



Discussing Drugs and Alcohol with Young People

Year 4 - 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 4, along with a covering message, via their email address. The survey was shared in March 2020, with two reminders sent.

Results

Of the 46 that were invited to complete the survey, 8 replied. As 11 invitations failed to be delivered, this is a successful response rate of 23%. Confidence in applying skills remains high, with all eligible responders strongly agreeing or agreeing that they are confident in applying the learning from this course in their workplace. All eligible responders have delivered brief interventions to young people. Responders strongly agree and agree the learning experience continues to help them with five of the seven learning outcomes. The majority of responders (62.5%, 5) have utilised the *Highland Substance Awareness Toolkit*, however only two responders (29%) 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 and other learning outcomes in practice, with examples of use of these skills with young people. The promotion of the *Highland Substance Awareness Toolkit* will continue. Further evaluation will take place when capacity allows.

1. Introduction

From the outset of *Discussing Drugs and Alcohol with Young People* (DDAYP), 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 4 of the training, following the [Year 4 report](#).

1.1 Aim

The aim of further evaluation is to identify the extent to which brief interventions regarding alcohol and drug use to young people were occurring following training of the Year 4 participants. At least six months passed since the training, before further evaluation, 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

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.

Kirkpatrick (2007) behaviour is informed by knowledge, skills and attitudes which are needed to perform the role effectively. 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. Further evaluation will also apply this updated evaluation form, and achieves Kirkpatrick'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.

2. Method

We continue to use the same further evaluation method described in the Year 3 Further Evaluation. The Year 4 further evaluation was disseminated via email to the 46 participants who had attended the training course in Year 4. The *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey was introduced by a covering note:

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 2nd March 2020. Two reminders were sent; 7th April 2020 and the 24th April 2020, before the survey was closed a number of weeks after this. The survey was open for longer than usual due to COVID-19 work commitments at the time.

2.1 Sample and Response Rate

Of the 46 participants that were invited to complete the follow up survey, 8 replied to the survey. However, 11 invitations received an automated email to state the email had failed to deliver. Therefore, 35 participants received the invitation to provide feedback, resulting in a response rate of 23%, which is considered successful (Survey Monkey, n.d.); comparable with other years. We aimed to follow up in a timelier manner this year, and shared the survey more promptly than previous years. However the impact of the COVID-19 initial response may have resulted in

participants being diverted from their usual roles, being furloughed, or working at a limited capacity, as one automatic email reply to the survey invitation explained.

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. These factors may have influenced forthcoming feedback to some 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.

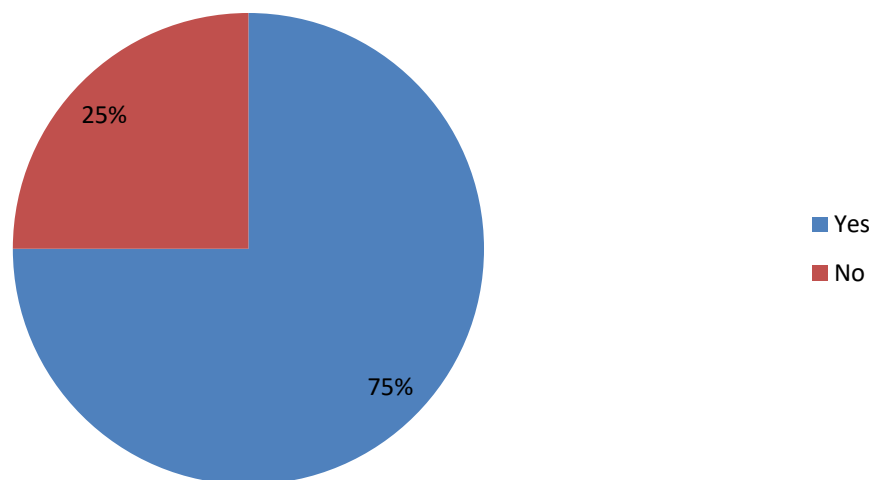
3. Results and Discussion

3.1 Application of skills / 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 8 responders answered, as shown in Graph 1.

Graph1: Application of skills / knowledge

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



The majority of responders (75%, 6) had used skills and knowledge from the course in practice. Those that answered 'No' to this question (25%, 2) were then asked to give a brief reason as to why the skills or knowledge had not been applied. This was 'Question 7' within the survey, as these responders skipped Questions 2-6. All responders provided an answer in this free text space. Both responders stated the situation had not arisen.

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 (75%, 6).

The following two questions repeat the DDAYP post course evaluation questions.

3.2 The Learning Experience

Question 2 asks participants about the course learning outcomes;

- Understanding of our own and client attitudes, and how they may impact on practice
- Basic Motivational Interviewing principles and key delivery skills
- How to measure alcohol units
- Effects of alcohol and various drug categories
- How to raise the issue of drugs and alcohol, including identifying potential signs and situations
- How to deliver brief interventions to motivate young people to change behaviour and reduce alcohol and/or drug use
- Options for harm reduction, cutting down, and coping strategies

All 6 responders answered this mandatory question. Results are shown in Graph 2.

All responders strongly agree or agree that the learning experience continues to help them with:

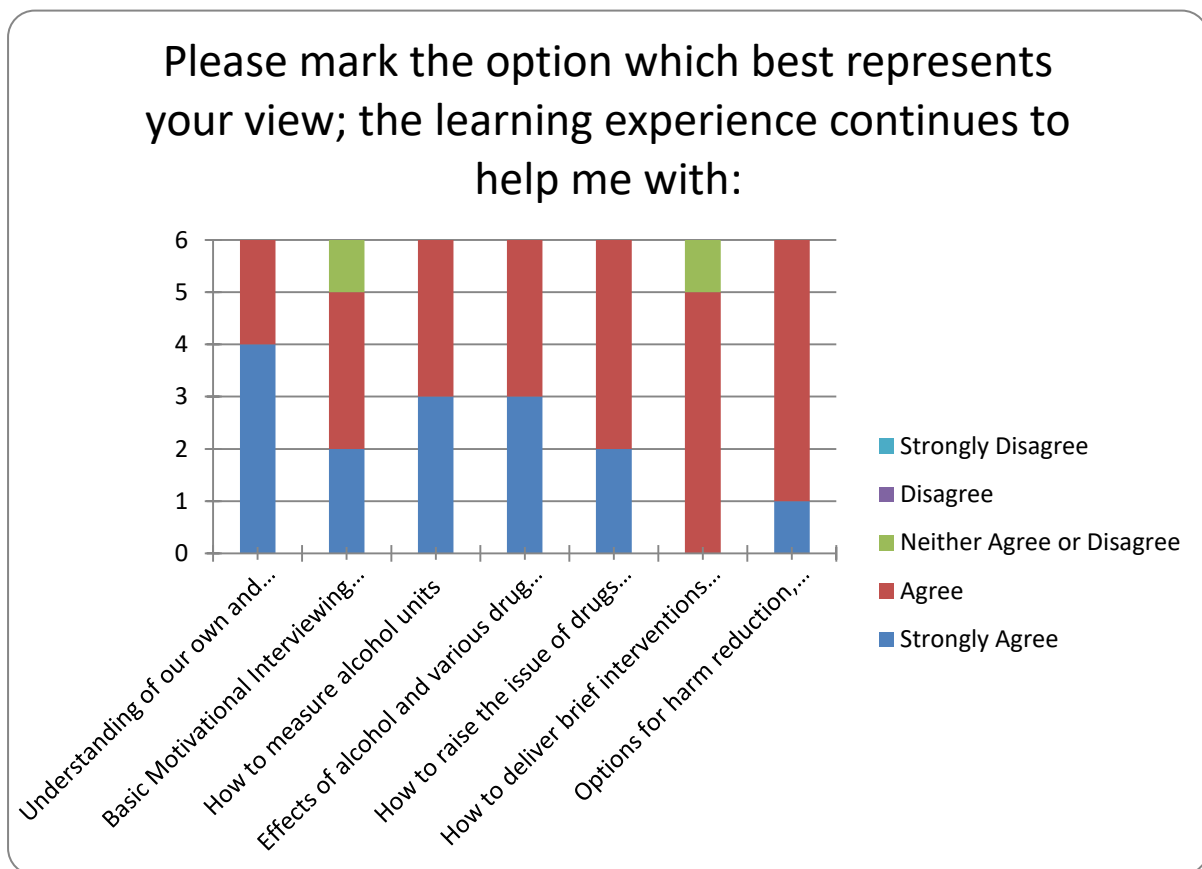
- understanding of own and client attitudes, and how they may impact on practice
- how to measure alcohol units, and effects of alcohol and various drug categories.
- effects of alcohol and various drug categories
- how to raise the issue of drugs and alcohol, including indentifying potential signs and situations
- options for harm reduction, cutting down, and coping strategies.

In the remaining categories, each had one responder state that they neither agreed nor disagreed that the learning experience continues to help them. However the remaining responders (5) all strongly agree or agree that the learning experience does continue to help them with:

- basic motivational interviewing principles and key delivery skills
- how to deliver brief interventions to motivate young people to change behaviour and reduce alcohol and/or drug use

The majority of responders agree the learning continues to help them. This is most prominently expressed regarding understanding of own and client attitudes, and how they may impact on practice

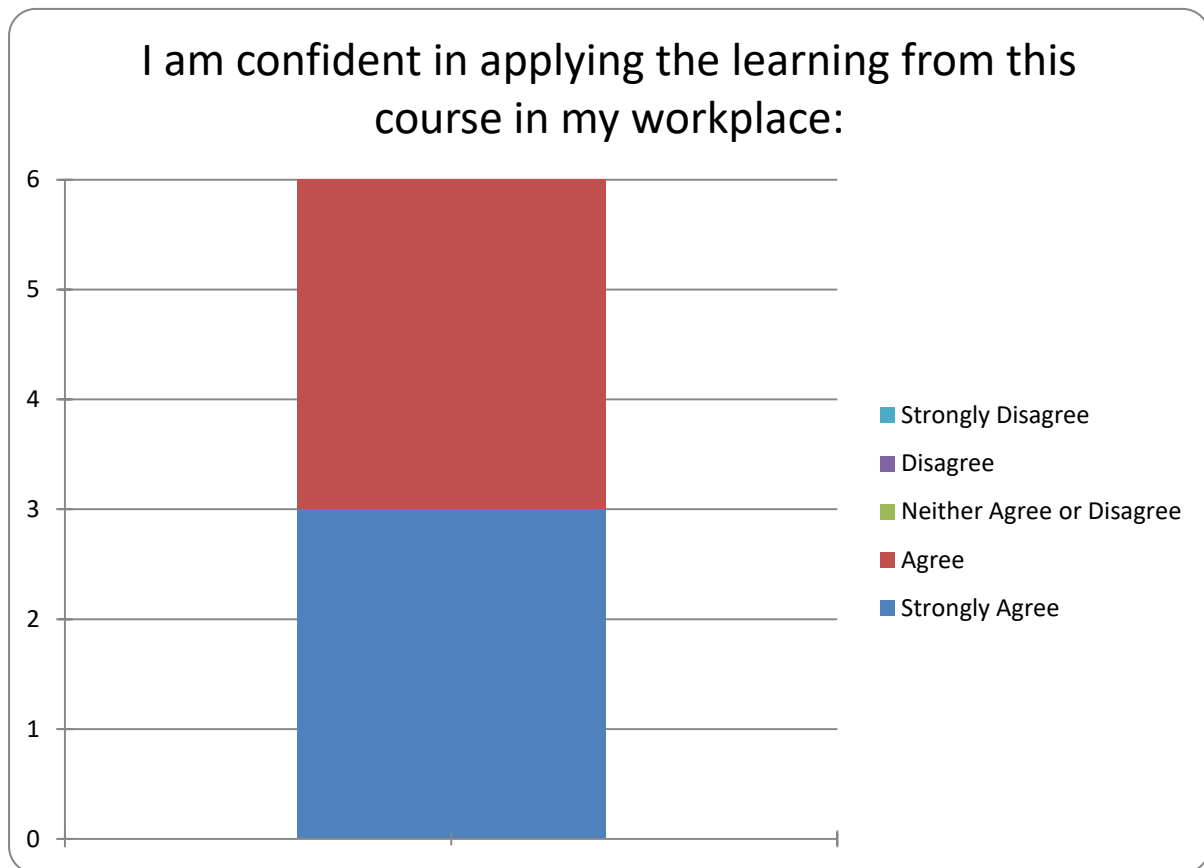
Graph 2: The Learning Experience



3.3 Confidence

This question is also a repeat from the post course evaluation, and considers participants confidence in applying the learning from this course in their workplace.

All 6 remaining responders answered this mandatory question, as per Graph 3. All agree or strongly agree that they feel confident in applying the learning from this course in their workplace. It is reassuring to see that confidence levels remain high.

Graph 3: Confidence

3.4 Examples or case studies

Of the responders who had applied knowledge and skills in practice, all 6 provided experience within a non mandatory, free text section. The responders provided a range of examples of the knowledge and skills they have applied. Some (5) of these were practical examples of interventions delivered, for example:

I am working with some teenage boys and have regular discussions with them around drugs [use] and alcohol [use].

Student with irrational behaviour. Confident to approach the issues in an empathetic manner.

I've tried and been aware of listening more to the young people I support who are taking drugs/alcohol and encouraging them to talk and think of the effects the drugs/alcohol are having on their lives and in some cases their families.

While other examples (2) were regarding other input following the training, for example:

Throughout my role as a guidance teacher and delivering PSE lessons. Also discussions with various members of the Youth Action Team when discussing particular pupils.

Supporting staff member to speak to a young person whose drug use is seen as normal by those around them (eg family).

These examples highlight open, collaborative conversations that have occurred around alcohol and drugs, and reducing associated harm from these. In addition, there is a range of prevention work and other support for young people.

3.5 Benefits to Young People

When asked in what ways the application of brief intervention skills benefits young people, all 6 responders answered this non-mandatory question. The most common response (5) indicated an increase in ability and confidence for the responders; and this in turn would support the young people, for example:

Feel more confident that I am approaching the situation correctly with beneficial result

By offering a non-judgmental approach, they are more comfortable in discussing drugs & alcohol.

Better listening skills, not telling them what to do and trying to get them to think about why they take drugs and alcohol and listen if they want to talk about it

There was one response regarding direct behaviour of young people:

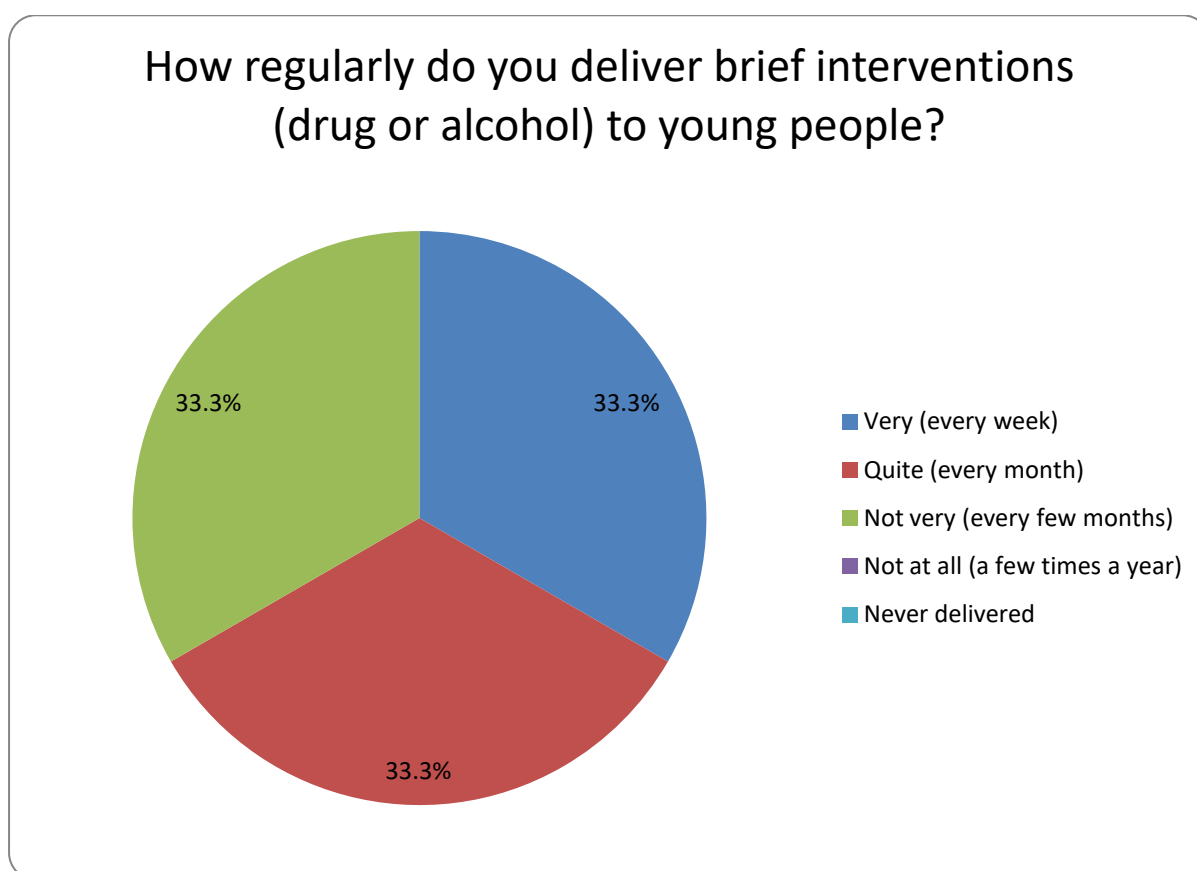
The boys are more open to discussions and I find they are starting to open up and be more honest

3.6 Frequency of brief interventions

Responders indicated how often they delivered brief interventions, as shown in Graph 4. All 6 eligible responders answered this mandatory question.

All the responders had delivered brief interventions. For some, brief interventions delivery seems to be sporadic: for others this is very frequent occurrence. This may reflect the variety of professions, with differing proportions of time spent with young people, who attended the training.

Graph 4: Frequency of brief interventions

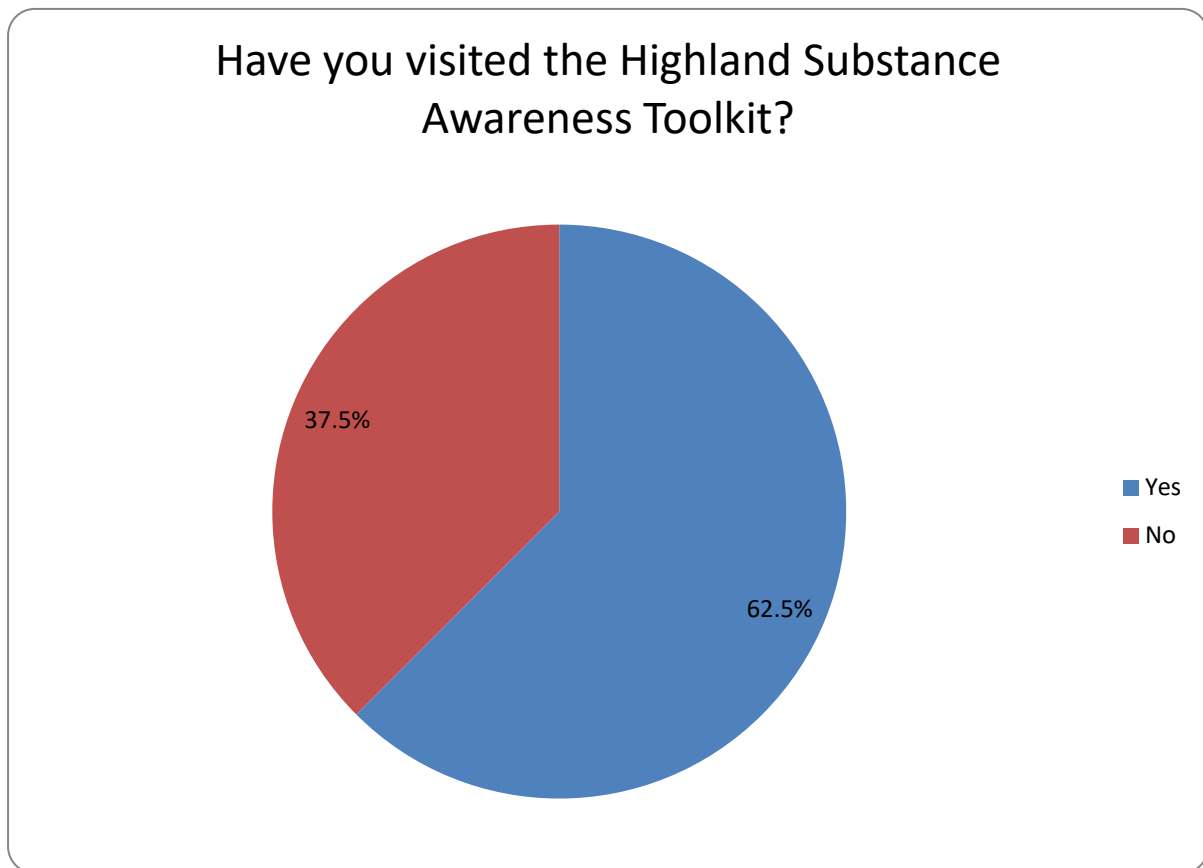


3.7 Highland Substance Awareness Toolkit

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 8 responders were asked if they have visited the Toolkit; all responded as per Graph 5.

The majority, (62.5%, 5) of the responders had accessed the H-SAT. It is unfortunate that the remaining responders had not, as this resource, which is highlighted in the training, can be a continuous supporting resource for professionals, parents / cares and young people.

Graph 5: Highland Substance Awareness Toolkit use



3.8 Highland Substance Awareness Toolkit Usefulness

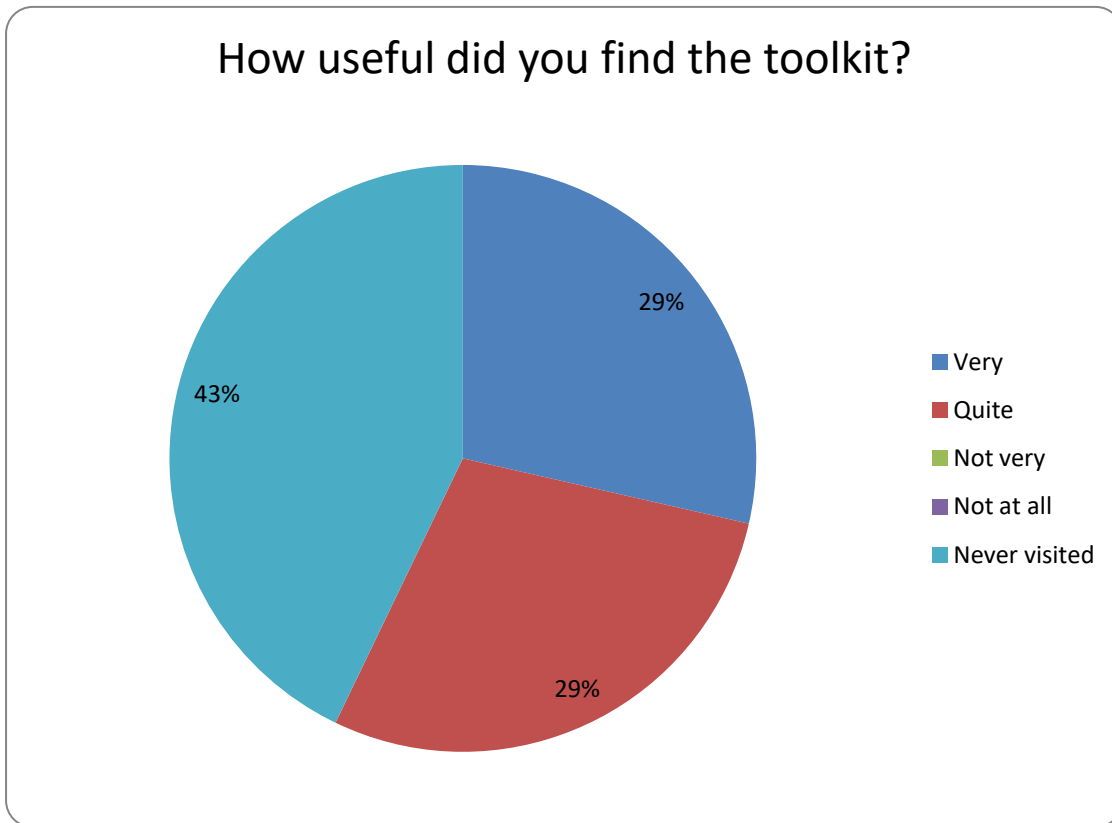
Participants were then asked how useful they found the H-SAT. 7 responders answered this question, as in Graph 6. All responders (58%, 4) who had visited the H-SAT found it very or quite useful. One responder left a comment in the free test section, stating:

Only just visited it - there are a lot of resources there I will try and incorporate in lessons

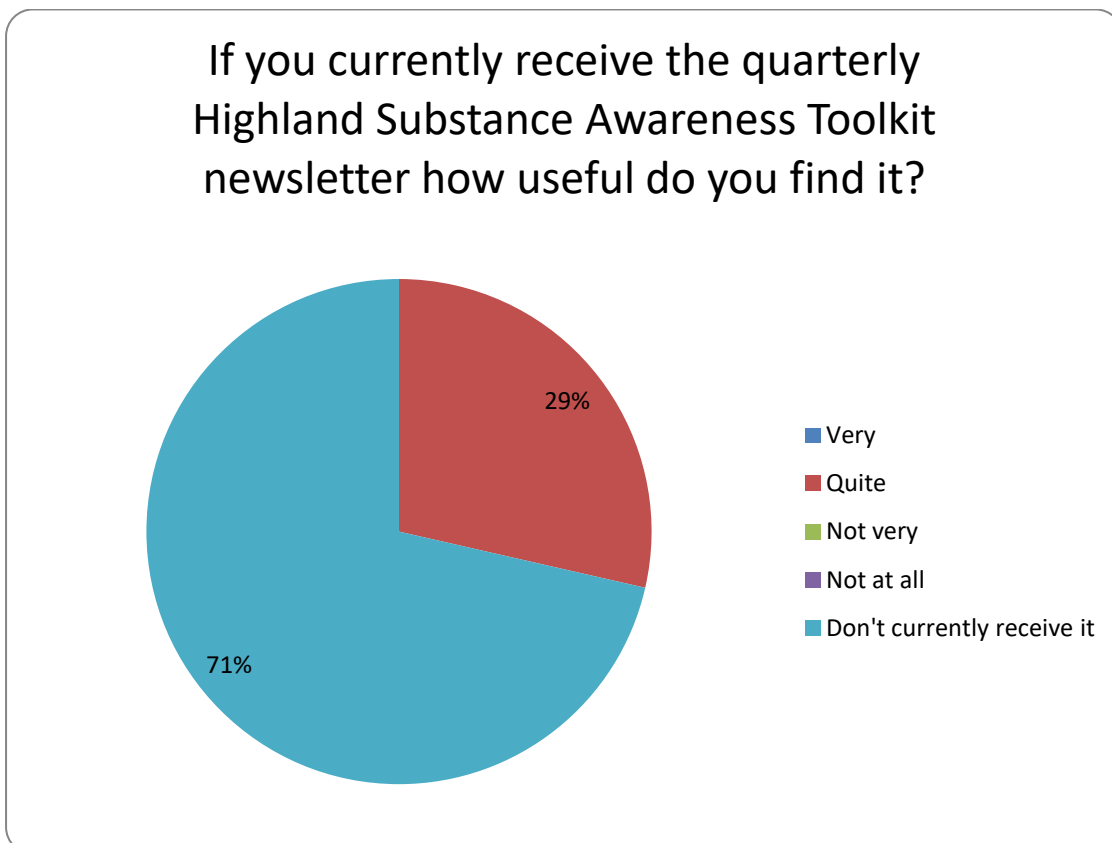
3.9 Highland Substance Awareness Toolkit newsletter usefulness

Participants were also asked if they found the newsletter that comes from the Toolkit useful. The majority, (87.5%, 7) responders answered this question as per Graph 7.

Graph 6: Highland Substance Awareness Toolkit usefulness



Graph 7: Highland Substance Awareness Toolkit newsletter usefulness



As a proportion of responders (43%, 4) had not visited the H-SAT, it is unsurprising that the majority were not currently receiving the newsletter. It is reassuring that the responders (29%, 2) that do receive the newsletter found it very useful. Within the survey, a link was provided to sign up to the newsletter.

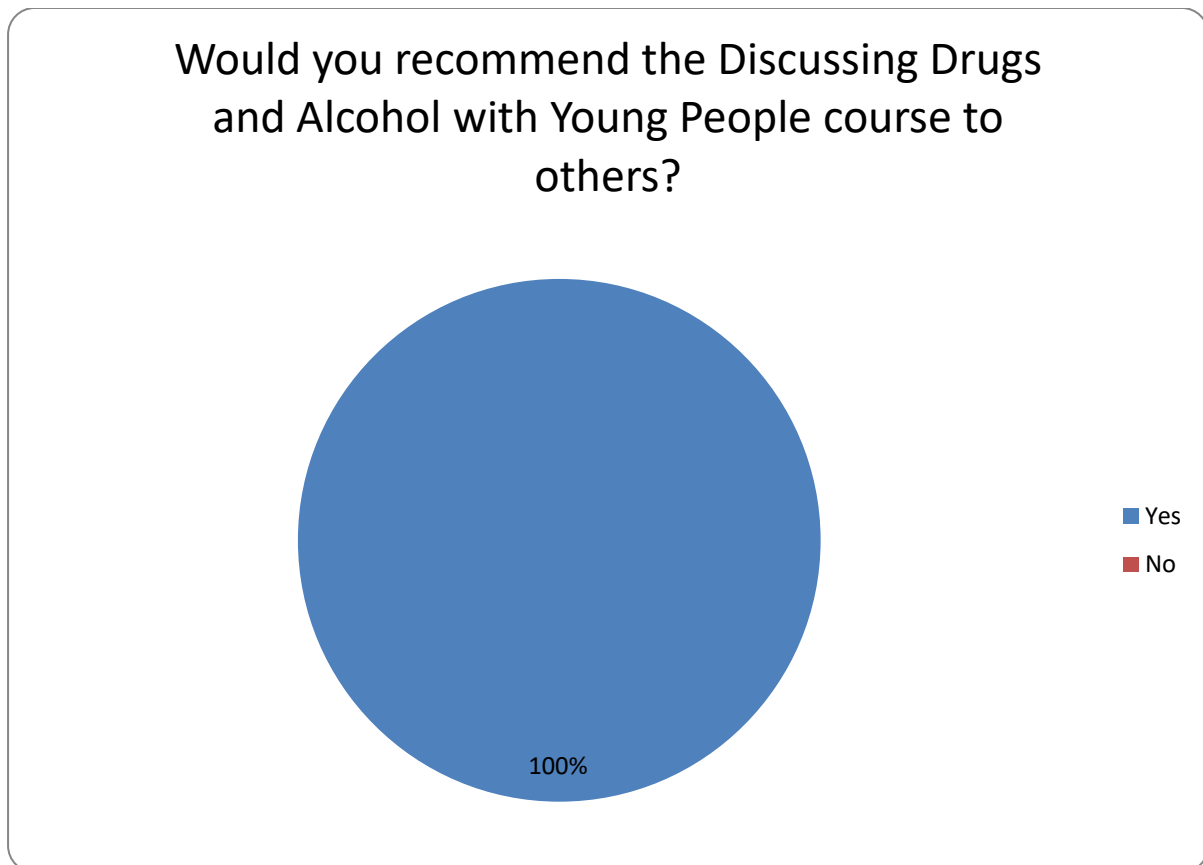
3.10 Course Recommendation

The final quantitative question asked participants if they would recommend the course to others. All 8 responders replied, as per Graph 8.

3.11 Suggestions for Improvement

Participants were asked if they had any suggestions for improvement of the course. 3 responders answered. 3 comments of general praise about the course were provided, including the course approach and skills highlighted and developed within.

Graph 8: Course Recommendation



3.12 Gathering further information

This question asked if participants would be willing to aid with further evaluation. 4 responders were interested in working in conjunction to gain views of young people who have received a brief intervention about drugs and / or alcohol. 4 responders gave permission for their line manager to be contacted regarding the impact of the training in practice.

3.13 Any other comments

Finally, participants were offered to leave any other comments, however none of the responders used this option to submit any further information.

4. Conclusion

A successful response rate identified confidence in delivery of skills and other learning outcomes in practice, with all eligible responders strongly agreeing or agreeing they feel confident in applying the learning from this course in their workplace. All of responders who had applied skills and knowledge have delivered brief interventions to young people. The course would be recommended to others by all responders. Examples of use of these skills in practice with young people were identified, highlighting collaborative working with young people, and development of preventative input. 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. Further insight at Level 3 evaluation involving young people and line managers will be undertaken, when capacity allows.

5. Recommendations

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 further evaluation cohorts.

An updated structure to the training following previous feedback was due to be applied in Year 5, and will begin once training is permitted to be held again following the COVID-19 associated postponement of training.

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/> [3rd November 2020]