Discussing Drugs and Alcohol with Young People

Year 3 - Further Evaluation

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Contents Page

List of figures

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 3, along with a covering message, via their email address. The survey was shared in November 2019 and was open for eleven weeks. Two reminders were sent within this time frame.

Results

Of the 49 that were invited to complete the survey, 11 replied. This is a successful response rate of 22%. Confidence in applying skills remains high, with 88% strongly agreeing or agreeing that they are confident in applying the learning from this course in their workplace. 88% of responders have delivered brief interventions to young people. 45% of responders have utilised the *Highland Substance Awareness Toolkit*, however only one responder receives 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. The promotion of the Highland Substance Awareness Toolkit will continue. Recommendations for future developments will be considered, and further evaluation will take place.

1. Introduction

From the outset of *Discussing Drugs and Alcohol with Young People* (DDAYP), highlighted within the *Year 1 Repor,t* 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 3 of the training, following the Year 3 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 3 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

The post course evaluation form has been updated from the form used in Year 1 & Year 2 training sessions. In line with other health improvement training, a generic editable evaluation form is now being used.

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 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.

2. Method

Following consultation with the *Public Health Support Officer* from our Public Health team, a survey for Year 3 further evaluation was designed to mirror the generic, editable evaluation form that all the Health Improvement team are now using (Appendix 1). This survey was disseminated via email to the 49 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:

> *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 26th November 2019. Two reminders were sent; 10th January 2020 and the 3rd February 2020, before the survey was closed on the 10th February 2020. The survey was open for eleven weeks.

2.1 Sample and Response Rate

Of the 49 participants that were invited to complete the follow up survey, 11 replied to the survey. This is a response rate of 22%, which is considered successful

(Survey Monkey, n.d.), and the same response rate as the Year 2 further evaluation. There were five emails that failed to deliver to the address provided, and with this reduced number of participants that could have completed the survey, the response rate is 25%. Despite achieving a successful response rate, other factors may have impacted upon achieving a greater response rate. Firstly, as the training occurred from September 2018 to March 2019, and some time had passed before the survey was shared in November 2019. 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 at the same time of year as the Year 2 further evaluation, however was open for longer. These factors may have influenced forthcoming feedback to some extent.

2.2 Analysis

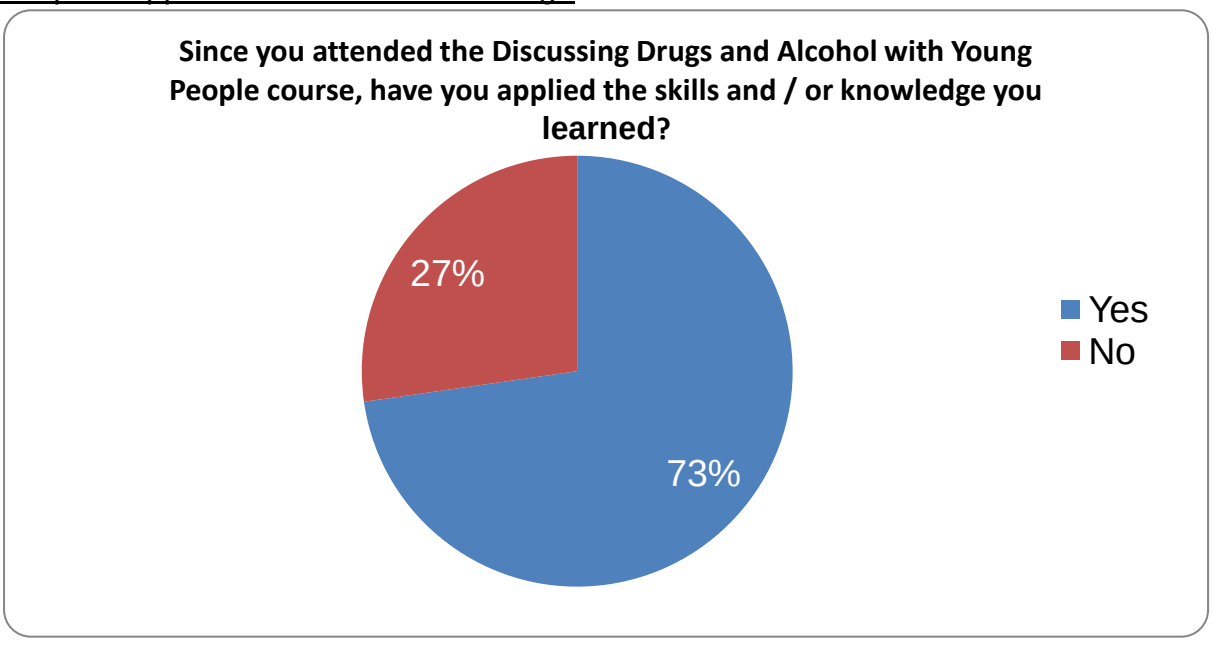
Quantitative data were aggregated providing overall feedback from the survey, while qualitative data was grouped and themed to provide insight into the responders' experience. Examples of qualitative feedback will be shown in italics, indented and in purple font.

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 11 responders answered, as shown in Graph 1.

Graph1: Application of skills / knowledge



The majority of responders (73%, 8) had used skills and knowledge from the course in practice. Those that answered 'No' to this question (27%, 3) 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. Two of the responders stated they were not currently working with young people. The other responder had provided advice remotely, not face to face.

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 (73%, 8).

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

3.2 The Leaning 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 8 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.

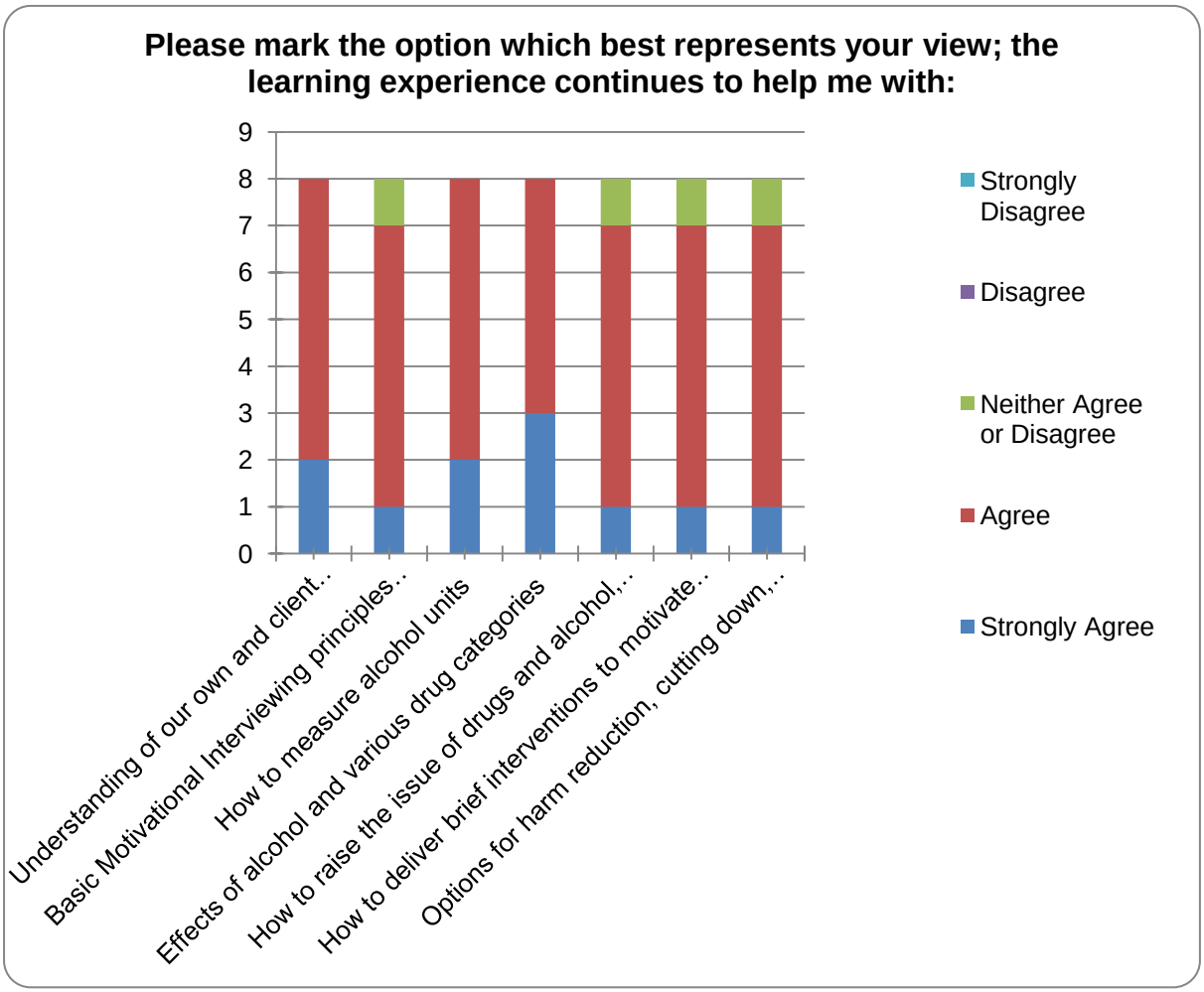
In the remaining categories, each had one responder state that they neither agreed nor disagreed that the learning experience continues to help them. However the remaining responders (7) all strongly agree or agree that the learning experience does continue to help them with:

- basic motivational interviewing principles and key delivery skills
- how to raise the issue of drugs and alcohol, including indentifying 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.

The majority of responders agree the learning continues to help them. This is most prominently expressed regarding the effects of alcohol and various drug categories. This is interesting, as was often a category with less associated confidence previously.

Graph 2: The Learning Experience



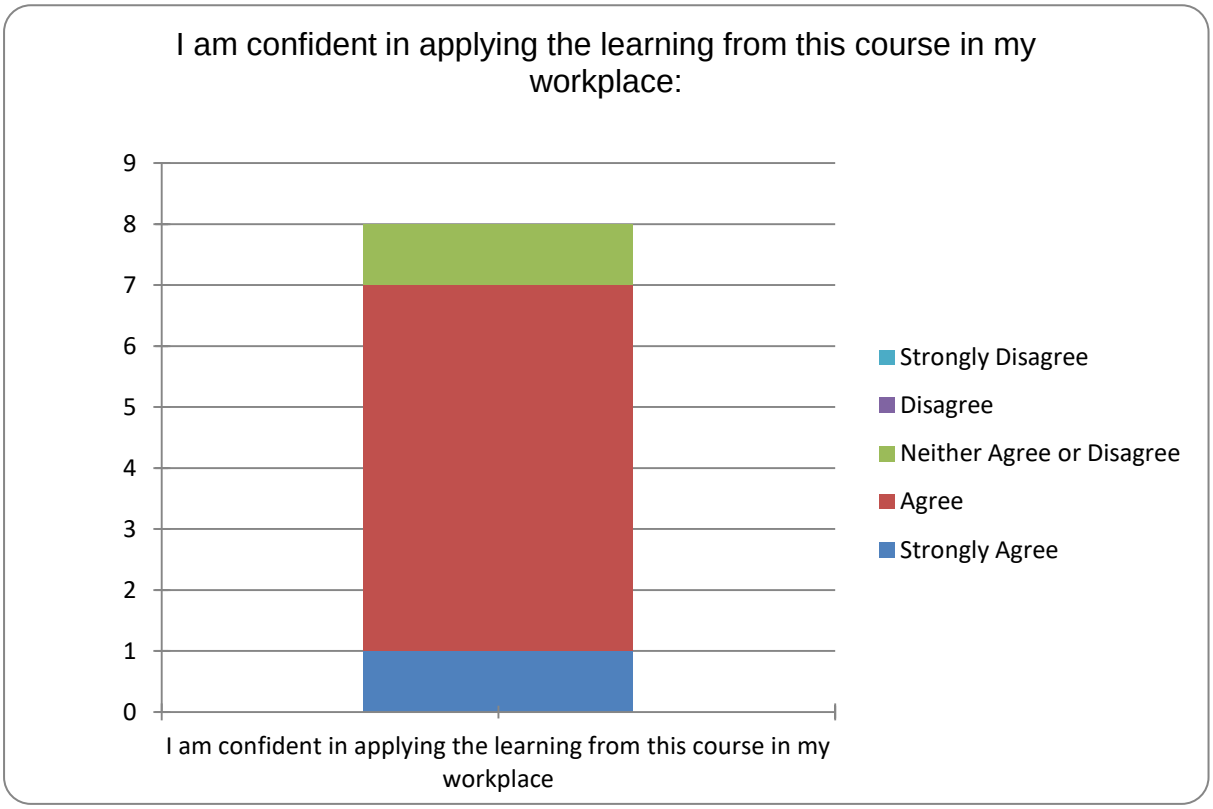
3.3 Confidence

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.

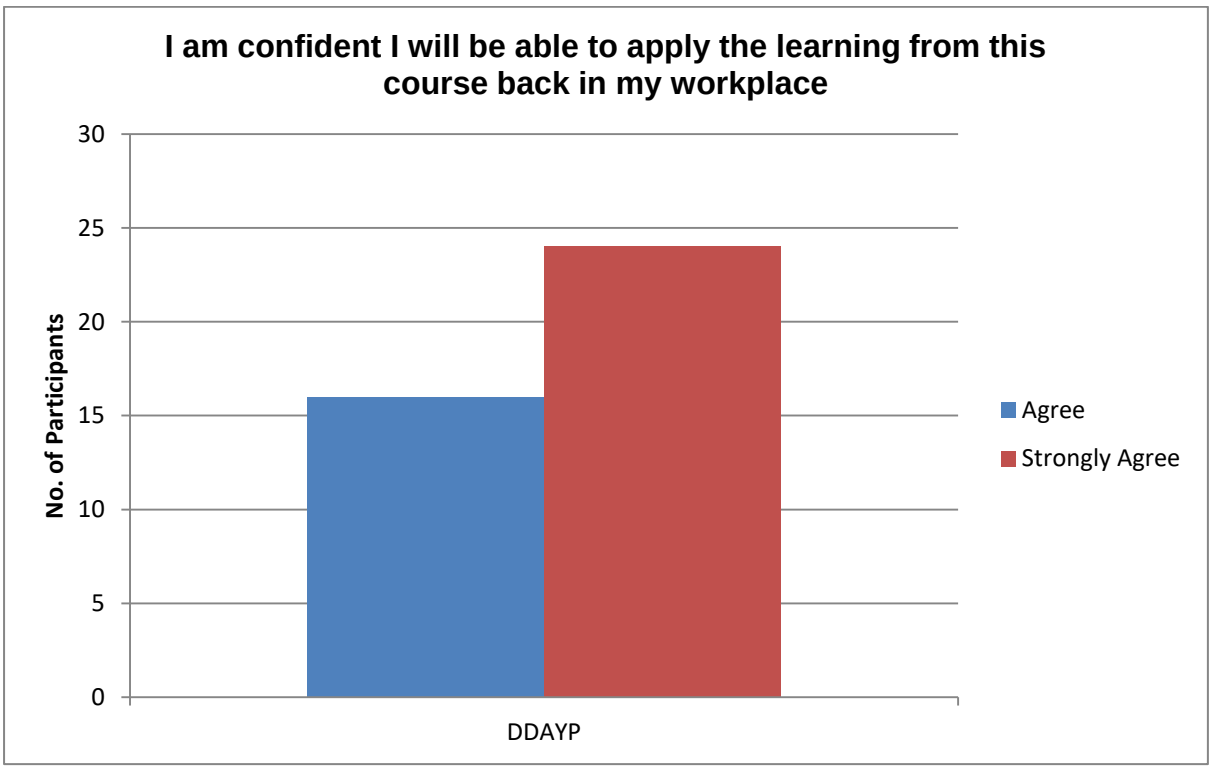
All 8 remaining responders answered this mandatory question, as per Graph 3. The majority of responders (88%, 7) agree or strongly agree that they feel confident in applying the learning from this course in their workplace. Compared to participants from the post course evaluation (Graph 4) there is a difference between the two sets of data. Graph 4 shows that all participants strongly agreed or agreed, however one

responder now seems to have lost some confidence. Some insight into this experience is considered later, informed by information provided in free text options.

Graph 3: Confidence – further evaluation



Graph 4: Confidence - post course



As already highlighted, fewer people completed the survey compared to the post course evaluation: 11 compared to over 49. However, it is to be expected that the majority of participants complete post training evaluation, with a lower response rate for follow up evaluation. Confidence levels have remained mostly high.

3.4 Examples or case studies

Of the responders who had applied knowledge and skills in practice, 7 of the 8 (88%) 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 (3) of these were practical examples of interventions delivered, for example:

> *One of our young people has become involved in taking alcohol as a way to escape their issues - I managed to sit down with them and talk confidently about this and on finding other ways to cope - this was taken onboard by young person and they now go for long bike rides instead of taking alcohol.*

> *During a conversation with a young person who was discussing drinking at the weekend, I was able to offer advice and use the unit indicator tool.*

While other examples (4) were around other actions following the training, for example:

> *Speaking directly with parents, looking at wider strategic planning across ASG* [associated school group]*, and Charter for Tobacco free generation involvement*

> *I delivered drug and alcohol awareness lessons to my P6/7 class which we then used to help build a drug and alcohol policy for the school. The children also built and collected responses to a questionnaire from the wider school and community about what this policy should look like.*

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 being put to further support children young people.

3.5 Benefits to Young People

When asked in what ways the application of brief intervention skills benefits young people, 7 responders (88%) answered this non-mandatory question. The most common response (3) indicated an increase in ability and confidence for the responders; and this in turn would support the young people, for example:

> *I am more confident and feel informed.*

> *I feel better equipped when having discussions.*

> *By staff having the confidence to talk to Parents about these issues, the children and young people at home are being supported inadvertently.*

There were two responses regarding direct behaviour of young people:

> *It benefited them from a health point of view and also by enabling them to stay out of trouble as they were shoplifting to get the alcohol.*

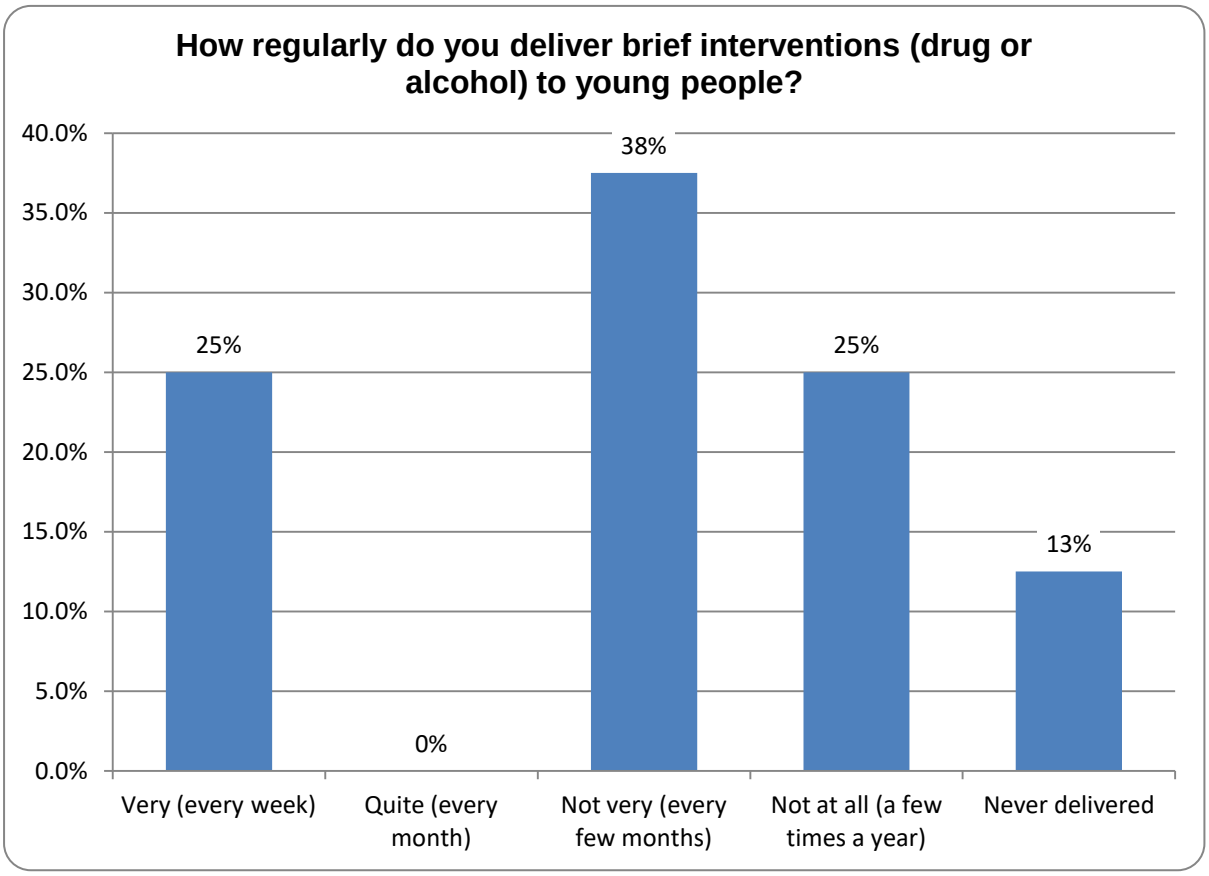
> *It has made those we worked with more educated, informed and empowered to make change and support others.*

3.6 Frequency of brief interventions

Responders indicated how often they delivered brief interventions, as shown in Graph 5. All 8 eligible responders answered this mandatory question.

All but one of the responders (88%) 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 5: Frequency of brief interventions

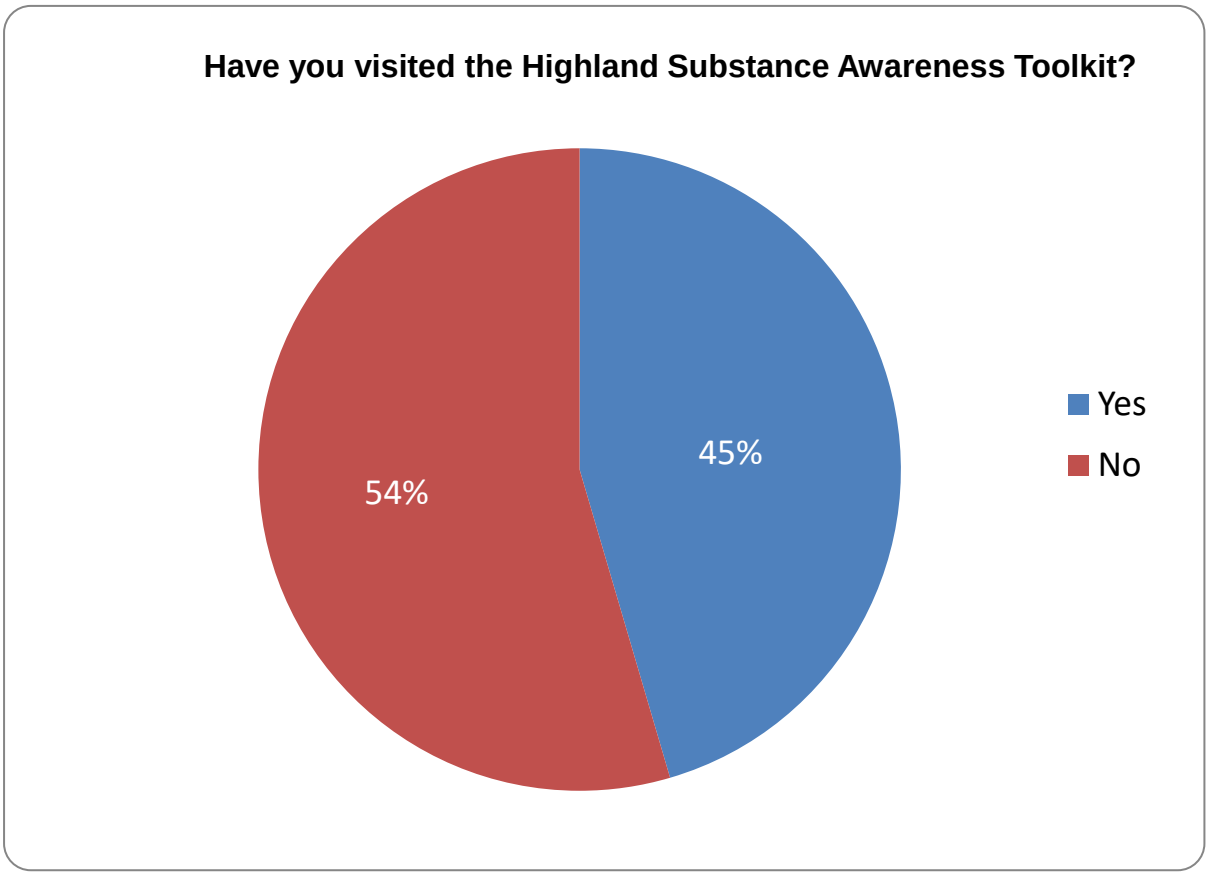


3.7 Highland Substance Awareness Toolkit

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 11 responders were asked if they have visited the Toolkit; all responded as per Graph 6.

Five (45%) 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 6: Highland Substance Awareness Toolkit use



3.8 Highland Substance Awareness Toolkit Usefulness

Participants were then asked how useful they found the H-SAT. 11 responders answered this question, as in Graph 7. All responders (45%, 5) who had visited the H-SAT found it very or quite useful. One responder suggested an improvement for the toolkit:

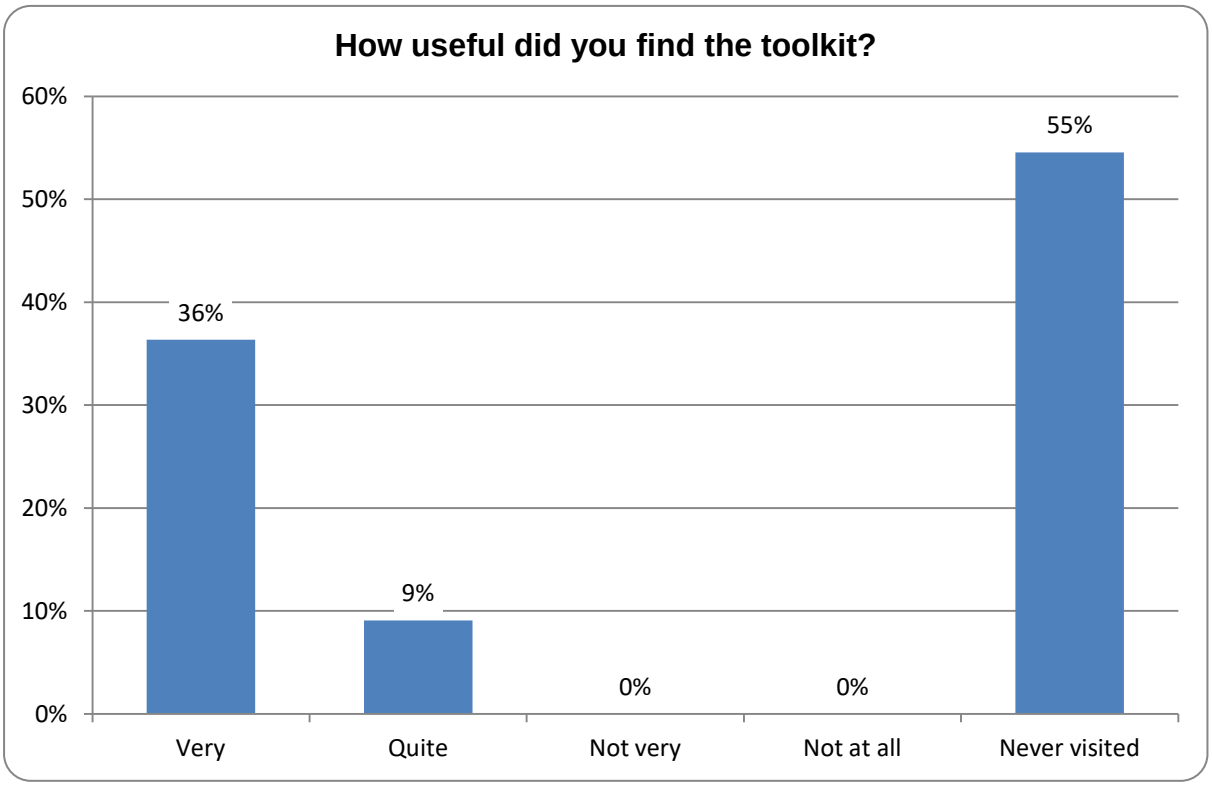
Lesson plans could perhaps have additional ideas for activities.

This improvement suggestion will be consider with the other suggested improvements.

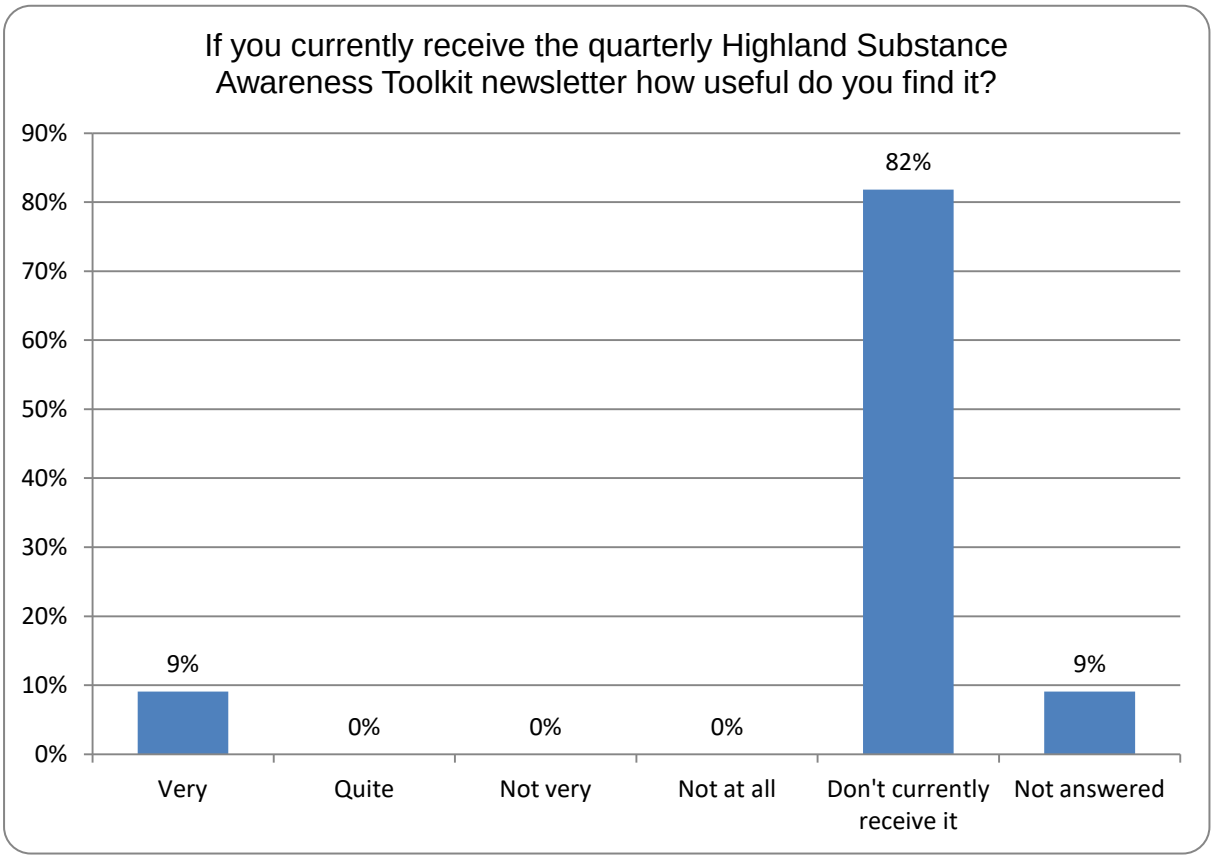
3.9 Highland Substance Awareness Toolkit newsletter usefulness

Participants were also asked if they found the newsletter that comes from the Toolkit useful. All responders answered this question as per Graph 8.

Graph 7: Highland Substance Awareness Toolkit usefulness



Graph 8: Highland Substance Awareness Toolkit newsletter usefulness



As more than half of the responders had not visited the H-SAT, it is unsurprising that the majority were not currently receiving the newsletter. It is reassuring that the one responder that does receive the newsletter found it very useful. Within the survey, a link was provided to sign up to the newsletter.

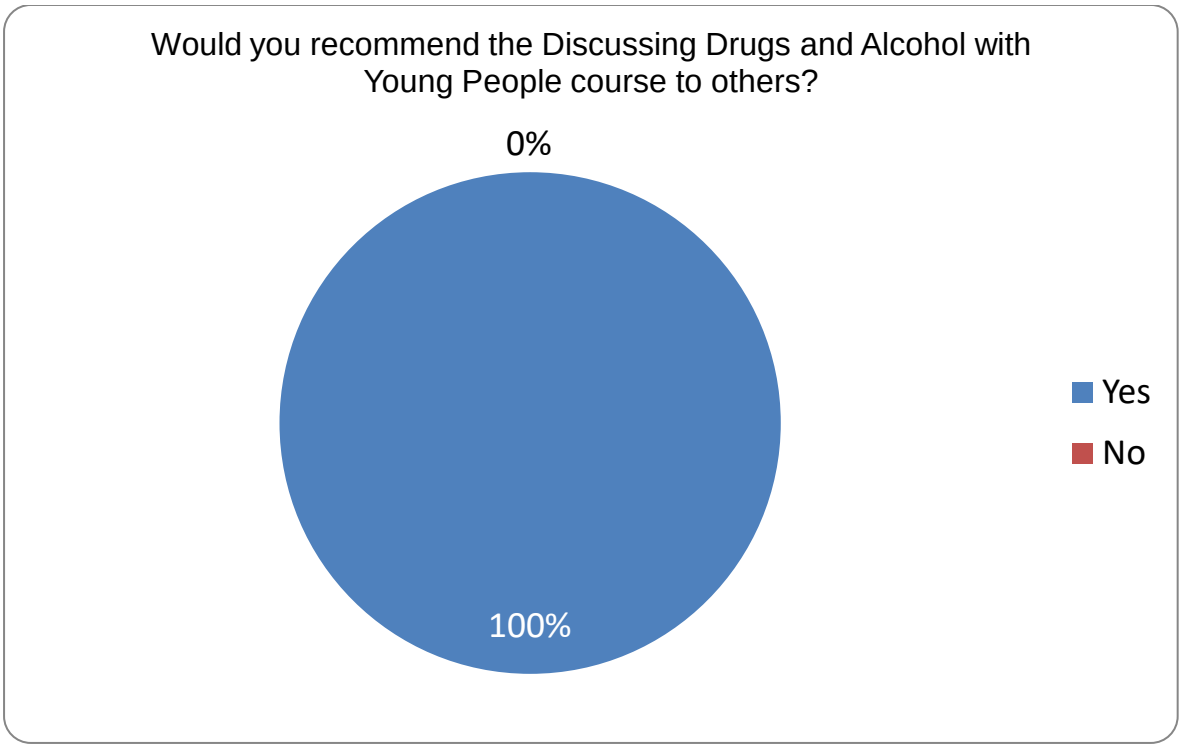
3.10 Course Recommendation

The final quantitative question asked participants if they would recommend the course to others. All 11 responders replied, as per Graph 9.

3.11 Suggestions for Improvement

Participants were asked if they had any suggestions for improvement of the course. 5 responders answered. 4 comments of general praise about the course were provided, including the course structure. Suggestions for improvements (4) included a parental engagement link for families to consider these issues together, another suggested more information on the practicalities on classroom learning, and another suggested more role play and a refresher option for the course. This responder also mentioned they felt less confident now that some time had passed since the training, as highlighted in Graph 3. One comment indicated the respondent was disappointed they hadn't been able to put the learning into practice.

Graph 9: 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. 5 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, with three responding. Two comments were of thanks, while another again expressed their disappointment of not currently working with young people, and therefore not able to put the learning into practice.

4. Conclusion

A successful response rate identified confidence in delivery of skills in practice, with 88% of responders strongly agreeing or agreeing they feel confident in applying the learning from this course in their workplace. 88% 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 work programmes. Recommendations for future developments will be considered with the team of DDAYP trainers. 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. Further insight at Level 3 evaluation involving young people and line managers will be undertaken.

5. Recommendations

Ensure a timelier request for further evaluation to try to improve response rate, and act as a timely reminder of the training and its content.

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.

The suggestions from responders regarding lesson plans and other teaching suggestions, parental involvement and more role play will be considered for the updated DDAYP course. Indeed including more role play was already a suggestion that had been factored into the updated training. The updated course 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/ [16th April 2020]

Appendices

Appendix 1: *Discussing Drugs and Alcohol with Young People: course follow up evaluation* survey Year 3

Survey Questions