



Young Person Experience

Thank you for taking part in writing down your experience of your parent doing the STOP Programme. We will use this information to inform our funders. NO personal names will be given.

Your Initials:

Your Age:

Reason why you think your parent wanted to attend a STOP group:

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What was the experience of them coming to the group like for you?

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What do you think your parent got out of the group?

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What changes have you seen in yourself/family?

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What do you think we could do differently in the group and what could we add to the group?

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What message would you like to give to funders about the group?

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What message would you like to give to other parents who are thinking about attending a group?

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