Shelter Tas Inc.
Workforce Development Strategy 2015/16

Evaluation Report #1

Crystal Methamphetamine (ice) Training

7 & 9 July 2015

ShelterTAS

GPO Box 848 Hobart TAS 7001
P | 03 6224 5488
M | 0419 536 100
E | eo@sheltertas.org.au
sheltertas @ShelterTasmania
www.sheltertas.org.au

ShelterTAS
Housing and Homelessness Peak

This training was held in collaboration with the Alcohol, Tobacco and other Drugs Council of Tasmania (ATDC). Shelter Tas acknowledges and thanks ATDC for their role in co-ordinating the training and provision of data from evaluation surveys.

Supported by the Crown through the Department of Health and Human Services.

Background

Shelter Tas has received funding from the Department of Health and Human Services (DHHS) for the development and implementation of a Workforce Development Strategy (WDS) for Specialist Homelessness Services (SHS), the purpose of the WDS being 'to support SHS's in developing their workforce to meet the current and future service delivery demands in a changing environment.' (Workforce Development Strategy, page 9).

In order to ascertain the sector's main priorities for training, data was collected through surveys and interviews with Tasmanian SHS organisations. 'Dealing with drug and alcohol issues' was raised as a priority training need by the sector. As the project commenced, further sector consultation was conducted to prioritise the identified training needs, through informal interviewing and consultation with the WDS Reference Group. These consultations revealed a pressing need for training in crystal methamphetamine ('ice') use and strategies for workers to deal with crystal methamphetamine affected clients.

To deliver this training, Shelter Tas collaborated with the Alcohol, Tobacco and other Drugs Council (ATDC), who had received funding from DHHS to provide crystal methamphetamine training and had begun preparation for delivering the training with LeeJenn Health Consultants. The collaboration with ATDC allowed workers from a broad range of backgrounds to attend and an increased attendance capacity for homelessness service workers, due to the financial and logistical contribution from Shelter Tas through the WDS.

The one day training program was delivered in two locations; in Devonport on July 7th and in Hobart on July 9th 2015. Of the total 252 participants, 77 people attended the training in Devonport and 175 in Hobart. 50 places were allocated to homelessness sector workers; and from this availability 20 places were available to SHS workers in Devonport and 30 in Hobart. As well as these homelessness sector workers, ATDC had capacity to provide training places to alcohol and drug, health, welfare, mental health, police, justice and education sectors. The representation from a range of sectors allowed participants to network and to gain a better understanding of crystal methamphetamine, as well as maximising the scope of better informed workers who deal with crystal methamphetamine users.

Training Overview

- This was a highly successful event, achieving priorities 1 and 2 of the WDS recommendations.
    1. ***Increasing the skills and competencies of the SHS workforce.***
       In this instance, evaluation of the crystal methamphetamine training strongly indicated that attendees felt they had increased their skills and competencies in this area. Respondents rated their knowledge before and after the training and reported increased knowledge from 2.74 out of 5 to 4.22 (see 'Question 1' graph below). There was a similar increase in confidence in their reported ability to deal with crystal methamphetamine related issues at work.

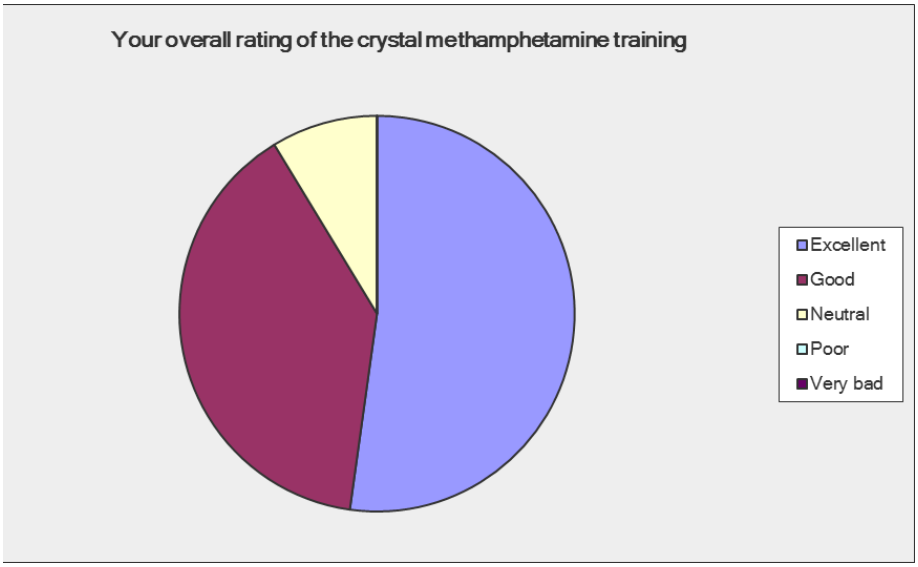
2. ***Increasing the accessibility of training and professional development to the whole of the sector.***
   Offering this training in Hobart and Devonport provided training opportunities to workers State-wide. This training was offered at no cost (ATDC had already offered this training as free when Shelter Tas established the partnership, as a result, the subsidy was not required from SHS attendees). This opportunity for free training also contributed to the improved access by (particularly smaller) SHS services. The collaboration with ATDC meant that Shelter Tas did not have to research, establish relationships and negotiate with RTOs, thus expediting access to the training markedly (Table 2 shows organisations/programs represented at the training).

- Workers from the areas of homelessness, alcohol and drugs, health, welfare, mental health, justice and education participated in the training and 86% of survey respondents either strongly agreed or agreed that there were opportunities for networking and improved collaboration.
- Table 1 outlines the content and range of attendees for the training:

Table 1: Session outlines, target audience and attendance.

Session description	**Target Audience**	**# of attendees Devonport**	**# of attendees Hobart**
Session 1 – 9am-12pm Introductory session to the topic of methamphetamine use: engagement of people that use methamphetamines; service linkages and screening/referral pathways; pharmacology; patterns of use and drug user profiles; and the community impact of use. A presentation of the above information was the main delivery style with a brief 'question and answer' session at the end.	Those staff in the AOD and allied sectors that required introductory and general knowledge. This included: new AOD workers, staff from allied health, housing and homelessness, welfare and law enforcement sectors.	65	160
Breakout 1 – 1.15pm-5pm Interactive skills based session: covered managing complex behaviours, strategies to assist users with emotion regulation, responding to intoxication and brief interventions. Participants were required to attend session one as a prerequisite.	Generalist health workers, homelessness workers, allied health workers, welfare sector workers, mental health workers and new AOD workers.	40 (20 from SHS)	60 (30 from SHS)
A second breakout session was offered only to specialist AOD workers, with an evening presentation for emergency service workers, psychiatrists and other frontline workers only.			

- Informal feedback indicated that the first session (attended by all participants) was highly valued by attendees. Feedback from the first breakout session (for homelessness sector workers and non-AOD specialists) indicated that a proportion of attendees felt the information aimed a little low or generalist for their learning needs. Nevertheless, many of these participants noted that for workers with less experience or who were new to the sector, this level of training would have been valuable. Indeed, this was reflected by other people at the first breakout session who were less experienced homelessness workers.



Recommendations

1. As noted above, it is difficult to accommodate all skill levels into a relatively short training session. The Project Officer will consult with the WDS Reference Group to address this issue of accommodating differences in skill level and training needs within each training opportunity in order to rectify this for future training opportunities.
- There still appears to be significant demand for crystal methamphetamine training, which was confirmed by the WDS Reference Group and evidenced by the considerable amount of interest in this training (and large number of people who were not able to attend due to limited places). The Project Officer will consult further with ATDC to establish if they believe further training is warranted by sufficient interest from their members.
- There was a period of approximately one week between the training day and the evaluation forms being sent out, which may have negatively affected the return rate of the evaluations. In this instance, Shelter Tas was not responsible for distributing the evaluation forms, but in future will either allow time at the conclusion of the training session for participants to complete them or send the evaluations electronically on the morning following the training session. It is hoped this approach will result in an increased return rate on the evaluation forms.
- Feedback and evident confusion around the EOI process demonstrated a need to adjust implementation process for future training.

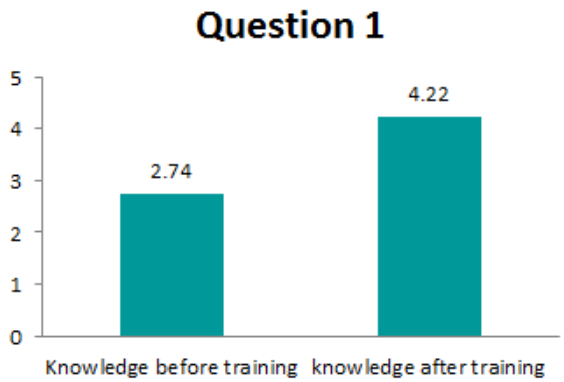
- Using Eventbrite to establish interest and then again to capture formal registrations was not effective management of this process. Future calls for EOI should be done via email, and Eventbrite will be used for registrations only (or this process may be outsourced).
- A more efficient method to organise the priority placement for Type 3 workers would allow more time to spend on other planning for training. However, it is likely that there is no better solution other than the current method of directly contacting workers who need to clarify if they are Type 3 or not, and is a necessary function to ensure Type 3 workers are given priority placement. Nevertheless, alternative approaches will be investigated in preparation for future training registrations.

Participant Evaluation

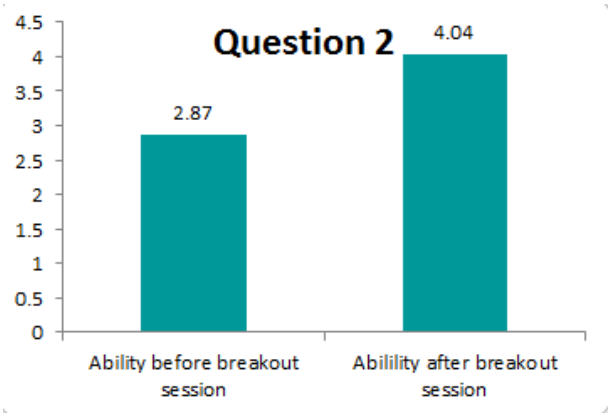
Evaluation occurred one week after the training. A link to Survey Monkey was sent to all participants who attended on the day, and was open for two weeks (a reminder email was sent after the first week). Shelter Tas provided the following questions which were included in the overall evaluation form (which included questions specific to ATDC members and attendees from other sectors). The same 5 evaluation questions will be used on all feedback forms for the WDS project (questions 1, 2 and 3 will be rated on a scale of 1-5).

1. Rate your knowledge about [ice] before and after training session 1 (2 parts)
2. Rate your ability to deal with [ice] related issues at work before and after breakout session 1 (2 parts)
3. Overall, how do you rate this training?
4. Do you have any comments about this training session?
5. Please note any suggestions you may have for future training topics.

A total of 88 responses were received from the 252 attendees – approximately a 35% return rate. 23 of the respondents identified as from the homelessness sector – which is almost half of attendees from the sector. From these 23 respondents, 1/3 attended the Devonport training and the remaining 2/3 attended in Hobart.
Respondents rated their knowledge before and after the training as increasing from 2.74 out of 5 (medium) to 4.22 (good). Similar increase in confidence in ability to deal with ice related issues at work.

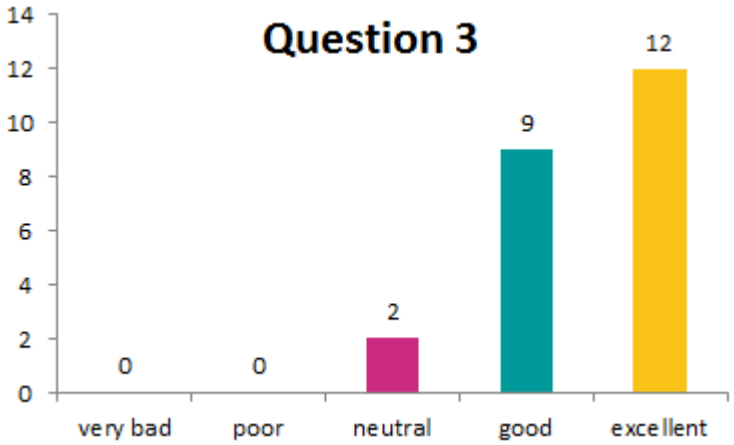


Question 1: Rate your knowledge about ice before and after the training session.



Question 2: Rate your ability to deal with [ice] related issues at work before and after breakout session 1.

Over half of the homelessness sector participants rated training as excellent overall (52%), 39% rated it as good and the remaining 9% scored neutral.



Question 3: Overall, how do you rate this training?

Of the responses received, 87% noted that expectations of the training were met. Some participants indicated that they would have liked to learn more about concrete intervention techniques and some indicated more training is needed as many people missed out on a place at this session. Some comments from attendees are listed below:

Question 4: Do you have any comments about this training session?

- 'I really appreciate this opportunity, and the commitment of the organisers in bringing this to Tasmania – particularly at no cost to services'.
- 'Breakout one felt like a repeat of the morning session. I would have liked to learn ways to respond to people who are under the influence of crystal methamphetamine. I feel the approach people leant in breakout two would have been beneficial for people in my organisation. Although we are not specialist in this area, we do respond to a significant amount of people under the influence of crystal meth, and tools for responding to people under the influence and experiencing a crisis, would have been beneficial'.

Question 5: Please note any suggestions you may have for future training topics.

- 'Was good to get some more information. Bit concerned that it was generalistic to all difficult clients'.
- 'It would be great if the training was offered again as many people missed out and they need this training to better support clients'.

Table 2: Organisations/programs represented via geographical region.

North West	North	South
Anglicare - Housing Connect Centacare Circular Head Aboriginal Corporation City Mission- Serenity House Community Training Australia Department of Justice – Court Mandated Diversion Program (CMD) Department of Health and Human Services (DHHS) – Alcohol and Drug Service (ADS), Housing Housing Choices Tasmania Mission Australia Rural Health Tasmania Salvation Army Tasmanian Aboriginal Centre Warrawee West Coast Crisis Accommodation Service Wyndarra Youth, Family and Community Connections	Anglicare Ashley Youth Detention centre Brooks High School Centacare City Mission – Missiondale DHHS – ADS Drug Education Network Karinya Launceston City Mission Magnolia Place Launceston Women's Shelter Rural Alive and Well Salvation Army	Advocacy Tasmania Anglicare Annie Kenney Bethlehem House Bridgewater Community Centre Colony 47 Common Ground Department of Education Department of Justice – Tasmania Prison Service, CMD DHHS – ADS, Royal Hobart Hospital, Department of Psychiatry, THO, Mental Health, Crisis Assessment Team, Forensic Mental Health Drug Education Network Hobart City Mission Hobart Women's Shelter Holyoake Housing Connect Huon Domestic Violence Service Incolink Jireh House Mission Australia Pathways Tasmania Pulse Youth Health Centre Relationships Australia Rose Bay High School Salvation Army Support, Help & Empowerment TAFE Tasmania Tasmania Police Tasmanian Aboriginal Centre The Link Youth Health Service Tasmanian Users Health and Support League