Think Family: Training for practitioners in the male prison estate

**Evaluation**

|  |  |
| --- | --- |
| **Training date** |  |
| **What is your job title?** |  |

|  |
| --- |
| ***For each area, please rate your knowledge on the subject before and after the training:*** |
| Understanding **why** it is important that we support prisoners to maintain family ties | Before | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| **After** | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| Understanding the impact of imprisonment on families in the community | Before | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| **After** | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| Understanding what support prisoners might need to maintain family ties | Before | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| **After** | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| Understanding what this prison is already doing to support a Think Family approach | Before | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| **After** | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| Knowing how to use a Think Family approach in my own work | Before | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |
| **After** | 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 |

|  |
| --- |
| ***Please rate how much you agree / disagree with the statements below by ticking in the appropriate box:*** |
| **Statement:** | **Strongly disagree** | **Disagree** | **Agree** | **Strongly agree** |
| I was well engaged during the session | ⃝ | ⃝ | ⃝ | ⃝ |
| My learning was enhanced by the facilitator’s understanding of the topic | ⃝ | ⃝ | ⃝ | ⃝ |
| I was given opportunities to have my questions answered | ⃝ | ⃝ | ⃝ | ⃝ |
| On the whole, I enjoyed the training session | ⃝ | ⃝ | ⃝ | ⃝ |
| I intend to apply the training in my work | ⃝ | ⃝ | ⃝ | ⃝ |
| If asked, I could give a specific situation where I intend to use the training in my work | ⃝ | ⃝ | ⃝ | ⃝ |
| My organisation will support me to apply this training in my work | ⃝ | ⃝ | ⃝ | ⃝ |
| Please use this space if you’d like to explain any of your ratings: |  |

|  |  |
| --- | --- |
| Do you have any other training needs in relation to Think Family working? Please provide details. |  |

|  |  |
| --- | --- |
| Any other comments on the training? |  |

**Many thanks for completing this evaluation.**