Discussing Drugs and Alcohol with Young People

Year 2 - Further Evaluation

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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 impact, good practice and highlight suggested improvements to the course.

Methods

A survey was designed and disseminated to participants who had completed the training in Year 2, along with a covering message, via their email address. The survey was shared in November 2018 and was open for four weeks. Two reminders were sent within this time frame.

Results

Of the 65 that were invited to complete the survey, 14 replied to the survey. This is a successful response rate of 22%. Confidence in applying skills remains high, with over 50% feeling confident or very confident. 92% of responders have delivered brief interventions to young people. Half of responders have utilised the *Highland Substance Awareness Toolkit*, but few receive the associated quarterly newsletter. The course would be recommended to others by all responders.

Conclusions

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

1. Introduction

From the outset of *Discussing Drugs and Alcohol with Young People* (DDAYP), and highlighted within the *Year 1 Report* it was recommended 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 impact and good practice, while highlighting suggested improvements to the course. This further evaluation approach has been continued into year 2 of the training, following the Year 2 report.

1.1 Aim

As per Year 1, 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 of the Year 2 participants. We allowed for at least six months to allow participants to implement skills and knowledge. This process was 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
- If *Discussing Drugs and Alcohol with Young People* is recommended by participants

The evaluation form has been updated from the form used in Year 1 & Year 2 training sessions. Therefore, it was decided not to repeat questioning regarding *Three Actions*, a section previously included. This information was not necessary to collect, as responses could no longer inform future actions.

1.3 Kirkpatrick's Four Level Model

As in the Year 1 Further Evaluation report, Kirkpatrick's four levels to evaluate training programmes were considered.

In order to ensure evaluation of 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.

2. Method

Following consultation with the *Public Health Support Officer* from the *Epidemiology & Health Sciences* team, a survey for Year 2 was designed, adapted from Year 1 [Appendix 1]. This survey was disseminated via email to the 65

participants who had completed the post course training evaluation. The *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey was introduced by a covering note, with some amendments from Year 1, 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. The process of completing the survey can be supportive to our participants, and an opportunity to reflect on how you have put knowledge and skills into practice.*
>
> *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, and can help to improve future delivery.*
>
> *We'd really appreciate if you would complete all the questions of our short survey; you will be doing us a favour.*
>
> *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 1st November 2018. Two reminders were sent; 15th and 27th November, before the survey was closed on the 30th November 2018. The survey was open for four weeks.

2.1 Sample and Response Rate

Of the 65 participants that were invited to complete the follow up survey, 14 replied to the survey. This is a response rate of 22%, which is considered successful (Survey Monkey, n.d.), although a slightly reduced response rate from Year 1 (29%). Despite achieving a successful response rate, other factors may have impacted upon achieving a greater response rate. Firstly, as the training occurred from August 2017 to March 2018, and some time had passed before the survey was shared in November 2018. 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. Finally, the survey occurred later in the year, and wasn't open for as long as the Year 1 further evaluation. These factors may have influenced forthcoming feedback to a small extent.

2.2 Analysis

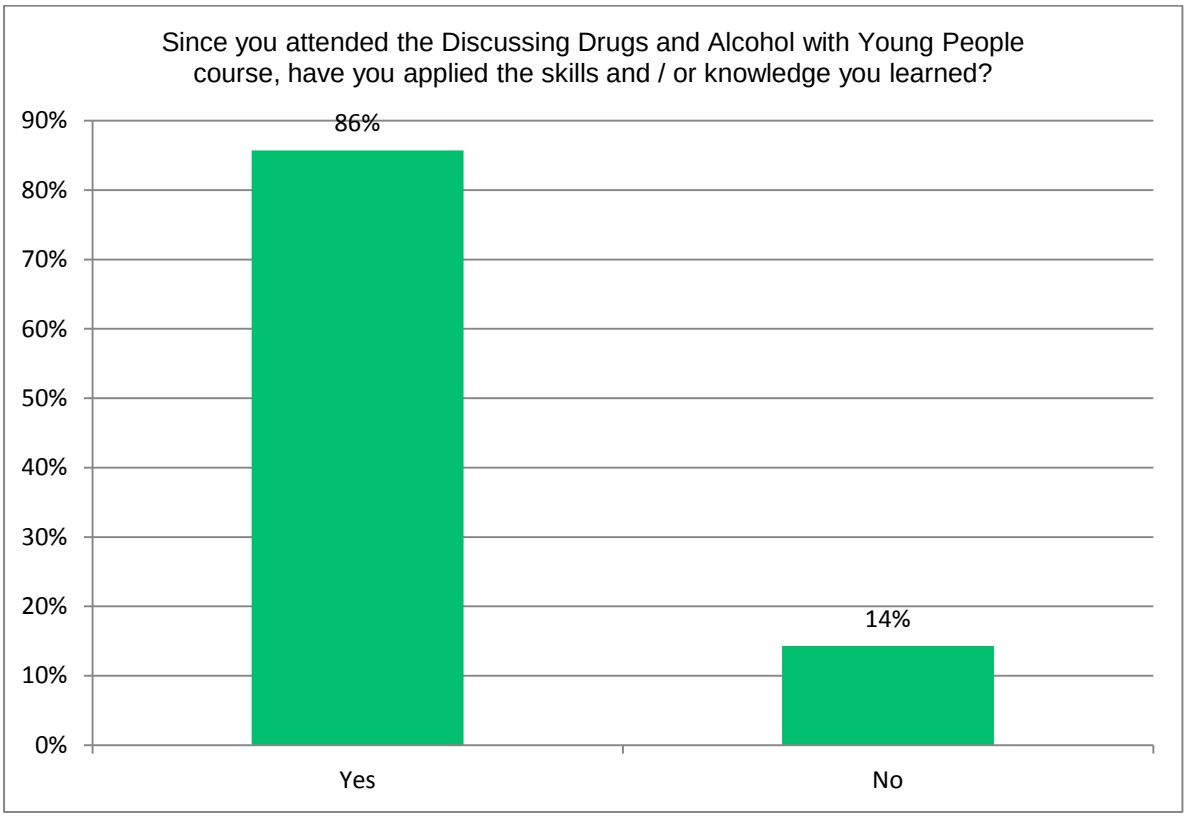
Quantitative data were aggregated providing overall feedback from the survey, while qualitative data was grouped and themed to provide insight into the responders' experience. Examples of qualitative feedback will be shown in italics, indented and in purple font.

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. All 14 responders answered, as shown in figure 1.

Figure 1: Application of skills / knowledge



The majority of responders (86%, 12) had used skills and knowledge from the course in practice. Those that answered 'No' to this question (14%, 2) were then asked to give a brief reason as to why the skills or knowledge had not been applied. Both responders provided an answer in this free text space: 'Situation had not arisen'[1]. A higher percentage of responders had applied the skills and / or knowledge they learned at the DDAYP course in Year 2 further evaluation compared to Year 1 further evaluation, however a lower number (69%, 41, compared to 86%, 12), although the two cohorts may not be comparable.

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 (86%, 12).

3.2 Impact on Practitioners Learning and Behaviour

Of the responders who had applied knowledge and skills in practice, 9 of the 12 (75%) provided experience within a non mandatory free text section. Some examples of anonymised case studies are provided to illustrate impact:

> *"I am currently working with several young people who have been joint worked with YAT whilst transitioning into adult* [recovery] *services. Adapting approach to engage with young adults is imperative to build up a rapport. Harm reduction and information sharing is imperative. Preaching is no use."*

> *"Working with a group of young people in a drop in situation - some of whom were under the influence at the time. We discussed their intake and the reasons behind this. We spoke about the potential harm and what they did to ensure safety"*

> *"A young person approached our project looking for support in 'getting their life together'. Previous drug use and association with long term drug users were contributing factors to their chaotic lifestyle and inability to cope with life. Having attended the training course I had the confidence to discuss the issues with the individual even though this is not something that crops up in my work regularly."*

These examples highlight open, collaborative conversations that have occurred around alcohol and drugs, and reducing associated harm from these. Other

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

responses made reference to trainees' increased confidence, or viewpoint, although did not provide case study examples as such.

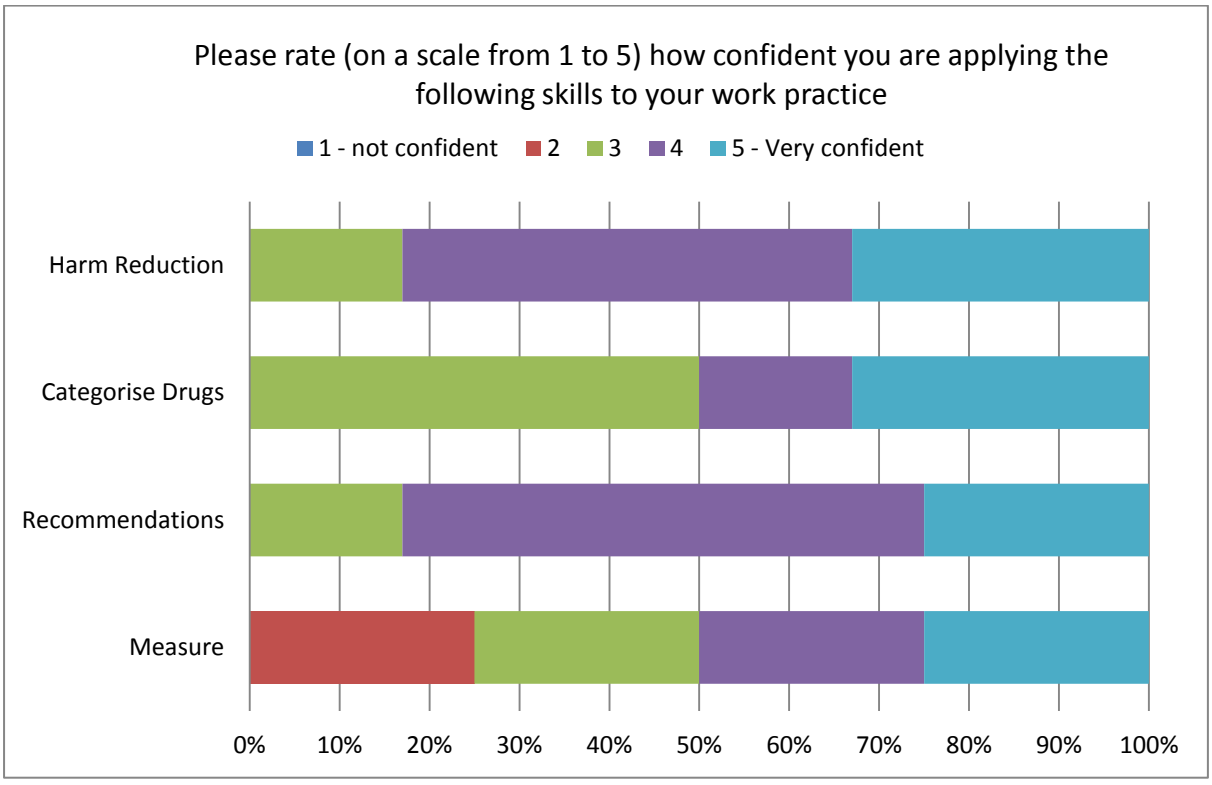
3.3 Confidence in Applying Brief Interventions

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 12 responders answered this mandatory question. Results are shown in figure 2.

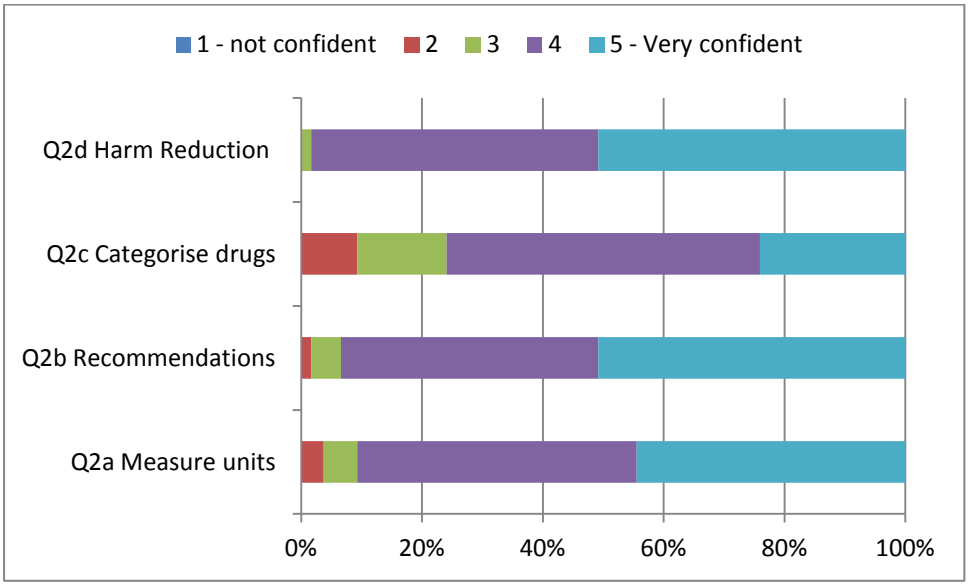
Figure 2: Skills Application



The majority of responders, over 50%, are confident or very confident to apply these particular skills in practice. Most confidence is expressed regarding explaining low-risk drinking recommendations and providing harm reduction messages; both an increase from the Year 1 further evaluation. It's reassuring to see the ability to categorise drugs increase, however unfortunate that less respondents feel able to measure individual use of alcohol being consumed in units. This can be one of the exercises within training that is challenging for participants.

Comparing these responses to the post course evaluation during Year 2 (figure 3) it appears there is a downshift in confidence levels in general. However, the two cohorts may not be truly comparable.

Figure 3: Skills Application Year 2



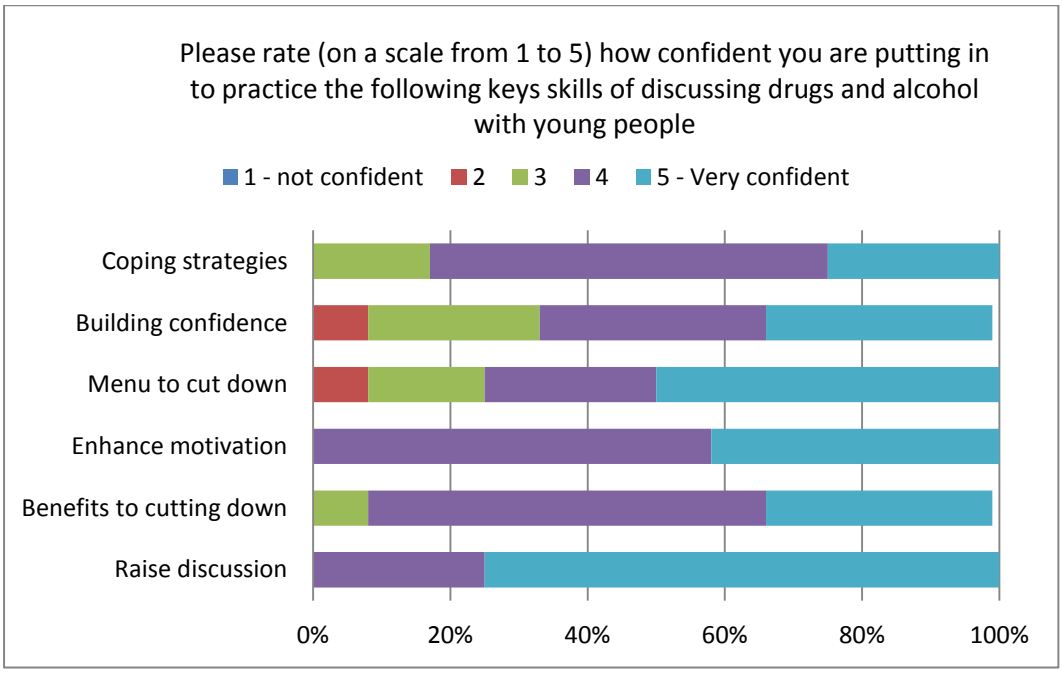
The second section of questions repeated from the post course evaluation considers participants confidence in putting into practice certain key skills of discussing drugs and alcohol with young people, as follows:

- 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 12 remaining responders answered this mandatory question, as per figure 4. 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. Lower levels of confidence were associated with providing a menu of options to cut down and building confidence. It may be these responses are appropriate on a less frequent basis than 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 90% 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 and build

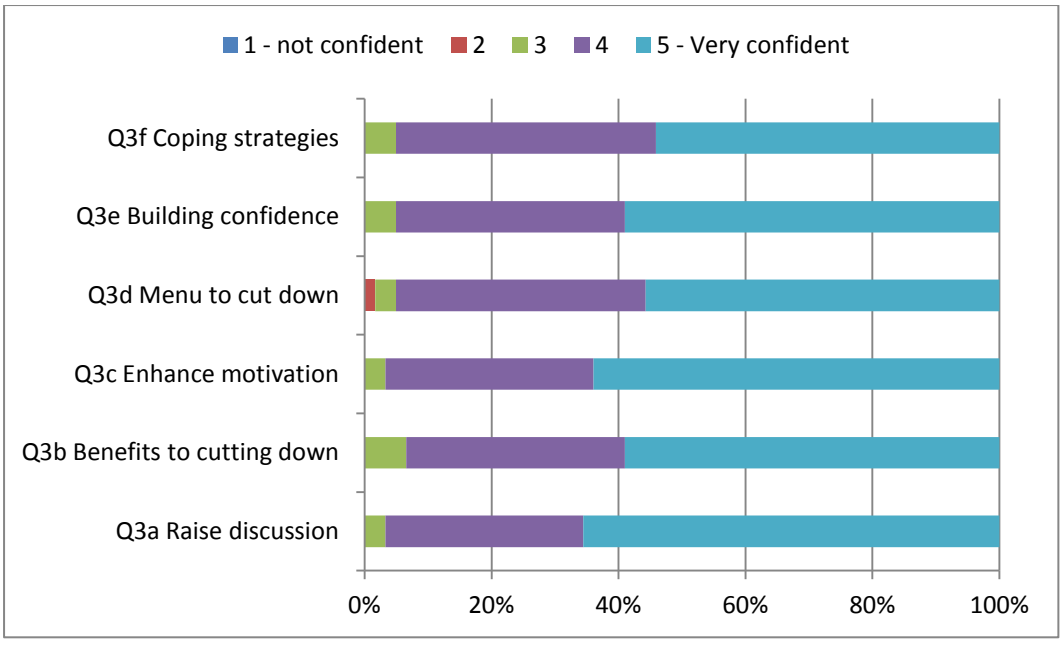
confidence, yet confidence levels have increased over time related to raising the issue.

Figure 4: Key Skills



As already highlighted, far fewer people completed the survey compared to the post course evaluation: 12 compared to over 60. 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 mostly high. In neither evaluation did responders score a 1 for 'not confident'.

Figure 5: Key Skills Year 2



When asked in what ways the application of brief intervention skills benefits young people, 10 responders (83%) answered this non-mandatory question. Many of the responses highlighted increased understanding towards young people and any potential drugs and alcohol issues. Specific examples of applying brief intervention skills included:

> *"Being more involved and aware of the things that our young people are engaging with helps makes us more relevant. Being able to chat with a mutual understanding makes we can be involved in that part of their lives, if they want us to. It is a gesture of commitment and interest for us to take the time to increase our knowledge."*

> *"I believe they feel support and care"*

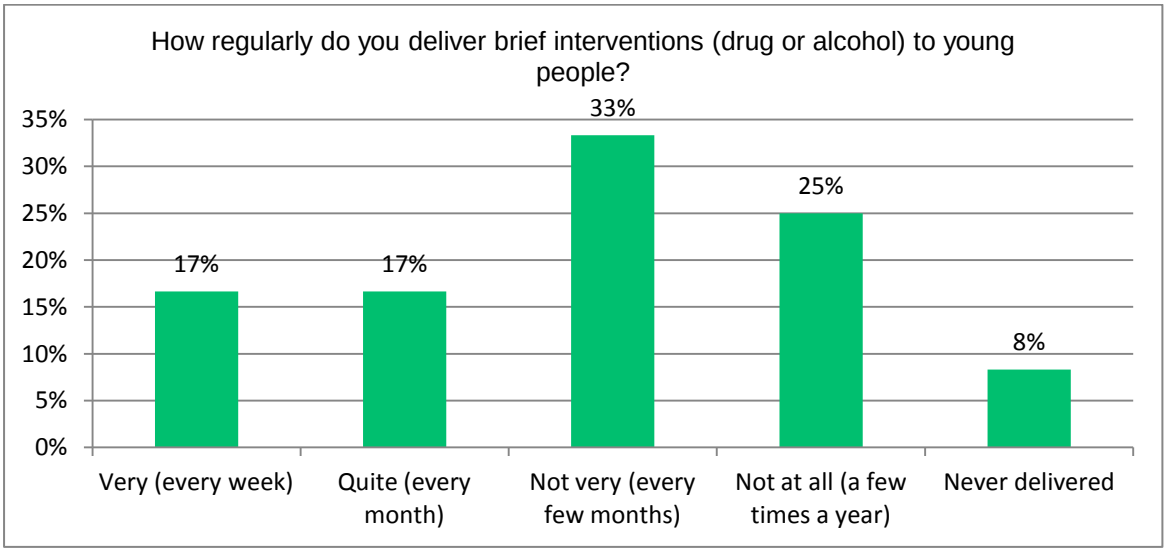
> *"I feel clients feel I have more of an understanding of the issues they are experiencing, in relation to substance* [use] *- and the reasons that they may have these issues."*

One response did not relate to how young people might benefit from their approach.

3.4 Frequency of Delivery

Participants indicated how often they delivered brief interventions, as shown in figure 6. All 12 eligible responders answered this mandatory question.

Figure 6: Brief Intervention Frequency



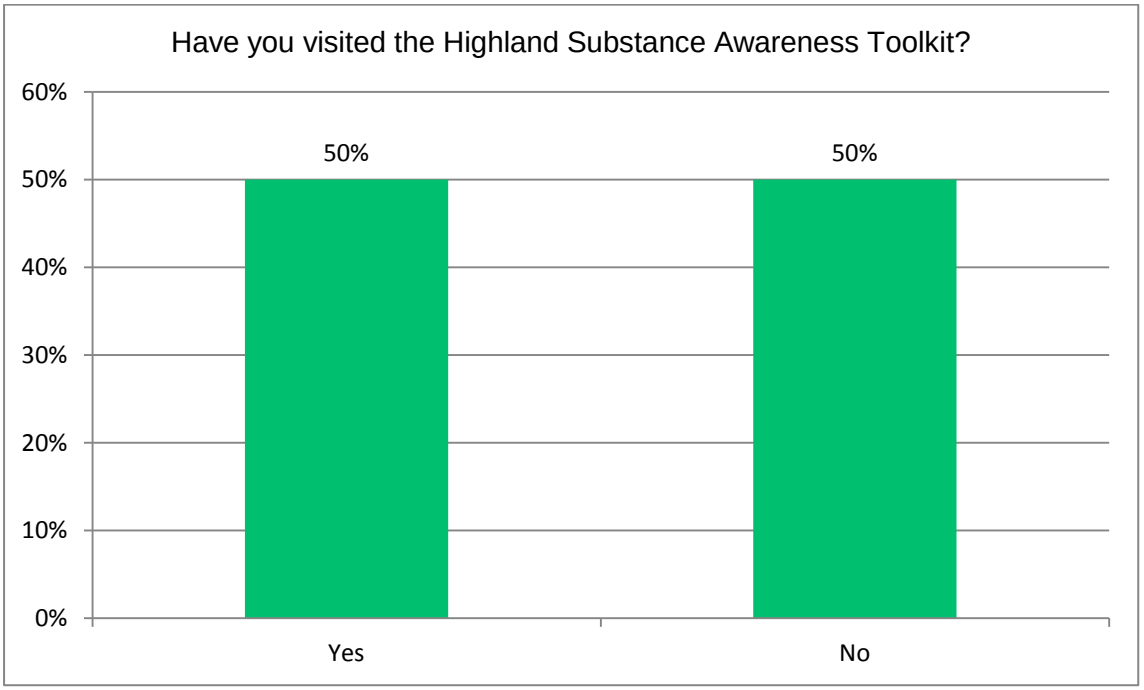
All but one of the responders (92%) had delivered brief interventions. One responder had applied skills and knowledge from the course; however this had not yet translated into delivery of a brief intervention. For many brief interventions delivery seems to be sporadic: for others this is a more frequent occurrence. This may reflect the variety of professions, with differing proportions of time spent with young people, who attended the training.

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 DDAYP training session. All 14 responders were asked if they have visited the Toolkit; all responded as per figure 7.

An even split between responses shows half of responders had visited the H-SAT. It is unfortunate that the remaining half had not, as this resource can be a continuous 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. 14 responders answered this question, as in figure 8. All responders who had visited the H-SAT found it very or quite useful. Participants were also asked if they found the newsletter that comes from the Toolkit useful. All responders answered this question as per figure 9.

Figure 8: Highland Substance Awareness Toolkit usefulness

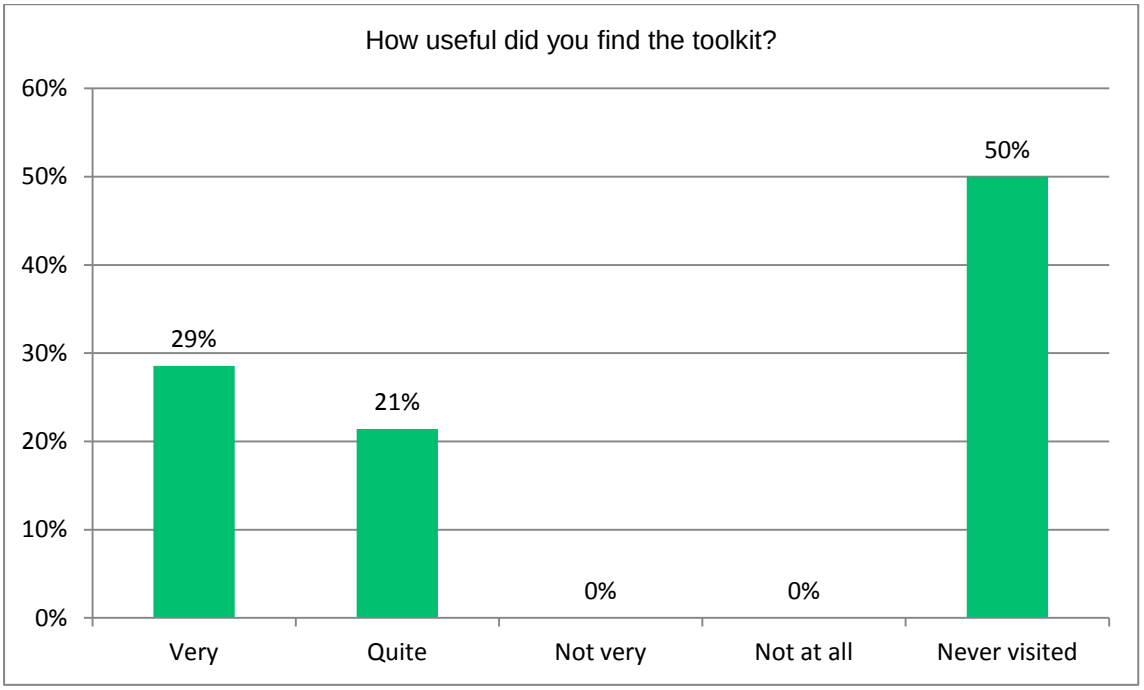
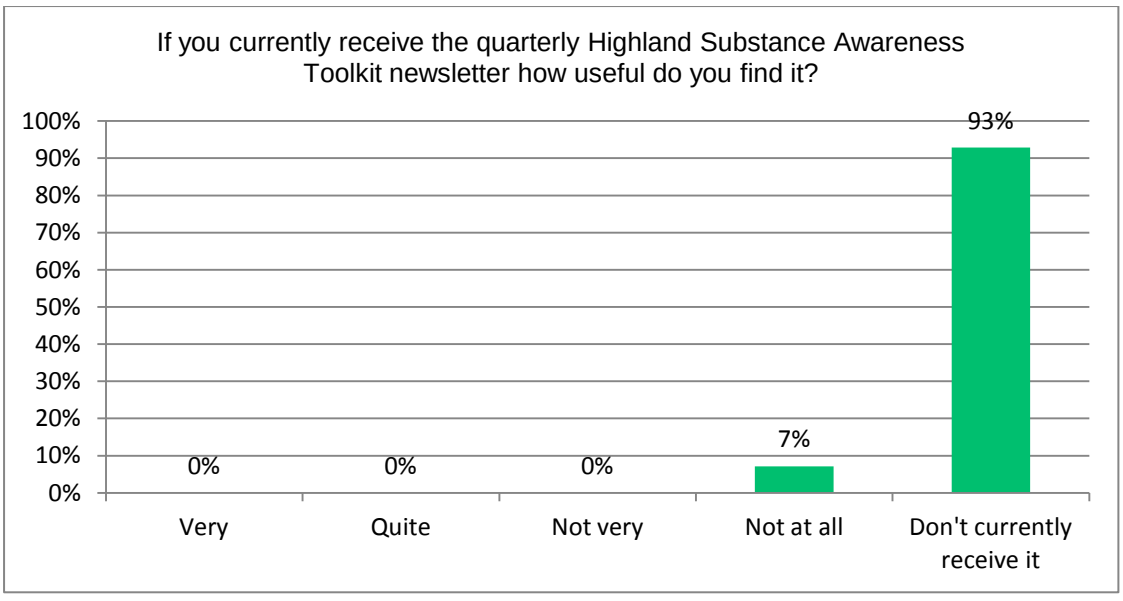


Figure 9: Highland Substance Awareness Toolkit newsletter usefulness

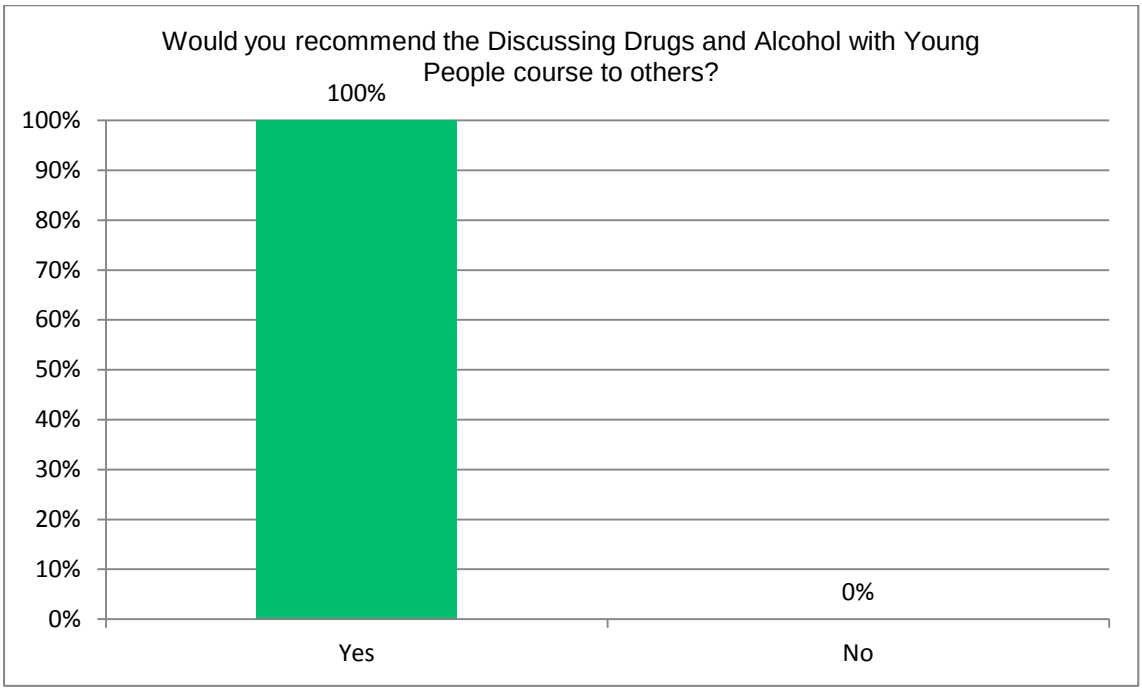


As half of the responders had not visited the H-SAT, it is unsurprising that the majority were not currently receiving the newsletter. It is unfortunate that they one respondent that does receive the newsletter didn't find it at all useful. Within the survey, a link was provided to sign up to the newsletter.

3.8 Recommendations

The final quantitative question asked participants if they would recommend the course to others. All 14 responders replied, as per figure 11.

Figure 10: Course Recommendation



It was useful to find that all responders would recommend the course to others.

3.9 Additional Evaluation

Participants were asked if they had any suggestions for improvement of the course. 6 responders answered. Two comments suggested there were no improvements to be made, with another in agreement of this while being complimentary of the course. One response made comment on the spirit of motivational interviewing, signifying a lack of acceptance of this. Another comment was used to express frustration regarding the situation the respondent finds themselves in. The only comment that provided suggestion for improvement was that trainers should be informed and confident. All trainers receive support and continued training as part of their role in

delivering DDAYP, however this comment will be addressed and further actions to support trainers will be explored.

The final two questions asked if participants would be willing to aid with further evaluation. 7 responders were interested in working in conjunction to gain views of young people who have received a brief intervention about drugs and / or alcohol. 8 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 four responding. One comment provided was a suggestion for overall services improvements, others included details of their frequency of delivery and aspects of work that affect this. The final comment was:

> *"The training was very informative and has enabled me to be more confident in supporting young people with drug and alcohol issues."*

3.10 Kirkpatrick's Four Levels to Evaluate Training Programmes

As discussed in the Year 1 further evaluation, Kirkpatrick's four levels to evaluation training programmes were considered.

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, from the NHS Highland Evaluation Framework and Toolkit, is now being used in practice. This evaluation form achieves Kirkpatrick's levels 1 and 2. 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, from participants who provided consent to contact them in regards to such a follow up, from both Year 1 & 2 further evaluation cohorts. Further insight at level 3 will be considered with the training leads within the health improvement team.

4. Conclusion

A reasonable response rate identified confidence in delivery of skills in practice, with over 50% 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. Recommendations for future developments will evaluate more comprehensively, with inclusion of level 2 via the updated health improvement team

evaluation form and completion of level 3 of Kirkpatrick's levels of evaluation. In addition, further efforts to encourage Highland Substance Awareness Toolkit use remain to be developed for the benefits of this resource to be achieved, and continued support to be accessed by participants.

5. Recommendations

Consider a rolling further follow up programme, to ensure timely feedback while acting as a reminder of the training and its content. It's also worth considering how best to achieve level 3 evaluation, in conjunction with the health improvement training leads.

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, from Year 1 & 2 further evaluation cohorts.

Some of the feedback in the evaluation required editing to ensure language was non-stigmatising, for reporting. Inappropriate language fuels stigma and is a barrier to people seeking support. This will be addressed when next updating the course materials. Although none of the language or attitudes of this nature are expressed by trainers, there may be the need for something more explicit to make clear the importance of language when communicating about alcohol and drugs use.

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/ [20th December 2018]

Appendices

Appendix 1: *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey Year 2

DDAYP Year 2
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