



HandsOnScotland: Post-Launch Evaluation



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Abstract

This report describes a post-launch evaluation of the HandsOnScotland website. Firstly, this report provides background information on how and why HandsOnScotland was developed, and what the website is about. While the development of the website was accompanied and shaped by research with frontline workers right from the beginning, the present report focuses on the evaluation conducted following the launch of the website. The methods, results and conclusions of this post-launch evaluation are reported here. This aim of this evaluation was to obtain feedback from frontline workers on the impact the website was having on them and their work, as well as suggestions for how the website could be improved.

61 frontline workers were met in person and completed extensive questionnaires about the website. The participants came from different professional backgrounds and had various levels of experience in working with children and young people.

Overall, the results show that the website was well received. Frontline workers reported that they found the content to be largely relevant to the work they do with children and young people and the majority reported that they felt the content had the right level of detail. Furthermore, all participants reported that they would use the website in the future and that they would recommend it to others.

The study found that over 2-3 months of using the website, workers showed a significant increase in their understanding of troubling behaviours of children and young people. Frontline workers also reported feeling more confident when managing troubling behaviours, as well as feeling that they were managing these behaviours more effectively after having used the website. Furthermore, frontline workers felt more reassured that they were “doing the right thing” and more supported in their work with children and young people.

This evaluation study has also elicited a number of comments which suggest ways in which the website could be improved and expanded. A number of participants suggested including information about actively promoting mental health, i.e. preventing troubling behaviours in children and young people in the first place.





Introduction

Background

The Scottish Needs Assessment Program (SNAP) Report on Child and Adolescent Mental Health (2003), which was commissioned by the Scottish Executive, identified "... a significant mismatch between the level of mental health need and the capacity to work with that need". A survey carried out as part of the SNAP report also found that "... many practitioners in the wider network reported significant difficulty in accessing specialist services for the young people with whom they work".

It follows, therefore, that many children and young people with mental health issues have to wait a considerable amount of time before they can be seen by a Child and Adolescent Mental Health (CAMH) specialist. In the meantime, their care falls into the hands of frontline workers, such as teachers, foster carers, youth workers, social workers, allied health professionals, etc. Indeed, in a follow up report, the SNAP research group confirmed that "... most contact is often provided by those with the least formal mental health training". The frontline workers themselves reported that they were lacking in the practical skills needed to address troubling behaviours ("Only Connect", 2005).

With the need to provide information and support to frontline workers clearly established, Playfield Institute, in collaboration with Barnardo's and the University of Dundee, was commissioned by HeadsUpScotland (the National Project for Children and Young People's Mental Health, established by the Scottish Executive in 2004) to develop a national resource of information for frontline workers.

This national resource took the form of a website to make it widely and freely available. A national consultation process was conducted by Playfield Institute with 80 frontline workers to determine the specific content that was needed for the website. The primary focus was to identify the challenging behaviours of children and young people that workers are confronted with. Accordingly, the website was developed to provide information on the topics that were highlighted by the frontline workers. During the development of the website, a pilot study was conducted with 15 frontline workers to investigate their initial responses to the website and to highlight areas that need improvement prior to the launch. Both of these studies have directly influenced the content and shape of the website.

As it stands, the website describes various behavioural problems and mental health issues seen in children and young people, and provides hands-on advice on how to manage these behaviours and when to seek specialist help. Furthermore, the website also gives extensive information on general behaviour management skills, as well as information on how best to talk to children and young people about their problems. All this information is provided in everyday language and is void of all "medical jargon", as it is specifically designed for individuals with no specific training.

The ultimate aim of the website is to provide information and support, which in turn could *increase confidence* in the workers and *increase their competence to address and manage troubling behaviours* of the children and young people with whom they work. The information and advice on the website may be useful for frontline workers to address behaviours that may be part of a mental health problem of a child or young person. Its main function is to act as an early intervention tool which may avoid the need for specialist interventions. Alternatively, it can be used by frontline workers while waiting for CAMH support or to supplement treatment.

The website, called the "HandsOnScotland Toolkit" (hereafter referred to as "the toolkit" or "the website") was officially launched on June 6th 2007 (www.handsonscotland.co.uk).



Aims of this Research

Following the launch of the website, an evaluation study was conducted which is described in the present report. This study was designed to meet the following aims:

- 1) The primary aim was to assess whether or not the toolkit has met its aim of having a positive impact on frontline workers, both in general when performing their everyday work with children and young people, but also specifically when confronted with troubling behaviours. As such, the evaluation was designed to assess changes in the frontline workers' understanding of behavioural problems, confidence levels, self-efficacy, worry about troubling behaviours, perceived support and reassurance.
- 2) A secondary aim was to assess the extent to which the website was well designed and easy to use and understand. Furthermore, it was designed to assess whether the sections contained the right level of useful and relevant information.

For both of the above aims, the evaluation was designed not only to determine the extent to which the aims have been met, but also to identify ways in which the website could be further improved. This is important because Playfield Institute is in a position to further develop the website and, if feasible, the website will be altered and extended according to this feedback. (Depending on the scope of the alterations, this may require further funding).





Methods

Design

The post-launch evaluation of the HandsOnScotland website was conducted in three parts:

1) *Longitudinal Study*

Frontline workers who had not yet used the website were met in person and invited to participate in the evaluation alongside their first use of the website, completing three separate questionnaires at different points in time.

- The first questionnaire was completed by participants prior to their first use of the website (to rate their present skills and beliefs).
- The second questionnaire was completed immediately after their first use of the website (to record their initial reactions to the website, to predict how they thought they would use it and how it was likely to affect them and their practice).
- The third questionnaire was sent to participants after they had used the website for 2-3 months (to re-rate their skills and beliefs for comparison to their ratings prior to the use of the website, to report how they used the website and how they thought it affected them and their practice).

Furthermore, participants were asked to keep a record of their visits to the website in a logbook, recording for each visit the amount of time they spent on the site and which sections they looked at.

2) *Retrospective Study*

Frontline workers who had already used the website were met in person and asked to complete a single questionnaire, to assess their impressions of the website, how they had used it and how they felt it had affected them and their practice.

3) *Online Evaluation*

A link to an online questionnaire is included within each section of the HandsOnScotland website. The online questionnaire is deliberately short in order to maximize responses. The online evaluation is ongoing and responses are monitored regularly. Issues that are highlighted by respondents regarding the individual sections are addressed if appropriate. The online evaluation is ongoing and monitored continuously, therefore the results will not be reported in this report.

Participants

Participants in the Longitudinal and Retrospective components of the evaluation were frontline workers from across Scotland who are in contact with children and young people on a regular basis. The aim was to recruit a wide variety of frontline workers, including social workers, foster carers, youth workers, public health/school nurses, allied health professionals, teachers and guidance teachers.

Materials

The various questionnaires that were designed for the purpose of this evaluation study are described individually in more detail below. The questions were designed based on the aims of the present study, and modelled on questions used in the existing literature whenever this was possible. 100mm Visual Analogue Scales (VAS) ranging from extremely negative to extremely positive were used as answer scales whenever it was feasible. In those instances where a VAS did not provide sensible answer categories, a list of possible answers were provided in a “tickbox” format. The first drafts of the questionnaires were given to 20 professionals working in the Child and Adolescent Mental Health Service (CAMHS) for pilot feedback. This feedback was used to design the final versions of the questionnaires.

Longitudinal Study

Longitudinal Questionnaire 1: For frontline workers who have *not yet used* the toolkit (Baseline)

The baseline questionnaire consisted of 15 questions. Three of these questions asked about general *background information* of the participants, namely their job title in their work with children or young people, the length of time they have been working with children and young people, and what age group of children they work with. 11 questions focussed on the participants' *current knowledge and skills* regarding mental health and behavioural issues, their confidence, self-efficacy and worry about addressing these issues in the children and young people they work with, as well as how reassured, supported and well equipped they feel. These 11 questions were repeated in the final questionnaire (follow-up), and make up the longitudinal component (see Appendix A). The final question was an open *comment box*, where participants were invited to give any other feedback or information.

Longitudinal Questionnaire 2: For frontline workers after their *first use* of the toolkit (After 1st use)

This questionnaire consisted of 17 questions, with a primary aim of capturing the participants' initial reactions to the toolkit. Four questions focussed on which section(s) of the toolkit they had viewed on their initial visit, and aimed to elicit feedback on the *content of the toolkit* itself; the relevance, level of detail, ease of use, etc. Three questions were designed to capture the *intended use of the toolkit*, including whether or not the participants would access it again in the future, whether they would recommend it and whether or not they would use the information in their work with children and young people. Nine questions aimed to assess any possible impact the participants felt the website will have on their skills, practice, and confidence levels when working with children and young people. As with the first questionnaire, the final question was an open *comment box*.

Longitudinal Questionnaire 3: For frontline workers who have used the toolkit for *2-3 months* (Follow-up)

The third longitudinal questionnaire consisted of 39 questions. Five of these questions focussed on the participants' *use of the toolkit*; how often they intended to use it, whether they had used or would use the information in their work with children and young people, and whether they had used or would recommend the toolkit to others. The 11 questions regarding the *participants' knowledge and skills* were repeated from the baseline questionnaire, and constitute the longitudinal component of this study. Four questions which focussed on the *content of the toolkit* were repeated from the second questionnaire. There were 16 questions which asked participants to rate how the *toolkit has affected them*, in terms of the understanding of mental health and behavioural issues of children and young people, their confidence, self-efficacy and worry about addressing these issues in their work, as well as how reassured, supported and well equipped they feel to do their work with children and young people. One question asked whether or not the

toolkit has affected the participants' *attitudes* towards troubling behaviours in children and young people, and space is provided to describe any changes. Similarly, one question asked about possible ways in which the *toolkit has affected the children and young people* they work with, in terms of their relationships, the amount of help the frontline workers have been able to provide, and whether using information from the toolkit has resulted in a change in the behaviours of the children and young people. The questionnaire concluded with an open *comment box*.

Logbook

Participants in the longitudinal component were given a logbook booklet, with the instructions of recording each visit to the website in the booklet. For each visit, participants were asked to indicate the date, the length of time they spent using the website and which section(s) they visited. Furthermore, a space for optional comments was provided in the logbook for each record of a visit to the website.

Retrospective Study

Retrospective Questionnaire: For frontline workers who have *already used the toolkit*

The retrospective questionnaire consisted of 34 questions. Three questions asked about *background information* of the participants, namely their job title in their work with children and young people, the length of time they have been working with children and young people, and what age group of children they work with. A further question asked participants to rate their *understanding* of troubling behaviours of children or young people. Seven questions focussed on the participants' *use of the toolkit*, which sections they had accessed, how often they had used and intended to use it, whether they had used or intended to use the information in their work with children and young people, and whether they had and would recommend the toolkit to others. Four questions focussed on the *content of the toolkit* itself; the relevance, level of detail, ease of use and if there is anything missing. There were 16 questions which asked participants to rate how the *toolkit has affected them*, in terms of the understanding of mental health and behavioural issues of children and young people, their confidence, self-efficacy and worry about addressing these issues in their work, as well as how reassured, supported and well equipped they feel to do their work with children and young people. One question asked whether or not the toolkit has affected the participants' *attitudes* towards troubling behaviours in children and young people, and space is provided to describe any changes. Similarly, one question asked about possible ways in which the toolkit has *affected the children and young people* they work with, in terms of their relationships, the amount of help the frontline workers have been able to provide, and whether using information from the toolkit has resulted in a change in the behaviours of the children and young people. The questionnaire concluded with an open *comment box*.

Online Evaluation

The online questionnaire consists of 6 key questions about the toolkit, and is deliberately kept short to maximize the potential number of responses. Firstly, the participants are asked about the capacity in which they are visiting the website (e.g. foster carer, teacher, parent, etc). The following five questions inquire about: the usefulness of the section; how reassuring the respondents found the information; to what extent the section has improved the respondent's understanding of the topic; what impact it may have on their confidence; and if the respondent believes that they will use the practical advice given. All questions are rated on a 5 point Likert scale ranging from 1 (not at all) to 5 (extremely/very much). An expanding comment box is also included at the end of the questionnaire for more extensive feedback.

Procedure

Potential participants were recruited from a wide range of backgrounds and services. A list of frontline workers' "professions" was compiled including social workers, foster carers, youth workers, teachers, guidance teachers, child minders, public health/school nurses, and allied health professionals. Workers and professionals from these areas were then targeted and were made aware of the website and the evaluation study. The initial contact generally occurred by telephone or e-mail. Where possible, a researcher from Playfield Institute set up meetings with groups of workers or attended workers' meetings that were already happening. At these meetings the workers were given background information about the website and the study, and were invited to participate. In some cases no meetings could be arranged, and this discussion took place over the phone or by e-mail.

Participants were also recruited from courses and talks held at Playfield Institute in November and December 2007. Courses that were likely to attract an audience of frontline workers were identified. If the course organizer agreed, a researcher went into the course for a few minutes to invite the audience to participate in the study.

Those frontline workers who agreed to participate were then asked the filter question of whether or not they had already used the website. Those who had not yet used the website were invited to participate in the *longitudinal* component of the evaluation, whereas those who had already used the website were invited to complete the *retrospective* questionnaire.

Longitudinal Study

Participants in the longitudinal component were asked to complete a consent form and were given a comprehensive information sheet about the study. They were then given the first two longitudinal questionnaires (baseline and after first use) as well as the logbook. They were instructed to complete the questionnaires, by first completing the baseline questionnaire, to have a first look at the HandsOnScotland website at some point thereafter and to then complete the second questionnaire. Non-responders were in the first instance sent a reminder notice via e-mail. If the questionnaire were still not returned, they were posted a set of replacement questionnaires with a reminder letter. After 2-3 months the participants who had completed the first questionnaire were mailed the final questionnaire. Upon completion of the data collection a prize draw for £100 was held for all participants who completed and returned the three longitudinal questionnaires.

Retrospective Study

Participants in the retrospective component were asked to complete a consent form and were given a comprehensive information sheet about the study. They were then given the retrospective questionnaire. They were instructed to complete the questionnaire in their own time and to mail it back using the provided envelope. Non-responders were in the first instance sent a reminder notice via e-mail. If their questionnaires were still not returned, they were posted a replacement questionnaire with a reminder letter. Upon completion of the data collection a prize draw for £25 was held for all participants who completed and returned the retrospective questionnaire.

Online Evaluation

A link to the online questionnaire is included within each topic section of the HandsOnScotland website. Should users of the website wish to give feedback, this link takes them to the online feedback questionnaire (on the SurveyMonkey website), which they can complete and submit online. The data is kept in an electronic file on the server, which the researchers from Playfield Institute can access for analysis.



Results

The results section will report the data obtained from the questionnaires used in the retrospective and longitudinal components of the study.

Participants

Number of Responses

14 frontline workers (out of 20 who were recruited) completed the retrospective questionnaire (70% response rate).

94 frontline workers were recruited to participate in the longitudinal component. Of these, 47 (50%) completed the baseline questionnaire, 30 (32%) completed the questionnaire after their first use of the toolkit, 27 (29%) completed the 2-3 months follow-up questionnaire and 16 (17%) returned the logbook.

Job Titles of Participants

The participants in this study came from a wide variety of backgrounds and frontline jobs, which are summarised in the table below. The following data is based on those participants who completed the retrospective or first longitudinal questionnaire (baseline).

Job Title:	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
Teacher	1	1	2
Guidance Teacher	0	3	3
Nurse	6	8	14
Social Worker	1	8	9
Youth Worker	0	8	8
Foster Carer	2	11	13
Allied Health Professional	1	3	4
Other	3	5	8
Total number of responses	14	47	61

The "Other" category included workers such as playleaders and carers working in a residential home.

Years of Experience Working with Children and/or Young People

The amount of time the frontline workers had been working with children and/or young people ranged from 3 months to 31 years. The average amount of time working with children and/or young people was 11.79 years (with a standard deviation of 8.91). Therefore, the experience with

children and young people varied greatly within the sample. These results are further broken down in the following table:

Time working with Children/Young People:	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
< 1 year	0	6	6
1-2 years	0	3	3
2-5 years	4	6	10
6-10 years	0	12	12
11-20 years	4	13	17
21+ years	6	7	13

Age of Children and/or Young People

Participants were asked if they worked with pre-school, primary school, or secondary school aged children. Multiple responses were allowed, as a frontline worker can, for instance, work with both pre-school and primary school aged children. The results showed that the frontline workers in the present study worked with children and young people of all ages, and are summarised in the table below:

Age of the Children/ Young People:	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
Pre-school Age	8	12	20
Primary School Age	11	29	40
Secondary School Age	10	40	50

Please note that in subsequent sections which report data from the longitudinal study, only data from participants who have completed both the first (baseline) and final (follow-up) questionnaire will be considered.

Using the Toolkit

Sections Used

Participants were asked about which sections of the toolkit they viewed, which showed that all sections of the toolkit were used during the evaluation. The following table summarises the number of participants reporting viewing each section from the retrospective study, during the first use of the toolkit (longitudinal sample), and over the 2-3 months of using the toolkit (logbook from the longitudinal sample).

Section:	Retrospective Sample	Longitudinal Sample		Total (Number)
		After 1 st Use	Logbook	
Anger/Aggression	9	18	10	37
Anxiety	7	9	4	20
Confidence/Self Esteem	10	19	5	34
Eating and Drinking	11	4	1	16
Habits/Obsessions	6	5	3	14
Life Events	5	7	5	17
Overactivity/Inattention	7	6	2	15
Sadness and Fear	4	6	3	13
Self-harm	4	15	7	26
Sexual Issues	3	6	1	10
Sleep	6	6	7	19
Toileting	7	4	4	15
Unusual Behaviours	6	10	6	22
Techniques	4	9	8	21

Use of the Toolkit

Participants were asked how much they had used the toolkit in the past. This question was asked in the retrospective questionnaire and the responses are summarised in the table below:

How often have you used the toolkit?	Retrospective Sample (Number of Participants)
Daily	0
Weekly	0
Fortnightly	0
Monthly	0
As needed	10
Other	4

16 participants returned the logbook as part of the longitudinal study. They had used the website between 1 and 14 times over the 2-3 months of the study (average number of visits was 3.63), and had spent between 30 minutes to 6 hours 20 minutes reading the website (average total time spent on the website was 1.5 hours). However, a number of participants also indicated that they had used the website more often than this, but forgot to record their visits in the logbook; therefore, these numbers may underestimate the actual use.

Furthermore, participants were asked to predict how often they would use the toolkit in the future. This was asked in the retrospective questionnaire, as well as the second (after the first use) and final (2-3 months follow up) longitudinal questionnaires. This data is summarised in the table below:

How often do you intend to use the toolkit in the future?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	
		After 1 st Use	Follow up
Never	0	0	0
Daily	0	0	0
Weekly	0	3	1
Fortnightly	0	4	0
Monthly	0	1	3
As needed	14	21	23
Other	0	0	0

In hindsight, these questions should not have included the "as needed" option, as it overlaps with the other responses and gives little indication of the amount of use. It was included because a number of participants wrote this option into the pilot questionnaire, even though in that case it was not a provided response category.

Nevertheless, the results showed that all participants had used the toolkit, and no participants said that they did not intend to use the toolkit in the future.

Use of Information from the Toolkit

Participants were asked if they had used information from the toolkit. The responses indicate that the majority of participants had used some of the information from the toolkit, and the results are summarised in the table below:

Have you used information from the toolkit?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No	5	0	5
Yes, a little	8	24	32
Yes, a lot	1	3	4

Furthermore participants were asked to predict if they would use information from the toolkit in the future. The responses are summarised in the table below:

Do you intend to use information from the toolkit?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	
		After 1 st Use	Follow up
No	1	0	0
Yes, a little	8	16	19
Yes, a lot	3	14	8

As the results show, the majority of the participants intend to use some of the information from the toolkit in the future in their work with children and/or young people, with only one participant saying that they would not use the information.

Recommending the Toolkit to Others

Participants were asked to predict if they would recommend the toolkit to other people. Not one participant said that they would not recommend the toolkit to others. The majority of participants reported that they intended to recommend the toolkit to colleagues. The responses are summarised in the table below:

Will you recommend the toolkit to other people in the future?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	
		After 1 st Use	Follow up
No	0	0	0
Yes, to colleagues	10	21	12
Yes, to friends and family	1	2	4
Yes, to colleagues and friends	2	7	11
Other	0	0	0

Furthermore, participants were asked if they had recommended the toolkit to other people. The results indicated that most participants had already recommended the toolkit, and most often recommendations were made to colleagues. The results are presented in the table below:

Have you recommended the toolkit to other people?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No	3	4	7
Yes, to colleagues	6	15	21
Yes, to friends and family	1	3	4
Yes, to colleagues and friends	4	5	9
Other	0	0	0

A number of participants also made comments in the open comment boxes and logbooks about recommending the toolkit to others as well as using the toolkit to train or support their co-workers (see Appendices B and C).

About the Toolkit

Relevance

Participants were asked to indicate on a 100mm Visual Analogue Scale (VAS) ranging from 0 ("none") to 100 ("all") how much of the toolkit's content they felt was relevant to their job. The results are summarised in the table below:

Relevant Content:	Retrospective Sample (Average Rating, s.d.)	Longitudinal Sample (Average Rating, s.d.)		Overall (Average, s.d.)
		After 1 st Use	Follow up	
Rating	68.38 (26.55)	72.86 (20.59)	73.00 (20.46)	72.07 (21.50)

The average rating of 72.07 indicates that the participants felt that a lot of the content of the toolkit was relevant to the work they do with children and young people.

Level of Detail

Participants were asked if the content of the toolkit has the right level of detail, with the three response options of "no, too much detail", "yes, just right" and "no, too little detail". The results indicate that the majority of frontline workers felt that the content of the toolkit had the right level of detail. Only nine participants felt that there was either too much or too little detail, but these were too few to justify any changes being made to the content at this point. The results are summarised in the table below:

Level of Detail	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	
		After 1 st Use	Follow up
No, too much detail	0	3	0
Yes, just right	11	25	23
No, too little detail	2	0	4

Properties of the Toolkit

The participants were asked to rate the toolkit on 14 dimensions generally referring to the properties of the toolkit as a website and source of information. Each dimension was rated on a 100mm VAS ranging from 0 ("not at all") to 100 ("extremely"). On the whole, these results suggest that participants found the toolkit to be easy to navigate and understand, well organised, free of jargon, helpful, clearly written, engaging, informative, trustworthy, encouraging and timesaving. Three categories were reversed and carried negative labels, i.e. overwhelming, boring and confusing. This was done in an attempt to allow participants to also give negative answers (by giving the impression that not all questions were phrased to elicit positive responses), and also to prevent participants answering each question with the same response without considering each one individually. However, for three participants the latter occurred nevertheless, i.e. they ticked the same point on the line for all answer categories. Despite this, overall participants indicated that they did not find the toolkit to be overwhelming, boring, and confusing. The results are summarised in the table below:

Did you find the toolkit...?	Retrospective Sample (Average Rating, s.d.)	Longitudinal Sample (Average Rating, s.d.)		Overall (Average, s.d.)
		After 1 st Use	Follow up	
easy to navigate	80.64 (13.10)	79.43 (19.81)	83.26 (9.90)	81.13 (15.29)
easy to understand	81.21 (12.66)	82.93 (12.85)	83.07 (10.01)	82.65 (11.66)
overwhelming	13.42 (17.07)	16.60 (17.82)	15.44 (14.36)	15.59 (16.21)
well organised	79.86 (15.48)	79.70 (13.41)	80.19 (10.94)	79.92 (12.79)
free of jargon	80.50 (12.94)	78.47 (12.54)	78.63 (13.97)	78.93 (13.02)
helpful	78.29 (16.13)	82.63 (9.05)	78.89 (14.66)	80.35 (12.88)
clearly written	83.00 (11.03)	81.90 (10.48)	80.22 (13.21)	81.48 (11.58)
boring	11.00 (12.97)	21.55 (24.09)	17.78 (19.71)	17.99 (20.60)
engaging	73.15 (18.63)	72.57 (15.87)	75.22 (14.82)	73.70 (15.83)
informative	79.14 (18.39)	82.43 (9.57)	77.26 (15.75)	79.82 (14.09)
trustworthy	81.43 (12.17)	76.62 (18.35)	79.70 (11.54)	77.59 (17.72)
confusing	10.29 (8.46)	18.00 (22.55)	13.48 (13.78)	14.76 (17.43)
encouraging	80.14 (13.01)	77.67 (13.77)	80.48 (10.54)	79.23 (12.37)
timesaving	58.29 (22.31)	75.13 (16.55)	73.22 (16.81)	71.08 (18.77)

Anything Missing from the Toolkit?

Participants were asked whether or not they thought that anything is missing from the toolkit. The majority of participants felt that nothing was missing from the toolkit, with 31 answering "no" to and only six answering "yes" to this question. Primarily, participants asked for links to further information, and information on how the troubling behaviours described in the toolkit could be prevented in the first place. A number of additional sections (topics) were also requested. The full list of comments from those who indicated that they felt that something was missing from the toolkit can be found in Appendix B.

Effect of the Toolkit on Frontline Workers

Possibly the most important part of the evaluation was concerned with the effect that the toolkit had on frontline workers' knowledge, skills and beliefs. A major aim of the website was to support frontline workers and to increase their confidence by providing information. The impact of the website on the frontline workers was primarily assessed in the longitudinal sample where frontline workers were asked to rate their abilities prior to their first use of the website (baseline questionnaire) which were compared to a similar set of ratings collected after they had used the website for 2-3 months (follow-up questionnaire) (see Appendix A for a full summary of the longitudinal component). Following their first use of the website, frontline workers were asked to predict how they felt the toolkit might affect them on various dimensions. Furthermore, in order to get some indication of whether any changes in skills were actually a result of information from the toolkit, frontline workers were asked to also retrospectively rate how the toolkit had affected them (in both the retrospective and the follow-up longitudinal questionnaire). Please note that for some dimensions it was not possible to obtain all three measures of impact (predicted, longitudinal and retrospective) as these questions did not always make sense. This is addressed in more detail in the individual sub-sections below.

Understanding/Knowledge

Participants were asked about the effect of the toolkit on their understanding of troubling behaviours of children and young people. After their first use of the toolkit, they were asked to predict whether or not they thought the toolkit would increase their understanding on a 100mm VAS ranging from 0 ("not at all") to 100 ("very much"). This resulted in an average score of 69.80 (s.d. = 17.77), indicating that the participants felt that the toolkit would improve their understanding of troubling behaviours of children and young people. At baseline and at follow-up, participants were asked to rate their understanding of troubling behaviours of children and young people on a 100 point scale ranging from 0 ("very poor") to 100 ("excellent"). The data revealed that the frontline workers' self-rated understanding increased from 65.93 (s.d. = 18.23) at baseline to 75.59 (s.d. = 10.58) at follow up. A within subjects t-test revealed that this difference was significant, $t_{(26)} = 3.162$, $p < 0.01$. This means that the participants' self-reported understanding of troubling behaviours increased significantly over the 2-3 months during which they were first using the toolkit.

The participants were also asked whether they had learned anything new from the toolkit. Every participant indicated that they had learned a least a few new things from the toolkit. The results from this question are presented in the table below:

Have you learned anything new from the toolkit?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No, nothing	0	0	0
Yes, a few things	10	18	28
Yes, several things	4	6	10
Yes, many things	0	2	2

New Ideas/Practices

Following their first use of the toolkit, the majority of participants said that they would do some things differently because of information from the toolkit. Only three participants said that they would do nothing differently. The results are presented in the table below:

Will you do some things differently?	Longitudinal Sample: (Number of Participants)
No, nothing	3
Yes, a few things	21
Yes, several things	3
Yes, many things	3

Consistent with their predictions, the majority of participants reported that they had done at least a few things differently as a result of information from the toolkit.

Have you done some things differently?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No, nothing	4	6	10
Yes, a few things	9	19	28
Yes, several things	1	0	1
Yes, many things	0	1	1

Furthermore, all participants thought that the toolkit would provide them at least with a few new ideas for how to manage troubling behaviours of children or young people. The responses are summarised in the table below:

Will the toolkit provide you with new ideas?	Longitudinal Sample (Number of Participants)
No, none	0
Yes, a few ideas	21
Yes, several ideas	7
Yes, many ideas	2

Similarly consistent with predictions, the majority of participants also reported that the toolkit had provided them with at least a few new ideas for their work with children and young people. Only three participants reported that the toolkit had not given them any new ideas.

Has the toolkit provided you with new ideas?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No, none	1	2	3
Yes, a few ideas	9	19	28
Yes, several ideas	4	5	9
Yes, many ideas	0	1	1

Additionally, participants were asked whether or not the toolkit had provided them with useful advice on how to manage troubling behaviours of children and/or young people. Again, the majority of participants said that the toolkit had provided them with at least a few pieces of useful advice. Only one participant said that they did not get any useful advice from the toolkit.

Has the toolkit provided useful advice?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No, none	0	1	1
Yes, a few pieces of advice	9	20	29
Yes, several pieces of advice	5	2	7
Yes, many pieces of advice	0	4	4

Confidence/Decision Making

Following their first use of the toolkit, participants were asked if they thought the toolkit would affect their confidence when interacting with children and/or young people as well as their confidence when managing troubling behaviours of children and/or young people. The answer scales ranged from 0 ("a lot less confident") to 100 ("a lot more confident").

Will the toolkit affect your confidence when...?	Longitudinal Sample (average rating, s.d.)
Interacting in general	69.55 (15.34)
Managing troubling behaviours	68.07 (16.59)

One-sample t-tests were conducted to compare these ratings to a hypothetical neutral rating of 50. A rating of 50 would indicate that participants felt that the toolkit would have no effect on their confidence. This was significant for both the confidence when interacting in general ($t_{(28)} = 6.862$, $p < 0.001$) and the confidence when managing troubling behaviours ($t_{(28)} = 5.867$, $p < 0.001$). These results indicate that participants expected an increase of their confidence as a result of using the toolkit.

In the longitudinal component, frontline workers were asked to both before their first use (baseline) and after using the toolkit for 2-3 months (follow up) to rate how confident they felt when interacting with children and/or young people, when managing troubling behaviours of children and/or young people, and when making decisions about consulting a specialist for

troubling behaviours of children or young people. These were rated on 100mm VAS ranging from 0 ("not at all confident") to 100 ("extremely confident").

Confidence in:	Baseline (average score, standard deviation)	Follow up (average score, standard deviation)
Interacting in general	79.07 (13.12)	78.33 (12.07)
Managing troubling behaviours	64.52 (20.41)	73.56 (11.35)
Consulting a Specialist	65.11 (25.51)	74.52 (15.73)

Within-subject t-tests were conducted to determine whether or not these changes are significant, and revealed that only the frontline workers' confidence when managing troubling behaviours of children and young people had increased significantly ($t_{(26)} = 2.487$, $p < 0.05$), while the changes in confidence when interacting in general with children and/or young people or confidence in making decisions about consulting a specialist were not significant.

Following their 2-3 months use of the toolkit, participants were asked to rate whether or not the toolkit had affected their confidence when interacting with children and/or young people and when managing troubling behaviours of children and/or young people. The answers were obtained on a 100mm VAS ranging from 0 ("a lot less confident") to 100 ("a lot more confident").

Has the toolkit affected your confidence when...?	Retrospective Sample (average score, s.d.)	Longitudinal Sample (average score, s.d.)	Overall (average, s.d.)
Interacting in general	56.79 (13.49)	64.70 (15.27)	62.00 (15.01)
Managing troubling behaviours	55.93 (11.35)	64.44 (14.34)	62.20 (14.01)

One-sample t-tests comparing the overall averages to a hypothetical neutral value of 50 were found to be significant for both confidence when interacting with children and/or young people in general ($t_{(40)} = 5.121$, $p < 0.001$) and confidence when managing troubling behaviours ($t_{(40)} = 5.572$, $p < 0.001$). This indicates that frontline workers felt that their confidence had increased as a result of using the toolkit on both counts.

Participants were also asked to predict if they thought the toolkit would help them make decisions about how best to manage troubling behaviours. All participants indicated that they thought the toolkit would help them make at least a few decisions about how to manage troubling behaviours.

Will the toolkit help you make decisions about managing behaviours?	Longitudinal Sample (Number of Participants)
No, none	0
Yes, a few decisions	19
Yes, several decisions	9
Yes, many decisions	2

Furthermore, participants were asked retrospectively whether or not the toolkit has helped them make decisions about how best to manage troubling behaviours. Consistent with their predictions after they had used the toolkit for the first time, the majority of participants reported that the toolkit has helped them make at least a few decisions about managing troubling behaviours.

Has the toolkit helped you make decisions about managing troubling behaviours?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No, none	2	2	4
Yes, a few decisions	10	19	29
Yes, several decisions	2	4	6
Yes, many decisions	0	1	1

Participants were asked if they thought the toolkit would help them make decisions about whether or not to consult a specialist for troubling behaviours of children and/or young people. Most frontline workers said that it would help them make decisions about when to contact a specialist. Four of the frontline workers felt that this was not applicable to the work they do.

Will the toolkit help you decide when to contact a specialist?	After 1 st Use (Number of Participants)
No	3
Yes	22
Not applicable	4

Furthermore, participants were asked if they thought the toolkit had helped them make decisions about whether or not to consult a specialist for troubling behaviours of children and/or young people. Of those who felt that this was applicable to the work they do with children and/or young people, the majority reported that the toolkit has helped them make a decision about whether or not to consult a specialist.

Has the toolkit helped you decide when to contact a specialist?	Retrospective Sample (Number of Participants)	Longitudinal Sample (Number of Participants)	Total (Number)
No	5	8	13
Yes	4	13	17
Not applicable	5	6	11

Effectiveness of Skills

Frontline workers were asked both at baseline (i.e. before using the website) and at 2-3 month follow up to rate how effectively they feel they interact with children or young people and how effectively they feel they manage troubling behaviours of children or young people.

Effectiveness of skill in:	Baseline (average score, standard deviation)	Follow-up (average score, standard deviation)
Interacting in general	75.04 (12.97)	76.54 (12.27)
Managing troubling behaviours	64.41 (17.89)	73.74 (12.65)

Within-subjects t-tests revealed that while the increase in effectiveness ratings was significant for managing troubling behaviours ($t_{(26)} = -3.068$, $p < 0.01$), it was not significant for general interactions. This reflects the confidence ratings from the previous sections; over the 2-3 months of using the toolkit, participants reported a significant increase in both their confidence and the effectiveness with which they manage troubling behaviours of children and/or young people. On the other hand, the participants' confidence and effectiveness of their general interactions with children and/or young people did not change significantly after using the toolkit for 2-3 months.

Furthermore, the frontline workers were asked to rate how they felt the toolkit had affected their ability to interact effectively with children and/or young people as well as how effectively they manage troubling behaviours of children and/or young people on VAS ranging from 0 ("a lot less able") to 100 ("a lot more able").

Has the toolkit affected your ability to effectively...?	Retrospective Sample (average score, s.d.)	Longitudinal Sample (average score, s.d.)	Overall (Average, s.d.)
Interact in general	56.57 (12.18)	62.89 (12.66)	60.73 (12.71)
Manage troubling behaviours	57.21 (13.67)	62.69 (13.40)	61.00 (13.61)

One-sample t-tests comparing the overall averages to a hypothetical neutral value of 50 were found to be significant for both the effectiveness of interacting with children and/or young people in general ($t_{(40)} = 5.405$, $p < 0.001$) and the effectiveness of managing troubling behaviours ($t_{(40)} = 5.176$, $p < 0.001$). This indicates that frontline workers felt that their confidence had increased as a result of using the toolkit on both counts.

Note that frontline workers were not asked to predict how they thought the toolkit may affect the effectiveness of their abilities, as the pilot study revealed that this question was too difficult to answer.

Feeling Reassured/"Doing the Right Thing"

Participants were asked at baseline and at 2-3 months follow up to rate to what extent they feel they are "doing the right thing" with children and/or young people. The average score was 71.96 (s.d. = 16.11) at baseline and 77.44 (s.d. = 13.45) at follow up, and a within-subjects t-test revealed that this difference was significant, $t_{(26)} = -2.713$, $p < 0.05$. This indicates that participants felt significantly more reassured that they were doing the right thing with children and/or young people after they had used the toolkit for 2-3 months.

Participants were asked to what extent the toolkit has reassured them that they were "doing the right thing" with children and/or young people. Responses were collected on a 100mm VAS ranging from 0 ("not at all reassured") to 100 ("very reassured"). Frontline workers rated the extent to which they felt reassured by the toolkit as 69.50 (s.d. = 16.34) on the retrospective questionnaire and 70.30 (s.d. = 14.85) on the 2-3 months follow-up questionnaire. The overall average for both questionnaires is 70.02 (s.d. = 15.17) and this indicates that the participants felt that the toolkit had reassured them.

Feeling Worried

Frontline workers were asked both at baseline (i.e. before their first use) and at 2-3 month follow up to rate how much they worry about troubling behaviours of children or young people in their care or work and how much they worry about getting things wrong when managing troubling behaviours of children and/or young people. These scales ranged from 0 ("I worry a lot") to 100 ("I don't worry at all").

Worry about:	Baseline (average score, standard deviation)	Follow up (average score, standard deviation)
Troubling behaviours	36.93 (25.07)	40.26 (22.43)
Managing troubling behaviours	38.67 (23.77)	49.30 (26.09)

Even though the direction of the results indicate that participants worried less about troubling behaviours of children and/or young people as well as about how best to manage those behaviours at follow up, the within-subjects t-tests showed that these differences were not significant.

Furthermore, the frontline workers were asked to rate retrospectively how they felt the toolkit had affected how much they worry about troubling behaviours of children and/or young people and about getting things wrong when managing troubling behaviours of children and/or young people. The answer scales ranged from 0 ("I worry a lot more") to 100 ("I worry a lot less").

Has the toolkit affected how much you worry about...?	Retrospective Sample (average score, s.d.)	Longitudinal Sample (average score, s.d.)	Overall (Average, s.d.)
Troubling behaviours	60.35 (13.22)	57.00 (10.27)	59.23 (12.28)
Managing troubling behaviours	60.63 (12.52)	56.36 (9.57)	59.17 (11.66)

One-sample t-tests comparing the overall averages to a hypothetical neutral or "no change" value of 50 were found to be significant for both the worry about troubling behaviours of children and/or young people in general ($t_{(40)} = 4.695$, $p < 0.001$) and the worry about getting things wrong when managing troubling behaviours ($t_{(40)} = 5.036$, $p < 0.001$). This indicates that frontline workers felt that the amount of worry had decreased as a result of using the toolkit on both counts.

Note that frontline workers were not asked to predict how much they thought the toolkit would affect their worrying, as the pilot study revealed that this question was too difficult to answer.

Feeling Supported

Workers' prediction of the effect of the toolkit

After their first use of the toolkit, frontline workers were asked to predict how the toolkit might affect how supported they felt in terms of advice about what to do in their work with children and/or young people. This resulted in an average rating of 68.70 (s.d. = 15.30) on a VAS ranging from 0 ("a lot less supported") to 100 ("a lot more supported"). A one-sample t-test comparing this value to a hypothetical neutral, or "no change" rating of 50 was significant ($t_{(29)} = 6.694$, $p < 0.001$), indicating that participants predicted that they would feel more supported in their frontline work as a result of using the toolkit.

Actual change over time (from baseline to follow up)

Frontline workers were asked to rate how supported they felt in their frontline work at baseline (before their first use) and after 2-3 months of using the toolkit. These ratings were given on a VAS ranging from 0 ("not at all supported") to 100 ("extremely supported"). At baseline, frontline workers rated themselves as 67.11 on average (s.d. = 19.26) and after 2-3 months of using the toolkit their ratings increased to 76.33 (s.d. = 16.47). A within-subjects t-test revealed that this difference was significant ($t_{(26)} = -2.368$, $p < 0.05$). Therefore, frontline workers felt significantly more supported in their work with children and/or young people after having used the toolkit for 2-3 months.

Reported change as a result of using the toolkit

In the retrospective questions, frontline workers were asked how the toolkit has affected how supported they felt in their work with children and/or young people. The answer scale for this question was a VAS ranging from 0 ("a lot less supported") to 100 ("a lot more supported"). The average rating of participants from the retrospective questionnaire was 62.86 (s.d. = 7.67) and

65.26 (s.d. = 14.56) from the final longitudinal questionnaire. The overall average of those scores, 64.44 (s.d. = 12.58), was compared to a hypothetical neutral rating of 50 (which would indicate “no change”) using a one-sample t-test. This was found to be significant ($t_{(40)} = 7.348$, $p < 0.001$), indicating that frontline workers felt that the toolkit made them feel more supported in their work with children and/or young people.

Feeling Equipped to do the Frontline Work

Workers’ prediction of the effect of the toolkit

After their first use of the toolkit, frontline workers were asked to rate if they thought the toolkit would improve how well equipped they feel to carry out their work with children or young people. This was rated on a 100mm VAS scale ranging from 0 (“not at all”) to 100 (“very much”). Note that this scale only ranged from a state of no change to a positive change as pilot work revealed that potential participants felt that it is not possible to feel “less well equipped” as a result of some training or information. The average score was 65.00 (s.d. = 17.79), indicating that participants did think that they would feel somewhat better equipped as a result of using the toolkit.

Actual change over time (from baseline to follow up)

Frontline workers were asked to rate how well equipped they feel in their frontline work at baseline (i.e. before their first use of the toolkit) and again after 2-3 months of using the toolkit. These ratings were given on a 100mm VAS ranging from 0 (“not at all equipped”) to 100 (“extremely well equipped”). Before their first use, frontline workers rated themselves as 70.30 on average (s.d. = 15.06) and after 2-3 months of using the toolkit the average rating was 72.81 (s.d. = 15.75). A within-subjects t-test showed that this small increase was not significant.

Reported change as a result of using the toolkit

In the retrospective questions frontline workers were asked whether the toolkit had improved how well equipped they feel to carry out their frontline work with children and/or young people. The answer scale for this question was a 100mm VAS ranging from 0 (“not at all”) to 100 (“very much”). The average score of participants from the retrospective questionnaires was 56.50 (s.d. = 14.59) and 66.52 (s.d. = 13.51) from the final longitudinal questionnaire. The combined average of all scores from both questionnaires was 62.80 (s.d. = 14.58) and this indicates that frontline workers felt more equipped as a result of using the toolkit.

Changes in Attitudes

Participants were asked if the toolkit had affected their attitudes towards troubling behaviours of children and/or young people in some way. This question was asked in both the retrospective questionnaire as well as the final longitudinal questionnaire (2-3 months follow up). Out of the 41 participants who completed these questionnaires, 10 (24%) said that the toolkit had affected their attitudes and 30 (73%) said that it had not affected their attitudes. One (2%) participant did not answer the question.

Comments made by participants regarding the changes in their attitudes towards troubling behaviours of children and young people can be found in Appendix B.

Effect of the Toolkit on Children and Young People

One section of the retrospective and follow-up longitudinal questionnaires contained three questions about the possible effects that the toolkit may have had on the relationships the frontline workers have with the children and/or young people they work with, and how the workers feel their use of the information from the website may be affecting the children and/or young people. These questions were only asked if the participant responded that they had used some of the practical information from the toolkit. The three questions were very open, with only a yes/no answer option to say whether a change had taken place, followed by a space to describe any possible changes. The responses to these questions are presented below. 23 participants reported that they had used information, while 18 reported that they had not used any of the practical information from the toolkit.

Relationships

Firstly, workers were asked if they had noticed any changes in the relationships they have with the children and/or young people they work with as a result of using the toolkit. 11 answered yes to this question, while eight said that they had not noticed any changes. Four participants did not answer the question. For those who indicated that the toolkit did have an impact on the relationship they had with the children and young people they work with, the comments made are included in Appendix B.

Amount of Help

The frontline workers were asked if they had noticed any changes in the amount of help that they have been able to give to the children and/or young people they work with as a result of using the toolkit. Fourteen indicated that they had noticed a change, while eight indicated that they did not notice a change in the amount of help they have been able to give. One participant did not answer the question. The comments made in response to this question can be found in Appendix B.

Behaviour of Children and/or Young People

Finally, the frontline workers were asked if they had noticed any changes in the behaviours of the children and/or young people they work with as a result of using the toolkit. Nine frontline workers said that they did notice a change and thirteen frontline workers said that they did not notice a change. One participant did not answer the question. The comments made about changes in the behaviour of the children and/or young people can be found in Appendix B.





Concluding Comments

Limitations of the Evaluation

The present study assessed the effects of the toolkit on frontline workers' skills, confidence, and practices. However, these effects were not measured in a control group of workers who did not use the toolkit over a similar time period. This is problematic because the assumption is made that any reported changes in the workers' skills, confidence and practices are due to using the toolkit, but it is unknown as to whether there would have been any changes over this time period without any intervention. However, having a control group would have meant preventing a number of frontline workers from using the website over the course of 2-3 months. Not only would this have been extremely difficult to achieve (as the website is freely available on the internet), but it would also have been unethical to prevent a number of target users from accessing this information. In an attempt address this limitation, frontline workers were, whenever possible, also asked if they felt that the toolkit had made a difference to their skills, confidence and practices, thereby attributing any changes to the toolkit.

A further limitation of the study is that all data collected was self-reported by the participants. Self-report measures are subject to numerous biases, e.g. the participants giving answers which they think the researchers are looking for.

The sampling method employed by the present study may also have influenced the results. Researchers met with the frontline workers generally in group meetings the workers were already attending with their colleagues. This could mean that these frontline workers were already quite supported in their frontline work, and may not have benefited as much from the toolkit as less supported frontline workers.

Main Findings

This evaluation of the HandsOnScotland website involved a wide range of target users (i.e. frontline workers) as participants. The workers who gave their input came from various frontline positions, and had varying degrees of prior experience working with children and/or young people. The participants also worked with children and/or young people from various age groups.

The results indicate that the toolkit had an impact on the frontline workers' skills and practice. The study was able to show that over 2-3 months of using the website, frontline workers' understanding of troubling behaviours had significantly increased. Furthermore, after using the toolkit for 2-3 months, frontline workers felt significantly more confident when managing troubling behaviours and felt that they were managing these behaviours more effectively than before using the toolkit. Frontline workers also felt more supported in their frontline work with children and/or young people and reassured that they were "doing the right thing" after using the toolkit.

A number of frontline workers also reported that the toolkit has had an impact on their relationships with the children and/or young people they work with, the amount of help they have been able to provide, as well as the behaviours of the children and young people in their care.

All sections of the website were used and commented on during the evaluation. Overall feedback regarding the use of the website was positive; many participants had already used information from the toolkit and had recommended it to colleagues and/or friends and family. A number of participants made specific comments about using the toolkit as a training tool for new staff or colleagues. All participants said that they would use the toolkit again in the future.

Feedback about the content of the toolkit was also positive overall. Frontline workers felt that the content was relevant to their work with children and/or young people, and that it had the right level of detail. The majority felt that there was nothing missing from the toolkit. A number of frontline workers made suggestions for how the website could be improved or expanded; these are considered below.

Overall, the HandsOnScotland website was well received by the participants of this study. Most exciting, perhaps, are the results that show that using the website seems to have a positive impact on the confidence of the frontline workers, as well as how supported they feel in their work. Providing support to frontline workers and increasing their confidence in their work with children and young people has, after all, been the main goal of the toolkit from the beginning.

Suggestions for Further Developments

The evaluation has also elicited feedback from the workers about how the HandsOnScotland website could be improved and expanded. These points are discussed in more detail below, including ways in which they may be addressed. While Playfield Institute continues to make minor changes to the website on a regular basis in response to comments from users, most of the issues listed below are more substantial tasks for which the Institute requires further funding.

1. Topics to be added

A number of participants asked if additional topics could be added to the toolkit, especially information regarding:

- Drug and Alcohol Misuse (children and young people)
- Drug and Alcohol Misuse (parental)
- Domestic Abuse
- Defiant Behaviours, e.g. stealing, lying, fire-setting, stalking, physical violence, vandalism
- Withdrawal/Isolation

2. Age-related material

Participants mentioned that the sections on *Sleep* and *Anger* would benefit from more information that is relevant for older children and adolescents, as the current advice seems most relevant to managing these behaviours in younger children.

3. Further reading and links

The most frequent request was for pointers or links to further information about various topics. However, the website was designed with the aim of being self-contained. This was based on comments from the initial consultation, where frontline workers indicated that what would help them most would be a "one-stop shop". It is therefore unlikely that links will be added to the

website. However, an extensive links section (including links to many documents) exists on Playfield Institute's website, which could be mentioned on the HandsOnScotland website.

4. Strategies to help prevent the behaviours in the toolkit and to promote mental wellbeing

Frontline workers requested that the website provide information about how they can promote mental wellbeing in the children or young people they work with, thereby possibly preventing the behaviours in the first place.

5. Online forum for frontline workers

A number of workers asked about the possibility of adding an online forum to the website, where frontline workers can share experiences and ask for advice. While this may be helpful, there are also various difficulties with it. The main difficulty is that it would require a full-time moderator to oversee the activity and to address inappropriate topics. Similarly, if this were to be a place where frontline workers can ask for advice, specialist workers would have to be available on a regular basis to provide responses.

6. Monitoring tool

One participant asked about a monitoring tool being added to the website, which would allow them to see for themselves if what they are doing is making a difference. It may be possible to include a generic suggestion of how to notice changes, based on a solution-focused approach.





References

Kitchener, B.A., & Jorm, A.F. (2002). Mental health first aid training for the public: evaluation of effects on knowledge, attitudes, and helping behaviour. *BMC Psychiatry* 2, 10.

Mayer, C., Andrusyszyn, M., & Iwasia, C. (2005). Codman Award Paper: Self-efficacy of staff nurses for health promotion counselling of patients at risk for stroke. *Axon*, 26, 14-21.

Playfield Institute (2007 - unpublished) *Toolkit Project: Report on Consultation Process*.

Playfield Institute (2007 - unpublished) *HandsOnScotland Toolkit: Pilot Study Report*.

Public Health Institute of Scotland (2003) *Needs Assessment Report on Child and Adolescent Mental Health (Final Report)*.

Scottish Executive (2005) *The Mental Health of Children and Young People: A Framework for Promotion, Prevention, and Care*.

The SNAP Research Group (2005) Only Connect: Addressing the Emotional Needs of Scotland's Children and Young People: A Report on the SNAP Child and Adolescent Mental Health Phase 2 Survey



Appendix A: Results of the Longitudinal Component

The table below summarises the results of the longitudinal component of the post-launch evaluation study. These results have all been reported individually in the results section of the document. This component was aimed at assessing the impact that the toolkit had on the frontline workers. The 27 participants in the longitudinal study rated themselves on 11 dimensions prior to their first use of the website, and then again after they had used the website for 2-3 months. Each item was rated on a 100mm VAS, ranging from 0 (“not at all” or “very poor”) to 100 (“extremely” or “very much”). For the questions concerning the amount of worry, the scales ranged from 0 (“I worry a lot”) to 100 (“I don’t worry at all”).

Scale	Baseline average (s.d.)	Follow-up average (s.d.)	t
Understanding of troubling behaviours of children/young people	65.93 (18.23)	75.59 (10.58)	- 3.162**
Confidence in general interaction with children/young people	79.07 (13.12)	78.33 (12.07)	0.373
Confidence when managing troubling behaviours of children/young people	64.52 (20.41)	73.56 (11.35)	- 2.487*
Confidence in decision making about when to contact a specialist	65.11 (25.51)	74.52 (15.73)	- 1.886
Effectiveness of general interaction with children/young people	75.04 (12.97)	76.54 (12.27)	- 0.710
Effectiveness of managing troubling behaviours of children/young people	64.41 (17.89)	73.74 (12.65)	- 3.068**
(reassured) “Doing the right thing” with children/young people	71.96 (16.11)	77.44 (13.45)	- 2.713*
Worry about troubling behaviours of children/young people	36.93 (25.07)	40.26 (22.43)	- 0.617
Worry about getting things wrong with children/young people	38.67 (23.77)	49.30 (26.09)	- 1.887
Feeling supported in their frontline work with children/young people	67.11 (19.26)	76.33 (16.47)	- 2.368*
Feeling equipped to do the frontline work with children/young people	70.30 (15.06)	72.81 (15.75)	- 0.858

* $p < 0.05$, ** $p < 0.01$

A within-subjects t-test was conducted for each scale. The results show that there was significant increase in understanding of troubling behaviours over the 2-3 months that the workers were using the toolkit. Furthermore, both the workers’ confidence and effectiveness when managing troubling behaviours increased significantly (but not their confidence and effectiveness when interacting with young people in general). Finally, frontline workers also felt significantly more reassured and supported after using the toolkit for 2-3 months.



Appendix B: Comments from the Questionnaires

The written comments made by the participants in the questionnaires are included in this appendix. The comments have been grouped according to general themes to make this section more readable. Some of these themes (marked with a *) were specific questions on the questionnaires and others have emerged from the general comments that were made. Each comment is only included once, even though numerous comments could be included under multiple sub-headings.

A number of participants made comments to explain or justify specific answers; these comments are not included here as they can not stand alone. Similarly, comments that referred to the personal or professional background of a participant are generally not included to ensure anonymity.

General Comments

General positive comments:

“The toolkit – extremely well named”

“I am glad of any help, advice, etc. which will help me help any child in my care”

“I think the toolkit is an excellent resource for workers and carers”

“This is a great tool, I wish I had used this earlier – this is a tool I will now use a lot”

“I already have knowledge of young people’s mental health issues and previous training. I think the site would be even more helpful for workers without such background”

“An excellent resource for newer carers or for those who have come across a particular unusual behaviour which they are unsure of”

“It is a very informative site which to a lesser or greater degree can be useful to everyone regardless of ability or profession”

“It is an invaluable reference source to dip into as required”

“It gives me different opinions to look at”

“Very useful resource”

“The toolkit is full of information which I hope to use more in the future”

“The toolkit is a brilliant second opinion”

General negative comments:

“Very slow to open, had to give up a few times and have not managed to use the site as much as I would have liked, but I work for a local authority and sometimes the server is not working”

“I did not find that the toolkit was my first point of call. I prefer to speak to people”

“I have read the information, but I feel it is just literature”

Comments made prior to using the website (baseline questionnaire):

"I am looking forward to using the website as a second opinion. It will be nice to continue having my own thoughts about a particular child and their behaviour but it will be reassuring on my part that I can pull up your page on my computer and know that how I am dealing with the situation is considered ok and good for the child by someone else"

"I will look for this information now and pass this website on to my friends"

"There is always doubt about "have you handled things correctly?", but the biggest issue is not with how I handle the children, but the parents"

Toolkit content and design

Content:

"Really liked the "things to think about"

"I found exactly what I was looking for and it will be really helpful and relevant"

"The toolkit is very easy to use and informative"

"The site is very easy to navigate, the language is jargon free and easy to understand and overall doesn't feel or appear to be medical"

"I think the depth of information is just right, there's enough to give an understanding and advice, with the acknowledgement that some young people will need specialist support"

"It is easy to use and well laid out"

"I feel the site is easily accessible and has a wide range of useful info"

"It is very easy to use and being topic driven makes it easier still"

"I found it excellent – the right amount of information, easily arranged and accessible"

"Personally I did not find a lot of new information, but the toolkit holds all I would need to know for my current contact with children and young people"

"I think the information is very good"

"I found the toolkit easy to use and understand"

Layout and Design:

"The look of the site, including the images and especially the uplifting quotes contributes to a hopeful and positive presentation"

"I really like the fact that the toolkit is interactive and visual so that it is easily accessible to everyone"

How the toolkit could be used

Referring other people to the toolkit:

"As an organisation that responds to enquiries from carers and colleagues, this resource would be my first choice to refer people for further information"

"I think this is a very good toolkit and I do recommend it to people, especially non professionals like parents or family or friends"

"I am no longer working directly with children, but I am encouraging foster carers to use the information to assist in their care/management of the children placed with them"

“Great resource to direct colleagues and friends to”

“Very useful site to recommend to parents/carers and colleagues/students”

“I have passed the info on to colleagues and carers”

“The toolkit helped a friend of mine with her boy. He was starting to behave differently. I told her about the toolkit and she found it very useful”

Using the toolkit as a support or training tool for others:

“I looked at the toolkit as a possible support for the team I lead in their work with children and young people”

“I am finding the toolkit very helpful in working with students. Being able to print pages to use as required”

“This is very useful information that I have used to introduce students and colleagues to the site, to enable them to access the information for support, advice and to use on projects. I will continue to use the site as the need arises and for new colleagues and students”

“I have been able to help staff who work with children and young people by referring them to the toolkit”

The effect of the toolkit on the frontline workers (including attitudes*):

“Made me far more aware of the wider variety of issues and situations which affect children and young people, rather than staying in my comfort zone of familiar situations”

“More understanding. I feel more equipped to deal with these children”

“A really useful website which has raised my awareness of wider issues affecting children and young people – “light bulb” switching on effect of things I had never really considered in great depth”

“More understanding and awareness of their needs”

“I think the website could be very useful in helping carers take responsibility for addressing troublesome behaviour – help improve skills and confidence by suggesting strategies, etc...”

“The toolkit is helpful as a constant reminder of using good practice and using reflection which can often be forgotten”

“A lot of what I feel and think is common sense, but it is good to read up on other people’s views. It helps me when dealing and talking to a young person”

“I would access the toolkit for information and reassurance and seek intervention and support from other agencies”

“I was reassured by the information that I read that I was doing ok”

“It helped reassure me that what I am doing is correct”

“Because of the information gained I have a better understanding of behaviours and a more positive attitude towards it”

“I now look through a behaviour and find out more about a problem”



The effect of the toolkit on the young people

Relationship with the young person*:

"I feel more confident and that has had a knock on effect"

"The child thinks that because I have backed off about a particular problem, they can do what they like as long as they don't get caught"

"I have a better relationship as I understand the causes more"

"We have a better relationship due to a more open minded approach"

"The young people seem to be reacting positively to my increased confidence – we are forming stronger bonds and clearer expectations of each other"

"We compromise more"

"The child is much calmer and I'm able to discuss problems with him"

"I am finding it easier to interact and relax in the company of young people"

"I have been able to deal with behaviour problems with my own son"

"I felt reassured that what I was doing was right. This confidence was passed to the child, the child started to speak about what was on his mind – no need for behaviour problems. He could tell me what was wrong. The toolkit had a knock-on effect"

Help given to the young person*:

"Reinforced the importance of good communication"

"Via the carers that I have referred to the website"

"More strategies and understanding"

"I now feel I can give some advice and prevent inappropriate behaviour better"

"Being more confident within myself when relating to the child"

"I feel I have explained more how I feel. I understand how they feel. We can and will share feelings and work together"

"Making the child more responsible for their own actions"

"I think that I am now using more "child friendly" words when explaining things to the young people I work with"

"As a result of me being calmer, I have been able to help him more by "not losing the plot""

"I am able to have more confidence in having one to one with young people"

Behaviour of the young person*:

"Calmer, less challenging behaviours"

"Early days, but the young person is responding well"

"Some of them will listen and try to show more respect"

"I feel they speak more on feelings, sadness, joy, hurt, etc..."

"He is less agitated and anxious since new regimes have been implemented"

"They are more at ease in my company"

Suggestions for improvement

General comments about things that could be improved:

"Perhaps too little detail – could provide links for further information/reading"

"It would be useful to have references for further in-depth information via website or recommended literature"

"I think there could be more strategies to help prevent the topics in the toolkit"

"One to one contact with a person to discuss individual worries is more effective for me"

"More practical suggestions"

"Further references, for times when more information is required"

"Ways and strategies to combat the problem"

"More info for pre-school children"

"Most carers find children come with a range of difficult behaviours. Advice on dealing with multiples of these may be helpful"

"I would like to find information that is more detailed and perhaps need the latest research of info relating to children and young people"

Things that are missing from the content of the toolkit*:

"The only thing I would add is some kind of basic monitoring tool so that it will be easier for parents etc. to see how the toolkit is working and what difference it is making"

"A forum to discuss with other frontline workers possible responses to specific questions"

"Help with behaviours that are "on purpose""





Appendix C: Comments from the Logbooks

The comments which participants wrote in the logbooks are reported below, including feedback on the individual sections of the website. Participants generally specified which topics they had looked at. Some participants reported that they were “just browsing” the website on various occasions. Only comments relating to opinion are reported here. Comments that just said which sections were looked at are not included in this list.

General comments:

“I have recommended it to others”

“It has lots of useful info, but the good thing is that you can go from area to area easily, instead of having to keep browsing the net for information”

“User friendly”

“I was really impressed with the ease of access. I forwarded the site to my organisation and other contacts”

“Thank you! I shall use this site whenever I need ideas or support”

“Looked very good”

“Easy to use”

“Printed some topics out and will incorporate them in care plan module”

Comments relating to specific sections

Anger/Aggression:

“Really liked the video descriptions, they are very user friendly”

“Another good area. Useful information”

“Very useful, although brief”

“Well set out and easy to navigate”

“I’m looking at this regarding a particular child. I will definitely refer my colleague to this section for them to get further information about this child’s difficulties”

Anxiety:

“Particular interest to me as the child we look after is extremely anxious”

“Useful information, good advice provided”

Confidence/Self esteem:

“Helps to differentiate between young people – those with high and low self esteem”

“Helped me by giving information on what not to say to someone being bullied”

Eating and Drinking:

“Videos in this section are useful”

Habits/Obsessions:

"Printed off info"

"Really sound advice"

Life Events:

"Got some good information and ideas to use with young people"

"Some very helpful points. Used this site to pass on information to students who were suffering bereavement on behalf of a fellow student"

"All very informative"

"I found the information useful, but some could be more fully explained, e.g. "heaven is not in the sky" (I needed a colleague to further explain this)"

Overactivity/Inattention:

"I had done extensive reading on this subject so found the info not so informative"

"Lots of children with these difficulties on my case load"

Sadness and Fear:

"Easy to use and understand"

"Much info seems to be repeated from other sections but this helps with the navigation of the site"

Self-harm:

"Information helpful, it gives a clear understanding of self-harm and also useful hints on how to support a person who is self-harming"

"Good bullet points. Informative and simply written"

"Some useful parts for consideration and ways of thinking about self-harm"

Sexual Issues:

"Great part of the site – really practical advice which could easily be applied by professionals involved in care"

Sleep:

"Very useful but further references would be useful"

"Introducing student nurse and staff to the website"

"Gave me a few ideas for a client I am concerned about. Stuff on site may be aimed or seemed to be aimed at a younger age though"

"Very practical solutions to a common problem"

"Useful and relevant information"

Toileting:

"Good advice, nice layout"

"Introducing student nurse to the website. Student used material for her project"

"Felt that the info was fairly similar to previous info, but still useful"

Unusual Behaviours:

"Lots of useful information"

"Introducing student social worker to the site to use for reference in his work"

"Bizarre ideas and beliefs section was helpful. Supporting young people with bizarre beliefs is a specialist task. There is information on what not to say and how not to respond, but information, or examples, on what to say and how to respond at the time would be helpful"

"Some great ideas to progress with a young person"

"Very relevant to some children on my case load – I will use this section regularly"

Techniques:

"Watched video clips – really useful if you don't have any experience of counselling techniques"

"Very easy to navigate and good information"

"Directed colleagues to solution focussed section of the site"

"Lots of novel ideas"

"Really practical advice – will use of these techniques in my work"

