is a whole-school approach to the holistic growth of students and where there is a shared belief in their potential for development, learning and wellbeing.

RESPONSIBILITY OF SCHOOLS

The Education Act (1998) **states that:**

> *A recognised school shall promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school.*

School management, principals and teachers have a duty to provide the best quality and most appropriate social, personal and health education for their students. They also have a duty to protect students in their care at all times from any potentially harmful, inappropriate or misguided resources, interventions or programmes.

VISITORS TO POST-PRIMARY SCHOOLS: GUIDELINES

If schools wish to enhance or supplement SPHE/RSE by inviting visitors to the classroom precise criteria must apply. Outside facilitators who contribute to the SPHE/RSE programme can play a valuable role in

supplementing, complementing and supporting a planned, comprehensive and established SPHE/RSE programme. Any such visitor or visiting group should adhere to the guidelines of good practice as set out in the SPHE Handbook Section 7 and which are condensed herewith:

• Visitors to the classroom or school, particularly those engaging directly with students, should be aware of relevant school policies including the school's child protection policy, RSE policy and substance misuse policy. Any such visit must be carefully planned in advance in line with the relevant whole-school SPHE/RSE programme(s) and policies.

• Talks/programmes delivered by outside agencies or speakers must be consistent with and complementary to the school's ethos and SPHE/RSE programme. Visits should be planned, researched and implemented in partnership with school personnel.

• Relevant teachers need to liaise with and be involved with all visitors and external agencies working with the school and the whole staff needs to be made aware of same.

• It is strongly recommended that parents should be consulted and made aware of any such visiting people or agencies to classrooms / schools.

• The school's SPHE/RSE coordinator may also help in the process of whole-school planning and coordination to support the effective implementation of SPHE/RSE.

• It is of the utmost importance that classroom teachers remain in the classroom with the students and retain a central role in delivery of the core subject matter of the SPHE/RSE programme. The presence of the classroom teacher should ensure that the school follows appropriate procedures for dealing with any issue(s) that may arise as a result of the external input(s).

• All programmes and events delivered by visitors and external agencies must use appropriate, evidence-based methodologies with clear educational outcomes. Such programmes are best delivered by those specifically qualified to work with the young people for whom the programmes are designed.

• All programmes, talks, interventions and events should be evaluated by students and teachers in terms of the subject matter, messages, structure, methodology and proposed learning outcomes.

PLEASE NOTE
Research findings indicate that the following teaching approaches have limited effect and are counterproductive to the effective implementation of SPHE. In light of this, schools are advised to avoid the following approaches:

Scare tactics
Information that induces fear, and exaggerates negative consequences, is inappropriate and counterproductive.

Sensationalist interventions
Interventions that glamorise or portray risky behaviour in an exciting way are inappropriate and can encourage inappropriate risk taking.

Testimonials
Stories focused on previous dangerous lifestyles can encourage the behaviour they were designed to prevent by creating heroes/heroines of individuals who give testimony.

Information only interventions
Programmes which are based on information alone are very limited in the learning outcomes they can achieve and can in fact be counter productive in influencing values, attitudes and behaviour.

Information that is not age appropriate
Giving information to students about behaviours they are unlikely to engage in can be counterproductive in influencing values, attitudes and behaviour.

Once off/short term interventions
Short-term interventions, whether planned or in reaction to a crisis, are ineffective.

Normalising young people's risky behaviour
Giving the impression to young people, directly or indirectly, that all their peers will engage/are engaging in risky behaviours could put pressure on them to do things they would not otherwise do.

Didactic approach
Didactic approaches which are solely directive in nature are ineffective in the successful implementation of
SPHE/RSE.

FURTHER INFORMATION

Information, advice and support is available from the SPHE Support Service which is a partnership between the Department of Education and Science, the Department of Health and Children, and the Health Service Executive, in association with Marino Institute of Education.

SPHE Support Service	Tel: (01) 805-7718
(Post-Primary)	Fax: (01) 853-5113
Marino Institute of Education	Email: sphe@mie.ie
Griffith Avenue	Website: www.sphe.ie
Dublin 9.	

Please bring this circular to the attention of teachers and members of the school board of management. This circular may also be accessed at www.education.ie under Education Personnel/Circulars.

Alan Wall

Principal Officer
Teacher Education Section
March 2010

Appendix L – Example of Facilitator Debrief Notes

School	Facilitators	Comments
School A	Sancha Nina	**Workshop one** • Tea break in the middle great idea but not enough time ended up being too rushed at the end, finished on time but too rushed • Great questions filtered throughout from parents • Impressive the way the lady came back when her other meeting was cancelled – showed the interest **Workshop Two** • Great turn out, delighted, just one couple a no show due to unforeseen circumstances, great to see SPHE teacher • Really positive to see parents changing roles, i.e. dads coming this week – however we need to produce a summary sheet to assist this kind of change over • Fishbowl activity worked really well, possibly put prompts in the PowerPoint • Myth v Fact – good, poster great idea but statements need to be changed • Separating for evaluations needs to be streamlined
School B	Sancha Nina	**Workshop one** • The room is very disappointing – hard to find, hard to access and can't really manoeuvre the desks and chairs will be hard for next week • Great turnout on the night – disappointing due to the overall numbers in second year but still a good turnout esp. as no EOI was held in the school • A discussion was had regarding the high level of reading and literacy required in this first workshop **Workshop Two** • Again similar problems with the room • Great turnout, really impressed with the repeat commitment • Great to see high numbers from school present inc. SPHE • Fully movement was restricted due to the room • Literacy aspect arose again • Questions were raised about the cartoon activity and its effectiveness
School C	Sancha Anna	**Workshop one** • Disappointing low turnout, but great interest from parents who attended • Great interaction and questioning from parents • There needs to be a stronger clarification between parents and facilitators on what pupils are actually covering in class **Workshop Two** • The small numbers were not conducive to the share experience • Would be suggesting that we put a minimal number in place not fair on pupils • Nice feedback from SPHE teacher

School	Facilitators	Comments
		• Key messages possibly needed to be stronger
School D	Sancha Anna	**Workshop One** • Good turnout of parents, just one male parent • Good dialogue between the group • Some upset about not teaching pupils to say "no" there is discussion around should parents be reinforced of the dangers of scare and shock tactics **Workshop Two** • Delighted with turn all, 100% return with the group • Need to be careful with discussion - ran over on time • Little more structure is needed for the larger group
School E	Sancha, Nina	• Just one person showed up at workshop one– possibly too long between the EOI event and the actual workshop taking place
School F	Sancha Nina	**Workshop One** • Great turn out, high number of male parents • Great interest from parents • Type of room is v important, room was small, stuffy needed to change for second delivery **Workshop Two** • Time is tight for the second workshop with just one facilitator • Definitely need more time for processing • Pupils are very much aware that alcohol is a drug, raises the question that the mgs around alcohol needs to change, esp since the majority of questions have been about underage drinking • Need more structure in the room for the larger groups • Hugely enthusiastic that a second delivery was pushed by the parents • Disappointed that there was no SPHE teacher at any of the two deliveries