



PROFESSIONAL WORKERS EVALUATION FORM

As a national parenting programme it is essential for us to collate information for national validation. With your help we can provide evidence of how our material is being put into practice and of the outcomes for families. This questionnaire must be completed by professionals every time the 'Future for Families' material is used and a copy needs to be sent to: Future Childcare Training Limited, PO Box 4388, Rugby, CV21 9DN. Please use this as your 'master copy' which you can photocopy each time you work with parents, or you can request a copy of this form by emailing us at info@futurechildcaretraining.com. Alternatively you can complete this evaluation form online at: <http://office.qnetworks.co.uk:8080>

Please complete this questionnaire by ticking all the relevant boxes and adding your comments where appropriate. We will issue a **practice based certificate** to all workers detailed on this application form who can prove they attended our two-day Handling Teenage Behaviour course and who provide an address for us to post it to. Thank you for taking the time to complete this questionnaire, your feedback is extremely useful.

YOUR DETAILS

Name:	Job Title:
Address: * This is required so we know where to send your certificate	Tel Number:
	Email Address:

Which type of "Future for Families" handling behaviour two-day course did you attend?
If you have attended more than one of our two-day courses please complete appropriately.

<input type="checkbox"/> Handling Children's Behaviour	Dates Attended Course:	<input type="text"/>
<input type="checkbox"/> Handling Teenage Behaviour	Dates Attended Course:	<input type="text"/>
<input type="checkbox"/> Handling Children's Behaviour with Special Needs	Dates Attended Course:	<input type="text"/>

Please tick which area of childcare you work in:

<input type="checkbox"/> Charity	<input type="checkbox"/> Fostering & Adoption	<input type="checkbox"/> Political	<input type="checkbox"/> Voluntary
<input type="checkbox"/> Community	<input type="checkbox"/> Health	<input type="checkbox"/> Social Services	<input type="checkbox"/> Other (Please state below)
<input type="checkbox"/> Early Years	<input type="checkbox"/> Housing	<input type="checkbox"/> Special Needs	<input type="text"/>
<input type="checkbox"/> Education	<input type="checkbox"/> Police	<input type="checkbox"/> Youth Offending	

PARENTING PROGRAMME DETAILS

Where was the programme delivered? Town/City: County:

Which "Future for Families" material did you deliver?

Handling Children's Behaviour Handling Teenage Behaviour
 Handling Children's Behaviour with Special Needs

How did you deliver the programme? Groupwork Individually

How many parents/carers attended? No. of Females: No. of Males:



Give details of the co-facilitators who worked with you to use this programme:

CO-WORKER 1:

Name:	Job Title:
Address: * This is required so we know where to send their certificate	Tel Number:
	Email Address:

Which type of "Future for Families" handling behaviour course did co-worker one complete?
If they have attended more than one of our two-day courses please complete appropriately.

<input type="checkbox"/> Handling Children's Behaviour	Dates Attended Course:	<input type="text"/>
<input type="checkbox"/> Handling Teenage Behaviour	Dates Attended Course:	<input type="text"/>
<input type="checkbox"/> Handling Children's Behaviour with Special Needs	Dates Attended Course:	<input type="text"/>

CO-WORKER 2:

Name:	Job Title:
Address: * This is required so we know where to send their certificate	Tel Number:
	Email Address:

Which type of "Future for Families" handling behaviour course did co-worker two complete?
If they have attended more than one of our two-day courses please complete appropriately.

<input type="checkbox"/> Handling Children's Behaviour	Dates Attended Course:	<input type="text"/>
<input type="checkbox"/> Handling Teenage Behaviour	Dates Attended Course:	<input type="text"/>
<input type="checkbox"/> Handling Children's Behaviour with Special Needs	Dates Attended Course:	<input type="text"/>

If there were more than two co-workers please write their details on a separate piece of paper and attach it to this questionnaire. If you are returning this questionnaire electronically please type the other worker's details in the email.



PARENT/CARER SESSIONS

When was the parenting programme delivered?

Start Date:

End Date:

How many sessions were delivered?

Sessions

How long were the sessions?

Hours per session

Did you provide crèche facilities?

Yes

No

Have you planned any follow up sessions?

Yes

No

Please comment about follow up sessions:

PARENTS/CARERS

Please select the type of parents/carers who attended (please tick all the boxes that apply):

Female parents

Lone parents

Foster parents

Young parents

Male parents

Kinship parents

Adoptive parents

Same sex parents

Please tick the characteristics of the parents/carers who attended (please tick all the boxes that apply):

Depression

Limited parenting skills

Stress or anxiety

Social disadvantage

Alcohol misuse

Economic disadvantage

Substance misuse

Specific cultural group

Interaction difficulties

Refugees or asylum seekers

Learning difficulties

Travelling community

Grief/loss issues

In prison/corrective facility

Physical illness/impairment

Child protection referral

Please write any additional comments about the parents/carers characteristics in the box below:



CHILDREN/TEENAGERS

Please select the characteristics of the children/teenagers whose parents attended (tick all the boxes that apply):

- | | | |
|---------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Aged 0 - 5 | <input type="checkbox"/> Aged 8 - 12 |
| <input type="checkbox"/> Male | <input type="checkbox"/> Aged 5 - 8 | <input type="checkbox"/> Aged 12 - 18 |

Please tick the characteristics of the children/teenagers (tick all the boxes that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Physical illness | <input type="checkbox"/> Alcohol misuse | <input type="checkbox"/> Is being bullied |
| <input type="checkbox"/> Physical impairment | <input type="checkbox"/> Drug misuse | <input type="checkbox"/> Is bullying others |
| <input type="checkbox"/> Mental health problem | <input type="checkbox"/> Behaviour problems | <input type="checkbox"/> Grief/loss issues |
| <input type="checkbox"/> Specific development disorders | <input type="checkbox"/> School non-attendance/refusal | <input type="checkbox"/> Limited social skills |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Excluded from school | <input type="checkbox"/> Emotional problems |

Please write any additional comments about the children/teenagers' characteristics in the box below:

What is the **level of need** of the families who completed the programme? (tick all the boxes that apply):

- | | | | |
|------------------------------|-----------------------------------|-------------------------------|-----------------------------------|
| <input type="checkbox"/> Low | <input type="checkbox"/> Moderate | <input type="checkbox"/> High | <input type="checkbox"/> Critical |
|------------------------------|-----------------------------------|-------------------------------|-----------------------------------|

PREPARATION/RECRUITMENT OF PARENTS/CARERS

Prior to starting the parenting programme/individual work please indicate your methods of determining the level of need and suitability of the parents/carers (please tick all the boxes that apply):

- | | |
|---|---|
| <input type="checkbox"/> Questionnaire | <input type="checkbox"/> Responses to "Future for Families" advertisement/flyer |
| <input type="checkbox"/> Informal discussion | <input type="checkbox"/> Requirement from court, e.g. parenting order |
| <input type="checkbox"/> Existing service users already known | <input type="checkbox"/> Training requirement for foster carers/adoptive parents |
| <input type="checkbox"/> Written referral from another professional | <input type="checkbox"/> Several formal & informal meetings with the parent |
| <input type="checkbox"/> Semi-structured interview | <input type="checkbox"/> Structured observation (of interaction between parent & child) |
| <input type="checkbox"/> Diagnostic interview, (e.g. part of a Children's Plan/Child Protection plan) | <input type="checkbox"/> Unplanned observation (incidental observation of parent & child) |

Please write any additional comments about the preparation/recruitment of parents in the box below:



OUTCOMES FOR PARENTS/CARERS

On completion of the material which of the following comments apply to the parents/carers you have worked with? (please tick all the boxes that apply):

- Enhanced parental self-efficiency.
- Enhanced parental self-confidence and self-esteem.
- Enhanced ability of cope in the parental role.
- Positive changes of the parental mental health & well being.
- Improved family communication.
- Improved relationships with the family/siblings and group/peers.
- Improved relationships between parent and child.
- Improved attachment and warmth in the parent-child relationship.
- Able to set rules and limits.
- Able to set appropriate consequences.
- Able to understand how patterns of behaviour develop.
- Improved understanding about types of behaviour.
- Increased knowledge of child development.
- Improvement/change in style of parenting.
- Change in attitudes about handling behaviour.
- Change in techniques to increase desirable behaviour and decrease undesirable behaviour.
- Improved consistency in the parents' responses to the child.
- Improved ability to provide positive attention to the child.
- Able to provide developmentally appropriate responses, guidance and stimulation.
- Able to provide developmentally appropriate physical care & physical environment.
- Able to encourage children's positive emotional development and improve responses to the child's emotional needs.
- Able to appropriately respond to their child's behaviour.
- Able to provide a home environment that enhances the child's learning and development.
- Parental risk of harm to the child is reduced.
- Increased social connectedness.
- Reduction in social isolation.
- Increased access to networks and services.

Please write any additional comments or examples of the outcomes for parents in the box below:



OUTCOMES FOR CHILDREN/TEENAGERS

On completion of the material which of the following comments apply to the children/teenagers of the parents/carers you have worked with (please tick all the boxes that apply):

- Enhanced self-confidence and self-esteem.
- Enhanced emotional well-being.
- Reduction in behavioural problems.
- Reduction in offending behaviour.
- Changes in reaction and responses from children/teenagers.
- Reduced symptoms of emotional problems.
- Enhanced school readiness.
- Children/teenagers are experiencing less criticism.
- Children/teenagers are living in warmer and more loving family environments.
- Children/teenagers' needs are being met more appropriately.
- Children/teenagers are experiencing safer and fairer family life.
- Children/teenagers are gaining more support from parents for developmental skills and competencies.

EXPECTED LONGER TERM OUTCOMES FOR CHILDREN/TEENAGERS

Please tick the boxes that apply:

- Prevent children/teenagers smoking.
- Prevent children/teenagers misusing alcohol or illicit substances.
- Prevent offending/criminal activity.
- Children/teenagers are removed from the child protection register.
- Prevent children/teenagers being maltreated.
- Prevent family breakdown.
- Children/teenagers return home.
- Children/teenagers return to school.
- Parent able to provide a more wholesome family life for children/teenagers.
- Children/teenagers remain in placement (foster/residential).
- Children/teenagers development is moving towards fulfilling their potential.

Please write any additional comments or examples of the outcomes for children in the box below:



THE MATERIAL

Please tick all of the boxes that apply:

- The material is effective for enabling change.
- The material is easy to use.
- The programme is fun and engaging.
- The process and ethos is enabling for parents.
- The theory presented to parents was helpful for learning and effecting change.
- The structure of the material provides effective change.
- The approach was suitable for the target group.
- The length of the programme is appropriate and manageable.
- Parents expressed satisfaction with the programme.
- I would recommend this material to other professional workers.

Please write any additional comments about the material in the box below:

ADDITIONAL INFORMATION

Please tick all of the boxes that apply:

- It would be helpful to attend a follow up/refresher day with Future Childcare Training.
- Appropriate supervision/support was provided for workers while using the programme.
- This approach will be used again in my area of work.
- This approach is used constantly in my area of work.
- The next programme is already being implemented/planned.
- The material is promoted as the 'Future for Families' parenting programme.
- The material was delivered in the way the programme was designed.
- All parents who have used the programme have completed an evaluation sheet which will be forwarded to Future Childcare Training Limited.

Please write any additional comments you would like to make in the box below:

Thank you very much for completing this evaluation form.

Joy Osborn and Sue Stead
Company Directors & National Trainers