Discussing Drugs and Alcohol with Young People

Year 1 - Further Evaluation

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February 2018

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Abstract

Background

Within *Discussing Drugs and Alcohol with Young People, Year 1 Report*, a recommendation was to conduct further research into the level of impact that the training has had for participants in practice. It was anticipated this would gain examples of good practice and highlight suggested improvements to the course.

Methods

A survey was designed and disseminated to participants who had completed the training, along with a covering message, via their email address. The survey was shared in August 2017 and was open for nine weeks. Two reminders were sent within this time frame.

Results

Of the 175 that were invited to complete the survey, 50 replied to the survey. This is a successful response rate of 29%. Confidence in applying skills is high, with over 60% feeling confident or very confident. 82% of responders have delivered brief interventions to young people. Young people's skills are highlighted in qualitative feedback, including empowerment, autonomy, reflection and resilience. Most responders have not utilised the *Highland Substance Awareness Toolkit*, or receive the associated quarterly newsletter. However, those that have find it useful. The course would be recommended to others by the vast majority of responders; 92%.

Conclusions

The successful response rate identified high confidence in delivery of skills in practice, with examples of use of these skills with young people, and subsequent positive outcomes. Recommendations for future developments will evaluate more comprehensively and further encourage Highland Substance Awareness Toolkit use.

1. Introduction

Within *Discussing Drugs and Alcohol with Young People, Year 1 Report* one recommendation was to conduct further research into the level of impact the training has had for participants in practice. It was hoped this would also identify examples of good practice, while highlighting suggested improvements to the course.

1.1 Aim

The aim of the further evaluation was to identify the extent to which brief interventions regarding alcohol and drug use to young people were occurring following training the Year 1 participants, who had had at least six months to implement skills and knowledge, guided by the Kirkpatrick model of evaluating training programmes.

1.2 Objectives

To identify:

- Confidence level in skills application
- Good practice examples
- Use and usefulness of resources to support learning
- Extent of implementation of Three Actions
- If *Discussing Drugs and Alcohol with Young People* is recommended by participants

1.3 Kirkpatrick's Four Level Model

Kirkpatrick's four levels to evaluate training programmes model considers a range of levels of evaluation, beginning with *reaction* to training. Second level evaluation considers *learning* and the meeting of course learning objectives. The third level focus upon *behaviour* change as an output. The fourth level measures *results* as a direct impact of training.

In order to ensure evaluation of *Discussing Drugs and Alcohol with young People* (DDAYP) is structured and informed, mapping against Kirkpatrick's four level model for evaluating training programmes was conducted. This model will also inform continuing evaluation into the DDAYP training delivered in Highland.

2. Method

Following consultation with the *Public Health Support Officer* from the *Epidemiology & Health Sciences* team, a survey was designed [Appendix 1] and disseminated via email to the 175 participants who had completed the *Discussing Drugs and Alcohol with young People* (DDAYP) training evaluation. The *Discussing*

Drugs and Alcohol with Young People: course follow up evaluation survey was introduced by a covering note as follows:

> *Dear colleague,*
>
> *Thank you for being a participant on a 'Discussing drugs and alcohol with young people' training course.*
>
> *Now that some time has passed since you attended the training we'd like to gather some further information about your experience, any opportunities you have had to apply your learning, and also how confident you feel about this. We'd really appreciate if you would complete our short survey.*
>
> *Your responses will help us ensure the training meets our aims, and your experiences may be used to promote the course. The responses you provide will be treated confidentially and presented anonymously.*
>
> *Many thanks in advance*
>
> *Eve and the 'Discussing drugs and alcohol with young people' trainers*

Participants were first invited to complete the survey on the 28th August 2017. Two reminders were sent; 19th September and 4th October, before the survey was closed on the 31st of October 2017. The survey was open for nine weeks.

2.1 Sample and Response Rate

Of the 209 participants who completed the training course, 191 participants were asked to complete the standard evaluation form. 175 participants responded; a response rate of 92%. Of the 175 that were invited to complete the follow up survey, 59 replied to the survey. This is a response rate of 34%. However, following the initial survey question, nine responders exited the survey. Removing these nine gives a 29% response rate, which is considered successful (Survey Monkey, n.d.). Despite achieving a successful response rate, other factors may have impacted upon achieving a higher response rate. Firstly, as the training occurred from April 2016 to March 2017, and some time had passed before the survey was shared in August 2017. In addition, there was no incentive for participants to complete the survey, such as completion generation of a certificate of attendance. It is also worth considering that responders of the survey may have had a more positive experience of transferring skills and knowledge from the course into practice and so the potential for bias may exist.

2.2 Analysis

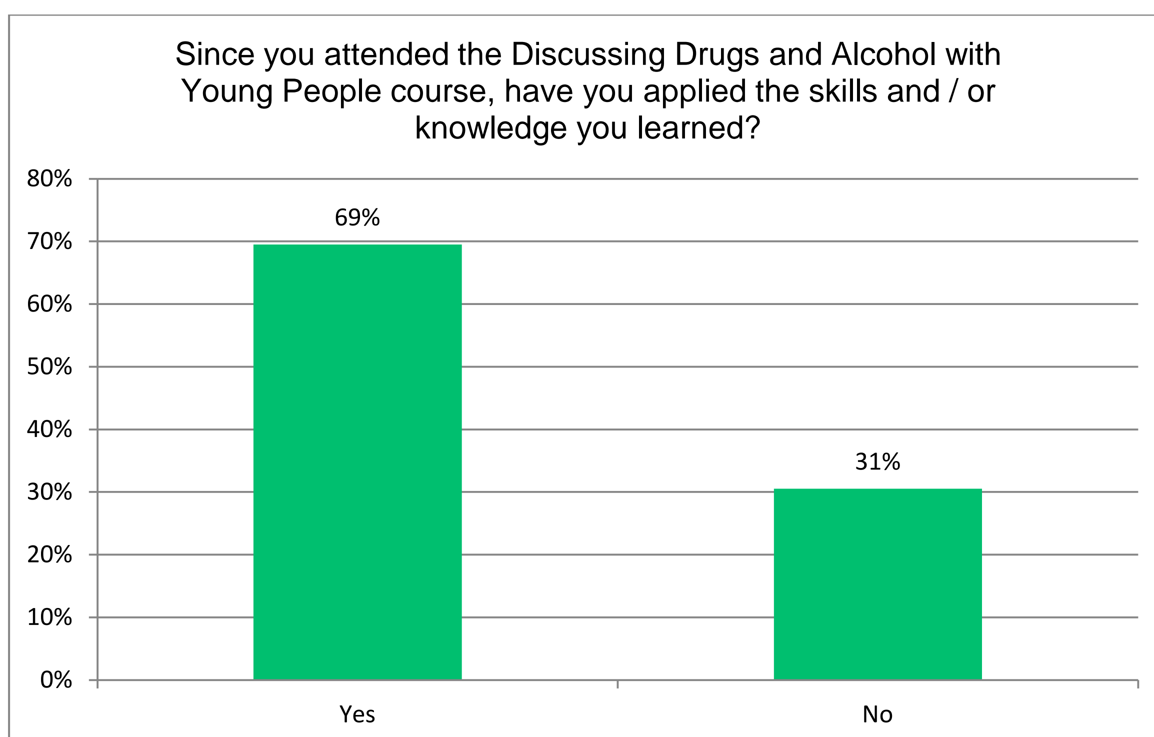
Quantitative data were aggregated providing overall feedback from the survey, while qualitative data was grouped and themed to provide insight into the responders' experience. Examples of qualitative feedback will be shown in italics, indented and in purple font.

3. Results and Discussion

3.1 Opportunity to Apply Skills and Knowledge

The first question within the *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey asked whether or not participants had applied the skills and / or knowledge gained from the course. This was a mandatory question hence all 59 responders answered, as shown in figure 1.

Figure 1: Application of skills / knowledge



The majority of responders (69%, 41) had used skills and knowledge from the course in practice. Those that answered 'No' to this question (18 responders) were then asked to give a brief reason as to why the skills or knowledge had not been applied. All 18 responders provided an answer in this free text space. The most frequent barrier to applying skills and knowledge were as follows:

- Situation had not arisen[1]
- Competing work pressures
- Lack of knowledge and experience to apply knowledge and skills.

The following questions within this section were only asked to the participants who stated they had applied the skills and knowledge from the course at the course (69%, 41). However, nine responders answered 'Yes' in Question 1 then exited the survey, and so no further questions were answered by those responders. These nine will not be included in further analysis, bringing the total number of responders to 50, 32 of which had applied skills and knowledge following the training.

3.2 Impact on Practitioners Learning and Behaviour

Of the responders who had applied knowledge and skills in practice, 28 of the 32 (87%) provided experience within a non mandatory free text section. Some typical examples of anonymised case studies are provided to illustrate impact:

"working with young person who was beginning to have regular weekend drinking while in company of others [using] cannabis. Did work on looking at units of alcohol and body`s ability to process alcohol. [Young person] stated they had learnt from this and would be more unit aware. Looked at reduced ability to make safe choices when under influence in particular drug taking."

"Asked client about what they drink , how much and how they can put in place a strategy to keep them safe when drinking [young person] suggested they could be the driver for the night [or] they could order taxi and leave when it arrives"

"I have supported a young person who was using high amounts of cannabis and in some cases, Valium. Not all staff were confident in asking the young person about whether or not she had used them. I approached the subject with her and at first she denied it but then later spoke with me and over a number of weeks of this happening the young person now feels comfortable around this subject and will tell me honestly when she has had a smoke and more importantly when she wants one or when she feels like taking Valium. This is a massive step forward and has enabled me to support her to make better choices and to discuss the effects of using these substances and she is managing to reduce her use."

These examples highlight open, collaborative conversations that have occurred around alcohol and drugs, and reducing associated harm from these. Responses showcase trainees' skills: confidence, non judgemental, informed, empathetic, and motivational.

[1] This explanation was provided as an example answer and may have informed this response.

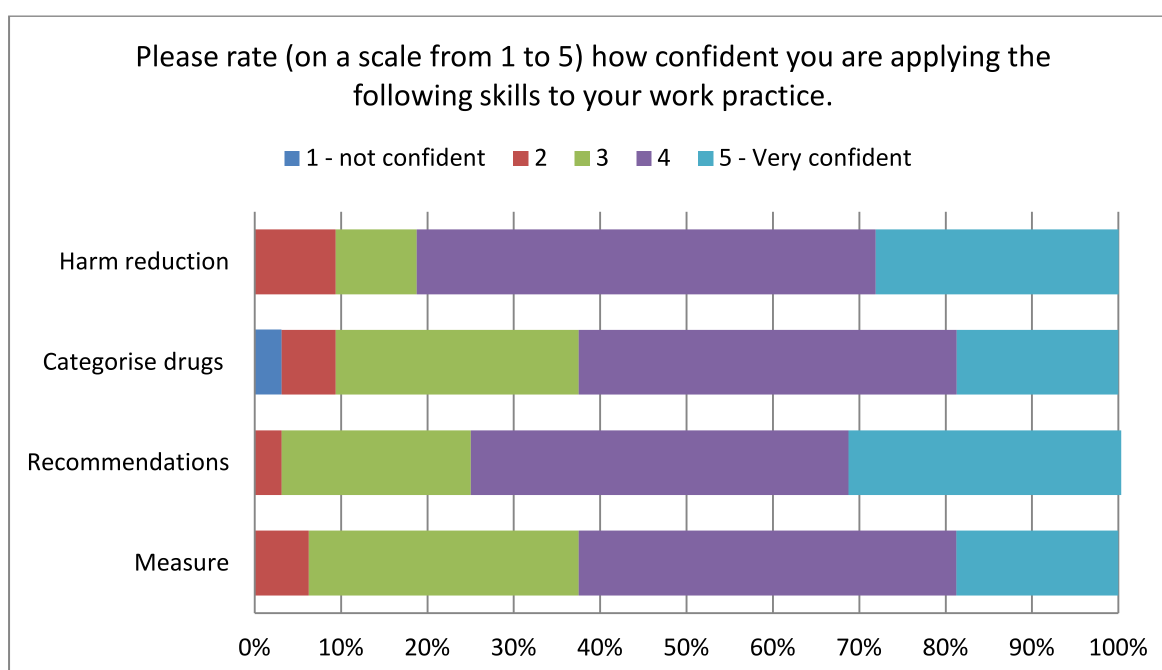
3.3 Confidence in Applying Brief Interventions

The following two questions repeat the DDAYP post course evaluation questions. The first section asks participants about their confidence to apply particular skills to their work in practice. These include;

- Being able to measure alcohol being consumed by individuals
- Explaining low-risk drinking recommendations to individuals
- Categorising drugs (stimulant / depressant / hallucinogenic)
- Delivering a harm reduction message in relation to drugs and alcohol

All 32 remaining responders answered this mandatory question. Results are shown in figure 2.

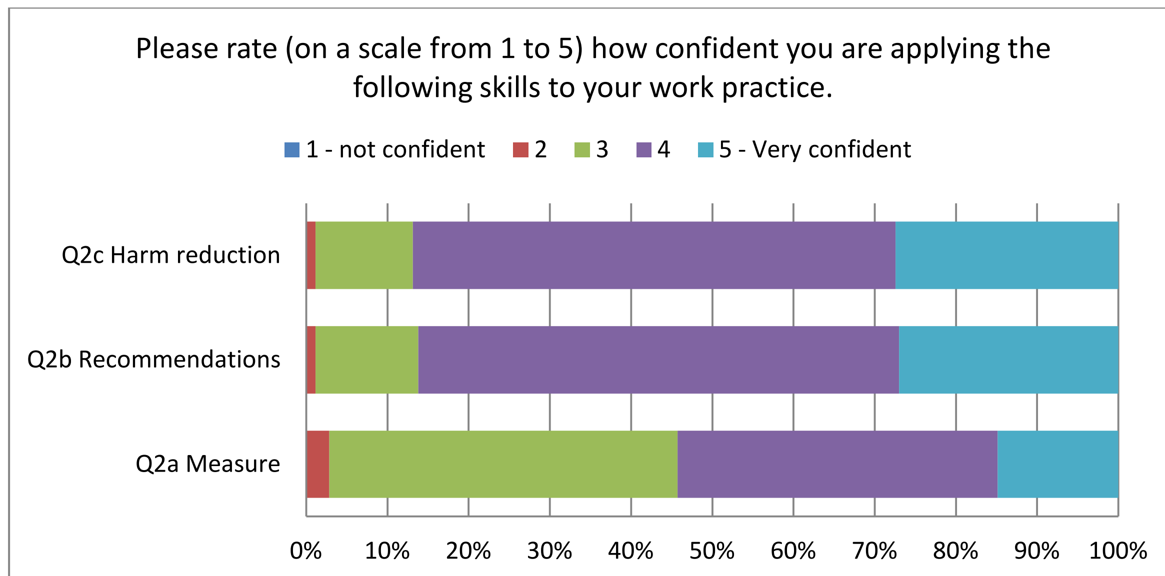
Figure 2: Skills Application



The majority of responders, over 60%, are confident or very confident to apply these particular skills in practice. Following the Year 1 Report, Q2a which concerned measuring alcohol and drug use was divided into two questions; measuring units and categorising drugs, to better reflect course content. It was anticipated that having both alcohol and drug use in the same question was clouding the true reflection of feedback, as often drug categorisation is new to participants. The results in figure 2 show less confidence regarding drug categorisation than measuring units, as anticipated. Drug categorisation was the only skill which recorded a ‘not confident’ allocation, scored by one responder. Most confidence is expressed regarding providing harm reduction messages. Comparing these responses to those given in the post course evaluation (figure 3) show that confidence levels have decreased

slightly over time regarding recommendations and harm reduction. However, the two cohorts may not be truly comparable.

Figure 3: Skills Application Year 1

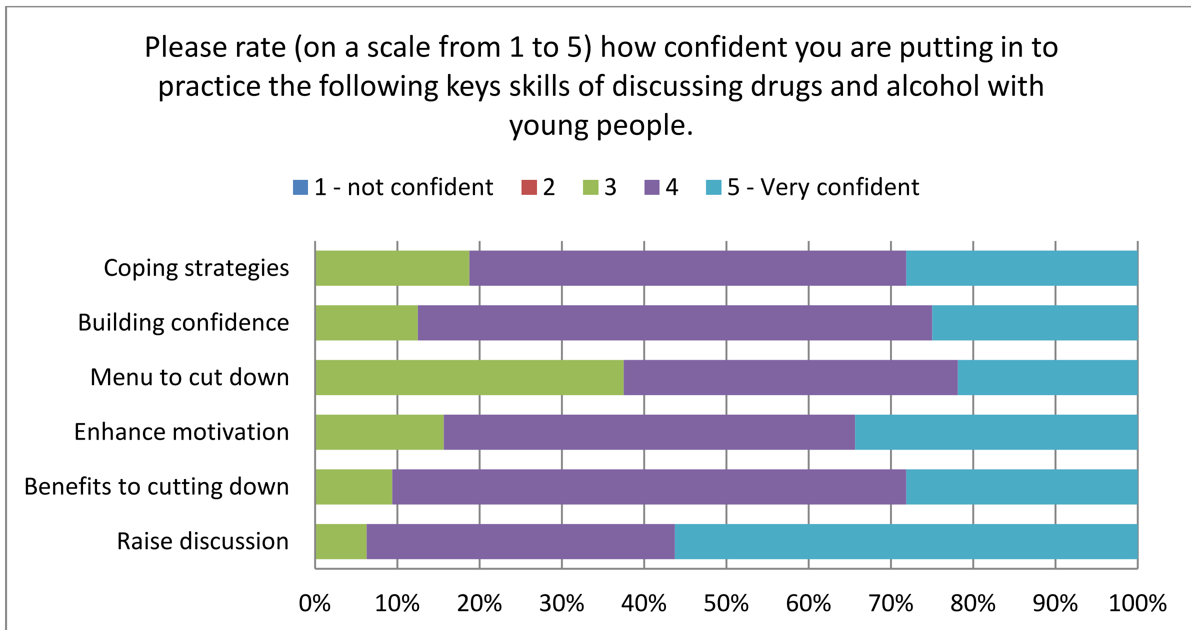


The second section of questions repeated from the post course evaluation considers participants confidence in putting into practice certain key skills of discussing drugs and alcohol with young people, as follows:

- Raise discussion about drugs and alcohol as an issue
- Provide information and advice on risks and benefits of cutting down
- Discuss advantages and benefits of change to enhance motivation
- Provide a menu of options to those who wish to cut down their drinking and or drug use
- Build the confidence of service users in their ability to make changes
- Support individuals to develop coping strategies

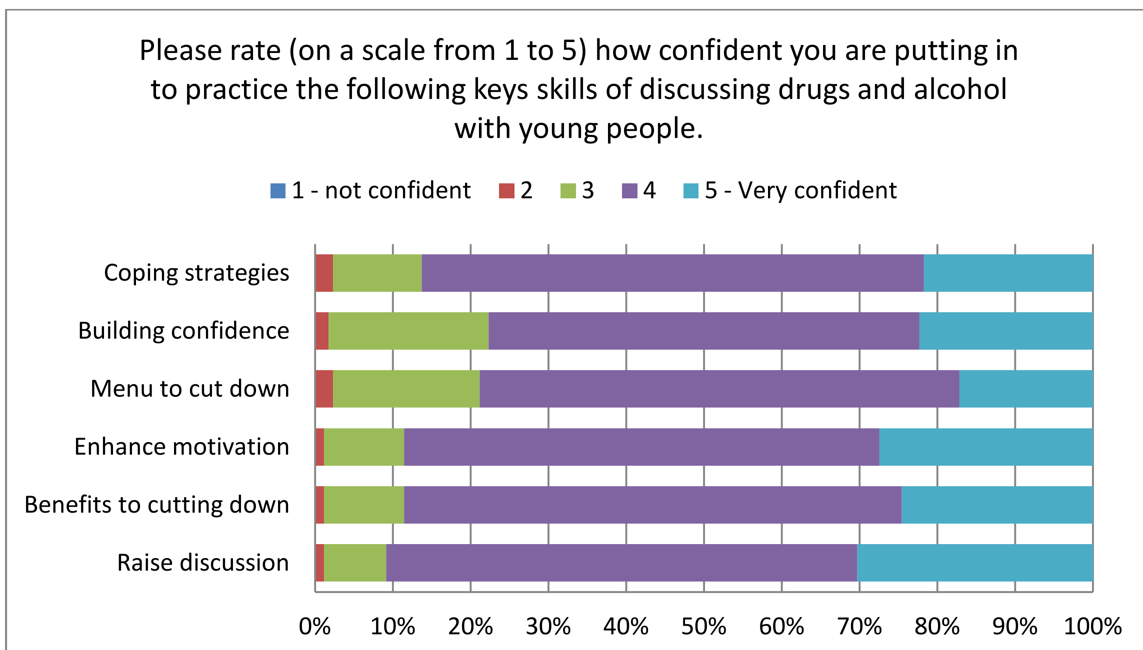
All 32 remaining responders answered this mandatory question, as per figure 4, which highlights that the majority of responders, over 60%, feel confident or very confident to use certain key skills in practice. Over 90% of responders felt confident or very confident to raise the discussion. This may be due to more experience of beginning the conversation, which would happen on each occasion. The lowest level of confidence was associated with providing a menu of options to cut down. It may be this response is appropriate less often than the other options. Compared to participants from the post course evaluation (figure 5) there is a noticeable difference between the two sets of data. Figure 5 shows that over 70% of participants felt confident or very confident following the course. Confidence levels have decreased over time for providing a menu of options to cut down, yet confidence levels have increased over time related to raising the issue.

Figure 4: Key Skills



As already highlighted, far fewer people completed the survey compared to the post course evaluation: 29% and 92% respectively. However, it is to be expected that the majority of participants complete post training evaluation, with a lower response rate for follow up evaluation. Yet, confidence levels have remained high. In neither evaluation did responders score a 1 for ‘not confident’. In the follow up evaluation, no responders scored themselves a 2 either, although a small percentage scored a 2 in the post course evaluation (figure 5). This higher confidence may reflect motivation to use skills in practice, and also complete the follow up evaluation.

Figure 5: Key Skills Year 1



When asked in what ways the application of brief intervention skills benefits young people, 28 responders (87%) answered this non-mandatory question. Many of the responses highlighted increased knowledge subsequently increased their confidence to be able to discuss drugs and alcohol with young people. Specific examples of applying brief intervention skills included:

“It allows [young people] to have conversations without feeling judged, that they make their own choices about moving forward with their issues rather than being told”

“The [young people] now feel confident to say no I’ve had enough thank you and to stop and think and assess the situation without feeling threatened”

“It has taken the "taboo" out of having these conversations and has really helped to build and develop trust. This has really benefitted the young people I have engaged with round this topic as they now feel they have someone they can go to for support with these issues without being judged”

“Being able to let them open up about what they are using has helped them to reflect on their own use and how much harm or otherwise it is having.”

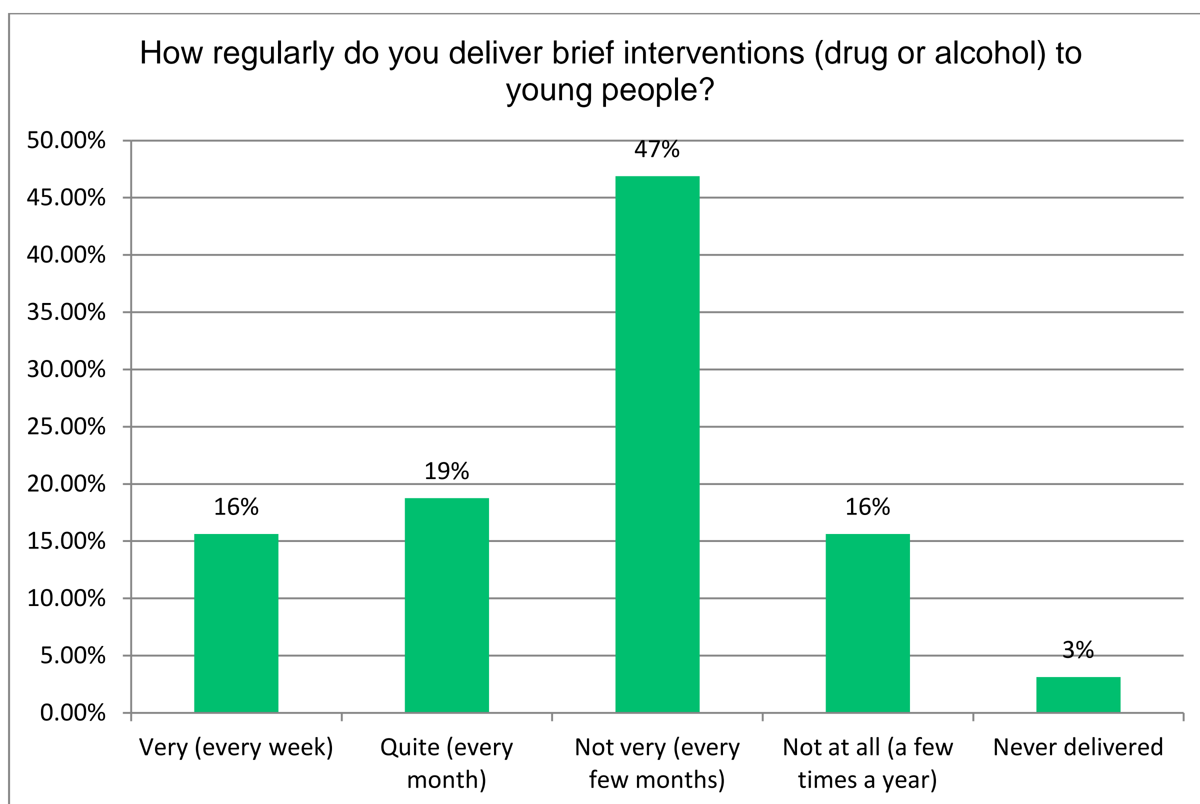
Furthermore, responders identified skills within young people including:

- Empowerment
- Autonomy
- Reflection
- Resilience.

3.4 Frequency of Delivery

Participants indicated how often they delivered brief interventions, as shown in figure 6. All 32 eligible responders answered this mandatory question.

Figure 6: Brief Intervention Frequency



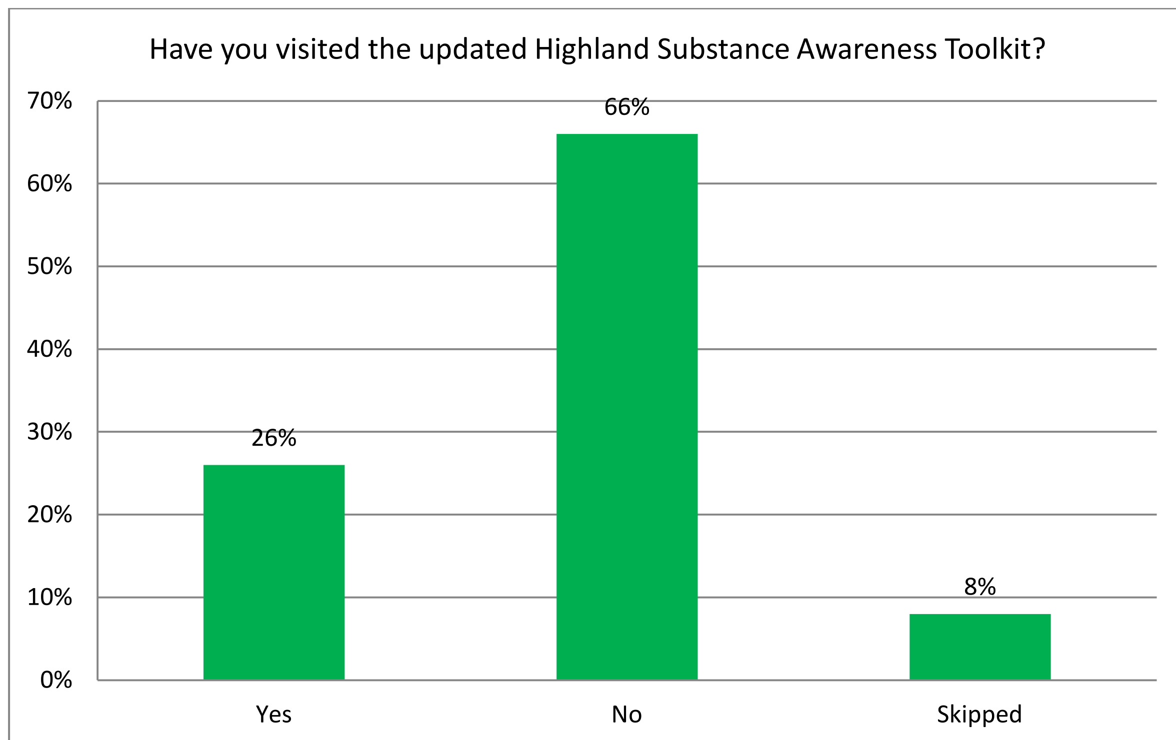
The majority of responders have delivered brief interventions. Although, for most this seems to be sporadic: for others this is a more frequent occurrence. This may reflect the variety of professions, with differing proportions of time spent with young people, who attended the training. One responder had applied skills and knowledge from the course; however this had not yet translated into delivery of a brief intervention.

3.5 Utilising Resources to Support Learning - The Highland Substance Awareness Toolkit

The survey then progressed onto questions regarding the Highland Substance Awareness Toolkit (H-SAT), a resource that is highlighted within the *Discussing Drugs and Alcohol with Young People* training session. All 50 responders were asked if they have visited the Toolkit; 46 responded as per figure 7.

The majority of responders had not visited the H-SAT, despite this being highlighted within the training as a supporting resource for professionals, parents / cares and young people.

Figure 7: Highland Substance Awareness Toolkit use



3.6 Usefulness of Supporting Resources

Participants were then asked how useful they found the H-SAT. 40 responders answered this question with 10 responders skipping, as in figure 8.

Despite the majority of responders not having visited the H-SAT, for those that have all but one found it very or quite useful. There was also the option to provide suggestions for improvements at this stage. Six responders offered ideas, including a potential need for further promotion. Unfortunately, some responders were not able to access via their work computers. Three responders that had not visited the H-SAT stated they would now visit the resource having being prompted.

Participants were also asked if they found the newsletter that comes from the Toolkit useful. 41 responders answered this question as per figure 9.

Figure 8: Highland Substance Awareness Toolkit usefulness

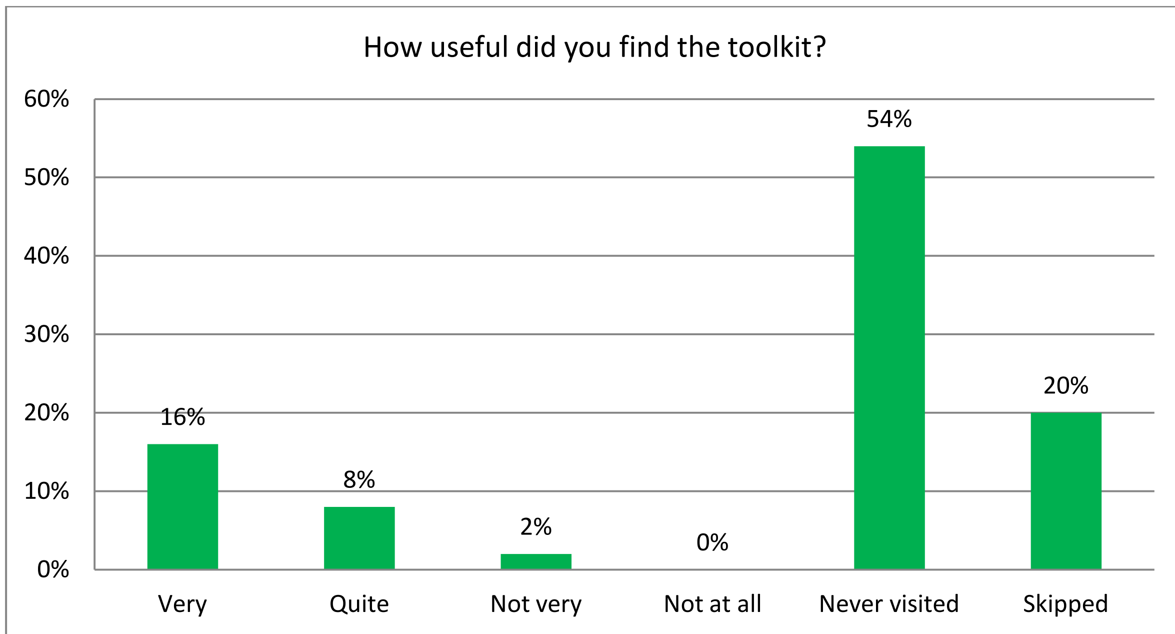
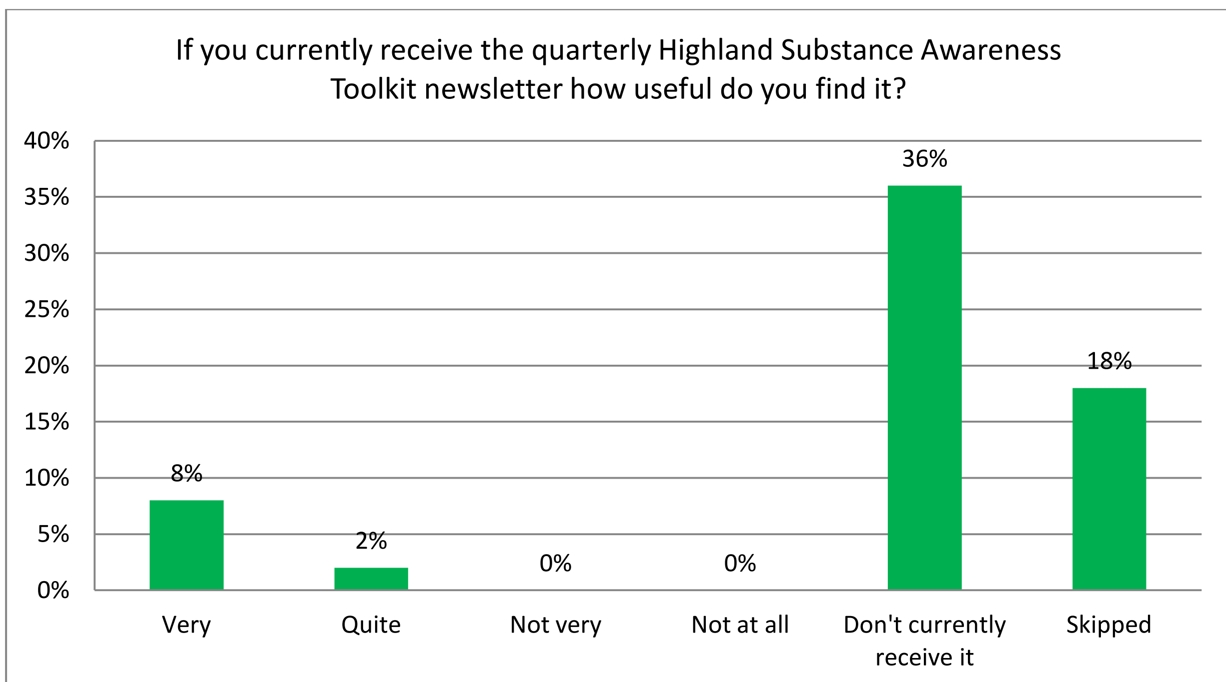


Figure 9: Highland Substance Awareness Toolkit newsletter usefulness



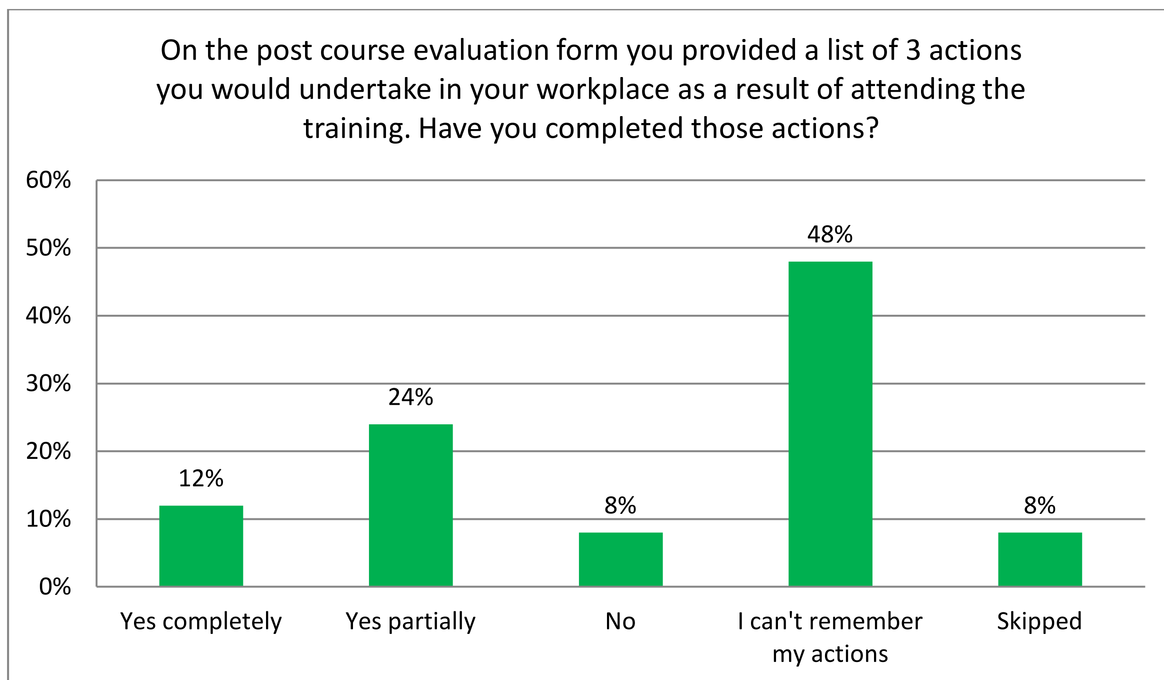
As most responders had not visited the H-SAT, it is unsurprising that the majority were not currently receiving the newsletter. However, the responders that do receive the newsletter find it useful. Again, there was the option to add suggestions for improvement at this stage. Two responders gave information, one highlighting the issue of remoteness when it comes to accessing further training, and another who

would like to receive the newsletter. Within the survey, a link was provided to sign up to the newsletter.

3.7 Three Actions

The survey then asks participants about the three actions they stated they would undertake within the post evaluation form. 46 responders answered this question, as shown in figure 10.

Figure 10: Three Actions

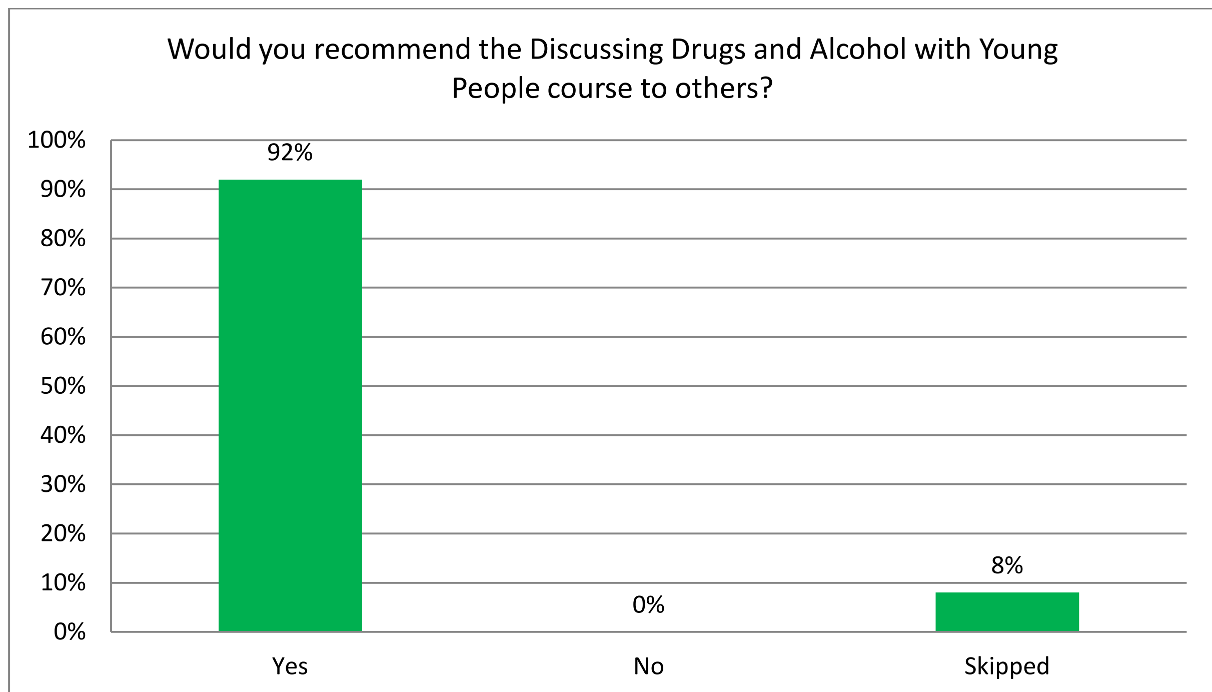


As anticipated, the majority of responders could not remember their actions. However, of the responders who remembered their actions, most had completed them, at least to some extent. A potential additional question might ask responders about examples of completed actions.

3.8 Recommendations

The final quantitative question asked participants if they would recommend the course to others. 46 responders replied, as per figure 11.

Figure 11: Course Recommendation



Although all the responders who replied to this question would recommend the course, there is potential that the responders that skipped this question would not recommend the course but did not want to provide this as a response.

3.9 Additional Evaluation

Participants were asked if they had any suggestions for improvement of the course. 9 responders answered. Most comments were complementary of course delivery and content, although one suggestion for improvement was to allow more time for discussion.

The final two questions asked if participants would be willing to aid with further evaluation. 15 responders were interested in working in conjunction to gain views of young people who have received a brief intervention about drugs and / or alcohol. 16 responders gave permission for their line manager to be contacted regarding the impact of the training in practice. Finally, participants were offered to leave any other comments, with six responding. The most common suggestion was for update or refresher training.

3.10 Kirkpatrick's Four Levels to Evaluate Training Programmes

During this additional evaluation process, use of Kirkpatrick's evaluation model was applied to further inform this work. The evaluation model allows training programmes to measure the effectiveness of the training using an objective approach. The four levels to evaluate training programmes are as follows.

3.10.1 Reaction

This first level gains knowledge on how participants feel about the training immediately after, and highlights necessary changes for improvement. The objectives of evaluation at this level are to measure course content, instructor ability, relevancy to participant's role, while showing participants their feedback can lead to improvement.

3.10.2 Learning

The second level involves measuring what has been learnt during the training. It's expected that without learning objectives being met, no behaviour change will occur in practice. Kirkpatrick (2007) suggests three possible objectives within training programmes:

- Acquire knowledge related to their role
- Learn new skills or increase present skills
- Change of attitudes

In order to measure these objectives, Kirkpatrick suggests evaluating knowledge, skills and attitudes before and after a programme, using the results to adapt the course. The use of a control group is also suggested; however this would not be practical for this course.

3.10.3 Behaviour

This third level of evaluation aims to measure the effectiveness of the programme and attempts to determine to what extent it has been practical. Behaviour evaluation also acts as reinforcement of new behaviours, and aims to ensure that participants apply what they have learned as soon as possible. Although, it is suggested to allow time for new behaviours to be used in practice before evaluation, 6 months for example (Kirkpatrick, 2007).

Methods of Behaviour evaluation include surveying or interviewing people who know and observe the behaviour, such as supervisors or peers, considering who is most appropriate to provide accurate information, most reliable, and most available. More than one source may be used to counter potential bias. In the *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey some responders agreed to young people or line mangers being contacted to provide further insight to inform this level of evaluation.

3.10.4 Results

The fourth level of evaluation measures results. It is assumed that if care has been taken to implement the training objectives, the results tend to occur naturally. Kirkpatrick (2007) suggests using measures that are already in place to evaluate results, and link those with the training. This level of evaluation is useful when demonstrating return on expectations.

Kirkpatrick (2007) highlights that it is illogical to evaluate Behaviour or Results, without first evaluating Learning. Behaviour is informed by knowledge, skills and attitudes which are needed to perform the role effectively. Although achieving level 1, DDAYP inadvertently skipped level 2 evaluation. Following a health improvement team training review, a generic but editable evaluation form has been suggested for implementation by the NHS Highland Evaluation Framework and Toolkit. This evaluation form achieves Kirkpatrick's levels 1 and 2, and so will be used in line with other departmental training courses. Subsequent follow up will consider this updated evaluation form. The *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey achieves Kirkpatirck's level 3 to some extent. Further work contacting young people and line managers will provide more effective level 3 insight.

4. Conclusion

A reasonable response rate identified high confidence in delivery of skills in practice, with over 60% of responders feeling confident or very confident at delivering skills learnt in the training course. Examples of use of these skills in practice with young people were identified by the survey, with subsequent positive outcomes provided by responders. Recommendations for future developments will evaluate more comprehensively, with inclusion of level 2 and completion of level 3 of Kirkpatrick's levels of evaluation. In addition, further effort to encourage Highland Substance Awareness Toolkit use will support and assist participants and young people alike.

5. Recommendations

Before repeating this process with 2017/2018 cohort of participants, consider question order, mandatory questions. Also consider methods to improve response rates, such as demonstrating to participants that additional feedback is a form of support, aiming to help improve skills, and anonymised participant feedback can help to improve future programmes. In addition, the act of doing a favour can help increase sample size, and stressing the importance of a 100% response (Kirkpatrick, 2007). Having a rolling further follow up programme will also act as a reminder of the training and its content. However, it's also worth considering if this process is worthwhile, if it does not fully achieve level 3 evaluation.

Consider refreshing the evaluation form, in particular regarding the 'three actions' section in order that participants are reminded of their actions. Consider alternative evaluation form, used for other courses delivered by the team. Ensure level 2 Behaviour evaluation is included.

Include a 'button' to the H-SAT on Highland Council secondary school computers and chromebooks, to increase awareness of the resource for young people, teachers and other school based professionals. Furthermore, ensure that Highland Council staff can access the H-SAT via their work computers.

Continue with further evaluation involving young people and line managers of responders, informed by Kirkpatrick's four levels of evaluation and NHS Highland's Evaluation Framework and Toolkit.

References

Kirkpatrick, D, L., and Kirkpatrick, J, D. (2007) *Implementing the Four Levels. A Practical Guide for Effective Evaluation of Training Programs*. San Francisco: Berrett-Koehler Publishers, Inc.

Survey Monkey (n.d.) *Survey Sample Size* [online]. Available from https://www.surveymonkey.co.uk/mp/sample-size/ [15th May 2018]

Appendices

Appendix 1: *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey

Discussing Drugs and Alcohol with Young People: course follow up evaluation

* 1. Since you attended the Discussing Drugs and Alcohol with Young People course, have you applied the skills and / or knowledge you learned?

- ◯ Yes
- ◯ No

APPLYING SKILLS / KNOWLEDGE LEARNED

2. Please give a brief anonymised example / case study of when you have applied the skills or knowledge you gained.

* 3. Please rate (on a scale from 1 to 5) how confident you are applying the following skills to your work practice.

	1 (not confident)	2	3	4	5 (very confident)
a. Be able to measure individual use of alcohol being consumed in units	○	○	○	○	○
b. Explain low-risk drinking recommendations to individuals	○	○	○	○	○
c. Be able to categorise drugs – stimulant / depressant / hallucinogenic	○	○	○	○	○
d. Deliver a harm reduction message in relation to drugs and alcohol	○	○	○	○	○

* 4. Please rate (on a scale from 1 to 5) how confident you are putting in to practice the following keys skills of discussing drugs and alcohol with young people.

	1 (not confident)	2	3	4	5 (very confident)
a. Raise discussion about drugs and alcohol as an issue	○	○	○	○	○
b. Provide information and advice on risks and benefits of cutting down	○	○	○	○	○
c. Discuss advantages and benefits of change to enhance motivation	○	○	○	○	○
d. Provide a menu of options to those who wish to cut down their drinking &/ drug use	○	○	○	○	○
e. Build the confidence of individuals in their ability to make changes	○	○	○	○	○
f. Support individuals to develop coping strategies	○	○	○	○	○

5. How do you feel applying these skills has benefited the young people you have engaged with?

* 6. How regularly do you deliver brief interventions (drug or alcohol) to young people?

- Very (every week)
- Quite (every month)
- Not very (every few months)
- Not at all (a few times a year)
- Never delivered

7. Please give a brief reason why you have not applied the skills or knowledge you learned (e.g. the situation hasn't arisen, someone else dealt with the situation etc.)

HIGHLAND SUBSTANCE AWARENESS TOOLKIT

8. Have you visited the updated Highland Substance Awareness Toolkit?

- Yes
- No

9. How useful did you find the toolkit?

- Very
- Quite
- Not very
- Not at all
- Never visited

Please give any suggestions for improvements:

10. If you currently receive the quarterly Highland Substance Awareness Toolkit newsletter how useful do you find it?

- Very
- Quite
- Not very
- Not at all
- Don't currently receive it

Please give any suggestions for improvements:

If you don't currently subscribe to the newsletter but would like too please enter your details into the "Subscribe to our mailing list" box on the Highland Substance Awareness Toolkit homepage.

11. On the post course evaluation form you provided a list of 3 actions you would undertake in your workplace as a result of attending the training. Have you completed those actions?

- Yes completely
- Yes partially
- No
- I can't remember my actions

12. Would you recommend the Discussing Drugs and Alcohol with Young People course to others?

- Yes
- No

13. Please give details of anything you think was missing from the course, or suggestions you have for improvements:

FURTHER EVALUATION

14. We're interested in gathering further information about skills from the course being put into practice.

	Yes	No
Would you be interested in working with us to gain views of young people that have received a brief intervention about drugs and / or alcohol?	◯	◯
Would you give us permission to contact your line manager regarding the impact of the training on your practice?	◯	◯

15. Any other comments:

THANK YOU FOR YOUR TIME