



LIVING WELL

**October/November 2009 Training
Workshops**

EVALUATION REPORT
**Provided for the Alcohol Advisory
Council of New Zealand**
May 2010

Prepared by Martin Dawe
Health & Safety Developments



For Kina Trust

Contact for information:

Trish Gledhill

Director/Executive Trustee
Kina Families & Addictions Trust
PO Box 1106
Napier

trish@kinatrust.org.nz

Phone: 06 8351731 or 021 247 6149

Table of contents

| | |
|--|----|
| Executive summary | 3 |
| 1. Introduction | 6 |
| 2. Overview of method..... | 7 |
| 2.1 Evaluation aims | 7 |
| 2.2 Evaluation processes..... | 7 |
| 3. Results..... | 8 |
| 3.1 Immediate post training survey | 8 |
| 3.1.1 Participants' professional roles..... | 8 |
| 3.1.2 Quality of the training..... | 9 |
| 3.1.3 Perceived knowledge and skills prior to and post training..... | 9 |
| 3.1.4 Confidence | 11 |
| 3.1.5 Suggestions for improving the training..... | 12 |
| 3.1.6 Plan to apply the training and the Living Well model and resources in practice setting | 13 |
| 3.1.7 Summary of immediate post training survey | 13 |
| 3.2 Focus groups | 13 |
| 3.2.1 Reflections on the training workshop..... | 14 |
| 3.2.2 The resources..... | 14 |
| 3.2.3 Influences on practice..... | 14 |
| 3.2.4 Barriers and challenges..... | 15 |
| 3.2.5 Ideas for further development | 15 |
| 3.2.6 Summary of results from Kina Trust focus groups..... | 16 |
| 3.3 3-month follow-up on-line survey..... | 16 |
| 3.3.1 Staff roles and practice settings..... | 16 |
| 3.3.2 Living Well training session attended by survey respondents | 17 |
| 3.3.3 Self-rating of knowledge and skills since completing the training | 17 |
| 3.3.4 Integration of workshop learning into practice..... | 18 |
| 3.3.5 Barriers experienced in integrating training into practice..... | 19 |
| 3.3.6 Additional support required from Kina Trust | 20 |
| 3.3.7 Benefits experienced from using the <i>Living Well</i> approach | 21 |
| 3.3.8 Summary of results from the on-line survey | 22 |
| 4. Discussion | 23 |
| 4.1 Limitations to the evaluation..... | 24 |
| 4.2 Considerations for the future | 24 |
| 4.3 Conclusions | 25 |
| Appendix 1: Kina Trust training evaluation form..... | 26 |
| Appendix 2: Living Well Workshop Invitation and On-line Survey | 28 |

Executive summary

Between 30 October and 30 November 2009 Kina Families & Addictions Trust (Kina Trust) delivered 7 *Living Well* training workshops for people working in primary care (i.e. health and social services) in a range of locations nationally. The training was funded by ALAC as an early intervention project.

The objectives of the training were to provide workshop participants with an understanding of:

1. Family addiction issues.
2. The continuum of alcohol and other drug use.
3. The Stages of Change model.
4. How to apply the *Living Well* model in their service.
5. Family risk and resilience.
6. Accessing other services.

The overall aims of the evaluation were to determine:

- Participants' reactions to the training.
- How the training workshops increase training participants' capacity to work with family members.
- Issues experienced by participants in applying the *Living Well* approach in the primary care context.

Evaluation activities included an immediate post training survey, focus groups and an on-line 3-month follow-up survey. Evaluation activities were undertaken by Kina Trust staff and by Martin Dawe, Health & Safety Developments. The evaluation methodology was relatively cost-effective and provides a sound basis for any further development and evaluation.

The training was attended by staff in various roles working in a range of primary care settings. Participants were predominantly from non-alcohol and other drug specialist settings.

Immediate post training survey results

Data from 84 workshop participants were gathered by Kina Trust at the completion of the 7 sessions. Overall the results from the immediate post training survey show a high level of satisfaction with the training content and process. The respondent self-ratings indicate substantial gains in all key learning areas. Training improvement suggestions provided by participants were relatively minor and include developing a training DVD and/or a train the trainer approach. Participants noted that they planned a range of ways of applying the training and using the resources in their practice settings.

Focus group results

Focus groups were carried out in 4 locations by Kina Trust in February 2010 with selected participants of the workshops. The focus group results indicate that the training was useful in equipping participants to intervene in alcohol and other drug related family issues and that the resource is applied in a range of contexts.

Participants noted that key barriers or challenges to using the training and resources include the cost of the *Living Well* booklet, organisational issues (e.g. lack of support) and lack of local services to support families.

A number of suggestions for improving the training, resources, and provision of on-going support were made for further consideration by Kina Trust, including provision of refresher courses, access to advice, further resources and more training. Some of these barriers and challenges could be relatively easily addressed by Kina Trust, while others would require a more intensive approach of combining the training with active organisational support.

3-month post training follow-up on-line survey results

All workshop participants were invited to complete an on-line follow-up survey approximately 4-months after completing the training. Twenty one participants responded by the survey cut-off date of 21 April 2010 (i.e. approximately a 25% response rate). The small number of respondents is a limitation to drawing more definitive conclusions from these data. However, if further workshops are evaluated in a similar manner, then firmer results could be obtained as overall respondent numbers are increased.

Responses show clearly that participants perceived that they have gained substantially in terms of knowledge, skill and confidence in working with families with alcohol and other drug issues. Results were broadly consistent with the immediate post training survey and the focus groups.

Approximately half of the respondents had been able to integrate the workshop learning into their practice and a further 25% had integrated the learning in a limited way. This provides a benchmark for any future training expectations with this type of workforce.

Key barriers to integrating the learning were identified as time pressures and cost of the *Living Well* resource, while just over 40% indicated that there were no barriers.

Results also highlight that almost all workshop participants who responded to the on-line survey had experienced benefits of the *Living Well* approach, in particular, the ability to provide information to families and general improvement in practice with families.

Considerations for the future

The results suggest that the *Living Well* training and resources warrant further implementation. To achieve this, it is suggested that further investment is required including:

- Funding of further *Living Well* training and provision of *Living Well* booklets.
- Funding to support the reduction or elimination of the cost of the booklets to assist implementation.

Participants suggested that the provision of a refresher course and access to advice/support when issues arise were 2 key ways for Kina Trust to further support participants' integration of the *Living Well* approach. Prioritisation and funding for these and other suggestions could be explored by Kina Trust as a means of building on the positive results achieved thus far.

The piloting of training combined with structured organisational support of participants to integrate the *Living Well* model is warranted to determine if contextual and organisational barriers or challenges could be more effectively overcome.

Further evaluation of the training and use of the *Living Well* model is recommended to further determine the effectiveness of the approach. At a minimum, the evaluation developed should be continued, but consideration could be given to additional methods such as interviews with families and whanau, managers and supervisors and direct

observation of practice. This would better measure changes in actual practice and the benefits of such changes.

Conclusions

Participants were overwhelmingly positive towards the training and indicate substantive gains in all key learning areas including participants' perceived capacity to work with family members regarding alcohol and other drug issues. Overall, the evaluation indicates that people working in a range of non-alcohol and other drug specialist services/settings found that the *Living Well* approach is an accessible model and is generally able to be integrated into practice. The results suggest that the *Living Well* training and resources warrant further implementation.

May 2010

Martin Dawe
Health & Safety Developments

1. Introduction

Between 30 October and 30 November 2009 Kina Families & Addictions Trust (Kina Trust) delivered *Living Well* training workshops for people working in primary care (i.e. health and social services). The training was funded by ALAC as an early intervention project.

Living Well training focuses on the application of the Kina Trust publication '*Living Well - strategies for the families and friends of people using alcohol and drugs*'.

The objectives of the training were to provide workshop participants with an understanding of:

1. Family addiction issues.
2. The continuum of alcohol and other drug use.
3. The Stages of Change model.
4. How to apply the *Living Well* model in their service.
5. Family risk and resilience.
6. Accessing other services.

As a means to begin to determine the effectiveness of the training workshops, evaluation activities were undertaken by Kina Trust and Health & Safety Developments. Martin Dawe, Health & Safety Developments acted as an independent evaluator contracted by Kina Trust to input into the overall process, with a focus on the 3-month follow-up survey, and to compile this overall report. All evaluation activities were undertaken between October 2009 and March 2010.

The aims, processes and findings of the evaluation activities are outlined in this report. A discussion of the findings provides a brief summary of results, possible implications for the future, and overall conclusions of the evaluation for Kina Trust and its stakeholders.

2. Overview of method

This section provides a brief overview of the evaluation methods that were developed and agreed with Kina Trust prior to carrying out the training.

2.1 Evaluation aims

The overall aims of the evaluation were to determine:

- Participants' reactions to the training.
- How the training workshops increase training participants' capacity to work with family members.
- Issues experienced by participants in applying the *Living Well* approach in the primary care context.

2.2 Evaluation processes

The evaluation included three interlinked processes as follows:

1. Immediate post training survey: An evaluation survey was administered by Kina Trust staff immediately at the conclusion of each of the seven training events (October/November 2009).

All participants at the training workshops were invited to complete an evaluation survey. The Kina Trust training evaluation form is shown in Appendix 1.

2. Selected post training focus groups: Four focus groups of selected training workshop participants were undertaken by Kina Trust staff to explore potential issues in the use of the *Living Well* approach and resources. These focus groups were conducted in February 2010 (approximately 2-months post training) and were led by a Kina Trust staff member who was not the workshop trainer. The focus group results were reviewed to inform the development of the on-line survey (see below).
3. 3-month follow-up on-line survey: An on-line survey of training workshop participants was undertaken approximately 4 months after the training event. The survey start was slightly delayed due to a delay in Kina Trust approving the survey form. Participants were invited to complete the survey on 31 March 2010 and the survey closed off on Wed 21 April 2010 (3-weeks).

The on-line survey was developed by Health & Safety Developments in consultation with Kina Trust. The survey was designed to be consistent with the Kina Trust immediate post training survey and drew on themes identified in the focus groups. Kina Trust invited all training workshop participants to complete the survey via an email invitation containing a web link to the survey. Participants were offered an opportunity to enter a prize draw as an incentive to encourage participation in the evaluation. Kina Trust also provided 2 email reminders to training workshop participants to encourage completion of the survey.

The invitation to participate in the survey and the on-line training evaluation questions are shown in Appendix 2.

3. Results

Summary results for each of the 3 evaluation data sources are outlined in the section below.

3.1 Immediate post training survey

All participants attending the training were invited to complete an evaluation survey at the conclusion of the training event. The survey explored a number of key items in relation to the objectives of the training, training content and resources and training processes. The results from the survey are outlined below. Training evaluation data were provided electronically to Health & Safety Developments by Kina Trust for this report. The number of training evaluation forms collected by Kina Trust staff at the seven training sites is shown in Table 1 below. In total, 84 evaluation forms were completed and analysed.

Table 1. Workshop sites and number of completed evaluation surveys

| Location | No. of completed evaluation surveys |
|--------------|-------------------------------------|
| Hawkes Bay | 8 |
| Auckland | 12 |
| Hamilton | 15 |
| Whangarei | 16 |
| Temuka | 8 |
| Christchurch | 8 |
| Dunedin | 17 |
| Total | 84 |

3.1.1 Participants' professional roles

Of the 84 training workshop participants completing the feedback form, 75 (89%) stated a role. Most stated the 'other' category¹ (30, 36%) followed by social worker (15, 18%), nurse (12, 14%) and AOD counsellor/counsellor (10, 12%). A full breakdown is shown in Table 2 below.

Table 2. Workshop participants' role

| Role | No. | % |
|--------------------|-----|------|
| AOD Counsellor | 3 | 4% |
| Counsellor | 7 | 8% |
| Manager | 2 | 2% |
| Social Worker | 15 | 18% |
| Nurse | 12 | 14% |
| Other ¹ | 30 | 36% |
| Support Worker | 3 | 4% |
| Youth Worker | 3 | 4% |
| Not specified | 9 | 11% |
| Total | 84 | 100% |

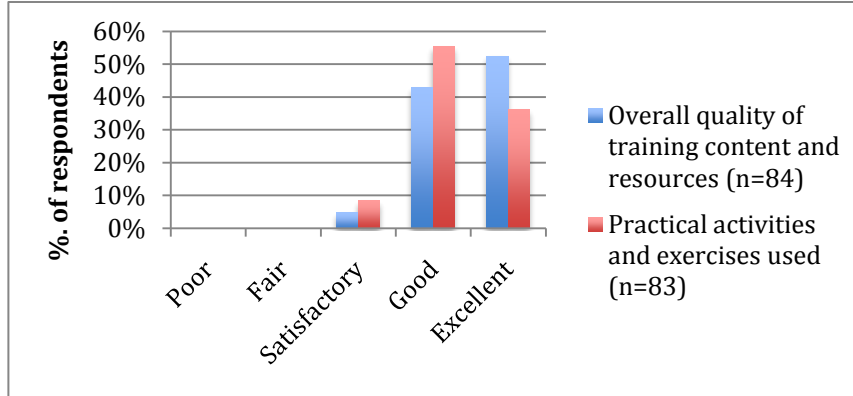
¹ This included a broad range of roles, e.g. various 'coordinator' or 'facilitator' roles, various administration roles, budget advisor, etc.

3.1.2 Quality of the training

All respondents rated the quality of the training content and resources as satisfactory or better, with 95% rating the quality as good or excellent. Similarly all respondents rated the learning activities used in the training as satisfactory or better with 92% rating the learning activities as good or excellent.

These results are shown in Chart 1 below.

Chart 1. Perceived quality of training (2 items)



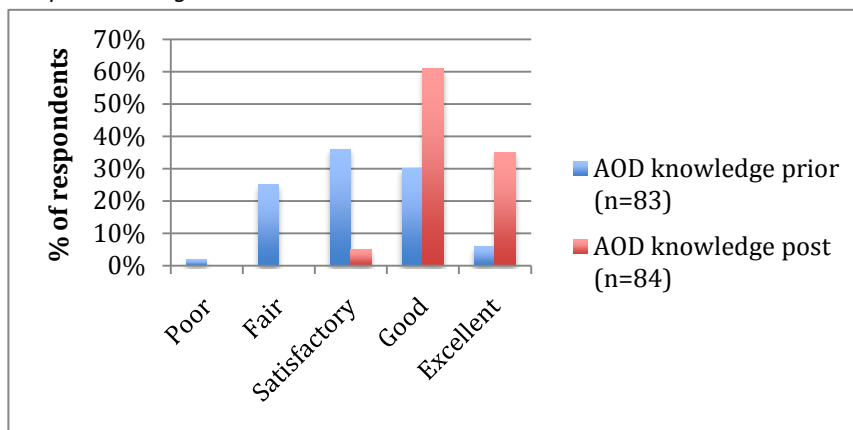
3.1.3 Perceived knowledge and skills prior to and post training

Respondents were asked to rate their knowledge and ability on key items relevant to the training objectives immediately post training, with some items asking for perceptions comparing knowledge and abilities prior to training and post training. Results are outlined below.

a) Knowledge about alcohol and other drug concerns and families

Prior to the training 30% of respondents rated their knowledge as poor or fair, with a further 36% rating their knowledge as satisfactory, 30% as good and 6% as excellent. After the training all participants rated their knowledge as satisfactory or better with 95% rating their knowledge as good or excellent. This represents a substantial gain in perceived knowledge. These results are shown in Chart 2 below.

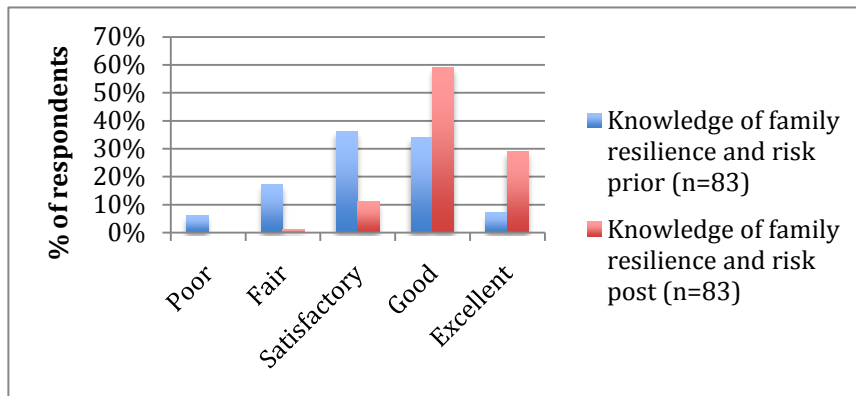
Chart 2. Change in perceived knowledge about alcohol and other drug (AOD) concerns and families pre and post training



b) Knowledge of family resilience and risk

Results indicate that respondent self-ratings of knowledge of family resilience and risk improved substantially after the training. For example, 23% of respondents rated their knowledge as fair or poor prior to the training and only 1% rated their knowledge as fair or poor after the training. Those rating their knowledge as good or better increased from 41% prior to the training to 89% after the training. These results are further outlined in Chart 3 below.

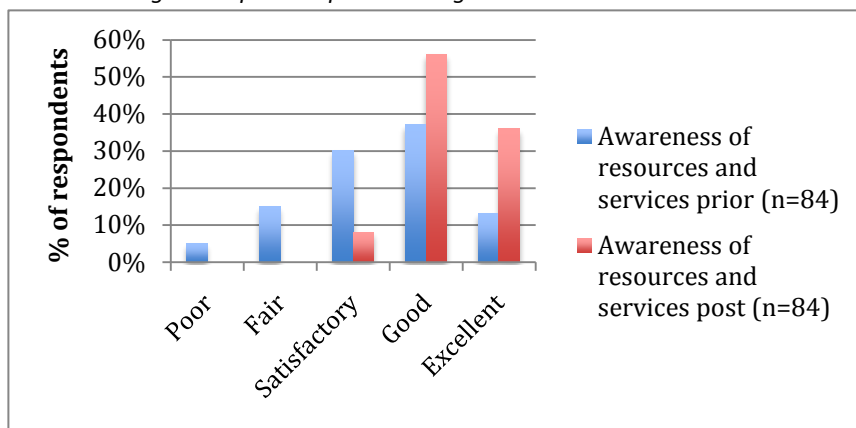
Chart 3. Change in perceived knowledge of family resilience and risk pre and post training



c) Awareness of resources and services to support families concerned about alcohol and other drug issues

Results indicate that respondent self-ratings of awareness of resources and services improved substantially as a result of participating in the training. After the training all respondents rated their awareness as satisfactory or better, with 92% (compared with 50% before the training) rating their awareness as good or excellent. Results are shown in Chart 4 below.

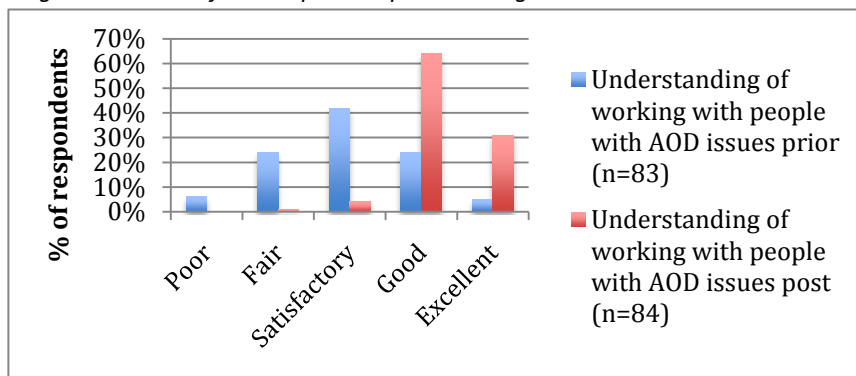
Chart 4. Change in awareness of resources and services to support families concerned about alcohol and other drug issues pre and post training



d) Understanding of ways to work with people experiencing alcohol and drug issues in their families

Prior to the training 30% of respondents rated their knowledge as poor or fair, with a further 42% rating their knowledge as satisfactory, 24% as good and 5% as excellent. After the training 99% of respondents rated their knowledge as satisfactory or better with 95% rating their knowledge as good or excellent. This represents a substantial gain in understanding of ways to work with people experiencing alcohol and drug issues in their families. These results are shown in Chart 5 below.

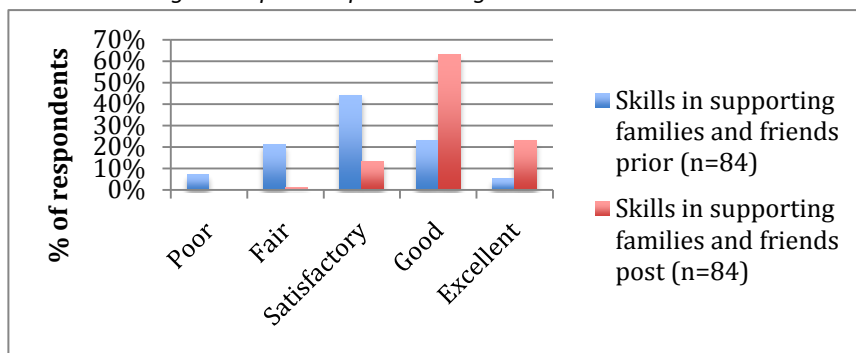
Chart 5. Change in perceived understanding of ways to work with people experiencing alcohol and drug issues in their families pre and post training



e) Skills in supporting the families and friends of people with alcohol and drug issues

Results indicate that respondent self-ratings of their skills in supporting families improved as a result of participating in the training. After the training 99% rated their skills as satisfactory or better, with 86% (compared with 28% before the training) rating their skills as good or excellent. Results are shown in Chart 6 below.

Chart 6. Change in perceived skills in supporting the families and friends of people experiencing alcohol and drug issues pre and post training



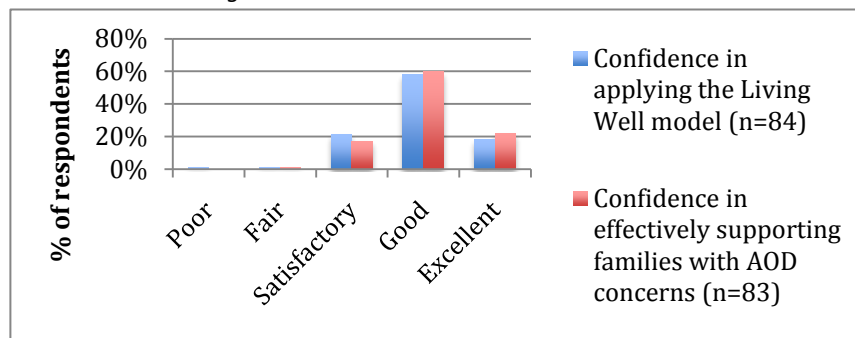
3.1.4 Confidence

Respondents were asked to rate their level of confidence in applying the *Living Well* model. Results show that 98% of respondents rated their confidence as satisfactory or better.

Additionally respondents were asked to rate their overall confidence in effectively supporting families with alcohol and other drug concerns. Results show that 99% rated their confidence as satisfactory or better.

Results from both these questions are shown in Chart 7 below.

Chart 7. Perceived confidence in applying the Living Well model and effectively supporting the families with alcohol and drug concerns



3.1.5 Suggestions for improving the training

A total of 25 responses were made in regard to suggestions or comments to improve the training workshop. Of these, four respondents noted that they had no suggestions and a further four made positive comments on the training. For example:

- *“Well run and good integration.”*
- *“All good & helpful info.”*

Eight respondents suggested that more information would be helpful and in particular information relevant to alcohol and other drugs and to the New Zealand context. For example:

- *“Standard drinks pamphlets.”*
- *“Slides on what drugs look like.”*
- *“Resources in other Pacific languages.”*
- *“Cultural input.”*

Two respondents suggested the training would be improved if it had more of a child focus. For example:

- *“Focus on effects with children.”*

Five respondents made suggestions in relation to the training process. These comments were mixed with no overall theme emerging. The comments were:

- *“Found play family distracting.”*
- *“More time for practice and feedback.”*
- *“Moving around in the beginning of the day.”*
- *“Pre-prepared scenarios/role-play.”*
- *“Role play after lunch.”*
- *“Role play.”*

One respondent suggested that the training be offered in other Northland locations.

3.1.6 Plan to apply the training and the Living Well model and resources in practice setting

A total of 67 respondents responded to the question: *Please indicate how you plan to utilise the training and the Living Well model and resources in your work?*

The following themes are evident in the responses:

- Integrating the 5 step model into everyday practice.
- Applying the listening skills learned and the awareness gained.
- Sharing the learning with colleagues.
- Using the model with specific client groups eg, with young people; with families; in face-to-face work; with groups; in “recovery church”.

Examples of comments are as follow:

- *“Applying content of training into everyday work.”*
- *“Model can be used alongside own model.”*
- *“Will definitely use the model.”*
- *“Listening to my client/whanau. Provide with the Living Well booklet.”*
- *“Distribute and disseminate info to colleagues.”*
- *“Helping to start 'Recovery Church'.”*
- *“Include in group or individual sessions.”*

3.1.7 Summary of immediate post training survey

Overall the results from the immediate post training survey show a high level of satisfaction with the training content and process. The respondent self-ratings show substantial gains in all key learning areas. Training improvement suggestions are relatively minor and participants planned a range of ways of applying the training and use of the resources into their practice settings.

3.2 Focus groups

Follow up focus groups were held in four locations and were attended by a total of 18 participants. Focus group locations and participant numbers are shown in Table 3 below:

Table 3. Focus group sites and number of participants

| Location | No. of participants |
|------------|---------------------|
| Auckland | 4 |
| Whangarei | 4 |
| Hawkes Bay | 4 |
| Dunedin | 6 |
| Total | 18 |

The focus groups were semi-structured and sought to explore some of the post training implementation issues and barriers to using the model. Summary notes from each of the focus groups were provided to Health & Safety Developments by Kina Trust for analysis and inclusion in this report. Key themes emerging from the focus groups are outlined below.

3.2.1 Reflections on the training workshop

Focus group participants commented very favourably on the training workshops both in terms of content and process.

Participants commented that the process was engaging, utilised a good balance of audio visual and interactive material, was well structured and well facilitated. For example:

- *“The large group of people many of whom didn’t know each other was facilitated well so that people connected +++facilitation skills.”*
- *“Is this my job? Started very negative at the workshop but became really engaged.”*

Comments on the content of the workshop were similarly positive. Key themes included the value of the alcohol and drug information and the empowering and validating nature of the workshop. For example:

- *“Learnt extent of drugs – increased understanding. Understanding methadone more - Not usually feeling equipped to handle these things.”*
- *“Supported what we do - strengthened and validated approaches.”*

3.2.2 The resources

Comments on the nature of the resources was positive indicating that the *Living Well* booklet is useful and other publications were useful eg, *Focus on Drugs* and well received by families.

A number of participants indicated that they were using the resources and the approach.

Comments suggest that both have application in a variety of contexts, for example: home visits, 1 – 1, community settings, events and promotional activities.

The cost of the booklet was noted as a reason to conserve usage.

Two focus group participants noted that there had been little opportunity to use the resource.

3.2.3 Influences on practice

Focus group participants outlined a number of examples of how the training has impacted on their practice and gave specific examples regarding this. A key theme was that the training had contributed towards a sense of adequacy (i.e. of being equipped) and confidence in addressing alcohol and other drug issues with families and whanau.

Participants commented specifically on the usefulness of learning about motivational approaches and harm minimisation. Comments indicate that the training enabled them to raise options that were useful to families. Some also noted the usefulness of the resource in engaging families.

3.2.4 Barriers and challenges

Focus group participants were asked to identify any barriers or challenges to implementing the training in their practice. A number of key themes emerged including:

- Cost of the providing the resources.
- Lack of organisation support, such as understanding of and support for the approach; lack of supervision.
- Organisational contextual issues such as lack of time, lack of resources, paperwork requirements, high staff turnover, policies that are incompatible with the approach.
- Inadequacy of local services to refer families to, particularly in rural areas.
- Other contextual issues such as transient families, long distances to cover, lack of inter-agency coordination.
- One person noted that they did not feel sufficiently equipped.

3.2.5 Ideas for further development

Focus group participants offered a range of suggestions for further development of resources. These included:

- Developing a workbook.
- Offering free drug tests to go with the resources.
- Posters for organisations to prompt workers to use the model.
- Posters for families.
- Developing more affordable resources that can be reproduced less expensively eg PDF format, downloadable.
- Pocket sized resources.
- Resources in other languages.

A number of suggestions related to the training. These included:

- Developing “train the trainers” training so people can train their teams and colleagues.
- Developing a CD or DVD of the training to reach those in remote locations.
- Having the training accredited for CPD points by DAPAANZ.
- Developing additional training in Brief Intervention and extending this to other groups such as church groups, sports groups, youth groups etc.
- Ensuring training is provided locally.
- Ensuring opportunity for local networking and linking.

Some participants suggested that follow-up training would be useful to help maintain a focus on *Living Well*. Related to this was a suggestion that Kina Trust actively market the approach as a means of fostering its use by providing regular emails with updates, success stories etc and develop a *Living Well* page on the Kina Trust Website.

A range of other suggestions were made with no particular themes emerging, these included:

- Provide assistance in establishing family and whanau groups.
- Engage management support.
- Offer more ideas about how to incorporate FIP information and transfer it into sector standard requirements.

3.2.6 Summary of results from Kina Trust focus groups

The focus group results indicate that the training is useful in equipping participants to intervene in alcohol and other drug related family issues and that the resource is applied in a range of contexts.

Key barriers or challenges identified include cost of the resource, organisational issues and inadequate local services to support families.

A number of suggestions for improving the training, resources, and provision of on-going training workshop participant support were made for further consideration by Kina Trust.

3.3 3-month follow-up on-line survey

All workshop participants were invited to complete a follow-up on-line survey three months after completing the survey. The survey aimed to show the extent to which participants were applying the training in practice and to identify barriers to this. In total 21 training workshop participants completed the on-line survey. Results are summarised in this section.

3.3.1 Staff roles and practice settings

Nurses were the largest group completing the on-line survey (4 of 21 respondents), followed by community support workers (3 respondents). The remaining respondents were a mix of Social Workers (2 respondents), Counsellors (2 respondents), Youth workers (2 respondents), Family workers (1 respondent), AOD Counsellor (1 respondent), Clinical advisor/coordinator (1 respondent), Manager/supervisor (1 respondent). A total of 4 respondents selected "other" as their staff role category. This group included Integrated Services Coordinators, a Mental Health Education Advisor, and a Kaimahi. These results are shown in Table 4 below.

Table 4. On-line survey respondents: Staff role

| Staff role | No. of respondents |
|------------------------------|--------------------|
| AOD counsellor | 1 |
| Clinical advisor/coordinator | 1 |
| Community Support Worker | 3 |
| Counsellor | 2 |
| Family worker/advisor | 1 |
| Manager/supervisor | 1 |
| Nurse | 4 |
| Occupational Therapist | 0 |
| Social Worker | 2 |
| Youth Worker | 2 |
| Other | 4 |
| Total | 21 |

A total of 15 respondents noted their practice setting. These results are shown in Table 5 below.

Table 5. On-line survey respondents: Practice settings

| Practice setting | No. of respondents |
|------------------------------|--------------------|
| GP practice | 3 |
| Social agency/organisation | 5 |
| Community organisation/group | 5 |
| PHO | 2 |
| Other | 7 |
| Total | 21 |

Practice settings included in the other category included Hospital, DHB, Government Department, Maori Community Team, NGO and Training Centre.

3.3.2 Living Well training session attended by survey respondents

Results show that almost half of the survey respondents attended the *Living Well* workshop in Whangarei (10 of 21 respondents) accounting for a 63% response rate from the participants from this workshop. A total of 5 respondents attended the Dunedin training session, with a further 2 for each of Auckland and Temuka and 1 each from Hawkes Bay and Christchurch. There were no on-line survey respondents from the Hamilton workshop. The overall response rate was 25%. These results are further shown in Table 6 below.

Table 6. On-line survey respondents: Training workshop location

| Workshop location | No. of on-line survey respondents | No. of completed evaluation surveys | % |
|-------------------|-----------------------------------|-------------------------------------|-----|
| Hastings* | 0 | - | |
| Napier* | 1 | 8** | 13% |
| Auckland | 2 | 15 | 13% |
| Hamilton | 0 | 12 | 0% |
| Whangarei | 10 | 16 | 63% |
| Temuka | 2 | 8 | 25% |
| Christchurch | 1 | 8 | 13% |
| Dunedin | 5 | 17 | 29% |
| Total | 21 | 84 | 25% |

*The on-line survey included Hastings and Napier as separate workshop sessions, but the workshop was a combined one.

**Categorised as Hawkes Bay by Kina Trust (i.e. combined Hastings and Napier)

3.3.3 Self-rating of knowledge and skills since completing the training

Survey respondents were asked to rate their ability in relation to a number of key items in relation to the training objectives. Results are summarised below and due to the small respondent numbers are discussed in broad categories, rather than detailing respondent percentage which could be misleading.

a) Knowledge about alcohol and other drug concerns and families

A total of 19 of the 21 respondents rated their knowledge about alcohol and other drug concerns and families as satisfactory or better with 17 of these rating their knowledge as good or excellent. Two respondents rated their knowledge as fair.

b) Understanding of ways to work with people experiencing alcohol and drug issues in their families

Almost all participants (20 of 21) rated their understanding of ways of working with people experiencing alcohol and drug issues in their families as satisfactory or better.

c) Skills in supporting the families and friends of people with alcohol and drug issues

Almost all participants (20 of 21) rated their skills in supporting families and friends as satisfactory or better.

d) Knowledge of family resilience

Almost all participants (20 of 21) rated their knowledge of family resilience as satisfactory or better.

e) Awareness of resources and services to support families concerned about alcohol and other drug issues

A total of 19 of the 21 respondents rated their awareness of resources as satisfactory or better.

f) Confidence in applying the Living Well model

Almost all participants (20 of 21) rated their confidence in applying the *Living Well* model as satisfactory or better, with just over half of the total group rating their confidence as good or excellent.

g) Overall confidence in effectively supporting families with alcohol and other drug concerns

Almost all participants (20 of 21) rated their confidence in effectively supporting families as satisfactory or better.

As noted above, the number of respondents in the 3-month follow-up survey are too small to draw any definitive conclusions, but in summary, responses indicate that the training has been effective in relation to all items. Further, the results are broadly comparable to the positive immediate post training results outlined above adding weight to the positive impact on participants across all dimensions of the training.

3.3.4 Integration of workshop learning into practice

Respondents were asked to indicate the extent to which they were easily able or not able to integrate the learning from the training workshop into their practice.

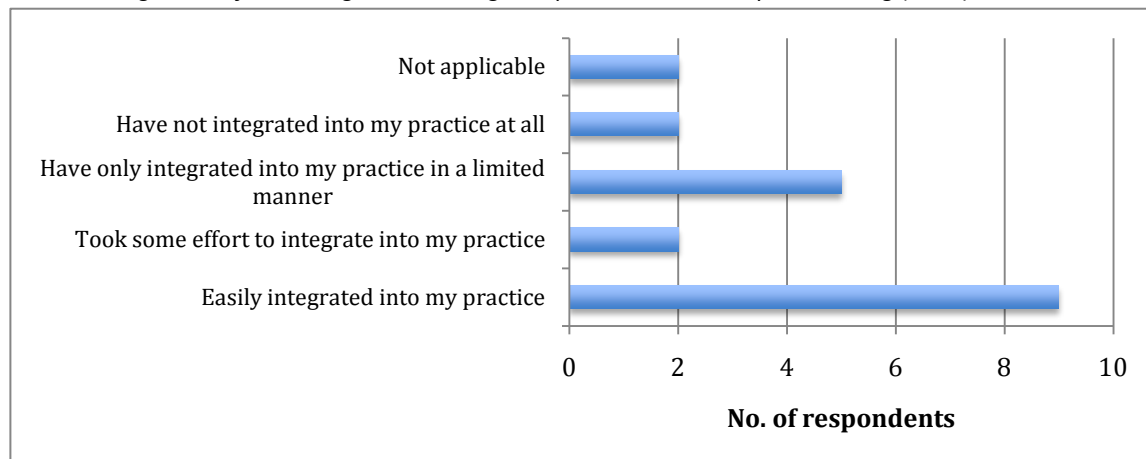
Responses show that 9 of 20 respondents easily integrated the learning into their practice, with a further 2 respondents indicating that they have integrated the learning into practice with some difficulty. Of the remaining respondents, 5 indicated that they have only integrated the learning in a limited way with a further 2 indicating that they have not integrated the learning into practice in any way. Two respondents indicated that the training was not applicable to their role (i.e. not working with clients, although 1 respondent noted that they support the family advisor and incorporate into staff training sessions).

These results are shown in Table 7 and Chart 8 below.

Table 7. On-line survey respondents: Integration into practice

| Integration | No. |
|--|-----|
| Easily integrated into my practice | 9 |
| Took some effort to integrate into my practice | 2 |
| Have only integrated into my practice in a limited manner | 5 |
| Have not integrated into my practice at all | 2 |
| Not applicable (please specify, e.g. not working with clients) | 2 |
| Total | 20 |

Chart 8. Integration of the Living Well training into practice 3-months post training (n=20)



3.3.5 Barriers experienced in integrating training into practice

Seventeen of the 21 respondents answered the question pertaining to barriers, with 7 respondents (just over 40%) noting that they had experienced no barriers to integrating the *Living Well* training into practice.

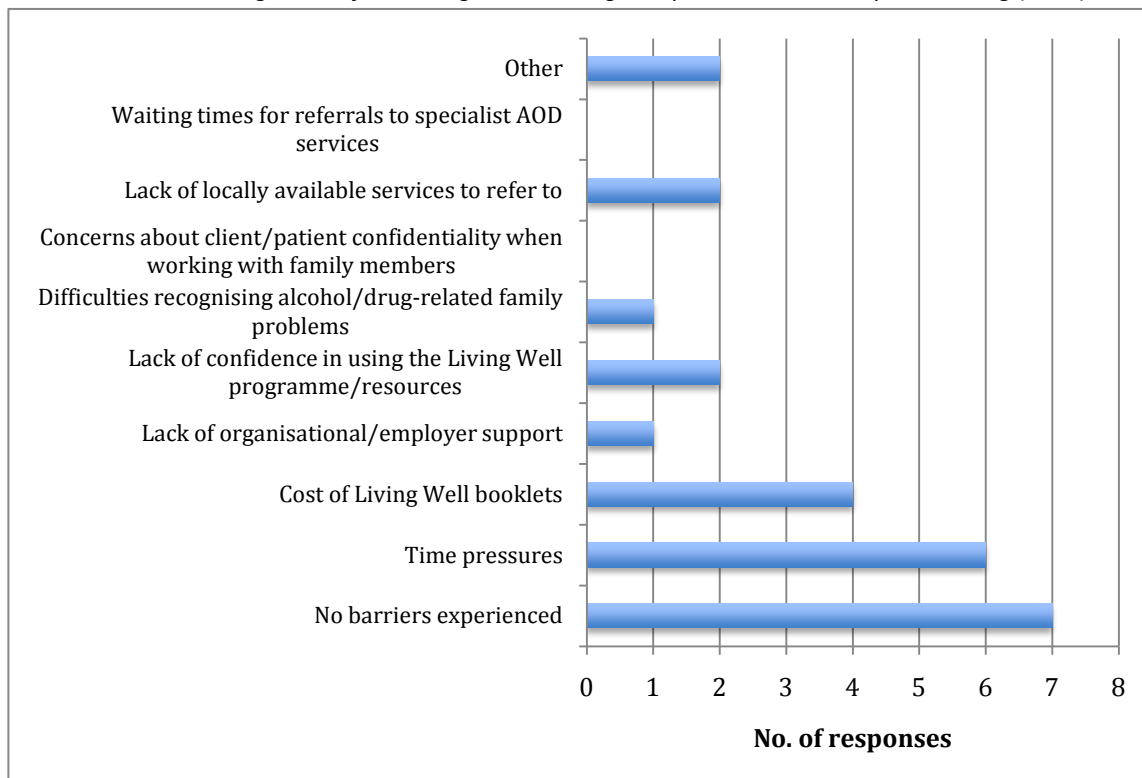
Of the remaining 10 respondents, 19 barriers were identified, i.e. those experiencing barriers, experienced approximately 2 barriers each.

Of those that experienced barriers, time pressures were cited as the most significant barrier to integrating the *Living Well* training into practice (6 respondents). Additionally the cost of the *Living Well* booklets was a barrier for 4 respondents. Lack of confidence was cited as an issue by 2 respondents and lack of locally available services to refer people to was cited by 2 respondents. One respondent noted difficulties in recognising alcohol and other drug related family problems.

No one stated concerns about client/patient confidentiality when working with family members or waiting times for referrals to specialist AOD services as barriers.

These results are shown in Chart 9 below.

Chart 9. Barriers to integration of the Living Well training into practice 3-months post training (n=17)



Issues related to time pressures and cost of the *Living Well* booklets merit further consideration in relation to the *Living Well* model and the training.

3.3.6 Additional support required from Kina Trust

Respondents were asked to indicate what if any additional support from Kina Trust may be helpful to assist them to effectively integrate the *Living Well* training into their normal practice. Twenty of the 21 respondents completed this question and made 30 suggestions in total.

Key suggestions were:

- A refresher course in 6-12 months (suggested by 10 respondents).
- Access to advice/support when issues arise (suggested by 10 respondents).

A further suggestion was the provision of more advanced training (suggested by 5 respondents).

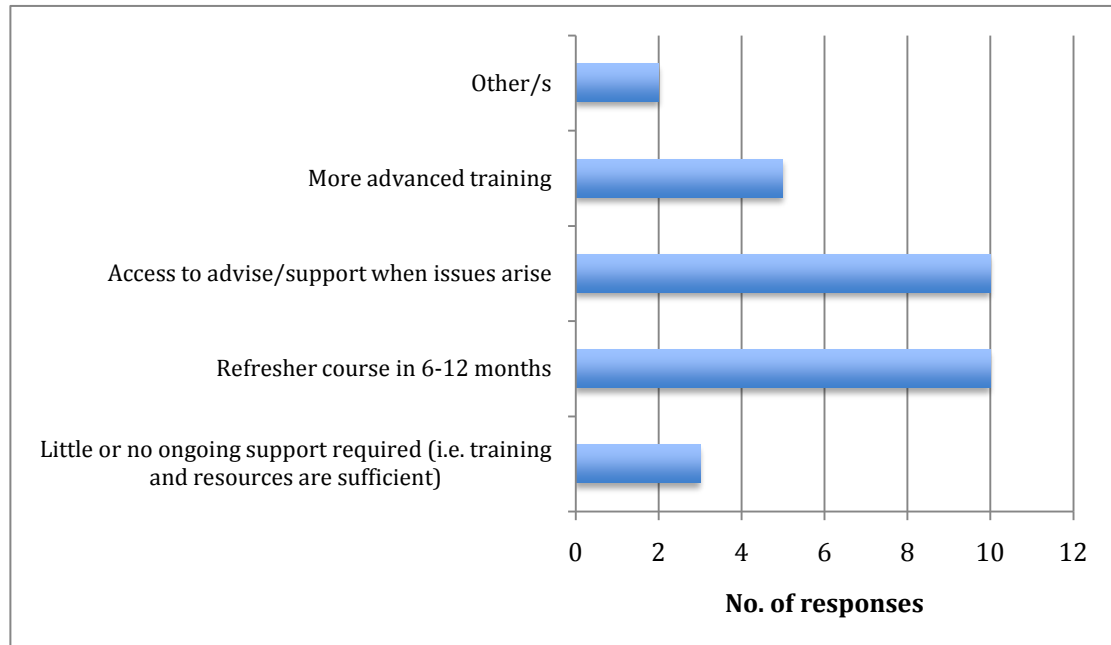
The 2 respondents that noted 'other' suggestions, included:

- "Educational resources to take to our regular staff training sessions on site."
- "Would like specific training on working with youth."

Three respondents indicated that no further support is required.

These results are shown in Chart 10 below.

Chart 10. Additional support required by Kina Trust 3-months post training (n=20)



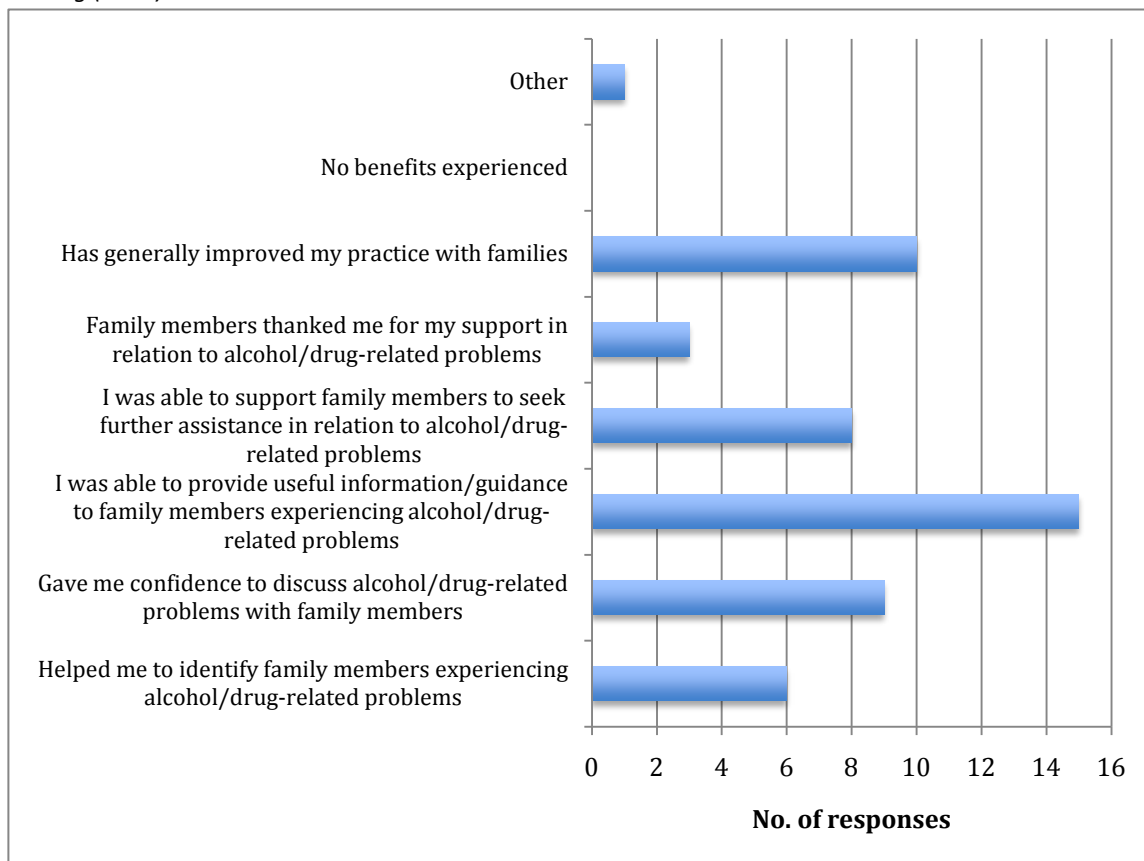
3.3.7 Benefits experienced from using the *Living Well* approach

In total 19 respondents completed this question and indicated 52 benefits (between 2 and 3 benefits each), with no one indicating that there were 'no benefits'. Respondents noted that they have experienced the following benefits from using the *Living Well* approach (ranked in order of frequency):

- Able to provide useful information/guidance to family members experiencing alcohol/drug-related problems (noted by 15 respondents).
- Generally improved practice with families (noted by 10 respondents).
- Confidence to discuss alcohol/drug-related problems with family members (noted by 9 respondents).
- Able to support family members to seek further assistance in relation to alcohol/drug-related problems (noted by 8 respondents).
- Helped worker to identify family members experiencing alcohol/drug-related problems (noted by 6 respondents).
- Thanked by family members for support (noted by 3 respondents).

These results are shown in Chart 11 below.

Chart 11. Training participant benefits experienced using the Living Well approach 3-months post training (n=19)



3.3.8 Summary of results from the on-line survey

Responses show clearly that participants perceive that they have gained substantially in terms of knowledge, skill and confidence in working with families with alcohol and other drug issues. Results of the 3-month follow-up on-line survey generally support key findings from other data sources, i.e. the results are broadly consistent with the immediate post training survey and the focus groups, which adds weight to the positive findings.

Approximately half of the respondents had been able to integrate the workshop learning into their practice and a further 25% had integrated the learning in a limited way. This provides a benchmark for any future training expectations with this type of workforce.

Key barriers to integrating the learning were identified as time pressures and cost of the *Living Well* resource, while just over 40% indicated that there were no barriers.

Results also highlight that almost all workshop participants who responded to the on-line survey had experienced benefits of the *Living Well* approach, in particular, the ability to provide information to families and general improvement in practice with families.

The small number of respondents is a limitation to drawing more definitive conclusions from these data. However, if further workshops are evaluated in a similar manner, then firmer results could be obtained as overall respondent numbers are increased.

4. Discussion

The overall aims of the evaluation were to determine:

- Participants' reactions to the training.
- How the training workshops increase training participants' capacity to work with family members.
- Issues experienced by participants in applying the *Living Well* approach in the primary care context.

In summary, results from this evaluation show that the training workshops are regarded by participants as being of high quality in terms of both process and content. Participants perceive themselves to be substantially more able to assist families as a result of participating in the training and utilising the resource. Data from all sources consistently supports these conclusions. Further, the results from this evaluation demonstrate that the Kina Trust *Living Well* training workshops and provision of resources are effective in building the capacity of participants to assist families and whanau facing alcohol and other drug issues. Lastly, results of the evaluation highlight issues experienced by training workshop participants working with families using the *Living Well* approach in the primary care context and suggest some areas for improvement or development in the future.

Suggestions for improving the training content and process are predominantly minor. There are some potentially useful suggestions for improving access to the training such as developing a training DVD and/or a train the trainer approach.

Results also indicate that the *Living Well* resource is relevant and useful in a variety of contexts with many benefits of the *Living Well* approach being identified by training participants, in particular, the ability to provide information to families and general improvement in practice with families.

In terms of integrating the learning from the workshops in practice, results are generally positive, but also highlight some areas for further consideration. Data from the focus groups and the on-line survey highlight a small number of key barriers or challenges to implementation that warrant further exploration by Kina Trust.

In particular, the cost of the *Living Well* resource was mentioned by respondents to the follow-up survey and in the focus groups. Suggestions for reducing the cost included developing a lower cost version of the resource and making it available on CD and/or PDF. The implications of pursuing this, in terms of potentially compromising the quality of the resources, need to be considered carefully as the current approach is working for many. A further option is to explore funding options to support the provision of the resource at no cost to the end users or selected end users (e.g. in areas of high deprivation).

Lack of organisational support for participants seeking to integrate the *Living Well* approach into their practice and other issues arising in the organisational context (e.g. access to relevant services to make referrals) provide further barriers or challenges. These issues present a significant challenge for Kina Trust. They suggest a need for more preparatory work with organisational leaders possibly via pre-training meetings to ensure that leaders have a clear understanding of the approach and how their staff might be supported to implement it. This is of course resource intensive and may be beyond the means of Kina Trust, but warrants consideration in terms of further investigation or the running of a pilot

to determine if outcomes are better than the current predominantly standalone training approach.

As noted, another possible barrier cited was the lack of local resources available to support families. This also presents a significant challenge for Kina Trust and practitioners. One option may be to work with an advisor in each locality to identify actual supports available in each area and to tailor the training accordingly.

Overall, the evaluation methodology was relatively cost-effective and provides a model for ongoing evaluation and a sound basis for any further development.

4.1 Limitations to the evaluation

Despite the provision of an incentive to respond to the on-line survey, the response rate was fairly low at approximately 25% of workshop participants. The small numbers involved in the 3-month follow-up results therefore need to be interpreted with caution. However, the overall positive results were consistent with the focus groups results and the immediate post-training survey, adding some weight to the findings. Further evaluation of subsequent training workshops would firm up conclusions.

Data are limited to training participants perceptions and self-ratings. Other methods such as interviews with families and whanau, managers and supervisors and direct observation of practice were beyond the resources available to support the evaluation, but are warranted in terms of investigating actual practice and client outcomes as opposed to just espoused practice.

4.2 Considerations for the future

The results suggest that the *Living Well* training and resources warrant further implementation. To achieve this, it is suggested that further investment is required including:

- Funding of further *Living Well* training and provision of *Living Well* booklets.
- Funding to support the reduction or elimination of the cost of the booklets to assist implementation.

Participants suggested that the provision of a refresher course and access to advice/support when issues arise were 2 key ways for Kina Trust to further support participants' integration of the *Living Well* approach. Prioritisation and funding for these and other suggestions could be explored by Kina Trust as a means of building on the positive results achieved thus far.

The piloting of training combined with structured organisational support of participants to integrate the *Living Well* model is warranted to determine if contextual and organisational barriers or challenges could be more effectively overcome.

Further evaluation of the training and use of the *Living Well* model is recommended to further determine the effectiveness of the approach. At a minimum, the evaluation developed should be continued, but consideration could be given to additional methods such as interviews with families and whanau, managers and supervisors and direct observation of practice. This would better measure changes in actual practice and the benefits of such changes.

4.3 Conclusions

Participants were overwhelmingly positive towards the training and indicate substantive gains in all key learning areas including participants' perceived capacity to work with family members regarding alcohol and other drug issues. Overall, the evaluation indicates that people working in a range of non-alcohol and other drug specialist services/settings found that the *Living Well* approach is an accessible model and is generally able to be integrated into practice. The results suggest that the *Living Well* training and resources warrant further implementation.

May 2010

Martin Dawe
Health & Safety Developments



Appendix 1: Kina Trust training evaluation form

DATE

LOCATION.....

| | | |
|-----------------|-------|------|
| Name: | Ph: | Mob: |
| Organisation: | Role: | |
| Postal address: | | |
| Email: | | |

Dear colleague

This is your opportunity to provide feedback to us on your experience of this training. The data will be collated and reported in a way that will not identify individual participants or organisations. The findings will help us to determine the effectiveness of this training and will be used to improve future training efforts. The following contact information will enable us to link you with our Kina database.

Using this scale....

| | | | | |
|------|------|--------------|------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Poor | Fair | Satisfactory | Good | Excellent |

Please answer the following questions by circling the rating that best describes your response for each question.

| How would you rate...? | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1a. The overall quality of the training content and resources used | 1 | 2 | 3 | 4 | 5 |
| 1b. The practical activities and exercises used during the training | 1 | 2 | 3 | 4 | 5 |
| 2a. Your knowledge about alcohol and other drug concerns and families prior to this training | 1 | 2 | 3 | 4 | 5 |
| 2b. Your knowledge about alcohol and other drug concerns and families after this training | 1 | 2 | 3 | 4 | 5 |
| 3a. Your understanding of ways to work with people experiencing alcohol and drug issues in their families prior to this training | 1 | 2 | 3 | 4 | 5 |
| 3b. Your understanding of ways to work with people experiencing alcohol and drug issues in their families after this training | 1 | 2 | 3 | 4 | 5 |

| How would you rate...? | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 4a. Your skills in supporting the families and friends of people with alcohol and drug issues prior to this training | 1 | 2 | 3 | 4 | 5 |
| 4b. Your skills in supporting the families and friends of people with alcohol and drug issues after this training | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|--|---|---|---|---|---|
| 5a. Your knowledge of family resilience and risk prior to this training | 1 | 2 | 3 | 4 | 5 |
| 5b. Your knowledge of family resilience and risk after this training | 1 | 2 | 3 | 4 | 5 |
| 6a. Your awareness of resources and services to support families concerned about alcohol and other drug issues prior to this training | 1 | 2 | 3 | 4 | 5 |
| 6b. Your awareness of resources and services to support families concerned about alcohol and other drug issues after this training | 1 | 2 | 3 | 4 | 5 |
| 7. Your confidence in applying the <i>Living Well</i> model? | 1 | 2 | 3 | 4 | 5 |
| 8. Your overall confidence in effectively supporting families with alcohol and other drug concerns | 1 | 2 | 3 | 4 | 5 |

9. Do you have any suggestions or comments to improve any future training on the *Living Well* model?

10. Please indicate how you plan to utilise the training and the *Living Well* model and resources in your work?

We anticipate conducting a follow-up survey to evaluate the impact of this training on participants' practice. Please indicate whether you are happy to be contacted a few months after the workshop.

I am happy to be contacted

YES/NO

Thank you for taking the time to complete this form

Trish Gledhill

Director, Kina Families and Addictions Trust

Appendix 2: Living Well Workshop Invitation and On-line Survey

Dear Living Well Training Participant

In Oct/Nov 2009 you attended a Living Well workshop facilitated by Kina Trust. We are carrying out a 3-month follow-up evaluation of this training and would appreciate if you could spend 5-10 minutes completing an on-line survey (use the following link: http://www.surveymonkey.com/s.aspx?sm=jDijzi4Kt26R5hH_2fQHpGog_3d_3d).

Everyone who completes the survey by Wednesday 21 April 2010 will be entered into a prize draw to win an iPod nano valued at \$249. The survey will be analysed by an independent evaluator (Martin Dawe, Health & Safety Developments, hsd@xtra.co.nz) and will be reported in a way that will not identify individuals or organisations.

The findings will help Kina Trust to determine the effectiveness of the training and will be used to improve future training.

Kind regards

Trish...

3-month follow-up Living Well workshop participant survey

Dear colleague

This is an opportunity to provide feedback to Kina Trust on your experience of the Living Well training you received in Oct/Nov 2009 and how you have been able to integrate your learning in your work. The data will be analysed by an independent evaluator (Martin Dawe, Health & Safety Developments, hsd@xtra.co.nz) and reported in a way that will not identify individual participants or organisations. The findings will help Kina Trust to determine the effectiveness of the training and will be used to improve future training efforts.

All survey respondents providing a valid email (or telephone) contact will be entered into a prize draw to win an iPod Nano valued at \$249 (individual survey responses will be kept confidential).

To be eligible for the prize draw please complete this survey and return by Wednesday 21 April 2010 (this can be done on-line by using the following link: http://www.surveymonkey.com/s.aspx?sm=jDijzi4Kt26R5hH_2fQHpGog_3d_3d)

1. Please indicate which occupation best describes your work (tick one):

- AOD counsellor
- Clinical advisor/coordinator
- Community Support Worker
- Counsellor
- Family worker/advisor
- Manager/supervisor
- Nurse
- Occupational Therapist
- Social Worker
- Youth Worker
- Other (please specify) _____

2. Please indicate which work setting best describes where you work (tick one):

- GP practice
- Social agency/organisation
- Community organisation/group
- PHO
- Other (please specify) _____

3. Please indicate which training session you attended (tick one):

- Hastings (29-Oct-09)
- Napier (30-Oct-09)
- Auckland (4-Nov-09)
- Hamilton (9-Nov-09)
- Whangarei (19-Nov-09)
- Timaru (23-Nov-09)
- Christchurch (24-Nov-09)
- Dunedin (30-Nov-09)

Using this scale....

| | | | | |
|------|------|--------------|------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| Poor | Fair | Satisfactory | Good | Excellent |

Please answer the following questions by circling the rating that best describes your response for each question.

| 4. How would you rate...? | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 4a. Your knowledge about alcohol and other drug concerns and families since completing the training | 1 | 2 | 3 | 4 | 5 |
| 4b. Your understanding of ways to work with people experiencing alcohol and drug issues in their families since completing the training | 1 | 2 | 3 | 4 | 5 |
| 4c. Your skills in supporting the families and friends of people with alcohol and drug issues since completing the training | 1 | 2 | 3 | 4 | 5 |
| 4d. Your knowledge of family resilience and risk since completing the training | 1 | 2 | 3 | 4 | 5 |
| 4e. Your awareness of resources and services to support families concerned about alcohol and other drug issues since completing the training | 1 | 2 | 3 | 4 | 5 |
| 4f. Your confidence in applying the <i>Living Well</i> model? | 1 | 2 | 3 | 4 | 5 |
| 4g. Your overall confidence in effectively supporting families with alcohol and other drug concerns | 1 | 2 | 3 | 4 | 5 |

5. Please indicate how you have integrated the Living Well training into your normal practice (tick one):

- Easily integrated into my practice
- Took some effort to integrate into my practice
- Have only integrated into my practice in a limited manner
- Have not integrated into my practice at all

6. Please indicate any barriers you have experienced in integrating the Living Well training into your normal practice (tick as many as apply):

- No barriers experienced
- Time pressures
- Lack of organisational/employer support
- Lack of confidence in using the Living Well programme/resources
- Difficulties recognising alcohol/drug-related family problems
- Concerns about client/patient confidentiality when working with family members
- Lack of locally available services to refer to
- Waiting times for referrals to specialist AOD services
- Other (please specify) _____

7. What (if any) ongoing or additional support from Kina Trust do you think is required to effectively integrate the Living Well training into your normal practice (tick as many as apply):

- Little or no ongoing support required (i.e. training and resources are sufficient)
- Refresher course in 6-12 months
- Access to advise/support when issues arise
- More advanced training
- Other/s (please specify) _____

8. Given your experience in using the Living Well approach, please indicate any benefits you have experienced in using the Living Well training and resources (tick as many as apply):

- Helped me to identify family members experiencing alcohol/drug-related problems
- Gave me confidence to discuss alcohol/drug-related problems with family members
- I was able to provide useful information/guidance to family members experiencing alcohol/drug-related problems
- I was able to support family members to seek further assistance in relation to alcohol/drug-related problems
- Family members thanked me for my support in relation to alcohol/drug-related problems
- Has generally improved my practice with families
- No benefits experienced
- Other/s (please specify) _____

9. To assist others receiving the Living Well training and using this approach, do you have any suggestions or other comments for Kina Trust?

Thank you for taking the time to complete this form

Trish Gledhill

Director, Kina Families and Addictions Trust

If you wish to enter the prize draw to win an iPod Nano please provide your name and email or phone contact...

Name:

Email/phone contact: