Implementation of the Alcohol ABC Approach with a Social Work Team based in the Manurewa Community

Report of Evaluation Findings
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We acknowledge and thank all the staff at FSM and the clients and their whaanau. Also thanks to the staff from ABACUS who provided training and supervision, in particular Peter Thorburn and Maree McLeay.

Moo te hauora, moo te orange o ngaa tamariki mokopuna te take. E mihi ana, e mihi ana.

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LETTER FROM THE FSM CEO

Teenaa koutou katoa and warm Pacific greetings,

It is my pleasure to present the final evaluation report "Implementation of the Alcohol ABC Approach with a Social Work Team based in the Manurewa Community", which took place in Family Success Matters in 2018. This Project was funded by the Health Promotion Agency, and supported strongly by the Counties Manukau District Health Board who partnered with Family Success Matters, a social service and non-governmental organisation in South Auckland.

Family Success Matters is concerned for infants/children in our community, a community which is defined as highly deprived. Infants are especially vulnerable when their caregivers and parents are under the influence of alcohol or other drugs. The District Health Board was able to identify that a part of our community was suffering from alcohol harm; they shared that information with us and suggested that we take the opportunity to make a difference for those children, by adapting and implementing the Alcohol ABC Approach with one our teams.

The Project has taken roughly a year to complete. We have drawn on the support of great training, project management, and supervision. We are also grateful to the team of Family Start workers that took on this challenge, and were prepared to be the pioneers of the Alcohol ABC Approach. We have been pleased with the positive results for whaanau, and that this has made homes safer for the infants and children within them. We are also encouraged with the learning we have experienced throughout this Project. As a result we are keen to roll this out across our other Family Start workers in other teams.

This has been a wonderful partnership between Counties Manukau District Health Board and ourselves, a local Social Service Agency. I can only hope that others will look at our model and /or our experience and replicate this in their service, for the sake of children in our communities of high need.

Finally, thank you and HPA for your funding and your vision, certainly together we can do more.

Regards and sincerely,

Colleen Fakalogotoa
CEO of Family Success Matters

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List of abbreviations

ACE – adverse childhood experiences
AUDIT – Alcohol Use Disorders Identification Test
BI – brief intervention
CM Health – Counties Manukau Health
FSM – Family Success Matters
FS – Family Start
GP – general practice
HPA – Health Promotion Agency
SBI – screening and brief interventions
SNA – strengths and needs assessment

Te reo comment

Double vowels are used instead of macrons in Te Reo Maaori words in this document, as this convention is used by CM Health in respect of Tainui, who are Mana Whenua for our rohe.

Executive Summary

Alcohol is an intoxicant, toxin, and addictive psychotropic drug. It contributes to significant health, social, and economic burdens for individuals, whaanau, communities, and society at large. In the Counties Manukau district, hazardous alcohol use and alcohol-related harm are significant issues. In the area, it is estimated that 17% of adults aged 15 years and over (approximately 75,000 people) have hazardous alcohol use.

There is clear evidence and direction about what strategies effectively prevent and reduce the harmful use of alcohol. One such strategy is the Alcohol ABC Approach; it is a model for screening and brief intervention, and referral to counselling/treatment services when required. For the general practice setting, there is robust evidence that brief alcohol interventions, such as the Alcohol ABC Approach, are effective in reducing hazardous and harmful drinking.

The implementation of the Alcohol ABC Approach with a community-based provider is one of the areas of focus for the Counties Manukau Health Alcohol Harm Minimisation Programme. This Project was a partnership between Counties Manukau Health and Family Success Matters to assess whether the Alcohol ABC Approach used in the general practice setting would be appropriate to use in the community setting.

The aim of the Project was to adapt, implement, and refine the Alcohol ABC Approach with social workers at Family Success Matters. The target population was whaanau enrolled with Family Success Matters who live in the Manurewa suburb of the Manukau locality.

This report presents the findings of the evaluation of the Project. It was an internal developmental evaluation, which allowed the whole team to be involved in evaluative thinking and to be able to respond to emerging issues and challenges with each phase of the Project. The evaluation had a mixed methods approach, including a review of quantitative data, and key informant interviews.

The Project had four distinct phases:

- Engagement and planning phase. This was the formal start of the partnership between Counties Manukau Health and Family Success Matters.
- Training phase, during which there were three training sessions to build the social workers' confidence and competence with the Alcohol ABC Approach.
- Implementation phase, which was six months long. The social workers' utilised the tools, processes, and resources developed and refined in the previous phases to implement the Approach. Throughout this phase, the social workers met regularly with an external Group Supervisor who provided ongoing support and learning to the social workers.

- Completion phase, by which time the social work team had fully integrated the Approach into their everyday work practice.

The social workers provided continuous feedback to the Project Manager, which helped refine many aspects of the Project. One of the key changes was how the alcohol use question was posed to client whaanau. Social workers found that asking the standard question about one's own drinking did not enable discussions about harms from someone else's drinking. A question asking reasons for not drinking was added to the start to ensure alcohol use discussions addressed broader whaanau harms as well.

The one-to-one interviews with whaanau members showed that:

- Client whaanau were accepting of alcohol use conversations.
- Acceptability was largely due to the rapport between the client whaanau and the social worker.
- Client whaanau found the alcohol use conversations helpful.
- Client whaanau found the HPA resources helpful.
- Client whaanau felt the Project was delivered in a culturally appropriate manner.

The focus group with the social workers and key stakeholder interviews showed:

- The importance of staff buy-in and engagement from the start of the Project.
- The importance of training for staff.
- The importance of both Group Supervision and Team Supervision.
- The need to adapt the Approach for social work practice.
- The usefulness of the resources.

A summary of recommendations is provided here:

Recommendation 1: Ensure there is appropriate Project support

- This Project was successful because of support from the senior leadership within Family Success Matters. Senior leader support is necessary to approve a new initiative and to set an expectation for the organisation.
- The success of this Project relied on having an effective Project Manager. For rollout of Alcohol ABC Approach to other teams at FSM, it is recommended there is a Project Manager who can provide oversight, guidance, and ongoing monitoring for quality, improvement, and risks.
- Staff buy-in is important as their efforts are fundamental to the success of the Approach. Engagement or introductory meetings should be considered prior to the rollout to introduce the topic, include the staff in the implementation plans, and consult staff about anticipated additional workload.
- The Manurewa North Team and their Team Supervisor should be seen as champions of the Project.

Recommendation 2: High quality training and supervision is vital for successful implementation

- High quality and well-structured training is vital for the successful implementation of the Alcohol ABC Approach. In the initial stages of incorporating the Approach, it is recommended that all staff are provided training on personal values, attitudes, and behaviours regarding alcohol, and on motivational interviewing.
- The External Group Supervisor is a key role for providing whole-team supervision. They help build the staff's confidence in the change process, assessing their attitudes and values, and confidence in translating the learning from trainings into practice. It is recommended that appropriately qualified Group Supervisor(s) are contracted to provide 90-minute monthly Group Supervision sessions per team.
- The Teams' Supervisor is a key internal role in providing one-to-one and team support. They need to be engaged in the purpose and process of the rollout so they can actively champion the major change process across FSM, and specifically champion it within the team they supervise.

Recommendation 3: Develop systems and resources to enable Alcohol ABC Approach

- The social workers were successfully able to adapt the Approach for social work practice, and a key feature was exploring the reasons for not drinking alcohol and understanding the broader context and harms from other household members' drinking. This 'why not' question, as well as other Alcohol ABC questions, should be incorporated into FSM hard copy documentation, such as the Family Start's strengths and needs assessment tool or the child safety tools.
- If the Alcohol ABC Approach is eventually adopted nationally and rolled out across other social work providers, then, at that stage, changes to the national electronic tool to incorporate alcohol assessment will need to be considered by the national body.
- For ongoing monitoring of client whaanau undergoing alcohol use assessments, a mechanism for collecting demographic data for whaanau should be considered. Additionally, mechanisms to record alcohol harm risk scores for before-and-after comparisons and follow-up assessments should be considered.
- Whaanau and staff had a range of feedback on the HPA resources, which included having more visuals and graphics; developing resources that are relatable to the audience; translating the *'Drink Check'* leaflet into other languages; and for the HPA to consider including a question about people's reasons for not drinking in their resources.

Chapter 1

INTRODUCTION

1. Introduction

This chapter begins with background information about the impact of alcohol in our communities. Next, an overview of the Alcohol ABC Approach is provided. Following this, the Project purpose is presented and the organisations involved in the Project are introduced.

Alcohol in our communities

Alcohol is an intoxicant, toxin, and addictive psychotropic drug. It contributes to significant health, social, and economic burdens for individuals, whaanau, communities, and society at large.[1] In New Zealand, inequitable outcomes are apparent; men, Maaori, young people, and those living in more socioeconomically deprived areas are at a higher risk of alcohol-related harm.[2] For adult New Zealanders aged 15-49 years, alcohol use is the leading risk factor for ill health, disability, and early death.[3] Harm from alcohol extends beyond the individual and can result in harm to children (including those exposed to alcohol during pregnancy) and families/whaanau. In New Zealand, it is estimated that up to 3,000 babies are born every year with Fetal Alcohol Spectrum Disorder.[4] In the 'Growing Up in New Zealand' study, 71% of women reported consuming alcohol before pregnancy or awareness of pregnancy, and 23% reported drinking alcohol during the first trimester.[5]

In the Counties Manukau (CM) district, hazardous alcohol use and alcohol-related harm are significant issues. In the area, it is estimated that 17% of adults aged 15 years and over (approximately 75,000 people) have hazardous alcohol use.[6,7] Prevalence of hazardous alcohol use in Maaori is disproportionately high at 31%.[8] There is easy access to cheap alcohol within the region with 202 off-licence premises in the area.[9] For people living in the CM district there are, on average, five alcohol off-licence[10] premises within a five minute drive, and 30 off-licence premises within a 10-minute drive of where people live. Furthermore, one quarter of the schools and preschools are located within a five minute walk of at least one off-licence premise,

[1] Counties Manukau Health. Position Statement: Reducing harms from alcohol in our communities. Auckland: Counties Manukau Health; 2017. URL: https://countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/CM-Health-Alcohol-position-statement-2017-updated.pdf (Accessed 6 March 2019).
[2] Ibid.
[3] Ibid.
[4] Sellman D, Connor J. In utero brain damage from alcohol: a preventable tragedy. N Z Med J. 2009;122(1306):6-8.
[5] Rossen F, Newcombe D, Parag V, Underwood L, Marsh S, Berry S, Grant C, Morton S, Bullen C. Alcohol consumption in New Zealand women before and during pregnancy: findings from the Growing Up in New Zealand study. N Z Med J. 2018;131(1479):24-34.
[6] Ministry of Health. New Zealand Health Survey, pooled data for 2015/16 and 2016/17 (crude prevalence). Extract from Ministry of Health. Wellington: Ministry of Health; Nov 2018.
[7] 'Hazardous alcohol use' is defined as "an established drinking pattern that carries a risk of harming the drinker's physical or mental health, or of having harmful social effects on the drinker or others"; using the AUDIT questionnaire, a score of 8 or more is considered hazardous, harmful, or dependent alcohol use. (From: Ministry of Health. Annual Data Explorer 2017/18: New Zealand Health Survey [Data File]; 2018. URL: https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/ (Accessed 4 March 2018)).
[8] Ibid.
[9] Wright K. Counties Manukau Health Alcohol-Related Harm Profile. Auckland: Counties Manukau Health; 2018. URL: https://countiesmanukau.health.nz/assets/About-CMH/Performance-and-planning/health-status/20180710-CMH-Alcohol-Related-Harm-Profile.pdf (Accessed 6 March 2019).
[10] Bottle stores, licensed supermarkets, and grocery stores.

and over half are located within a 10-minute walk of at least one off-licence premise.[11]

From a child development perspective, hazardous alcohol use is an increasing social problem that impacts on individuals, families, and communities. There is a large body of research showing significant association between parental hazardous alcohol use and a range of problems in family life and functioning.[12] These problems include but are not limited to: Fetal Alcohol Spectrum Disorder, parent and family conflict and violence, parental separation and divorce, parental mental health and other substance abuse problems, economic problems, disrupted parenting, and parent-child relationship problems. All of these have a significant impact on children. They may be verbally abused, left in unsupervised or unsafe situations, physically hurt, or exposed to family violence. Problems in family life are usually not attributed solely to alcohol use. Rather, it is likely that these factors interact in complex and dynamic ways to determine the specific aspects for each family.

Overview of the Alcohol ABC Approach

There is clear evidence and direction about what strategies effectively prevent and reduce the harmful use of alcohol. In summary, a multi-pronged approach is recommended, including the following evidence-based strategies:[13,14,15]

- Increasing the price of alcohol (for example, through taxation and minimum-unit pricing),
- Raising the purchase age,
- Reducing access to and availability of alcohol,
- Controlling sponsorship and advertising of alcohol,
- Drink-driving countermeasures,
- Screening and brief interventions (SBI) with at-risk drinkers, and
- Treatment for people with alcohol dependence.

The Alcohol ABC Approach is a model for SBI and referral to counselling/treatment when required. There is a large body of literature investigating the effectiveness of SBI in a wide range of health-care settings. For the General Practice (GP) setting, there is robust evidence that brief alcohol interventions are effective in reducing hazardous and harmful drinking.[16] A systematic review of 22 randomised controlled trials assessing 5856 patients found that brief intervention (BI) reduced the quantity of alcohol consumed in those receiving BI, compared with controls, by 38g per week

[11] Counties Manukau Health. Position Statement: Reducing harms from alcohol in our communities. Auckland: Counties Manukau Health; 2017.
[12] National Drug and Alcohol Research Centre, University of New South Wales. The impact of alcohol use disorders on family life: A review of the empirical literature. Sydney: University of New South Wales; 2014. URL: https://ndarc.med.unsw.edu.au/resource/impact-alcohol-use-disorders-family-life-review-empirical-literature (Accessed 28 February 2019).
[13] Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K et al. Alcohol: no ordinary commodity: research and public policy. Oxford: Oxford University Press; 2010.
[14] Anderson P, Chisholm D, Fuhr DC. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. Lancet. 2009;373(9682):2234-2246.
[15] World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva: World Health Organization; 2010.
[16] O'Donnell A, Anderson P, Newbury-Birch D, Schulte B, Schmidt C, Reimer J, Kaner E. The impact of brief alcohol interventions in primary healthcare: a systematic review of reviews. Alcohol Alcohol. 2014;49(1):66-78.

(about 4 standard drinks) on average at one-year follow-up.[17] Further evidence has shown that screening followed by very brief advice involving simple feedback and information is just as effective as more intensive BI strategies.[18]

The ABC Approach was originally developed to promote smoking cessation in New Zealand.[19] It has been adapted to identify and provide brief advice to people who engage in harmful drinking. ABC-style approaches have been shown as an effective way to motivate people to reduce harmful drinking.[20] For this Project, the Approach has been adapted from the GP setting to the Social Work setting.

The Alcohol ABC Approach is:

- A: Ask
- B: Brief advice
- C: Counselling

'A' - Ask

The first step in the GP setting is to ask adults aged 15 years and over about their alcohol use, usually through the use of a questionnaire such as the AUDIT-C or the full AUDIT (as utilised in the Health Promotion Agency's (HPA) green leaflet *'Drink Check: is your drinking okay?*[21]*)*. The AUDIT-C tool is a modified, three-question version of the Alcohol Use Disorders Identification Test (AUDIT).[22] It is scored on a scale of 0 to 12 based on the person's answers. The cut-off for a 'positive' score indicating hazardous or harmful drinking is variable, however a score of 5 or more is generally consistent with a drinking pattern that is above the HPA's recommended low-risk drinking guidelines (see below and Figure 1).

'B' – Brief Advice

In the second step, people identified as consuming at medium- and high-risk levels are offered brief advice about reducing their alcohol consumption. Brief advice can involve:

- Providing feedback on alcohol status from the assessment and discussing what this means.
- Use of the full 10-question AUDIT tool.

[17] Kaner E, Dickinson HO, Beyer F, Pienaar E, Schlesinger C, Campbell F, Saunders JB, Burnand B, Heather N. The effectiveness of brief alcohol interventions in primary care settings: a systematic review. Drug Alcohol Rev. 2009;28(3):301-323.
[18] Kaner E, Bland M, Cassidy P, Coulton S, Dale V, Deluca P et al. Effectiveness of screening and brief alcohol intervention in primary care (SIPS trial): pragmatic cluster randomised controlled trial. BMJ. 2013;346:e8501.
[19] The Royal New Zealand College of General Practitioners. Implementing the ABC Alcohol Approach in Primary Care. Wellington: The Royal New Zealand College of General Practitioners; 2012. URL: https://www.alcohol.org.nz/sites/default/files/documents/2012%20Implementing%20the%20ABC%20Alcohol%20approach%20in%20Primary%20Care%20CEM.pdf (Accessed 28 February 2019).
[20] Ibid.
[21] Health Promotion Agency. Drink Check: is your drinking okay? Wellington: Health Promotion Agency; 2016. URL: https://www.alcohol.org.nz/sites/default/files/field/file_attachment/2.5%20AL531_Drink_Check_EB_MAY%202016_%20AW%20%28back%20cover%29_For%20online.pdf (Accessed 28 February 2019).
[22] AUDIT is an assessment tool that can be used to provide a quick assessment of excessive drinking and to assist in brief assessment. Further information: Babor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT: The Alcohol Use Disorders Identification Test. Second Edition. Geneva: World Health Organization; 2001. URL: https://apps.who.int/iris/bitstream/handle/10665/67205/WHO_MSD_MSB_01.6a.pdf;jsessionid=D76A0F54C95273D83E5E848BF4972D42?sequence=1 (Accessed 28 February 2019).

- Having a conversation about more appropriate levels of alcohol consumption in the context of age, sex, health conditions, co-morbidities, or current prescribed medications.
- Motivational interviewing-based techniques.
- Providing advice on appropriate harm reduction strategies.
- Referring to printed and online resources.
- Offering further support or treatment options where appropriate.

'C' – Counselling

Referral pathways should be considered and offered to people identified as being at high risk of alcohol problems. Offering counselling or further support can include:

- Referral to another practitioner within the practice/organisation.
- Referral to identified local or national services.
- Referral to printed and online resources.

Recommended low-risk drinking guidelines (from HPA)

The HPA have a set of guidelines for low-risk guidelines. These are listed below for context and presented in Figure 1 below.[23]

Figure 1: Diagram from the HPA providing alcohol drinking advice

Reduce your long-term health risks by drinking no more than:

- Two standard drinks a day and no more than 10 standard drinks a week for women.
- Three standard drinks a day and no more than 15 standard drinks a week for men.
- AND at least two alcohol-free days every week.

[23] Alcohol.org.nz. Low-risk alcohol drinking advice. Wellington: Health Promotion Agency; 2019. URL: https://www.alcohol.org.nz/help-advice/advice-on-alcohol/low-risk-alcohol-drinking-advice (Accessed 6 March 2019).

Reduce your risk of injury on a single occasion of drinking by drinking no more than:

- Four standard drinks for women on any single occasion.
- Five standard drinks for men on any single occasion.

The above advice is based on 'standard drinks'. A standard drink contains 10g of alcohol. A common serve or pour of an alcoholic beverage is often more than standard drink.

Potential benefit of Alcohol ABC Approach

Addressing hazardous and harmful use of alcohol is likely to have a range of benefits for individuals, whaanau, the health and social services sectors, those who work in these sectors, and for sectors. Figure 2 below summarises a range of benefits that could be seen from the systematic implementation of the Alcohol ABC Approach.

Figure 2: Summary of benefits of the Alcohol ABC Approach.

Project purpose

The implementation of the Alcohol ABC Approach with a community-based provider is one of the areas of focus for the CM Health (CM District Health Board) Alcohol Harm Minimisation Programme. Thus, in partnership with the HPA, in 2017, an invitation was extended and subsequently accepted by Family Success Matters (formerly known as Family Start Manukau, and hereafter referred to as FSM) to assess whether the Alcohol ABC Approach used in the primary care setting would be appropriate to use in the community setting.

Social workers at FSM have always had an alcohol use question in strengths and needs assessment; however the question and process did not engender detailed discussion about the effects and impacts of alcohol use in the home. This Project was seen as an opportunity to adapt and integrate behaviour change alcohol use discussions into everyday social work practice.

The HPA, as the national health promotion organisation with a focus on alcohol, provided funding for this Project.

The aim of the Project was to adapt, implement, and refine the Alcohol ABC Approach with social workers at FSM. The target population was whaanau enrolled with Family Success Matters who live in the Manurewa suburb of the Manukau locality. That is, the Approach was adapted and implemented with one team at FSM: the Manurewa North Team. Further information about the various Project phases is provided in chapter 3 (Description of the Project phases).

The immediate primary objectives of the FSM-based Project were:

- Adapt the Alcohol ABC Approach to ensure it is appropriate for the community-based setting and is integrated into staff workflow;
- Implement a systematic, consistent model for Alcohol ABC Approach with one social work team working in the Manurewa area, and embed as part of business-as-usual;
- Build the capability of the Manurewa North Team in being able to:
    - Provide empathetic and culturally appropriate alcohol Assessment, Brief advice, and referral for Counselling or other help;
    - Utilise existing and new HPA resources (including collateral related to alcohol-free pregnancy) to facilitate conversations with people about alcohol and to help support people to make changes if needed;
- Refine the Alcohol ABC Approach model and processes through structured cycles of testing, amending, and re-testing to enable adoption by FSM of a standardised, consistent, and appropriate method.

If successful, the intention was that the approach could be scaled up across the whole FSM organisation, with other community providers in the Manukau locality and CM region, and also might provide learning for implementation in other regions of New Zealand.

Organisations involved in the Project

The implementation of the Alcohol ABC Approach in a community-based setting was a collaborative partnership between CM Health and FSM. There was mutual agreement to work together to adapt and implement the Alcohol ABC Approach in the social work setting.

Counties Manukau Health

CM Health provides and funds health and disability services for an estimated 550,000 people who reside in the local authorities of Auckland, Waikato, and Hauraki District.[24] There is a particular focus on the achievement of equitable health and wellbeing for the population it serves; this includes addressing alcohol-related harms as they are major contributors to inequities in health and wellbeing outcomes.[25] CM Health service delivery is focused on four geographical localities within the CM district – Eastern, Franklin, Manukau, and Mangere/Otara. Of these, Mangere/Otara and Manukau localities are the most densely populated localities, have a particularly youthful population, and are the most socio-economically deprived areas.[26]

CM Health supports working together with people, whaanau, families, communities, health agencies, and other partners to influence the social and environmental determinants of hazardous alcohol use and improve access to healthcare services for people experiencing alcohol-related harm. This includes providing access to high quality and culturally-appropriate assessment for alcohol use, brief and earlier intervention, and referral to treatment when appropriate (also known as Alcohol ABC Approach). In 2016, CM Health commenced a whole-of-organisation Alcohol Harm Minimisation Programme, which focusses on alcohol as a key determinant of population health and wellbeing outcomes and prioritises prevention and early intervention actions. The programme is an opportunity to improve the health and wellbeing of people by addressing the current gap in Alcohol ABC Approach response in the health system, and focuses on three key settings in Counties Manukau: the community, the hospital, and general practice. Concurrently, it works with communities and intersectoral partners to influence the social determinants of hazardous drinking and alcohol-related harm.

As part of this Programme, CM Health has developed alcohol harm minimisation projects across various clinical settings. This Project was an opportunity to work with a community-based organisation to see if the Alcohol ABC Approach could be applied in the community setting.

[24] Counties Manukau Health. Statement of Intent: incorporating the Statement of Performance Expectations. Auckland: Counties Manukau Health; 2018. URL: https://www.countiesmanukau.health.nz/assets/About-CMH/Reports-and-planning/Annual-reports-and-plans/Final-CM-Health-2018-22-SOI-incorporating-the-2018-19-SPE-for-online-publication-December-2018.pdf (Accessed 28 February 2019).
[25] Counties Manukau Health. Position Statement: Reducing harms from alcohol in our communities. Auckland: Counties Manukau Health; 2017.
[26] Wright K. Counties Manukau Health Alcohol-Related Harm Profile. Auckland: Counties Manukau Health; 2018.

Family Success Matters – Whanau Manaaki Tangata

FSM is a not-for-profit, non-government organisation established in 2005. It provides a number of programmes in the South Auckland and Franklin communities, including Family Start, Fathers for Families, and Incredible Years Parenting. The Family Start programme (FS programme) is FSM's primary programme, and it is within this programme that the Alcohol ABC Approach was implemented.

Overview of Family Start[27]

The FS programme is one a Ministry of Children – Oranga Tamariki early intervention service and was developed to provide a voluntary, intensive home visiting service. Successful home visiting programmes are based on strong theories of change that identify specific outcomes and objectives and link these to evidence-based strategies and content. The FS programme is grounded in theories of human ecology[28], self-efficacy[29], human attachment[30], strengths-based child-centred approach[31], and Tikanga Maaori. Together these theories and approaches emphasise the importance of families' social context.

Family Start's child-centred, strengths-based approach aims to promote safe parent-child relationships and maternal, infant, and early childhood wellbeing in high-need families. Strengths-based practice emphasises people's self-determination and strengths. It is a philosophy and way of viewing clients as resourceful and resilient in the face of adversity. It is client-led with a focus on future outcomes.

On-going support and continuous quality improvement makes the assumptions that children's development, health, and wellbeing will improve if parents are supported to access health and education services, and if they understand the detrimental effect that family violence and addiction can have on their children.

To be accepted on to the FS programme certain referral criteria must be met that identifies a vulnerable child (up to the age of one year), or an unborn baby, and a high need family. Referrals can be self-referrals or made by other professionals or agencies supporting the family, including midwives, Well Child/Tamariki Ora nurses, Oranga Tamariki, and the Police. Families can remain with the programme until they 'graduate' or the child reaches school age.

Once accepted on to the programme FSM aims to provide support services as early as possible in the life of the child that emphasises the needs of the child, ensures the child's safety is paramount, and assists whaanau to overcome barriers to accessing other programmes and services. The core service delivery components of the

[27] Oranga Tamariki. Family Start programme manual. Wellington: Oranga Tamariki; 2019. URL: https://www.orangatamariki.govt.nz/assets/Uploads/Family-Start/190129-OT-Family-Start-Manual-PDF-Final.pdf (Accessed 7 March 2019).
[28] Bronfenbrenner U. Ecology of the family as a context for human development: research perspectives. Dev Psychol. 1986; 22(6):723–742.
[29] Bandura A. Self-efficacy: toward a unifying theory of behavioural change. Psychol Rev. 1977; 84(2):191–215.
[30] Bowlby J. Attachment and loss: volume 1 attachment. New York: Basic Books; 1969.
[31] Saleebey D, editors. The strengths perspective in social work practice. Boston: Allyn and Bacon; 2002.

programme are engagement with the whaanau and building trust, a comprehensive strengths and needs assessment (SNA), child safety tools, and child and family plans.

These core components follow a cyclic process of continuous reassessment, review and planning to ensure services are responsive to the changing strengths, needs, and dynamics of the whaanau, and lead to short-term, medium-term, long-term, and evaluative outcomes. For example:

- One of the desired short-term outcomes of the FS programme is that family violence and alcohol and other drug misuse that impact on the child are addressed, and access to specialist community services is provided.
- The medium-term outcome is family members receiving treatment for family violence and alcohol and/or other drug abuse.
- The long-term outcomes are a reduction in child maltreatment, children who are physically and mentally healthy, and children/tamariki/families/whaanau who are healthy and resilient.
- The evaluative outcomes are population outcomes and results-based accountability outcomes.

The FS programme structure and approach provided an excellent platform to adapt and implement the Alcohol ABC Approach in the community setting.

Overview of FSM

The core quality components of FS are that FS workers are qualified and professional, and are supported by reflective clinical supervision, quality worker-client relationships are maintained, and community outreach and cross-agency coordination is maintained.

FSM's 42 FS social workers are managed in six geographical teams (Manurewa, Wiri, Papatoetoe, Otara, East Auckland, and Franklin), providing the FS programme to some of the most high-needs and socioeconomically deprived areas in Counties Manukau. Each team comprises seven social workers and each is led by a clinical supervisor[32] who provides supervision on a weekly basis. In addition, FSM has a Children's Team who work in partnership with Oranga Tamariki.

All workers have tertiary qualifications, primarily in social work, but some in education and health. The workers each carry a caseload of around 16 clients. The casework is of high intensity, there are seldom any non-complex cases, and the work is frequently undertaken in high-risk environments. Home visits are made on a weekly or fortnightly basis. The success of any intervention is heavily influenced by the quality of the relationship between the client and the worker and regular contact allows this to build. The families/whaanau[33] referred to FSM are mostly Pasifika and Maaori with smaller numbers of European, Indian, and other Asian communities. The make-up of the staff matches these ethnicities, so, as much as possible, FSM is able to match workers and clients appropriately.

[32] Also referred to as Team Supervisor in this report.
[33] In this report, the terms families and whaanau are used interchangeably.

The workers are cognisant of the complex nature of the families and have extensive experience working with families facing multiple issues. Many of the babies/infants they work with have had adverse childhood experiences (ACE). ACE incorporates not just violence, but also other key risk factors for lifetime physical and mental health problems.[34] These include exposure to hazardous alcohol and/or other drug use, food insecurity, homelessness, and a parent(s) in prison.[35]

The FSM workers aim to be facilitators of change who place child safety at the forefront. Child safety is a fundamental service principle and workers are expected to provide services that ensure the child is living in a home free of violence, abuse, neglect, physical, and environmental hazards and to provide parents/caregivers and whaanau with support, advice, and referrals to specialised services as appropriate (for example, alcohol and other drug agencies, and/or family violence agencies).

The skills and professionalism of the workers, the support structure around them, and their willingness to do the best for the whaanau they are supporting leads to better outcomes for the babies and children.

Structure of the report

Following this introduction, this report is divided into three main sections. The next section describes the evaluation methodology (chapter 2). Following that are the results; firstly, there is a description of the Project phases (chapter 3), and then findings from the key informant interviews (chapter 4). Finally, the report concludes with answering the key evaluation questions and provides a summary of the recommendations (chapter 5).

It is anticipated that the HPA, other Family Start providers, and other community health and social service providers across Aotearoa New Zealand will find the evaluation and recommendations from this Project informative and they will guide future efforts to positively impact alcohol use behaviours in children's homes.

[34] Office of the Prime Minister's Chief Science Advisor. Every 4 minutes: A discussion paper on preventing family violence in New Zealand. Auckland: Office of the Prime Minister's Chief Science Advisor; 2018. URL: https://cpb-ap-se2.wpmucdn.com/blogs.auckland.ac.nz/dist/6/414/files/2018/11/Every-4-minutes-A-discussion-paper-on-preventing-family-violence-in-New-Zealand.-Lambie-report-8.11.18-x43nf4.pdf (Accessed 28 February 2019).
[35] Ibid.

Chapter 2

EVALUATION DESIGN AND METHODS

2. Evaluation design and methods

This chapter describes the evaluation methodology, including the evaluation approach and objectives, logic model, key evaluation questions, and the process for evaluation data collection and analysis.

This report was commissioned by the Health Promotion Agency as part of the funding for this Project.

The key audiences for this evaluation report are:

- Health Promotion Agency (that is, the funder),
- Family Success Matters,
- Counties Manukau Health,
- Manukau Locality Network.

Evaluation approach and objectives

The Alcohol ABC Approach model was adapted and iterated, as needed, with the FSM Manurewa North Team as the Project progressed, facilitating continuous improvement. This evaluation was an internal developmental evaluation, which allowed the whole team to be involved in evaluative thinking and to be able to respond to emerging issues and challenges with each phase of implementation. The evaluation had a mixed methods approach, including a review of quantitative data, and key informant interviews. The interviews were a significant component of the evaluation, and included interviews with whaanau[36], a focus group with the social workers, and written questionnaire feedback from key stakeholders. The evaluation was conducted by a small team consisting of the three primary authors of this report. The entire Project, including the evaluation, was overseen by a Steering Committee.

There were four key objectives of the evaluation:

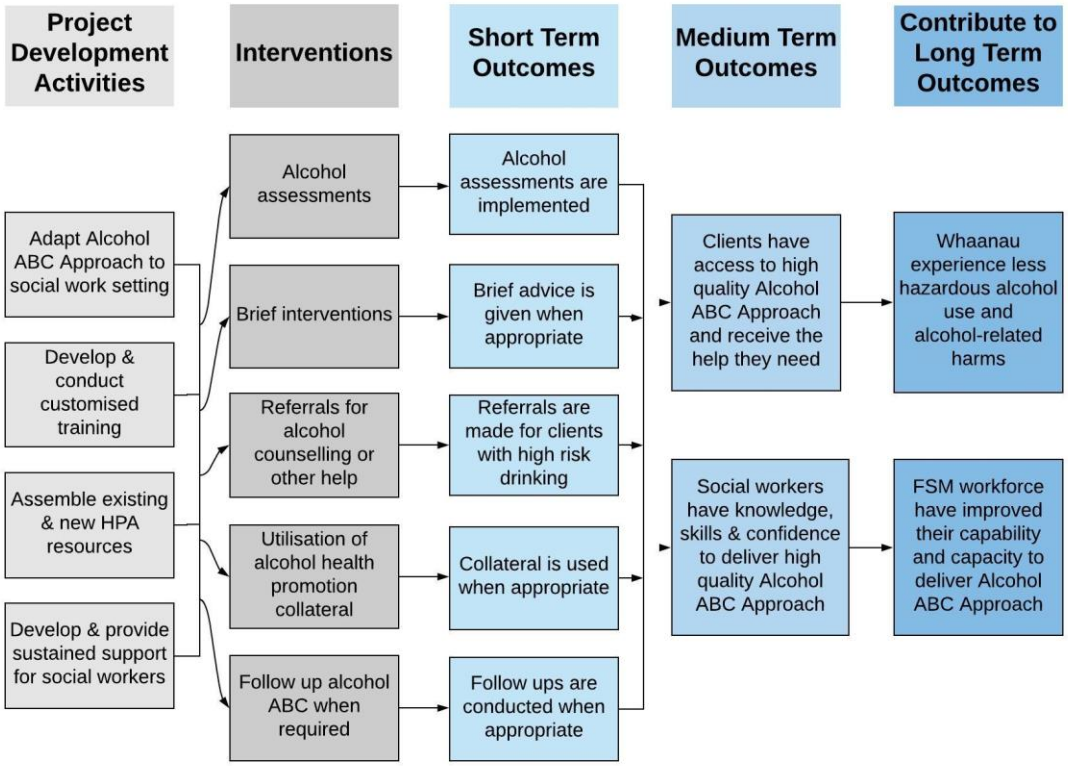
1. To assess the quality of the adaptation, implementation, and refinement of the Alcohol ABC Approach in the community-based setting;
2. To assess the quality of existing and new HPA resources utilised in this Project;
3. To assess how successfully the Project activities and interventions achieved short- and medium-term outcomes;
4. To identify key learning points that can inform future development of Alcohol ABC Approach within FSM and for other organisations/regions in New Zealand.

[36] Interviews with those whaanau who had participated in the alcohol use discussions with the FSM Manurewa North social workers.

Logic model

By undertaking a range of activities, it was anticipated that the Alcohol ABC Approach would be embedded as part of usual social work practice and whaanau would have improved access to Alcohol ABC, which in the long term will contribute to clients and whaanau experiencing less hazardous alcohol use and alcohol-related harms. These Project development activities included: co-design and tailoring/adaptation of the Approach for the community-based setting (including ensuring systems, tools, and referral pathways were clear), and providing customised training and ongoing support over time. The model is described pictorially in Figure 3.

Figure 3: Logic model for implementation of the Alcohol ABC Approach in a community-based social work provider.



Key evaluation questions

The Project Team leaders developed key evaluation questions utilising the logic model developed at the start of the Project. These evaluation questions guided the evaluation methodology for both the quantitative and qualitative aspects. The questions are listed below and answered in the final chapter of this report.

Key process evaluation questions:

1. What are staff perceptions and experiences of the Project?

a. What are staff perceptions of the adaptation and implementation process of Alcohol ABC Approach?
b. What are staff perceptions of the value and importance of Alcohol ABC Approach?
c. How much time did it take for staff to deliver Alcohol ABC? Is this sustainable in the longer-term?
d. On what visit did staff introduce the Alcohol ABC Approach? Is there an optimum time/visit to introduce it?
e. What are staff perceptions of the HPA resources utilised during this Project?

2. What are the client whaanau perceptions and experiences of delivery of Alcohol ABC Approach?
    a. What are client whaanau perceptions of the value and importance of Alcohol ABC Approach?
    b. What are client whaanau perceptions of the HPA resources utilised during this Project?

3. What were the key risks and issues that arose during the implementation period? How were these resolved?

4. What were the key enablers and benefits that arose during the implementation period? How were these utilised?

Key outcome evaluation questions:

5. What coverage of Alcohol ABC was achieved?
    a. How many client whaanau had an Alcohol Assessment completed?
    b. How many client whaanau received Brief Advice?
    c. How many client whaanau were referred for further help with alcohol-related issues?
    d. How many client whaanau received follow-up alcohol conversations?

6. Were client whaanau provided with the help they wanted/needed, and if so, to what extent were they helped?
    a. How many client whaanau were identified as drinking above the 'lower risk drinking guidelines' (based on AUDIT score)?
    b. How many client whaanau had improved AUDIT scores on follow-up)
    c. What were client whaanau perceptions and thoughts about whether they received help they wanted/needed, and if so, to what extent did they think this was helpful?

7. Was there a change in the level of knowledge, skills, and confidence of staff to deliver alcohol assessments, brief advice, and further help if required? If so, to what extent?

The following table describes the data collection tools and indicators for each of the evaluation questions.

Table 1: Summary of data collection and analysis for evaluation questions.

Evaluation questions	Data collection tool/source	Analysis/indicators
1. What are staff perceptions and experiences of the Project?	Staff feedback forms from the training sessions Staff focus group	Quantitative and qualitative analysis for responses Thematic analysis
2. What are the client whaanau perceptions and experiences of delivery of Alcohol ABC Approach?	Interviews with whaanau	Thematic analysis
3. What were the key risks and issues that arose during the implementation period? How were these resolved?	Risks and issues register Staff feedback forms from the training sessions	Document review Quantitative and qualitative analysis for responses
4. What were the key enablers and benefits that arose during the implementation period? How were these utilised?	Key milestones log Staff feedback forms	Document review Quantitative and qualitative analysis for responses
5. What coverage of Alcohol ABC was achieved?	Project database	Quantitative analysis, including number and percentage of alcohol 'A', 'B', and 'C' coverage
6. Were client whaanau provided with the help they wanted/needed, and if so, to what extent were they helped?	Project database Interviews with whaanau	Quantitative analysis: -AUDIT score distribution -number of whaanau with scores indicating hazardous consumption -number whaanau with improved scores at follow-up Thematic analysis
7. Was there a change in the level of knowledge, skills, and confidence of staff to deliver alcohol assessments, brief advice, and further help if required? If so, to what extent?	Staff feedback forms from the training sessions Staff focus group	Quantitative and qualitative analysis of survey responses Thematic analysis

Description of the Project phases

For the descriptive review of the Project, the Evaluation Team utilised the thorough records kept by the Project Manager to describe the overall Project. These records included:

- Risks and issues register,
- Key milestones log and year to date key milestones summary report,
- Steering Group and Project Working Group Meeting minutes,
- Feedback from training sessions that social workers attended (see Appendices 1 and 2 for the templates for the staff feedback forms).

FSM systems for case notes collect a range of demographic data and descriptions of social work interactions with clients (noting that the clients are the babies and children). Limited demographic information is collected on the clients' caregiver and whaanau. So, additionally, for this Project, a hardcopy template was created to gather information about the whaanau who participated in the alcohol use discussions, as well as to record their alcohol use risk and note progress in implementing Alcohol ABC. This information was noted by social workers during home visits where possible and when it was freely provided by whaanau (see Appendix 3 for the Project Evaluation Data Form). De-identified information for whaanau was then collated by the Project Manager in the Project database.

Key informant interviews

The Evaluation Team developed the interview questions for all three qualitative components using the key evaluation questions. All oral interviews were recorded using audio equipment for transcription purposes. Hineamaru Lyndon (HL) was the sole interviewer for all three types and the only one with access to the interview recording.

A Kaupapa Maaori approach was incorporated into the design of the evaluation to include Tikanga Maaori concepts and their pedagogies. These pedagogies formed the basis of the evaluation and include Maaori values about: Mana Tangata, Mana Whenua, and Mana Whaanau, the importance of Maaori language and culture, and the recognition of the unique journey of everyone in whaanau, iwi, and hapu.

Examples of specific practices for the Kaupapa Maaori approach include:

- The predominant use of a kanohi ki te kanohi (face to face) approach when establishing networks;
- Interacting and engaging with whaanau and individuals and organisations;
- The use of whanaungatanga (building relationships) and manaakitanga (care and respect) processes;
- The use and promotion of te reo Maaori and the use of koha for participants;
- The use and active practice of culturally appropriate processes wherever possible.

This approach was used to develop the interview questions and while conducting the interviews.

All whaanau who had taken part in the Alcohol ABC Approach Project by start of September 2018 date were invited to participate in the evaluation (number of whaanau = 20). Thirteen whaanau or whaanau members consented and were interviewed face-to-face either at their home or at FSM in November and December 2018. Written consent was obtained for all participants who had read the information sheet that was provided and volunteered to participate, and ethics approval was granted by New Zealand Ethics Committee. See Appendix 4 for the participant information sheet and consent form for the evaluation.

Thirteen interviews with whaanau members followed a semi-structured interview process in which the researcher had a set of guiding questions, but was flexible with the order they were presented, and were tailored, if necessary, to the needs of the whaanau. This also allowed the interviewee to speak in more depth on the issues raised. On two occasions, the social worker was also present during the interview. For two interviewees, English was a second language and therefore the social worker assisted as an interpreter during the interview. See Appendix 5 for the whaanau interview schedule.

Maaori and Pasifika cultural values were adhered to by including cultural practices such as karakia, mihimihi, whakawhanaungatanga. Whaanau who participated also received a koha. Koha signifies the importance of giving back to the whaanau for their involvement in the evaluation of the Project.

A focus group interview was conducted with the four social workers and a semi-structured interview process was followed (see Appendix 6 for interview schedule for the social worker focus group). A focus group structure supported the social workers to brainstorm, reflect, and exchange ideas and experiences together. They also felt more comfortable to be interviewed in a focus group setting as this was their first time being a part of a formally evaluated process, and they felt the responsibility of being the team to adapt the Alcohol ABC Approach for FSM.

For senior management and other key stakeholders, a written questionnaire was utilised (Appendix 7).[37] This method was conducted using an email-based survey questionnaire as it was more convenient for respondents.

Free text responses to questions were analysed by HL using a general inductive approach.[38] The purpose of this approach is "to allow research findings to emerge from the frequent, dominant, or significant themes inherent in raw data".[39] The process involves in-depth reading of the text and consideration of meaning of the text and the creation of categories. Then, the category system was revised and

[37] Senior management and other key stakeholders included: all members of the Project Steering Group and key staff members from ABACUS Counselling Training and Supervision Limited; the latter provided training and Group Supervision services for this Project.
[38] Thomas DR. A general inductive approach for analysing qualitative evaluation data. Am J Eval. 2006; 27(2):237-246.
[39] Ibid.

refined by the Evaluation Team, where we collectively agreed upon the key themes, and selected appropriate quotations that conveyed those themes.

It is important to acknowledge the role of the researcher in an inductive approach to analysing qualitative data, as interpretations of the raw data are shaped by the assumptions and experiences of the researcher conducting the analyses. The researcher makes decisions about what is more and less important and findings can be expected to differ between researchers.

Selection of the interviewer for the evaluation

Being part of this Project was a new experience for the social workers, and committing to training, supervision, and iteratively testing the adaptations of the Alcohol ABC Approach with the families was over and above their existing work. To test the Approach required each social worker to have already built trust with the families on their caseload. These relationships established with the families are often hard won and fragile, and the social workers had concerns about an external evaluator being brought in to interview the families.

It was important to the social workers that the interviewer was respectful of the families and their relationship with the social workers and was culturally competent. Care was taken over the selection of the interviewer and the Manurewa North Team had the opportunity to meet with HL before she was appointed. Careful consideration was given to how to involve the families in the interview process. The social workers informed the families about the process and gained consent. This was followed up with a phone call from the interviewer to introduce herself. The social workers then went with the interviewer to introduce her to the family and, unless required for translation, then left. In all respects this process worked well. The social workers felt confident that the interviewer would be well received by the families. The interviewer established a rapport with the families who were comfortable providing open and honest feedback.

Te Tiriti o Waitangi

CM Health and FSM recognise and respect Te Tiriti o Waitangi as the founding document of Aotearoa/New Zealand. Te Tiriti o Waitangi encapsulates the fundamental relationship between the Crown and Iwi. The four Articles of Te Tiriti o Waitangi provide a framework for Maaori development, health, and wellbeing by guaranteeing Maaori a leading role in decision making in a national, regional, and whaanau/individual context.

The New Zealand Public Health and Disability Act 2000 furthers this commitment to Maaori health advancement by requiring District Health Boards (DHBs) to establish and maintain responsiveness to Maaori while developing, planning, managing, and

investing in services that do and could have a beneficial impact on Maaori communicates.

This Project has a particular focus on improving Maaori wellbeing, from a Te Tiriti perspective as well as from reducing inequities between Maaori and non-Maaori perspective. FSM social workers are expected to work in a culturally competent and safe manner and utilise culturally appropriate models of care.

Ethics

Ethical approval for the entire Project, including the evaluation component, was sought and received from the New Zealand Ethics Committee (www.nzethics.com). The evaluation adhered to the ethical guidelines of the Health and Disability Ethics Committee and the privacy and confidentiality rules laid out in the Health Information Privacy Code.

Consent for alcohol assessments, conducted by social workers as part of usual practice, is covered by the FS programme consent form, which the social worker explains and goes over with the primary care giver when the whaanau enter into the FS programme. For those whaanau that participated in the key informant interviews for the evaluation component, written consent was explicitly sought. As per normal standard practice at FSM, all communication and engagement with whaanau was respectful and culturally appropriate.

Information provided by evaluation participants is stored securely by the evaluators in locked cabinets (paper files) or in password-protected electronic files, accessible only to Evaluation Team members. At the completion of this evaluation, all information will be stored securely, either electronically on the FSM computer system or in a locked cabinet for paper files, for a period of ten years; after this all data will be deleted.

All members of the Project Team work under a professional employment obligation to maintain client confidentiality. There is no identifiable information about individual participants included in this evaluation report or any other evaluation outputs. The focus of the evaluation is key learnings and themes about the processes and outcomes of implementation, rather than descriptions of the clients and whaanau.

Chapter 3

DESCRIPTION OF THE PROJECT PHASES

3. Description of the Project phases

This chapter describes the four main phases of the Project. These phases are:

- Engagement and Planning Phase.
- Training Phase.
- Implementation Phase.
- Completion Phase: decision point and business as usual (BAU) rollout.

Key findings from each of the phases are described under the appropriate section. Figure 4 on the following page outlines the timeline and main phases for the Alcohol ABC Approach Project at FSM.

Engagement and Planning Phase

The Engagement and Planning Phase was approximately three months long from November 2017 to January 2018. The Project formally began in November 2017 when CM Health contacted FSM about partnering together to plan and implement the Alcohol ABC Approach in the community, with funding support from HPA. The first pieces of work involved developing a Project Management and Evaluation Plan, and gaining ethics approval for the evaluation component of the Project. Subsequently, a Project Manager was recruited to co-ordinate and manage the Project. A Steering Group[40] and Project Working Group[41] were also established with representation from both FSM and CM Health.

At this stage of the Project, two teams from FSM, Manurewa North Team and Manurewa South Team were invited to participate in the Project. An engagement meeting was held on 25.01.18 with the Project Team and the social workers that would be involved in the Project. This included an introductory presentation on alcohol and health, and a presentation on the FS model of service delivery. The meeting was an opportunity to provide essential context to the social workers on the importance of the Project, including facts and figures about alcohol use and the health and social impacts and costs of hazardous drinking. This two-hour session was essential for putting the facts on the table, it exposed the reality that hazardous use of alcohol is normalised in Aotearoa New Zealand. It resulted in many of the social workers voicing shock at the realities they had been exposed to.

A risk identified at this stage was the acceptance and encouragement of harmful alcohol use in general New Zealand society, and that this is reflected by staff in most workplaces. The engagement meeting on 25.01.18 was seen as an opportunity to address this risk.

[40] The purpose of the Steering Group was to provide governance of the Project strategic and operational: intent, content, and resources. The Group met approximately every 6 to 8 weeks.
[41] The purpose of the Project Working Group was to have oversight of the Project direction and operation. The Group met every 4 to 6 weeks.

Figure 4: Timeline and phases for the Alcohol ABC Approach Project at FSM.

<table>
<tr><th>Nov 17</th><th>Dec 17</th><th>Jan 18</th><th>Feb 18</th><th>Mar 18</th><th>Apr 18</th><th>May 18</th><th>Jun 18</th><th>Jul 18</th><th>Aug 18</th><th>Sep 18</th><th>Oct 18</th><th>Nov 18</th><th>Dec 18</th><th>Jan–Mar 19</th></tr>
<tr><td colspan="5">Engagement and Planning Phase: Secure funding and NZ Ethics Committee approval; contract FSM; recruit Project Manager (PM)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td colspan="4">Training Phase: Identify social workers (SW) Alcohol ABC Training needs; tailor and deliver training; build familiarity with Alcohol ABC tools and amend as required to be ready to commence the implementation.</td><td></td><td></td><td></td><td></td><td colspan="3">Decision point: will the amended Alcohol ABC Approach be transitioned to business-as-usual (BAU) for the team involved in the Project? AND will it be rolled out to all other FSM Teams?</td><td>BAU rollout if approved for same.</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td colspan="6">Implementation Phase 01.05.18–31.10.18: ‘Rules’ agreed by all participants being: all will use the agreed current set of Alcohol ABC tools and processes with all new referrals and with existing ‘clients’ as appropriate (note FSM clients are the babies and children, thus engagement is with their principal carer and whaanau).
Twice/month: PM & SW Supervisor meet to resolve implementation matters.
Monthly: PM & SW discuss: what’s working, what’s not, what does the team agree to change and trial for the next month (‘PDSA – Plan, Do, Study Act’ iterative cycle).
Monthly: The SW Team and their Supervisor have Group Supervision with contracted ABACUS Supervisor, this includes ongoing Alcohol ABC Training.
Monthly: PM & ABACUS Supervisor meet to ensure their processes are aligned.</td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td colspan="3">Project Manager: Provide regular progress updates to FSM Management and to CM Health Alcohol Harm Minimisation leads for Manukau locality.</td><td colspan="6">Project Manager (PM):
Monthly: Circulates to and meets with Project Working Group Members and Project Steering Group members an updated Key Milestones Log and its year-to-date summary; updated Risks and Issues Register.
Monthly or frequency as agreed: Convenes and provides the papers for the Project Working Group Meeting and Project Steering Group.</td><td colspan="2">PM Confirms Findings: final analysis and interpretation of the findings, agreement of findings by SW and FSM management; submit findings for the Evaluation Report.</td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="3">Evaluation Report: Completed and approved by all parties by 14.03.19.</td></tr>
</table>

Training Phase

The aims of the Training Phase were to identify the social workers' training needs, then to deliver tailored training to them, build familiarity with the Alcohol ABC Approach, and amend as required in anticipation of commencing implementation. This phase was approximately four months long from January 2018 to April 2018.

Early in this phase, the Project Manager identified a risk; that is detailed discussion about the use of alcohol in the homes of client babies and children had thus far not been a specific requirement within FSM social workers' standard workflow, and so introductory training was required prior to the implementation phase. Two training sessions, five hours long each, were organised to address this risk; these are described below.

Additionally, the Project Manager organised monthly meetings with each of the team and their Supervisor to regularly review 'what tools and processes are working, what are not, and what do the teams agree to change and trial for the upcoming month'. This process allowed for standardisation across social workers.

Training Session 1

The first training session was facilitated by ABACUS Counselling Training and Supervision Limited, an organisation that provides training on alcohol and other drugs for health and social service professionals.[42] The session focused on "Personal values, attitudes, and behaviours influence how we have alcohol discussions with others". It took place on 13 February 2018 and both Manurewa teams took part. Feedback from the training was collected immediately after the session. The survey was anonymous, so the responses between the two teams cannot be separated. In total, nine social workers participated in the survey.

Table 2 summarises the key learnings from the training session.

Table 2: Key learnings for staff from Training Session 1.

THEMES:	SUB THEMES:
1. Standard drinks	• What a standard drink is • Differences in standard drinks between different types of alcohol, for example: beers, spirits, and wine
2. The effects of alcohol in our communities	• The amount of alcohol communities are consuming • The impact alcohol has on the CM community

[42] ABACUS. Training for Health and Social Services. Auckland: ABACUS; 2019. URL: https://www.acts.co.nz/ABACUS-Training-Alcohol-and-Drugs-Problems-Brief-Interventions.php (Accessed 7 March 2019).

	• The effect of alcohol on people's health
3. How to discuss alcohol with client whaanau	• How to approach client whaanau about their drinking • Non-judgemental
4. Alcohol ABC Approach	• What it means • How to use AUDIT tool • How to give brief advice
5. Support and counselling services in Counties Manukau	• The range of services that people can be referred to • Other resources that are available

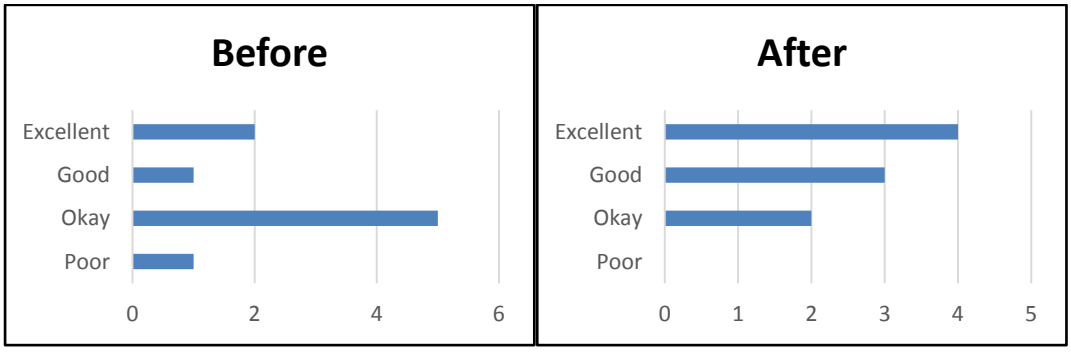
Of the participants who completed the survey, 100% responded that they would apply the learnings from the session to their work. Table 3 below summarises the responses to how participants planned to apply these learnings.

Table 3: How staff intend to apply learnings from Training Session 1 to the work setting.

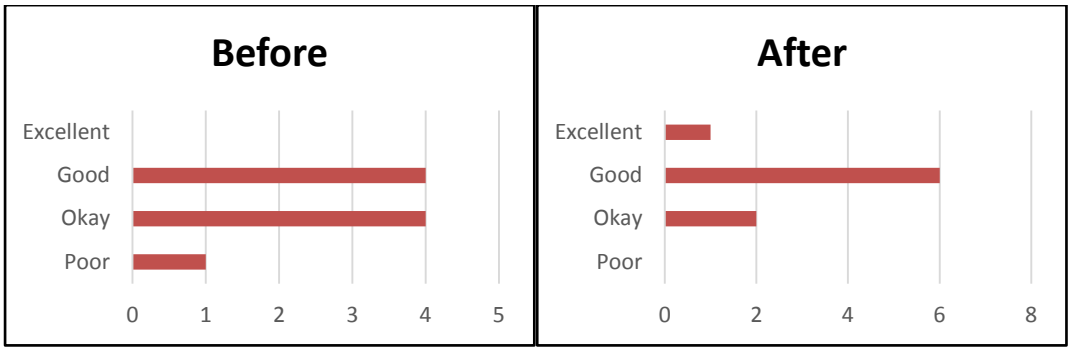
THEMES:	SUB THEMES:
Screening and Alcohol ABC	• Put into practice what they have learnt • Talk about alcohol with their client whaanau • Offer brief advice • Use AUDIT more • Refer when required
Supporting colleagues	• Supporting others put it in practice • Discussing with peers

The figures below demonstrate the responses to describing thoughts and understandings before and after the training session. Note that both the 'before' and 'after' responses were recorded on the survey form at the same point in time (that is, directly at the end of the training session).

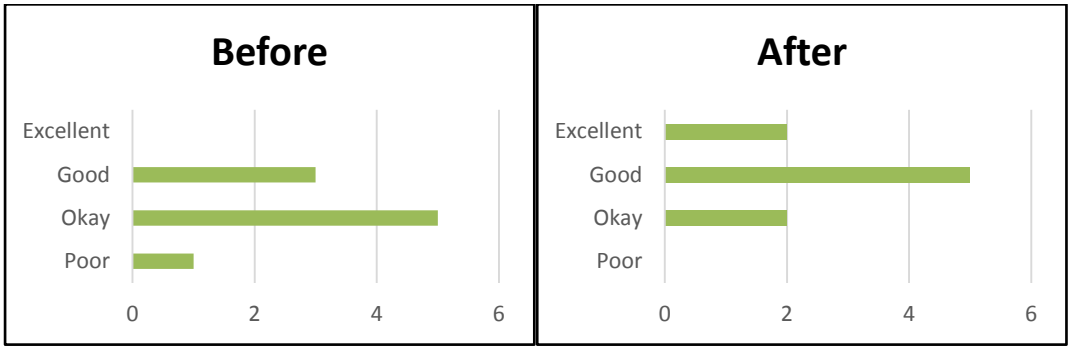
1. Understanding of alcohol related harm for individuals and whaanau



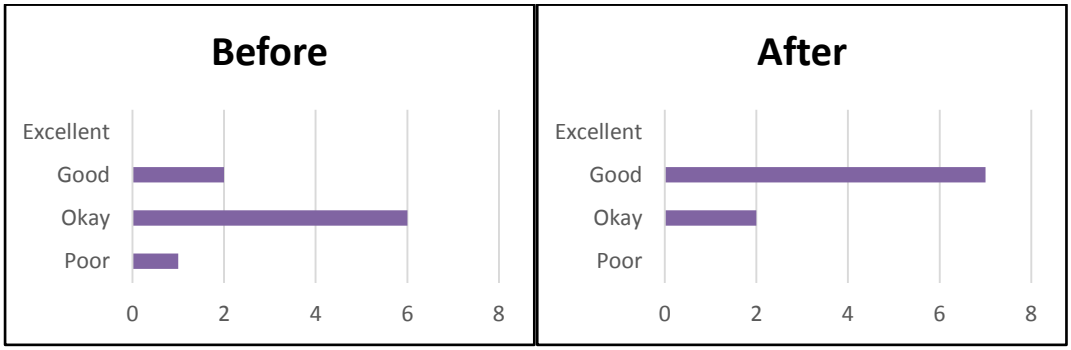
2. Confidence when talking about alcohol with individuals and whaanau



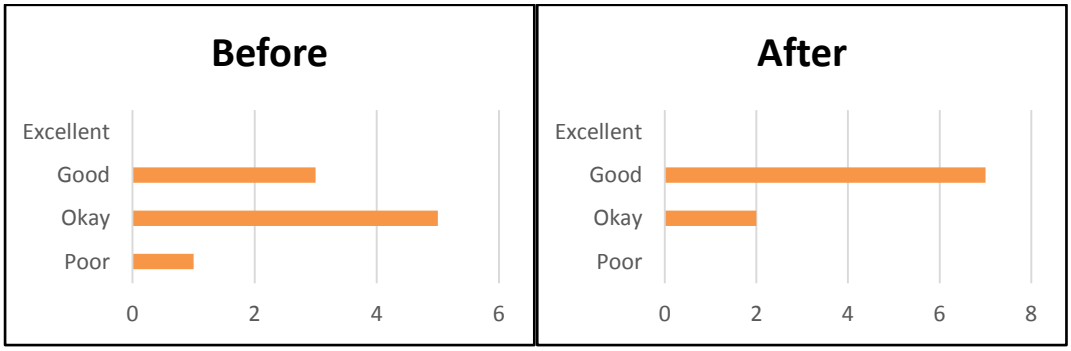
3. Knowledge on how to assess for alcohol problems



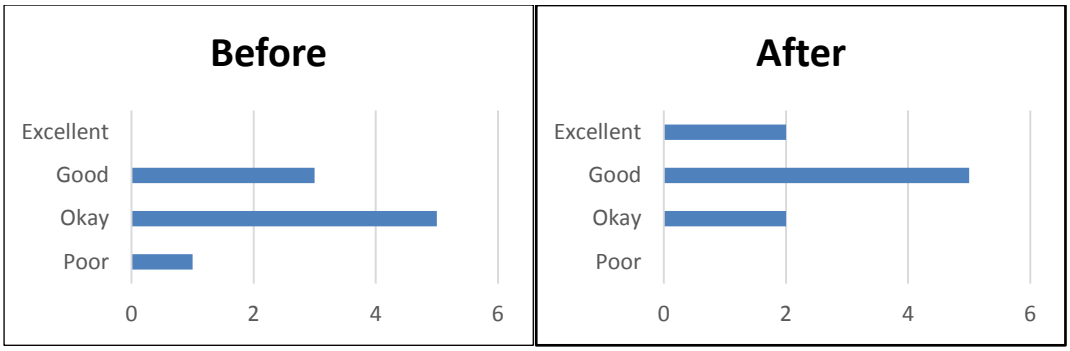
4. Confidence in doing alcohol assessments in work



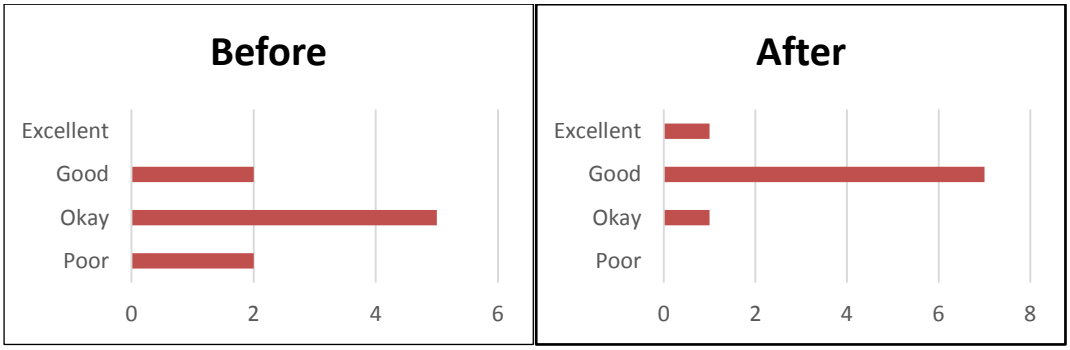
5. Knowledge of how to provide brief advice about alcohol



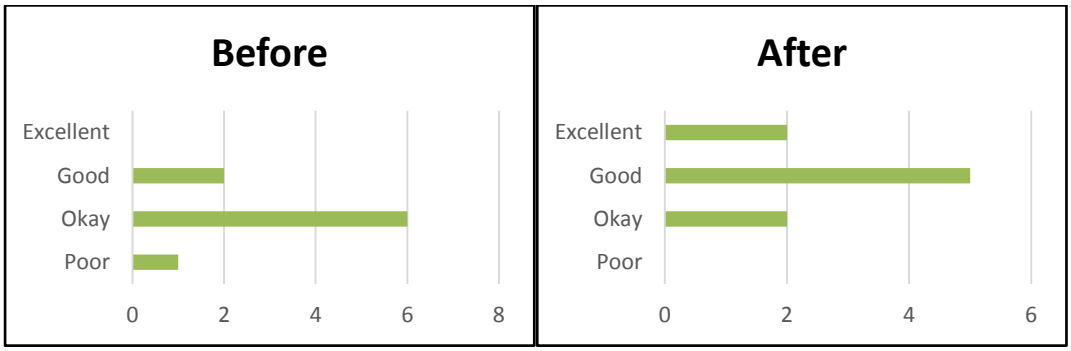
6. Confidence in providing brief advice about alcohol



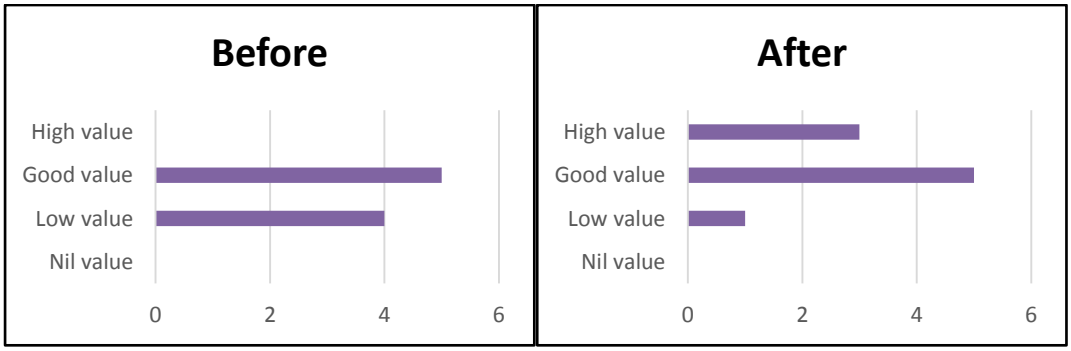
7. Knowledge of when to refer client whaanau onto other services for help with alcohol



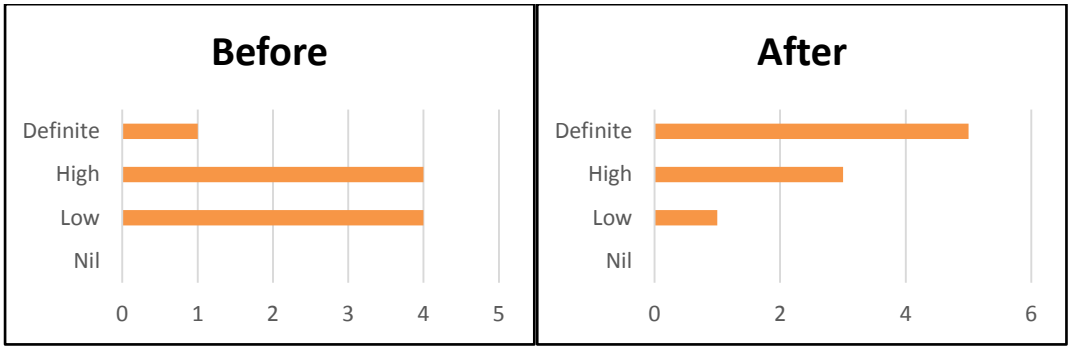
8. Knowledge on how to refer client whaanau onto other services for help with alcohol



9. Thoughts on value of Alcohol ABC Approach



10. Likelihood of using Alcohol ABC Approach in day to day work



Six of the nine participants reported this training session was highly relevant to their current work, and three reported it was relevant. All nine participants said they would recommend this session to their colleagues.

Following this training, another risk was identified. This was related to the need to support social works with ongoing learning of the Alcohol ABC Approach. It was felt that the social workers required more time to translate the medical model of the Alcohol ABC learning into a Family Start framework of practice. The training facilitator recommended purchasing Group Supervision from ABACUS to support the social workers with ongoing learning, including an opportunity to reflect on challenges or resistance by client whaanau. This was approved by FSM Management in February 2018, and Group Supervision[43] for both teams and their Supervisors was arranged. It was 1.5 hours per month, and the first monthly session took place on 29.05.18 (in the Implementation Phase).

Training Session 2

The second training session was also facilitated by ABACUS Training Limited. It focused on "Motivational interviewing". It took place on 12 April 2018. In total, five social workers from the Manurewa North Team participated in the survey.

Table 4 summarises the key learnings from the training session.

[43] In this report, Group Supervision/Group Supervisor refers to the external person who was contracted to provide 90 minute monthly sessions to work with the teams response to issues the Alcohol ABC Approach brought up for them. The Team Supervisor, also called clinical supervisor, is the internal person who provides regular one-to-one and team support.

Table 4: Key learnings for staff from Training Session 2.

THEMES:	SUB THEMES:
1. Behaviour change model	• Understanding of what the model is • Use of the model in practice
2. How to discuss alcohol with client whaanau	• Use of motivational interviewing • How to ask open-ended questions • Reflecting listening

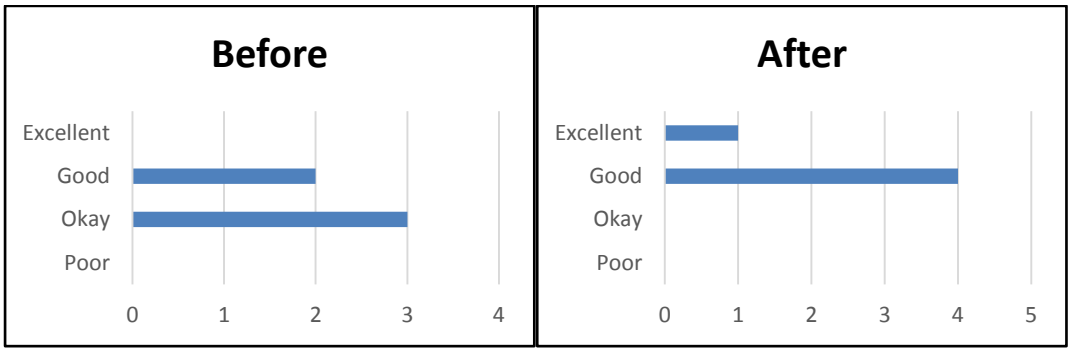
Of the participants who completed the survey, 100% responded that they would apply the learnings from the session to their work. Table 4 below summarises the responses to how participants planned to apply these learnings.

Table 5: How staff intend to apply learnings from Training Session 2 to the work setting.

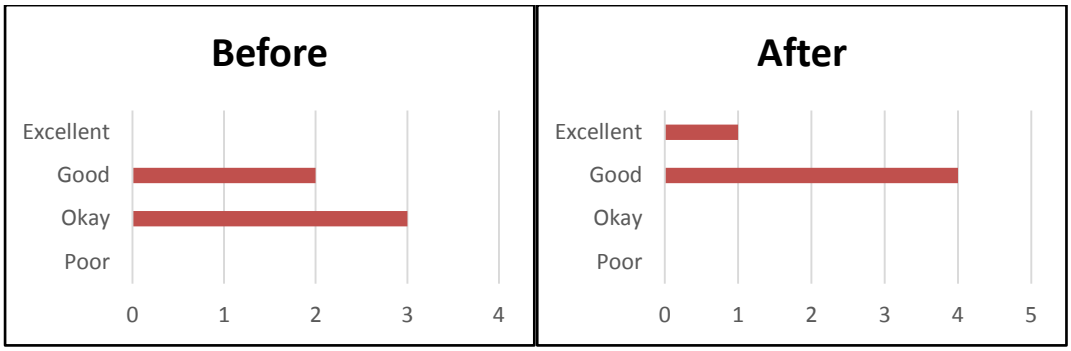
THEMES:	SUB THEMES:
Putting learnings into practice	• Being more confident in interviewing client whaanau • Applying the various techniques learnt • Put into practice what they have learnt • Talk about alcohol with their client whaanau • Offer brief advice • Use the AUDIT more • Refer when required
Supporting colleagues	• Encourage colleagues to utilise resources • Utilise supervision for difficult situations

The figures below demonstrate the responses to before and after for the various survey questions. Note that both the 'before' and 'after' responses were recorded on the survey form at the same point in time (that is, directly at the end of the training session).

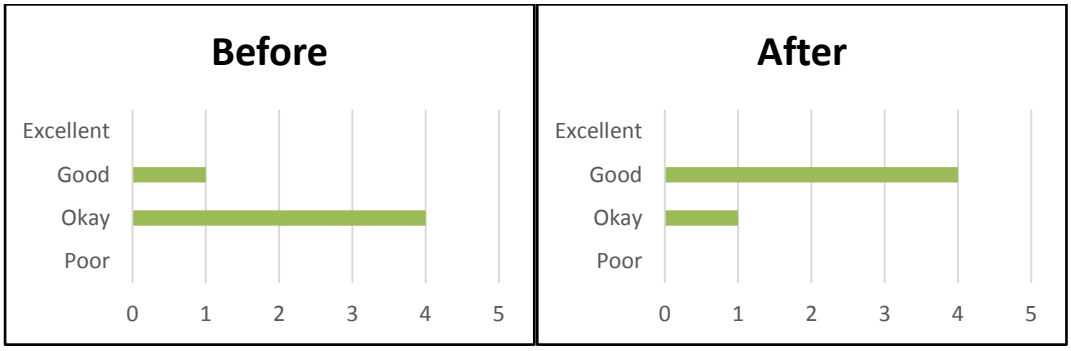
1. Understanding of alcohol related harm for individuals and whaanau



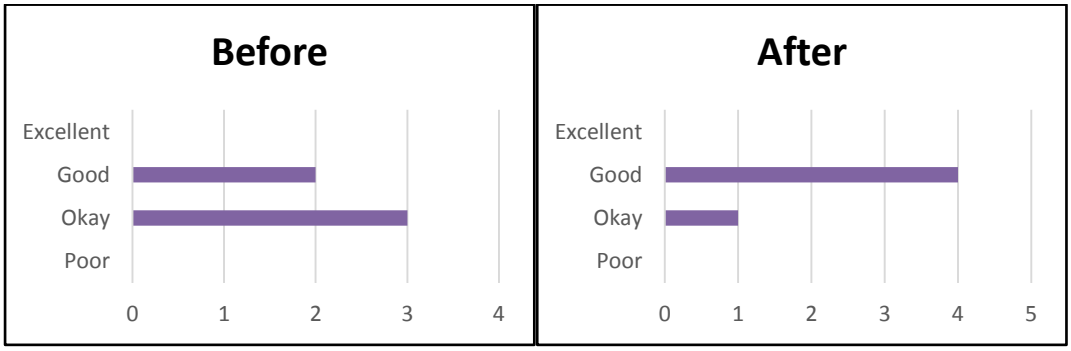
2. Confidence when talking about alcohol with individuals and whaanau



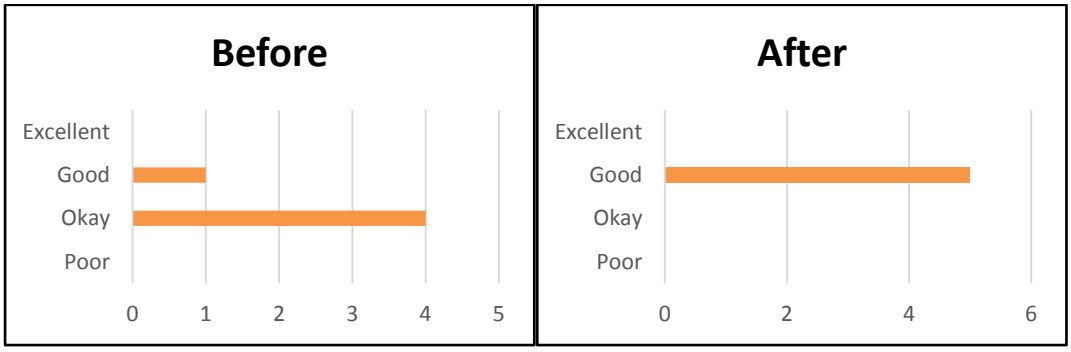
3. Knowledge on how to assess for alcohol problems



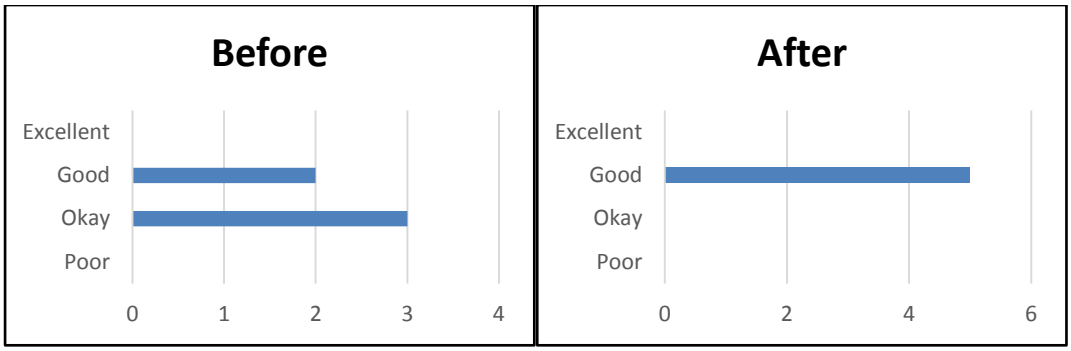
4. Confidence in doing alcohol assessments in work



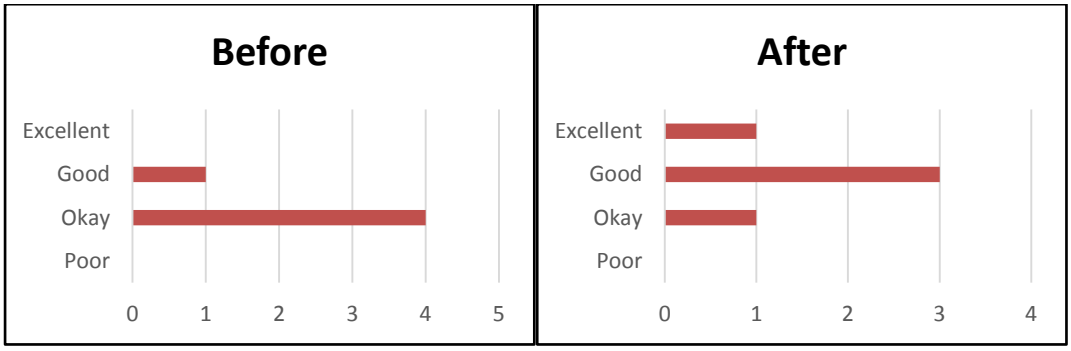
5. Knowledge of how to provide brief advice about alcohol



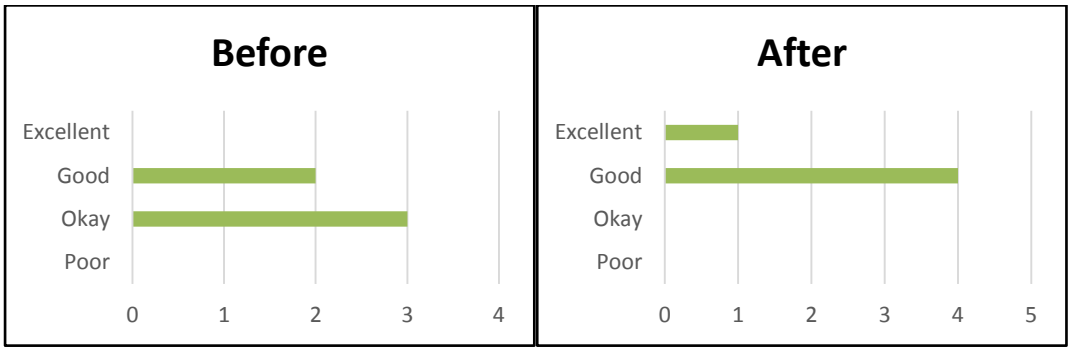
6. Confidence in providing brief advice about alcohol



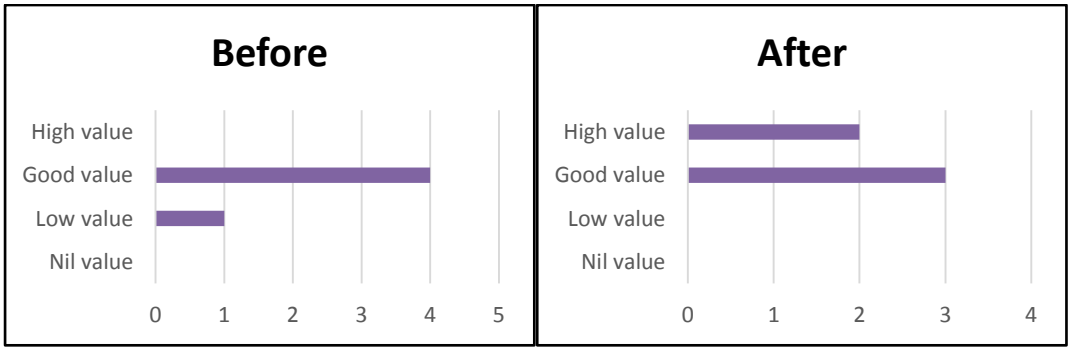
7. Knowledge of when to refer client whaanau onto other services for help with alcohol



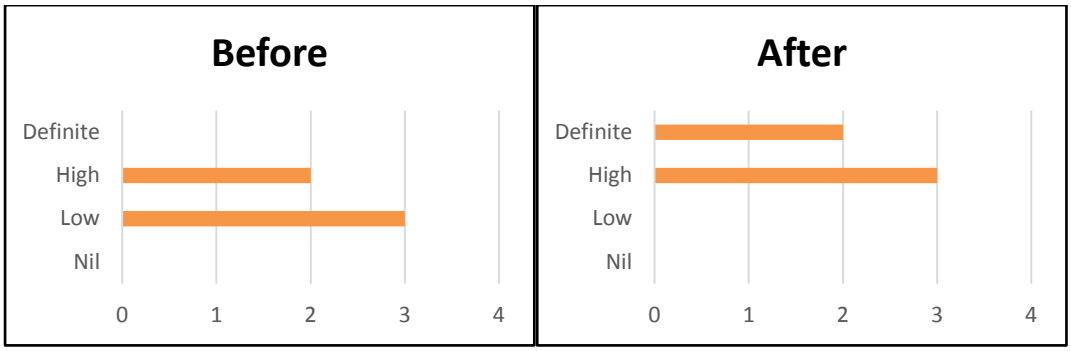
8. Knowledge on how to refer client whaanau onto other services for help with alcohol



9. Thoughts on value of Alcohol ABC Approach



10. Likelihood of using Alcohol ABC Approach in day to day work



Three of the five participants reported this training session was highly relevant to their current work, and two reported it was relevant. All five participants said they would recommend this session to their colleagues.

After the training session, social workers reported feeling more confident with the 'B' aspect of Alcohol ABC and were now keen to connect directly with the 'C' aspect; that is the services available. Initially the teams decided to gather information on 2-3 services per person and to share this as a group. However, there was a concern that this information would become out-of-date quickly. As the Implementation Phase progressed (see the following sub-section), the social workers expressed interest in having a training day with providers of alcohol and other drugs services to understand the nuances of their approaches, particularly around culturally-specific approaches. They identified the services they wished to hear from and the Project Manager arranged for this. This Training Session was held during the Implementation Phase but is described here as it fits under the training category.

Training Session 3

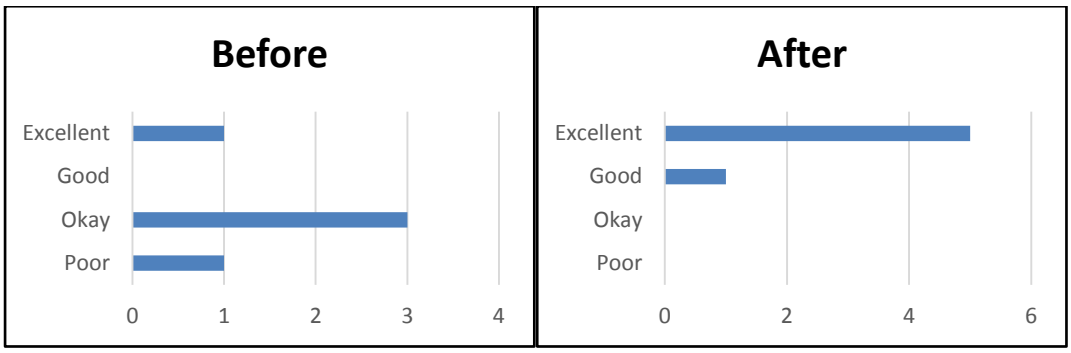
The third and final training session was on alcohol services available (the 'C' aspect of Alcohol ABC). A range of speakers presented to the social workers on the service provided by their respective organisations; these organisations were selected as they were known to be particularly responsive to the cultural needs and lifestyles of FSM's client whaanau. It took place on 5 October 2018 with the Manurewa North Team. In total, five social workers and their Supervisor participated in the survey.

All six respondents highly rated the venue and the format of the training day. They all said that a 45-minute presentation from each speaker was the ideal format. The speakers were informative, relevant, and beneficial to the day-to-day work of the social workers. One suggestion for improvement was to have small breaks between the presentations.

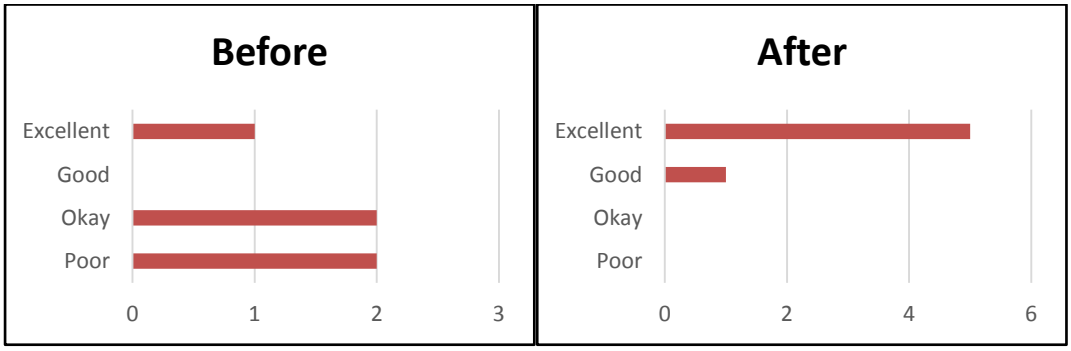
The figures below demonstrate the social workers' knowledge of the agencies before and after the training session. Note: One person did not fill out the before section. They did not give a reason for this. Additionally, note that both the 'before' and 'after'

responses were recorded on the survey form at the same point in time (that is, directly at the end of the training session).

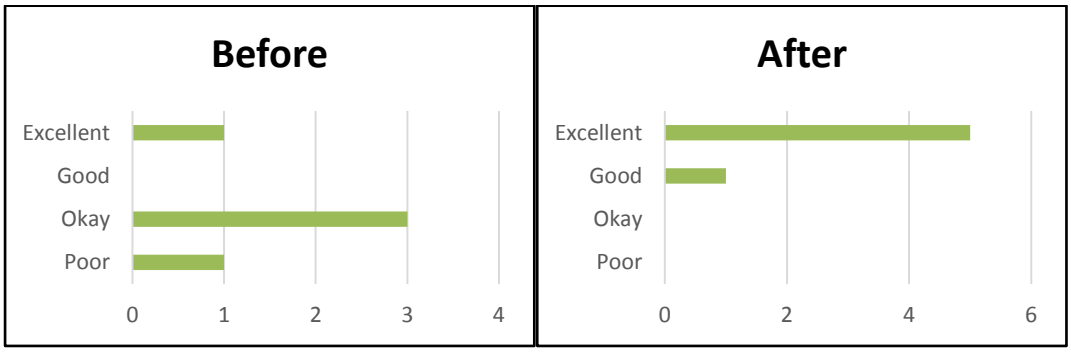
My understanding of the service provided by the 1737 Helpline[44]



My understanding of the service provided by Al-Anon[45]

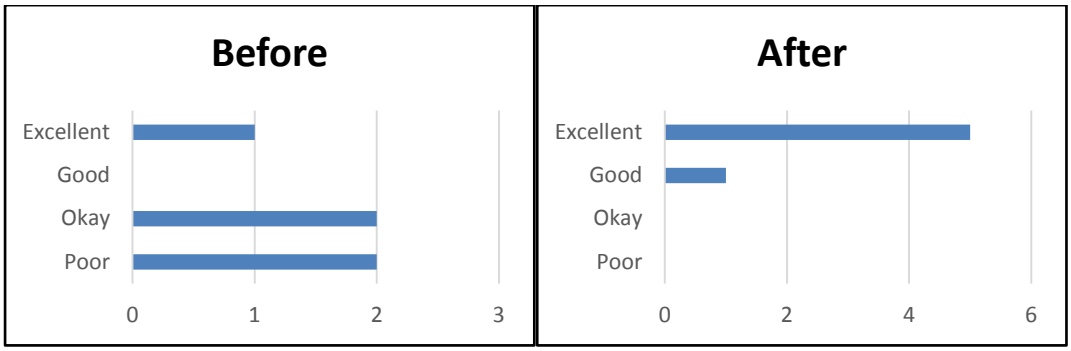


My understanding of the service provided by CADS Te Atea Marino[46]

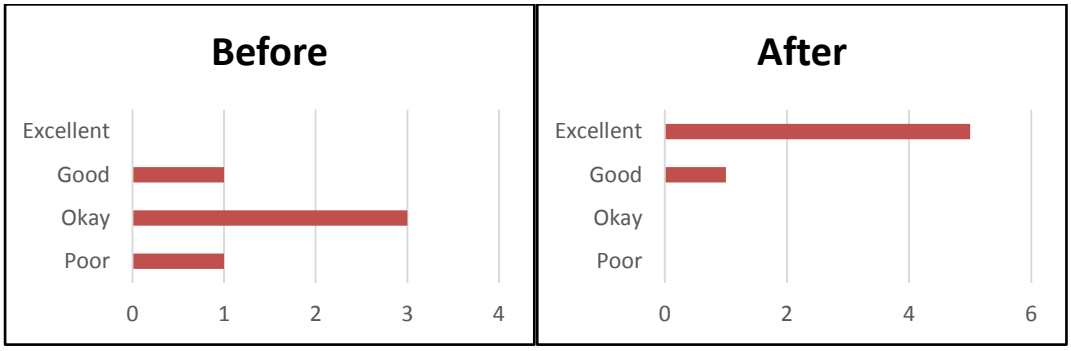


[44] For more information about their service, see their website: https://1737.org.nz/.
[45] For more information about their service, see their website: https://www.al-anon.org.nz/.
[46] For more information about their service, see their website: http://www.cads.org.nz/services/te-atea-marino/.

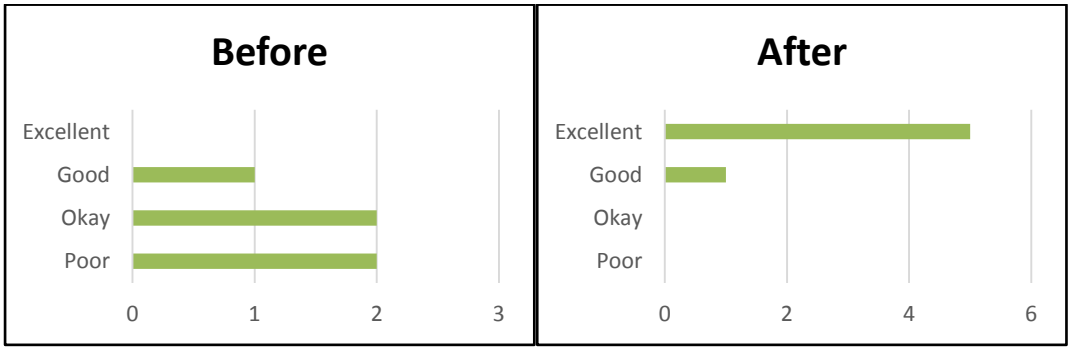
My understanding of the service provided by Higher Ground[47]



My understanding of the service provided by CADS Tupu[48]



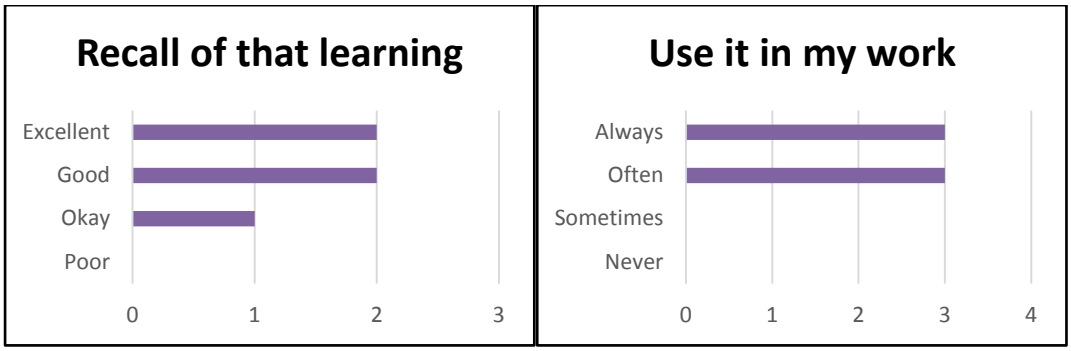
My understanding of the service provided by Phoenix Centre[49]



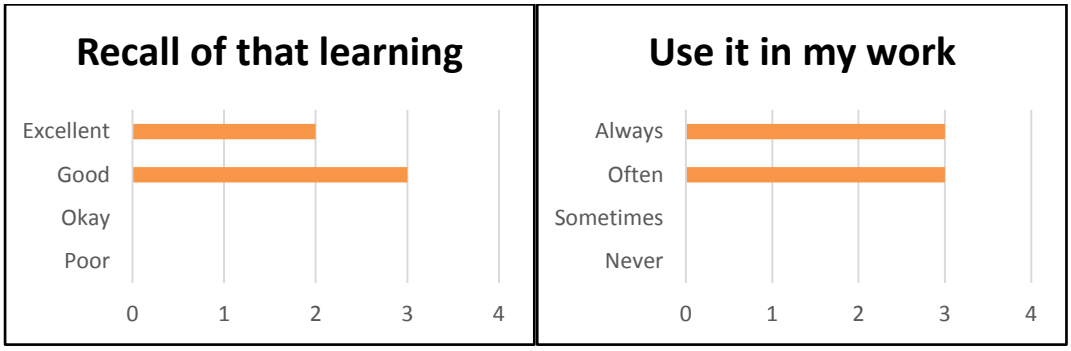
Participants were also asked about their recall of previous training days and the use of that learning in their day-to-day work. This is graphically depicted in the following graphs.

[47] For more information about their service, see their website: http://www.higherground.org.nz/.
[48] For more information about their service, see their website: http://www.cads.org.nz/services/tupu/.
[49] For more information about their service, see: https://www.healthpoint.co.nz/mental-health-addictions/mental-health-addictions/emerge-aotearoa-phoenix-centre/.

Training Day 1 on personal alcohol attitudes, beliefs, and behaviours



Training Day 2 on motivational interviewing



Four of the six survey respondents have integrated alcohol use discussions in their work with whaanau, one often uses the discussions, and one sometimes uses the discussions. Respondents did not have any further suggestions for other alcohol assessment, treatment, and support services they wanted to learn about. Three of the respondents did not feel the training days needed to be repeated with the team, while two thought they did. The sixth respondent felt it had been sufficient, but if they were repeated, she would attend again.

Partway through the Training Phase, it was recognised that the risks already identified could impede completion of the Implementation Phase by 31.10.18. The Project Manager amended the Project Phases and Timeline to ensure all could still be completed within the timeframe. This was endorsed by the Project Working Group and approved by the Project Steering Group.

Resources used

Over the course of the Training Phase, the social workers trialled a variety of resources to gain confidence in using the resources and to see which ones worked best with their client whaanau. The first resource trialled was the World Health Organization's AUDIT tool.[50] The social workers found that this AUDIT questionnaire

[50] In retrospect, this AUDIT questionnaire was called version 1 of the key resource.

had two main issues.[51] Firstly it was closing down the alcohol use conversation, as the questionnaire only asks about the individual's own drinking and does not enable discussions about harms from someone else's drinking; this aspect was important as the principal carer often did not drink alcohol. Secondly, the word AUDIT was seen as problematic, as whaanau felt that their alcohol use was being audited by Oranga Tamariki, the Police, and/or the Courts (which was not the case but the acronym implied it).

In the social work setting it was seen as important to ask about harms from other people's drinking and so the Project Manager redesigned and renamed the AUDIT questionnaire to the 'Alcohol Use Discussion' sheet.[52] The first question in this sheet was 'do you drink alcohol?' and if the person said no then the second question was 'what is your reason for not drinking alcohol?'.

In the process of adapting the resource, a risk was identified: there were different versions of the AUDIT questionnaire and the scoring between the World Health Organization's AUDIT and the HPA's AUDIT were different.[53] After discussion with the Project Team, it was agreed to use the HPA's AUDIT scoring, as this was the same as the one used by CM Health. So the Project Manager created version 4 of the key resource which was called the 'Alcohol Use Discussion' sheet. This had the same questions as version 3 but also included an adapted CM Health infographic that could be used as a prompt to start alcohol use conversations. The key front-end questions asked in both version 3 and 4 are reproduced in Table 6 below.

Table 6: 'Alcohol Use Discussion' version 4, an adaptation of the AUDIT questionnaire.

Question 1: Do you drink alcohol?			
Question 1a: If No to question 1, what is your main reason for not drinking? (please tick the reason)			
Never drunk alcohol[54]		Decided to stop drinking alcohol for no reason	
Not drinking alcohol because of pregnancy		Not drinking alcohol for family / whaanau reasons	
Not drinking alcohol for my own health reasons		Not drinking alcohol due to a Court order	
Not drinking alcohol for other reason/s, please describe the reason/s:			

Alongside the above resources, the social workers were also trialling the HPA's green leaflet *'Drink Check: is your drinking okay?'*.[55] They found that whaanau responded

[51] Babor, TF; Higgins-Biddle, JC; Saunders, JB; Monteiro, MG. 2001. AUDIT: The Alcohol Use Disorders Identification Test. Second Edition. Geneva: World Health Organization.
[52] In retrospect, this 'Alcohol Use Discussion' sheet was called version 3 of the key resource.
[53] In retrospect, the HPA AUDIT tool was called version 2 but it was never actually trialled as the social workers were already using version 3 and 4.
[54] The language of the sheet reflected what the social workers would be best for their client whaanau.
[55] Health Promotion Agency. 2016. Drink Check: is your drinking okay? Wellington: Health Promotion Agency.

best to the HPA green leaflet; it was seen as intuitive and straightforward by whaanau. They also enjoyed the interactive scratch-test component of the leaflet. As such, by the start of the Implementation Phase, all social workers were solely using the green leaflet. It should be noted that the social workers continued to start the alcohol use conversation by asking about whaanau member's own drinking and if they respond no, asking 'why not'; this open and non-judgemental question was seen as important as often people reported not drinking to manage another whaanau member's drinking. The green leaflet does not ask the 'why not' question, and so for the implementation of this Approach across FSM, there need to be consideration of adding this front-end question to an FSM tool, for example either to the SNA tool or the child safety tools.

Implementation Phase

The Implementation Phase was six months long from 01.05.18 to 31.10.18. At the start it was agreed that social workers would use the Alcohol ABC tools and processes developed, refined, and agreed upon in the previous months with all new referrals and, if appropriate, with existing clients. The Project Manager continued having monthly meetings with each of the teams and their Supervisor to regularly review 'what is working, what is not, and what do the teams agree to change and trial for the upcoming month'; this was to facilitate consistent use of the agreed tools and processes. Additionally, the Project Manager met twice monthly with the Team Supervisors.

A risk identified at the start of the phase was that other pressures may prevent the teams from fully trialling the Alcohol ABC Approach. Group Supervision was incorporated to mitigate the risk and to provide support and learning for the teams to ensure they continue with the Project. This was the case for the Manurewa North Team who remained fully engaged and committed to the Project throughout. However, for extraordinary reasons external to this Project, FSM Executive Management withdrew the Manurewa South Team on 01.09.18. This was fully communicated to the HPA at the time, and so it is worth noting that only the Manurewa North Team participated in the evaluation of this Project.

The Group Supervisor regularly met with the Project Manager and reported that the social workers attending the Group Supervision sessions were fully engaged in the discussions, and the required issues and concerns were being discussed through this forum. By month four, the Group Supervisor felt confident that the Alcohol ABC Approach was fully and effectively integrated into the everyday work of the Manurewa North Team, and over the next two months, the team continued growing in their skills and confidence. Interestingly, the benefits of Group Supervision were seen beyond this Project and positively impacted the social workers involved.

The Project Manager collated information from the Project Evaluation Data Form into a de-identified spreadsheet that was shared with the Evaluation Team. Information from this is summarised and presented below.

In total, 26 whaanau took part in the Alcohol ABC discussions; 23 were new clients who joined the FS programme between 1 May 2018 and 31 October 2018, and three were existing clients. In over 90% of the cases, the whaanau member who took part in the Alcohol ABC discussion was also the principal caregiver of the child.

Of the 26 whaanau who took part, 22 were female and four were male. Two of the female whaanau members were pregnant and three were unsure of their pregnancy status. The age of the whaanau members ranged from 17 to 54 years. Most whaanau members identified with being Maaori and/or Pacific.

Over the course of the six-month phase, all whaanau members participated in an alcohol assessment. This generally happened over the course of a number of home visits. Each alcohol conversation was not about one of 'A', 'B', or 'C' by itself, but combined elements of all three components of the Alcohol ABC Approach.

Eighteen of the whaanau members (69%) reported drinking. For those who did not drink alcohol (31%), the reasons given included:

- Had older children removed from care by statutory order and did not want to risk that happening again.
- Does not like the taste of alcohol.
- Does not drink alcohol/was brought up in a no-alcohol household so wanted to continue the same pattern.
- Was brought up with a lot of alcohol as a child themself and experienced harm due to it so decided not to drink.
- Had (significantly) reduced drinking or stopped drinking to be a better partner and parent and/or to aid management of long-term illnesses.

Fourteen of the whaanau completed the alcohol assessment using the green leaflet *'Drink Check: is your drinking okay?'*. The alcohol harm risk scores ranged from 1-14; six were assessed as low-risk, two as medium-risk, and six as high-risk. In five other instances, whaanau engaged with the assessment criteria in the leaflet, but a formal assessment was not done by the social worker. This was because these whaanau had already made notable reductions in consumption in recognition of harm, and so motivational interviewing was used to encourage continual improvement.

Some whaanau members expressed concern or were harmed by someone else's drinking. Notably, when first asked about this, the initial response was to deny this. However, using the green leaflet and motivational interviewing techniques, whaanau were more open and willing to engage in the conversation. It is important to note that the social workers were cognisant of other people drinking in the household, and utilised motivational interviewing techniques to support the principal caregiver.

Regular feedback from social workers during the Implementation Phase

The following feedback was provided in real time during the Implementation Phase using the Project Evaluation Data Form and should be read in conjunction with the qualitative interview feedback received at the end of the Project.

Value of gaining skills in motivational interviewing:

- All social workers commented that as they practised more and became more confident in using motivational interviewing techniques, they became more effective in having open and honest Alcohol ABC discussions with whaanau.

- There were numerous examples of successful use of motivational interviewing techniques. For example, one parent significantly reduced her intake in direct response to the techniques used by the social worker; she reported feeling listened to and respected.

- Social workers also commented that if there was evidence around the home of drinking (for example, beer cans lying around), but the whaanau member was saying no one drinks, then motivational interviewing can be very useful in addressing this discrepancy in a non-confrontational manner.

Adaptability of Alcohol ABC discussions:

- All social workers found the Alcohol ABC conversations very relevant to their work. They found that once a trust relationship is built with the principal carer then the carer is open and honest about the real situation in the household. There were frequent examples of mothers as principal carers who were keen to have conversations about how to better react to another person's high-risk drinking in the household.

- This Project highlighted the usefulness of the ABC model for other related discussions. Social workers described adapting the ABC structure to explore issues of domestic violence, abuse, and alcohol and other drug issues, all of which are relevant to Family Start's SNA tool.

- In all cases, the Alcohol ABC discussions took place over multiple interactions. The linear, stepwise ABC model devised for the GP setting is not useful or appropriate in the social work setting. Social work practice model encourages client-driven solutions, not short, sharp interventions. However, the Alcohol ABC model is easily adaptable, and the adapted model fits well into Family Start's SNA tool.

Importance of culturally appropriate Alcohol ABC discussions:

- Social workers commented that the Alcohol ABC discussion takes much longer when English was not the first language as the green leaflet is only available in English.

- The Alcohol ABC discussions highlighted the importance of being culturally aware. For example, an older Samoan female social worker can have frank discussions about drinking with a Samoan male client whaanau, whereas it would be inappropriate for a younger Samoan woman to have those same conversations with the male client whaanau.

Comments about the HPA green leaflet *'Drink Check: is your drinking okay?'*:

- Whaanau reported finding the HPA green leaflet easier to follow and more useful than any versions of the 'Alcohol Use Discussion' sheets. The adults enjoyed doing the scratchy section of leaflet, as it clearly made them think about how much others around their child are drinking.

- Social workers reported the green leaflet scoring appeared to better reflect people's actual drinking than the World Health Organization AUDIT scoring (version 1 of the key resources).[56] One social worker said the green leaflet was "well-received because it is direct, easy to follow, and provides helpful information that is easy to discuss".

- One person stopped drinking as soon as she knew she was pregnant, based on having completed the green leaflet on an earlier occasion with the social worker.

Other resources used:

- Other HPA resources were used as an adjunct to the green leaflet. These included: 'The Straight Guide to Standard Drinks', 'Cutting Down', and 'Alcohol and You'.

- The HPA 'Alcohol and You' booklet was helpful in showing whaanau the many different parts of the body affected by alcohol. Social workers commented this aspect was not well understood by whaanau, and also perhaps by society in general.

- Some social workers also used 'Ruby's Dad'; they found this HPA booklet often made the breakthrough for whaanau to understand the actual effects of parental drinking on their children. The booklet also helped provide an understanding of why children behave in certain ways and aided discussions about next steps.

[56] This is likely due to the difference in scoring between the World Health Organization AUDIT and the HPA AUDIT.

Referrals made:

- Very few referrals for counselling (the 'C' of Alcohol ABC) were made. This is because for low- and medium-risk scores, social workers utilised motivational interviewing techniques to set achievable goals. It is worth noting that many of the female carers of the FSM client babies and children do not drink or stop drinking for a variety of reasons.
- For whaanau with high-risk scores, most were already reducing their alcohol intake and so responded well to motivational interviewing. Some of the high-risk drinkers were already connected to counselling services, for example through Court orders.

- Some social workers are intending to make referrals to Al-Anon for principal carers who are living with a heavy drinker. It is felt that this collegial support, close to home, and free of charge could make a significant difference for a number of women. The referrals are being made in 2019, however, numbers are not yet available.

- One whaanau member showed high interest in having a referral completed for him. It transpired that he was due to be seen in Court soon and saw this as an opportunity to impress the Judge. This whaanau member has since received a custodial sentence, and this will provide him the opportunity to reflect on the discussions he had with the social worker about his alcohol intake and the impacts of this on his partner and family.

- Social workers commented that in the past they have found referrals to CADS took a long time; they are keen to build more responsive and less complicated referral paths for their client whaanau to assessment, treatment, and counselling services, particularly with those that presented at Training Session 3 (see survey responses for Training Session 3 earlier in this chapter).

Completion Phase

By the end of October 2018, the Manurewa North Team had fully integrated the Alcohol ABC Approach into their everyday social work practice. They reported that while it felt like extra work at the start, the translation of learning into practice enhanced their professional development. They appreciated that the Project cycle relied on a cycle of testing, amending, and re-testing until the best fit was found. They felt that this was the best method for integrating new ways of working, as it is realistic, sustainable, beneficial for clients and whaanau, and satisfying for staff.

No new risks were identified at this stage.

The main focus of this phase was undertaking key informant interviews for the evaluation. The last Project Steering Group meeting was on 18.12.18. At this stage it was confirmed by FSM Management that the Alcohol ABC Approach will now

continue as business-as-usual for the Manurewa North Team. The recommendations in this report are awaited by FSM Management to inform and guide its planned integration of alcohol use discussions based on the Alcohol ABC Approach into the everyday practice of all its social workers and social service practitioners from 1 July 2019. It is anticipated that FSM will roll out the Approach across all teams at FSM at the start of July, including Group Supervision and the Manurewa North Team will be the 'go to' champions for this Approach. The Project Manager officially finished on 21.12.18.

Chapter 4

FINDINGS FROM INTERVIEWS

4. Findings from the client whaanau and key informant interviews

In this chapter, the key themes from the interviews with social workers, whaanau, and other key stakeholders[57] are presented. Firstly the themes from the whaanau interviews are presented, and then the themes from the staff focus group and other key stakeholder questionnaire are presented. All comments in double quotation marks are from the interviewees.

Key themes from whaanau interviews

Twenty client whaanau were approached to participate in the evaluation interviews[58] and thirteen agreed to participate. All thirteen whaanau who were interviewed spoke positively about their experience having alcohol conversations with their social worker, and overall whaanau thought the Alcohol ABC Approach was delivered successfully to them. Five main themes were identified, which are discussed in turn below.

Client whaanau were accepting of alcohol use conversations

The whaanau members saw value in being asked about alcohol by their social worker. They were fine being asked about alcohol use and saw the conversations about reducing alcohol harm as a positive thing.

The Alcohol ABC Approach has helped client whaanau to assess their drinking and have valuable conversations with their social workers and extended whaanau about alcohol. Whaanau reported that they have cut down on their drinking and have increased confidence in making better choices about alcohol. The discussions between client whaanau and social workers have increased awareness and acceptance about the harmful effects of high alcohol usage.

Examples of this include:

> "*I have thought about how I was drinking and cut back hugely due to learning from the programme*" (Maaori, female).
>
> *"It was normal talking and when we did talk about it, I knew her, so I was fine and could talk openly about my drinking and alcohol in the family"* (Samoan, male).

[57] The term 'other key stakeholders' is used to refer to the group whose feedback was sought through a written questionnaire. This included senior management at FSM, staff from CM Health, and the group supervisor from ABACUS.
[58] Client whaanau who had been having alcohol use conversations with their social worker at the start of September were approached to be interviewed for this evaluation. The social workers felt it would not be appropriate to interview those whaanau who had only recently started with FSM as the rapport and trust would not have been established.

"I have completed a lot of alcohol programmes, but this one with my social worker, who is very supportive, was the best I have done" (Maaori, female).

Acceptability was largely due to the rapport between the client whaanau and the social worker

The interviews demonstrated that a major reason that the conversations have been accepted by whaanau is due to the trust and rapport between the client whaanau and the social worker. This relationship connection is very important and necessary for the success of this Project. Whaanau described the social workers as going above and beyond, and that they feel at ease to have open conversations with their social worker, which is due to the strong relationships they have built. The social workers have expertise in enabling their client whaanau to focus on achieving goals.

Examples of this include:

"My social worker was like a mother to us and we are very thankful for her teachings" (Samoan, male).

"I felt that I needed a Maaori social worker as I was Maaori, but then I could have any social worker as they knew how to talk and understand me" (Maaori, female).

"Our social worker was awesome and always explained the information properly and in Samoan, this really helped us to further understand into the Alcohol ABC" (Samoan couple).

"She also gave us some information like how to quit drinking and um she doesn't like nut out like you shouldn't drink or helping with the support for us. She is like a mum to us and she doesn't have that high voice and even when I met her too she was like the harder one being that she is old school way and then being an older Samoan mum" (Samoan, male).

While on the whole the feedback from whaanau was positive, some voiced confusion about how the Alcohol ABC Approach fitted into the broader FS programme. A number of whaanau said that the initial introduction of the Alcohol ABC Approach was not clear, they did not realise they were participating in a new Project, and did not understand the referral process for the Alcohol ABC Approach.

As evaluators, we would like to clarify some of the confusion. The Alcohol ABC Approach is a novel approach to conducting alcohol risk assessment in the social work setting, however asking about alcohol use has always been part of the strengths and needs assessment at FSM. The client whaanau provide consent to participate in the FS programme (as they always have); asking about alcohol use is a routine aspect of the programme; and clients are referred to the FS programme, not to this Project. The whaanau were not explicitly told when the social worker was utilising the Alcohol

ABC Approach, because by design alcohol use was meant to be discussed in a conversational, everyday manner.

Notwithstanding the above, it is worth considering how the initial alcohol use conversation is had with whaanau, including ensuring that the social workers feel comfortable in their delivery, so that the whaanau understand the importance of having conversations about alcohol.

Client whaanau found the alcohol use conversations helpful

All client whaanau interviews said that the alcohol use conversations had been helpful. Whaanau said the alcohol use conversations helped them with financial issues, intimate relationship issues, and extended whaanau issues.

Whaanau were able to reflect on how alcohol had impacted on their family, especially their children.

> *"It builds my confidence and then we've had a test from the first time it was high, second time that I was tested me it was low"* (Maaori, female).

> [It] *"Has made me look at my choices and how drinking has affected my family"* (Maaori, female).

The conversations had given whaanau advice and guidance about the responsible use of alcohol and identified the financial issues causing stress on the whaanau.

> *"We would fight a lot as money was issue and now he doesn't drink so we have more money for our kids"* (Samoan, female).

Learnings from the Project have supported the primary parents and their partners to have healthier relationships.

> *"We were having major issues and were scared of having other services involved, so that support from the social workers around alcohol has really made a difference"* (Samoan, male).

Whaanau described sharing their learning with other extended whaanau and that it had been a journey for them and their extended whaanau.

> One father commented on his experience with his extended whaanau and social gathering, *"I don't go to some family houses as they over drink and I have learnt my limits"* (Samoan, male).

Client whaanau found the HPA resources helpful

Whaanau enjoyed engaging with the HPA resources. They were seen as helpful adjuncts to the conversations with the social workers. Whaanau had some suggestions for improving the resources.[59] They said that the *'Drink Check'* leaflet

[59] Suggestions from whaanau compliment suggestions from the staff. See later in this chapter.

needs to be in other languages, especially Pacific languages. They commented on the need for more visuals. Additionally, where visuals were used they felt that the pictures need to reflect the most popular drinks in South Auckland, such as "Woodstock, Cody's, Smirnoff bottles etc.", instead of wine glasses.

Client whaanau felt the Project was delivered in a culturally appropriate manner

FSM match workers and client by ethnicity where possible and appropriate to ensure the services are delivered in a culturally appropriate manner. Client whaanau found the alcohol use conversations were undertaken respectfully and in a culturally safe manner.

> *"I always thought I was culturally safe and supported from my social worker and the Alcohol ABC programme"* (Maaori, female).

> *"My social worker was always positive and made me feel supported, I felt she knew me, and she wasn't Maaori, she was Samoan"* (Maaori, female).

Whaanau felt the social worker was supportive and non-judgemental, and that it felt safe talking to them about alcohol use.

> *"Because my social worker was always supportive, it was always okay to talk about the alcohol and my problems"* (Samoan, female).

> *"I felt safe and okay and could talk to my social worker about everything and especially how bad alcohol was in the home for my baby too"* (Maaori, female).

Key themes from social workers and other key stakeholders

Overall, the interviewees commented that the Project was a success and many said that effective collaboration between FSM and CM Health staff contributed to the success of the Project. Five main themes were identified, which are discussed in turn below.

The importance of staff buy-in

One of the main themes from the staff focus group was the importance of staff buy-in. It was seen as vital to engage staff early in the Project as it provided them with context on why the Project was important. Some interviewees remarked that the engagement meeting in January 2018 was a useful opportunity to understand the broader context about alcohol harm and thus how that related to the work at FSM.

The Manurewa North Team accepted the Project as a new initiative. They engaged in the training and learning activities that accompanied the implementation. Overall, the social workers commented that they enjoyed being part of the Project, especially the training component. They also enjoyed working together in a "close knit team" to support each other, particularly if one was feeling less confident than others. However, they said they wanted more consultation and input into Project development.

A particular concern expressed by the social workers was about workload. They felt that they were not adequately consulted or informed about the additional workload demands because of the Project. They commented they had an already full workload prior to starting on this Project, particularly as the work is unrelenting and of high intensity. Workload issues identified by social workers included the added pressure and expectation to deliver on time, the need to reshuffle work plans to cope with the additional demands of the Project, and the current workload capacity. The social workers suggested that in the future any additional workload is reviewed and consulted with the staff. They also felt there could be more recognition of their contributions and commitment to the Project.

The importance of training for staff

Social workers and other key stakeholders commented on the value of having training, and the importance of high-quality, well-structured training. It was seen as necessary for staff to attend the training sessions, and attendance demonstrated a commitment to the Project.

The social workers described the training sessions as open, transparent, and realistic of the realities they face in their day-to-day work. ABACUS training providers were seen as an appropriate fit for FSM work, and the trainers were noted by staff to be "outstanding". All three training sessions were described as critical building blocks to becoming confident and competent to have alcohol use discussions with client whaanau.

The first session on addressing values, attitudes, and behaviours about alcohol was seen as hugely important to understanding and reflecting on one's own views prior to addressing alcohol harm with clients and whaanau. Training Session 2 (motivational interviewing) and Training Session 3 (key alcohol services) were seen as naturally following in order from the first session, and together the three training sessions were seen as a journey for social workers' own professional development. People noted that: these three sessions should be seen as a minimum requirement; each session should have a maximum of eight to ten participants as large number compromise on the interactive learning component[60]; and attempts to condense the sessions into a single day should be avoided, as participants need time between each session to reflect and process the learnings.

[60] This is especially the case for Training Sessions 1 and 2 with ABACUS.

For Training Session 3, repeating it regularly for each social work team was seen as unsustainable. Some key stakeholders commented that it would be better if FSM Management liaised with the management of the 1737 freephone service (Homecare Medical) to explore options for how FSM staff could be kept current of what culturally appropriate services are available, as response capacity for each organisation changes regularly. For instance, one FSM staff member could be designated to arrange speakers across the organisation for regular education forums with key alcohol and other drug assessment and treatment services.

Some social workers reported that having their Team Supervisor in the training sessions limited their ability to speak freely and openly. This was seen as a minor issue but worthwhile to consider mitigations for future rollout. The other critique was for the training sessions to be more action-oriented; so more of a balance between theoretical content and practical skills in implementing the Alcohol ABC Approach.

The importance of supervision

Social workers highly valued the monthly Group Supervision they received from ABACUS and their Team Supervisor who provided regular one-to-one and team support.

Participation in Group Supervision was seen as essential for integrating a new practice into usual daily practice. The monthly sessions provided an additional opportunity to openly reflect, share, and enable staff to uplift them professionally and personally. The social workers described that this contributed to the successful delivery of the Approach to client whaanau. Interviewees felt that it was helpful that this person was external to FSM as they could bring their own insights, and it was critical that the Group Supervisor had previous experience and expertise in alcohol harm reduction work.

Staff also commented on the importance of Team Supervision and having a Team Supervisor who is fully supportive of the intent and content of the Alcohol ABC Approach. The Manurewa North Team Supervisor was commended for being fully engaged in implementing the Approach in her team. She led the team in implementing the Approach so that it became a part of the normative social work practice. This was seen as important to enable social workers to have alcohol use discussions that can create real change.

Interviewees commented that the Team Supervisor needs to have the required skill set to enable social workers to examine, process, and progress through their own personal and professional challenges in relation to attitudes, values, and current behaviours about alcohol use. The Team Supervisor needs to be confident and competent to coach and mentor the team members as needed, and through this work some Team Supervisors can progress on to become accredited Alcohol Casework Supervisors.

The need to adapt the Approach for social work practice

A key achievement of this Project was that the medical model of implementing Alcohol ABC Approach (designed for the GP setting) was successfully adapted for the social work setting. This was achieved through flexible and iterative adaptation involving the social workers, the Team Supervisor, and the Project Manager.

This is an important point to note for two reasons. Firstly, many interviewees commented that conversations about alcohol took place over time in the context of the social work relationship, and did not progress in a linear 'A' conversation, then 'B' conversation, and then finally 'C' conversation. The conversations took place at a pace and order that was suitable to the whaanau's needs. Secondly, the social workers considered harm from the wider whaanau, not just the individual being assessed. The medical model is based on an individual approach to alcohol risk assessment, whereas the social workers adapted the model to enquire about harms from other people's drinking as well. If the individual said no to drinking, the social workers further explored the reasons for not drinking, including starting a conversation about alcohol issues within the household.

The key change was adapting the questions to suit social work practice, including adding a question about why someone does not drink and focusing the conversation on risk to the baby.

The usefulness of the resources

Overall, the social workers found the resources from HPA useful. They all commented that they enjoyed using the green 'Drink Check: is your drinking okay?' leaflet. While the resources were useful in general, the social workers and key stakeholders both had some feedback on how they could be improved. They said:

- The social workers felt that some of the HPA resources were too text-dense to hold people's attention and they suggested more visuals and graphics.
- The social workers were pleased to hear that HPA plans to develop mobile telephone apps. They advise that free telephone apps need to be downloadable and then be fully functional offline. The social workers are cognisant that many FSM clients have a smart mobile phone but cannot afford Internet packages and so offline functionality is important.
- Relatedly, staff were keen for more digital and interactive resources (including videos) that they could show to a client on a tablet or smartphone.
- Both social workers and key stakeholders felt that HPA resources need to be more relatable to the audience. For example, the images need to reflect the types of alcoholic drinks people in South Auckland drink, such as ready-to-drink beverages rather than wine glasses.

Chapter 5

CONCLUSION

5. Conclusion

This final chapter summarises and concludes this evaluation report. It begins by looking at the strengths and challenges encountered during the Project. It then revisits the key evaluation questions and answers them by synthesising the findings from documentation review and interviews. It finishes by summarising the key recommendations.

Strengths and challenges of the Project

The partnership between FSM and CM Health has been a mutually beneficial relationship and has meant that the two organisations have been able to complement each other's work. The opportunity for FSM to address alcohol harm minimisation with families and to make a difference was significant. FSM's social workers' relationship with the families they work with and their ability to engage with them has paved the way for the implementation of the Alcohol ABC Approach in a community setting. While the core of FSMs work is Family Start work, partnering with CM Health has provided the opportunity for the social workers to extend public health information into their kete of social work knowledge and skills for working with families.

Notwithstanding the above, the partnership required time and effort to develop. For both organisations, it was important to understand the other's model of work. The initial engagement meeting enabled both organisations to talk about their way of work, the environment in which they work, and provided time for people from both organisations to get to know each other.

While the evaluation demonstrates that the Project is worthwhile, we, as evaluators, recognise there are some limitations to the evaluation. Firstly, this was a small-scale project implemented over a six-month period. As mentioned throughout the report, the Alcohol ABC discussions take place over multiple visits and are seen as an ongoing conversation between the social worker and the whaanau. The evaluation has only captured the reduction in alcohol use over these short six months, but it is worth noting that these alcohol use conversations are continuing with the whaanau and it is likely the reduction in alcohol use is continuing to be seen.

Secondly, there was limited robust quantitative data to consider alongside the qualitative interviews. Routine demographic information is collected on the client (the baby or the child), but limited demographic information is recorded on the whaanau. For this Project, FSM collected hardcopy demographic information on whaanau, where possible. However, the national database is not designed to accommodate such data collection; this is a limitation of the national database and its evaluation is outside the scope of this report. While the success of the Project is due to the strong relationships built between the social workers and the client and whaanau, such demographic information can be useful for routine monitoring.

Related to this, the data collected on alcohol harm risk scores was limited. The score was recorded for fourteen of the 26 whaanau members who participated in an alcohol assessment. No follow-up scores were recorded. The complexity of the work that FSM staff do is recognised, so a mechanism that could support assessment and collection of alcohol harm risk scores is necessary. Measurement of scores would allow before-and-after assessments on client whaanau to be done, and would aid routine monitoring.

Answers to key evaluation questions

1. **What are staff perceptions and experiences of the Project?**
    a. **What are staff perceptions of the adaptation and implementation process of Alcohol ABC Approach?**
    b. **What are staff perceptions of the value and importance of Alcohol ABC Approach?**
    c. **How much time did it take for staff to deliver Alcohol ABC? Is this sustainable in the longer-term?**
    d. **On what visit did staff introduce the Alcohol ABC Approach? Is there an optimum time/visit to introduce it?**
    e. **What are staff perceptions of the HPA resources utilised during this Project?**

Overall, staff had a positive experience being part of the Project. The social workers described the overall experience as outstanding.

a. The social workers were fundamental in the adaptation and implementation of the Alcohol ABC Approach at FSM. The Manurewa North Team regularly met with the Project Manager and provided feedback on what was working, what was not working, and what to change. These meetings enabled the adaptation of the Approach to fit the social work model of work. For example, the social workers identified that the AUDIT questionnaire was a barrier for the whaanau and so the resources used were adapted to suit the whaanau needs. Similarly, the conversations were generally described as alcohol use discussions instead of Alcohol ABC as that resonated better with the whaanau.
b. The staff perceptions of the Alcohol ABC Approach changed over time and staff buy-in was important for the success of the Project. Initially, the social workers felt like it was extra work on top of their already complex and challenging workloads. However, over time they were able to fully integrate the Approach into their everyday social work practice and found it valuable. They appreciated the opportunity to contribute to testing, amending, and re-testing until the best fit was found. They also recognised the enhanced professional development they gained from participating in the Project.
c. Social workers incorporated the alcohol use discussions as part of their routine engagement with whaanau. As such, it is not possible to quantify how much time it took for staff to deliver the Alcohol ABC Approach. This style of engagement works best for FSM whaanau; it is non-judgemental and allows whaanau to engage in more meaningful conversations with their social worker

over a period of time. This style is appropriate and sustainable in the longer-term.

d. Social workers introduced the Alcohol ABC Approach at a range of visits. This was dependent on the trust they were able to build with the whaanau, and how safe and appropriate it seemed to introduce the alcohol use discussions. It is not possible to quantify the optimum time or visit to introduce the Approach. This needs to be guided by the social worker's assessment of the client and whaanau.
e. Staff found the HPA green leaflet '*Drink Check: is your drinking okay?'* the best. They reported that whaanau responded to the interactive and intuitive nature of the leaflet. Staff also found a range of other HPA resources useful as an adjunct to the green leaflet. These included: 'The Straight Guide to Standard Drinks', 'Cutting Down', 'Alcohol and You', and 'Ruby's Dad'. The only point to note is that the green leaflet does not ask the question 'why do you not drink?' (to those whaanau who say no to drinking any alcohol). So, ideally, this question needs to be incorporated into another FSM tool, for example the Family Start's SNA tool or the child safety tools.

2. What are the client whaanau perceptions and experiences of delivery of Alcohol ABC Approach?

a. What are client whaanau perceptions of the value and importance of Alcohol ABC Approach?

b. What are client whaanau perceptions of the HPA resources utilised during this Project?

a. The whaanau were fine with their social workers asking them about alcohol use and saw the conversations about reducing harm from alcohol as a positive thing. They saw value in having the conversations and recognised the conversations were helpful in addressing broader financial, relationship, and extended whaanau issues.
b. The whaanau liked the HPA resources, particularly the green *'Drink Check'* leaflet as it was interactive and continued some visuals. Whaanau felt that some of the resources were too text-heavy; they would prefer more visuals, and also for the resources to be translated into other languages.

3. What were the key risks and issues that arose during the implementation period? How were these resolved?

Over the course of the Project, six risks were identified. A description of the risks and how they were mitigated is provided below. Of note, only the last risk was identified during the Implementation Phase, the others were identified and mitigated beforehand.

a. Acceptance and encouragement of harmful alcohol use in general New Zealand society is reflected by staff in most workplaces.

- Mitigation: engagement meeting to discuss alcohol and health. Training sessions to provide context on personal values, attitudes, and behaviours about alcohol.

b. Detailed discussion about the use of alcohol in the homes of client babies and children had thus far not been a specific requirement within FSM social workers' standard workflow.
   - Mitigation: Training sessions prior to the implementation phase to increase staff's knowledge, understanding, and competence.

c. The need to support social workers with ongoing learning of Alcohol ABC Approach and to reflect on challenges or resistance from client whaanau.
   - Mitigation: Group Supervision with an experienced person from the same professional field (social work) to increase staff competence and confidence.

d. During the Training Phase, it was recognised that risks 2 and 3 above could impede completion of the Implementation Phase by 31.10.18.
   - Mitigation: The Project Manager amended the Project Phases and Timeline to ensure all could still be completed within the timeframe.

e. During the Training Phase, it was noted that there were different versions of the AUDIT questionnaire and the scoring between the World Health Organization's AUDIT and the HPA's AUDIT were different.
   - Mitigation: FSM will use the same scoring as CM Health, which is the HPA's AUDIT scoring.

f. Other pressures (busy workloads, competing priorities, lack of confidence) may prevent the teams from fully trialling the Alcohol ABC Approach.
   - Mitigation: Group Supervision is useful in providing support and learning to each social worker.
   - It should be noted that for extraordinary reasons external to this Project, FSM Executive Management withdrew the Manurewa South Team from the Project.

4. What were the key enablers and benefits that arose during the implementation period? How were these utilised?

A range of enablers and benefits were identified throughout the Project. These are briefly listed here:

- The training sessions provided by ABACUS were instrumental in increasing knowledge and skills about the Alcohol ABC Approach.
- Group Supervision provided ongoing, regular support as staff's confidence and competence grew.
- The benefits of Group Supervision were seen beyond this Project and positively impacted the social workers involved.

- HPA resources, particularly the green leaflet, were useful in initiating and continuing meaningful alcohol use discussions.
- An effective and adaptable Project Manager, who developed rapport and trust with the staff and understood the challenges staff faced, was a key enabler of the success of this Project.
- Monthly meetings with the Project Manager to discuss what is working, what is not, and what needs to change were useful in helping refine the process leading up to the Implementation Phase.

5. **What coverage of Alcohol ABC was achieved?**
    a. **How many client whaanau had an Alcohol Assessment completed?**
    b. **How many client whaanau received Brief Advice?**
    c. **How many client whaanau were referred for further help with alcohol-related issues?**
    d. **How many client whaanau received follow-up alcohol conversations?**

In total, 26 whaanau took part in the alcohol use discussions.

a. Of the 26 client whaanau, 23 were new who joined the FS programme between 1 May 2018 and 31 October 2018, and three were existing client whaanau.
b. Depending on the initial alcohol assessment, all client whaanau were provided advice tailored to their risk. However, data measuring alcohol harm risk was not collected.
c. At the end of the Implementation Phase, no clients had been referred for further help, notwithstanding those who were already participating in alcohol programmes or services. However, staff were actively using motivational interviewing techniques to help whaanau reduce their hazardous drinking. It is anticipated now that staff had introductions to a range of services in Training Session 3, they will consider making referrals when appropriated.
d. The alcohol use conversations generally took place over a number of home visits. Each alcohol conversation was not about one of 'A', 'B', or 'C' by itself, but combined elements of all three components of the Alcohol ABC Approach. Thus, it is not possible to quantify further.

6. **Were client whaanau provided with the help they wanted/needed, and if so, to what extent were they helped?**
    a. **How many client whaanau were identified as drinking above the 'lower risk drinking guidelines' (based on AUDIT score)?**
    b. **How many client whaanau had improved AUDIT scores on follow-up?**
    c. **What were client whaanau perceptions and thoughts about whether they received help they wanted/needed, and if so, to what extent did they think this was helpful?**

The alcohol harm risk score was recorded for fourteen of the 26 whaanau members who participated in an alcohol assessment.

a. The alcohol harm risk scores ranged from 1-14; six were assessed as low-risk, two as medium-risk, and six as high-risk.
b. Follow-up scores were not completed. This is identified as a challenge of this Project.
c. Whaanau interviews did not identify any specific concerns the whaanau had about the help they wanted/needed, nor were there any concerns identified about seeking help for others in the household. Whaanau described viewing their social worker as a source of help, and receiving help from a range of sources.

7. Was there a change in the level of knowledge, skills, and confidence of staff to deliver alcohol assessments, brief advice, and further help if required? If so, to what extent?

There was a notable change in the level of knowledge, skills, and confidence of staff to deliver alcohol assessments, brief advice, and further help if required. While this was not measured explicitly, it was clear from the training session survey responses, the self-reflective comments of staff, their responses during the focus group interview, and from the comments of the Group Supervisor.

The survey responses from Training Sessions 1 and 2 demonstrated a clear increase in knowledge after each session. The survey response from Training Session 3 demonstrated sustained recall of the first two sessions, and ongoing use in day-to-day work. Staff reported steadily increasing confidence and skills, and the Group Supervisor commented on the staff's continued growth.

Recommendations

This evaluation demonstrates that the Alcohol ABC Approach has been integrated into the everyday practice of the Manurewa North Team. This is corroborated by the feedback from whaanau and social workers, who have identified some significant alcohol consumption behaviour change. This is an important piece of work that should be considered by other community-based organisations.

The following recommendations are based on the findings from this evaluation. They are primarily aimed towards FSM[61], as they consider the rollout of Alcohol ABC Approach across other teams at FSM, but may also inform future development of Alcohol ABC Approach within other organisations in New Zealand.

Rolling out the Alcohol ABC Approach across the whole organisation requires adequate consideration and planning, including deliberation about the resources required. This evaluation report relates to this Project only exploring organisational priorities was outside the scope but will need to be considered by FSM Management.

Recommendation 1: Ensure there is appropriate Project support

- This Project was successful because of support from the senior leadership within Family Success Matters. Senior leader support is necessary to approve a new initiative and to set an expectation for the organisation.

- The success of this Project relied on having an effective Project Manager. For the rollout, it is recommended there is a Project Manager who can provide oversight, guidance, and ongoing monitoring for quality, improvement, and risks. This role need not be whaanau-facing, but there needs to be some oversight of social work practice and could be considered as part of an existing position.

- Staff buy-in is important as their efforts are fundamental to the success of the Approach. Engagement or introductory meetings should be considered prior to the rollout to introduce the topic, include the staff in the implementation plans, and consult staff about anticipated additional workload.
    - Whaanau interviews demonstrated that they felt comfortable engaging in alcohol use conversations because of the rapport between them and their social worker. The staff are the most important asset and should be professionally supported to continue building strong relationships with their client whaanau.

- The Manurewa North Team and their Team Supervisor should be seen as champions of the Project.

[61] The evaluation team recognises that this Project could be of interest to other community-based organisations. As such, recommendations aimed towards FSM could also be considered by other similar organisations that are considering implementing the Alcohol ABC Approach.

Recommendation 2: High quality training and supervision is vital for successful implementation

- High quality and well-structured training is vital for the successful implementation of the Alcohol ABC Approach. In the initial stages of incorporating the Approach, it is recommended that all staff are provided training on personal values, attitudes, and behaviours regarding alcohol, and on motivational interviewing.
    - This training is necessary to open a conversation about the nature of alcohol in general New Zealand society and to provide staff with useful introductory information.
    - The training should make staff feel more comfortable engaging in alcohol use conversations with client whaanau from the first instance.
    - This training should ideally be delivered over multiple sessions, and each session should have a maximum of eight to ten participants.
    - Staff themselves should be supported and provided with appropriate information about how they can seek help if the training brings up issues in relation to their own alcohol use or that of their family.
    - The trainers and supervisors from ABACUS were highly rated by the social workers and should be considered for the rollout training.
    - One person needs to arrange speakers from key alcohol and other drug assessment and treatment services (the 'C' aspect of Alcohol ABC) to speak at regular education forums for staff. This person could liaise with 1737 freephone service[62] on options to keep FSM staff current of the services available. This role could be part of the Project Manager role or could be a separate designated person.

- The External Group Supervisor is a key role for providing whole-team supervision. They help build the staff's confidence in the change process, assessing their attitudes and values, and confidence in translating the learning from trainings into practice. It is recommended that appropriately qualified Group Supervisor(s) are contracted to provide 90-minute monthly Group Supervision sessions per team.
    - The Group Supervisor needs to be someone in the same professional field as the staff, with experience and expertise in alcohol and other drug work. ABACUS should be consulted in sourcing and contracting the appropriate Group Supervisor.
    - Group Supervision should commence soon after the first training day.
    - Attendance at the Group Supervision sessions must be mandatory for the Supervisor and all their team members. Regular opting out is a red flag warning that an individual may be struggling to honestly examine their own life experience, personal attitudes, values, and current behaviours in relation to alcohol use.
    - After the 12 months of Group Supervision it should be reviewed team-by-team to determine if the Group Supervisor needs to be contracted

[62] 1737 is a national service that connects people with mental health and addictions professionals. See https://1737.org.nz/ for more information.

for further sessions or whether the Team Supervisor has developed the knowledge and skills to provide the group supervision support to their team.
    - If there are red flag warnings, a team member is struggling to translate the learning into practice, or there are concerns of compromising safety and wellbeing of the client babies, then one-to-one Supervision (from the Group Supervisor) for that person should be considered.

- The Team Supervisors are a key internal role in providing one-to-one clinical and team supervision. They need to be engaged in the purpose and process of the rollout so they can actively champion the major change process across FSM, and specifically champion it within the team they supervise.
    - The people in this role need to be appropriately skilled and equipped to support team members through their personal and professional journeys about alcohol use.
    - Engaging Team Supervisors will enable them to increasingly become confident and competent to coach and mentor their team members in their alcohol use discussions, and some may be able to progress on to become accredited as Alcohol Casework Supervisors.
    - The Group Supervisor can also be considered for providing supervision coaching and mentoring to the Team Supervisors to build their confidence and competence, so that they can be more effective clinical supervisors for their teams.

Recommendation 3: Develop systems and resources to enable Alcohol ABC Approach

- The social workers were successfully able to adapt the Approach for social work practice. A key feature was exploring the reasons for not drinking alcohol and understanding the broader context and harms from other household members' drinking. This 'why not' question, as well as other Alcohol ABC questions, should be incorporated into FSM hard copy documentation, such as the Family Start's SNA tool or the child safety tools.
    - It is recommended that, in addition to the 'why not' question above, the HPA green leaflet *'Drink Check: is your drinking okay?'* is utilised for alcohol conversations with whaanau.
    - A range of resources or a 'toolkit' could be developed for the rollout, which could include assessment forms (with the above question included), the HPA *'Drink Check'* leaflet, information about referral agencies, and other useful resources.

- If the Alcohol ABC Approach is eventually adopted nationally and rolled out across other social work providers in Aotearoa New Zealand then, at that stage, changes to the national electronic tool, FS Net, will need to be considered by the national body. This is to incorporate any alcohol-related discussion prompts and specific data fields into FS Net. Until then, FSM should incorporate these into the hard copy documents it uses with its clients.

- For ongoing monitoring of client whaanau undergoing alcohol use assessments, a mechanism for collecting demographic data (age, sex, ethnicity) for whaanau should be considered. Additionally, mechanisms to record alcohol harm risk scores for before-and-after comparisons and follow-up assessments should be considered; these need to be systematic and easy-to-fill for the social workers. A mechanism to record this would need to be incorporated into the existing documentation.

- Feedback from whaanau and staff on HPA resources are summarised here as recommendations for HPA.
    - In general, resources should avoid too much text and have more visuals and graphics.
    - If HPA develops mobile telephone apps, then the staff recommend that these apps need to be free, culturally- and ethnically-relevant, and interactive. They need to be downloadable and then be fully functional offline.
    - Staff were keen for more digital and interactive resources (including videos) that they could show to a client on a tablet or smartphone.
    - Both whaanau and staff commented that HPA resources need to be more relatable to the audience. For example, the images need to reflect the types of alcoholic drinks people in South Auckland drink, such as ready-to-drink beverages rather than wine glasses.
    - The *'Drink Check'* leaflet should be translated into other languages, especially Pacific languages.
    - The HPA should also consider including a question about people's reasons for not drinking in their resources. The experience from this Project has shown that the question 'do you drink alcohol' does not capture the harm from others' drinking.

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Appendices

Appendix 1: 'Alcohol ABC Approach' training session: attendee evaluation survey

This form was used for attendee evaluation for Training Sessions 1 and 2.

Unique ID number	

'Alcohol ABC Approach' Training Session
Attendee Evaluation Survey

Now that you have completed the training session, we would really appreciate it if you could please answer a few questions about your experience taking part in this training. There are no right or wrong answers. Please give your completed form to the training session facilitator before you leave today.

All responses that you make are anonymous. As part of ongoing evaluation of training sessions, we will be inviting you to fill in another form after each training session. In order to be able to match your responses each time, please can you assign yourself an ID number that you will remember, but that will mean you remain anonymous. To create the ID number could you please write the last 3 digits of your best friends mobile number in the space labelled 'Unique ID number' above. Thank you.

1. What were the key things you learnt from this session? *(please write your response in the space below)*

_____

_____

_____

_____

_____

_____

_____

2. Will you apply learning from today within your work? *(please tick one response below then explain your answer)*

☐ Yes, how? _____

_____

_____

☐ No, why not? _____

_____

_____

Please turn the page

1

Unique ID number	

3. On the table below, please:
   - Circle a response which best describes your thoughts and understandings before this session
   - Then, circle a response which best describes your thoughts and understandings now, so you can compare your answers.

Statement	N/A	*Before the session*				*After the session*			
1. My understanding of alcohol and alcohol-related harm for individuals and whānau	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
2. My confidence when talking about alcohol with individuals and whānau	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
3. My knowledge of how to assess for alcohol problems	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
4. My confidence in doing alcohol assessments in my work	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
5. My knowledge of how to provide brief advice about alcohol	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
6. My confidence in providing brief advice about alcohol	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
7. My knowledge of when to refer clients on to other services for help with alcohol	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
8. My knowledge of how to refer clients on to other services for help with alcohol	☐	Poor	Okay	Good	Excel-lent	Poor	Okay	Good	Excel-lent
9. My thoughts on the value of the Alcohol ABC Approach	☐	Nil value	Low value	Good value	High value	Nil value	Low value	Good value	High value
10. Likelihood that I will use the Alcohol ABC Approach in my day to day work	☐	Nil	Low	High	Definite	Nil	Low	High	Definite

If you would like to provide further information on your above responses, please do so here:

_____

_____

_____

_____

4. To what extent did you find this session relevant to your work? *(please tick one response)*

☐ Not at all relevant ☐ Of little relevance ☐ Relevant ☐ Highly relevant

5. Would you recommend this session to your colleagues? *(please tick one response)*

☐ Yes ☐ No, why not?

Thank You

_____

2

Appendix 2: Evaluation of the alcohol services training day for Manurewa North Team

This form was used for attendee evaluation for Training Session 3.

Please circle which alcohol training days you have completed			
Alcohol Facts	Day 1	Day 2	Today 05.10.18

Evaluation of the Alcohol Services Training Day for Manurewa North Team

Regarding the venue and the programme:

1. Your comments about this venue (please circle Yes or No):
   - Venue is adequate — Yes / No
   - Food options were adequate? — Yes / No
   - Seminar room layout and equipment was adequate? — Yes / No
   - Comments:.....
   - .....

2. Re the 45-minute presentations (please circle Yes or No):
   - This format is ideal for me? — Yes / No
   - I would prefer longer timeslots per topic? — Yes / No
   - Comments .....
   - .....

3. On the table below, please:
   - **Circle** a response which best describes what you knew about this before this session
   - Then, **circle** a response which best describes what you know about this now.

Topic	*Before the session*				*After the session*			
A. My understanding of the service provided by the 1737 Helpline?	Poor	Okay	Good	Excellent	Poor	Okay	Good	Excellent
B. My understanding of the service provided by Alanon?	Poor	Okay	Good	Excellent	Poor	Okay	Good	Excellent
C. My understanding of the service provided by CADS Te Atea Marino?	Poor	Okay	Good	Excellent	Poor	Okay	Good	Excellent
D. My understanding of the service provided by Higher Ground?	Poor	Okay	Good	Excellent	Poor	Okay	Good	Excellent
E. My understanding of the service provided by CADS Tupu?	Poor	Okay	Good	Excellent	Poor	Okay	Good	Excellent
F. My understanding of the service provided by Phoenix?	Poor	Okay	Good	Excellent	Poor	Okay	Good	Excellent
G. My understanding of the service provided by Puna Whakataa?	Poor	Okay	Good	Excellent	Poor	Okay	Good	Excellent

PTO

Previous Training Days	Didn't Attend	*My recall of that learning is?*				*I use that learning in my work?*			
H. Thinking of the 25.01.18 Alcohol facts training session	☐	Poor	Okay	Good	Excellent	Never	Some times	Often	Always
I. Thinking of the Day 1 Training where you learnt about how our personal values, attitudes, beliefs, & behaviours influence how we have alcohol use discussions with others	☐	Poor	Okay	Good	Excellent	Never	Some times	Often	Always
J. Thinking now of the Day 2 Training where you learnt how to do motivational interviewing	☐	Poor	Okay	Good	Excellent	Never	Some times	Often	Always

4. To what extent have you integrated alcohol use discussions into your work with clients? *(please tick one response)*
   - ☐ Never
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always

5. Are there other alcohol assessment, treatment, support services you would like to learn about? Yes / No

   Which services? .....

   .....

   .....

6. Should today or any of the other 3 alcohol training days be repeated with your Team? Yes / No

   If yes which one/s?.....

   If yes how often should it / they be repeated?.....

   If yes why should they be repeated? .....

   .....

7. Please list any additional alcohol topics you would like a training session on?

   .....

   .....

Thank You

'Alcohol ABC' Project Evaluation Data Form

(for Social Workers to complete, client baby or child's whānau are not required to complete this form)

Social Workers of the Manurewa North and South Teams please fill in the relevant section/s of this form after your client visits (always complete the sections in Red Print), place it in the tray by 9am on Tuesday so Karen Holland can collect it to keep the evaluation data up-to-date. By the end of the Project (by 31.10.18) you should have filled in parts of this form a few times for each whānau member who is willing to discuss the effects of alcohol on the babies and children in the home (e.g. it is likely to take more than a single conversation to complete the A, B, & C of the Alcohol ABC Approach with each person).

Date: ..... Client baby /child name: ..... Client's date of birth: .....

EVALUATION DATA	Female Whānau You Have Discussed Alcohol Use With					Male Whānau You Have Discussed Alcohol Use With				
	Mother	Grandmother	Aunty	Sister	Other (describe)	Father	Grandfather	Uncle	Brother	Other (describe)
Demographic Data										
Age of this whānau member?										
Ethnicity of this whānau member (be specific, for example don't state PI)?										
Is this whānau member the principal caregiver of the client baby / child?										
'A' of Alcohol ABC = Assessment										
1: Which whānau member/s completed 'A' today?										
2: The whānau member/s who completed 'A' today do they drink alcohol?										
3: The whānau member/s who completed 'A' today and do not drink alcohol, what is their main reason for not drinking alcohol?										
4: The whānau member/s who completed 'A' today and if the *Alcohol Use Sheet* was used what was their score?										
5: The whānau member/s who completed 'A' today and if the *Green Drink Check Leaflet* was used what was their score?										

'Alcohol ABC' Project Evaluation Data Form

(for Social Workers to complete, client baby or child's whānau are not required to complete this form)

EVALUATION DATA	Female Whānau You Have Discussed Alcohol Use With					Male Whānau You Have Discussed Alcohol Use With				
	Mother	Grandmother	Aunty	Sister	Other (describe)	Father	Grandfather	Uncle	Brother	Other (describe)
6: The whānau member/s who completed 'A' today according to the *Green Drink Check Leaflet* is their risk: low, medium or high *(write low / medium / high risk in their column)*?										
7: The female whānau member/s who completed 'A' today is she pregnant / or does she think she may be pregnant?										
8: The whānau member/s who completed 'A' today are they concerned or harmed by someone else's drinking?										
9: If yes to question 8 describe briefly the issue/s and the action/s you took / suggested?										
10: Please describe at this stage of using the Alcohol ABC approach what aspects of the 'A' process are you finding the most useful and the most difficult?										
'B' of Alcohol ABC = Brief Information	Mother	Grandmother	Aunty	Sister	Other (describe)	Father	Grandfather	Uncle	Brother	Other (describe)
11: Today which whānau member/s did you complete 'B' with?										
12: Today with which whānau member/s did you use the *Green Drink Check Leaflet* to provide information?										
13: Today which level of risk was the whānau member/s most interested in discussing *(write low / medium / high risk in their column)*?										
14: Please note the title of any other resources used today and describe what you find most useful about that/those resources?										

'Alcohol ABC' Project Evaluation Data Form

(for Social Workers to complete, client baby or child's whānau are not required to complete this form)

EVALUATION DATA	Female Whānau You Have Discussed Alcohol Use With					Male Whānau You Have Discussed Alcohol Use With				
	Mother	Grandmother	Aunty	Sister	Other (describe)	Father	Grandfather	Uncle	Brother	Other (describe)
15: Please describe at this stage of using the Alcohol ABC approach what aspects of the 'B' motivational interviewing do you find most effective and the most difficult?										
'C' of Alcohol ABC = Referral for Counselling										
16: Today which whānau member/s did you complete 'C' with?										
17: Today what service did you refer whānau member/s to (please state the service in their column)?										
18: Of the whānau member/s you referred today what is the main reason they want to address the alcohol issue/s in their life (please state the main reason in their column)?										
19: Please describe at this stage of using the ABC Alcohol approach what aspects of the 'C' referral for counselling do you find most effective and the most difficult?										
Summary Question										
20: Please describe at this stage of using the Alcohol ABC process how has it changed the way you work with your client babies / children and their whānau?										

Appendix 4: Participant information and client consent form

Participant Information - Evaluation of the Alcohol ABC Approach

Family Success Matters are evaluating one of the assessments the Social Workers use with families in Manukau.

This evaluation has been reviewed by the New Zealand Ethics Committee (www.nzethics.com) which has agreed that it meets the appropriate ethical standards for social research.

They are particularly interested in your feedback on the ways in which the Social Workers ask questions and support families around the use of alcohol and the prevention of any harm related to alcohol intake.

This project will help both Family Success Matters and other community organisations in New Zealand to improve the support they provide to families and gain a better understanding of their clients' needs.

You are invited to take part in a short interview where you will be asked about your experience engaging in conversations about alcohol, including how you felt about the Social Worker asking you questions about your alcohol use and ways in which the service could do better when asking these questions. The interviewer will also be asking your opinion about the information and resources you were given.

If you have any questions, concerns, or complaints about the evaluation at any stage, you can contact:

Robyn Rummins, Quality Advisor Research/Evaluation
[redacted]

Consent Form for Evaluation of the Alcohol ABC Approach

Please tick to indicate you consent to the following

I have read, or have had read to me in my first language, and I understand the Participant Information Sheet.	Yes ☐	No ☐
I have had the opportunity to ask questions about the interview and am satisfied with the answers I have been given regarding the interview. I have a copy of this consent form and information sheet.	Yes ☐	No ☐
I understand that taking part in this interview is voluntary (my choice) and that I may withdraw from the interview without this affecting my care. I can withdraw at any time before the evaluator has started analysis.	Yes ☐	No ☐
I understand I will be doing a short interview and I know who to contact if I have any questions about the interview in general.	Yes ☐	No ☐
I understand that the interview will only be shared with the evaluator and the research team. Any information I share with the interviewer will be kept private and I will not be identified in any way when my information is recorded in the evaluation results.	Yes ☐	No ☐
I understand that I will receive a short summary of the interview results at the end of the evaluation.	Yes ☐	No ☐

Participant
I hereby consent to take part in this interview.

Participant's name: _____

Signature: _____ Date: _____

FSM Social Worker/Evaluator:

I have given a verbal explanation of the research project to the participant, and have answered the participant's questions about it / or utilised a translator to enable this this dialogue to happen in the participants first language. I believe that the participant understands the evaluation process and has given informed consent to participate.

FSM Social Worker/Evaluator name: _____

Signature: _____ Date: _____

Appendix 5: Interview schedule for whaanau

What are the clients' perceptions and experiences of delivery of Alcohol ABC Approach?
What are clients' perceptions of the value and importance of Alcohol ABC Approach?
Did you have a clear understanding of what the alcohol conversations were about?
Did you feel the conversations about alcohol were useful/relevant? Why?
Were you told what to expect?
How was the initial discussion about alcohol?
Did you feel comfortable when the alcohol conversation was introduced to you? Why?
What made you feel comfortable?
How did you feel about the questions you were asked?
Did you think the questions about alcohol were useful?

What were the key enablers and benefits that arose during the implementation period?; how were these utilised?
What were the key risks and issues that arose during the implementation period?; how were these resolved?
What did you find most and least helpful about these alcohol use conversations?
Was the support from your social worker beneficial?
Was there anything that you were annoyed about/uncomfortable with/didn't like?
What was beneficial to you and your family?
What has changed for you as a result of these alcohol conversations?
What have you learnt the most?

What are clients' perceptions of the HPA resources utilised during this Project?
How did you find using the green Drink Check pamphlet?
Were the resources relevant and did you use them?
Did you feel that you benefited from the resources on alcohol?
Are there any other resources that might be helpful? If so, can you describe what these could be like? [prompt – different language options? – who for? – what about?]

Were clients provided with the help they wanted/needed, and if so, to what extent were they helped?
What were clients' perceptions and thoughts about whether they received help they wanted/needed, and if so, to what extent did they think this was helpful?
Were you helped by the conversation about alcohol?
Were others in your household or whaanau helped by the conversation about alcohol?
Were you helped by the information that was given to you? What kinds of information was helpful? What kind of information was motivating (in terms of thinking about alcohol; thinking about making a change etc.).
If you were referred, were the services useful? (as in were the services appropriate)

Finishing questions
Did you feel that it was delivered in a culturally appropriate way?

What were the positives? What were the negatives?
What did you get out of the alcohol conversations?
Do you think it was worth it?
Did it make a difference? If so, how (can you describe, who to, in what way etc). If not, why do you think this is and what could be done to improve our approach?

Appendix 6: Interview schedule for social worker focus group

What are your perceptions and experiences of the Project?

What are your perceptions of the adaptation and implementation process of Alcohol ABC Approach?

What are your perceptions of the value and importance of Alcohol ABC Approach?

How much time did it take to deliver Alcohol ABC?; is this sustainable in the longer-term?

What are your thoughts on the training you had?

How were the Supervision sessions?

On what visit did you introduce the Alcohol ABC Approach; is there an optimum time/visit to introduce it?

What are your perceptions of the HPA resources utilised during this Project?

Was there a change in your level of knowledge, skills, and confidence to deliver alcohol assessments, brief advice, and further help if required?; If so, to what extent?

Did you feel that it was delivered in a culturally appropriate way?

What were the positives? What were the negatives?

What did you get out of the alcohol conversations?

Do you think it was worth it?

Did it make a difference? If so, how (can you describe, who to, in what way etc). If not, why do you think this is and what could be done to improve our approach?

Appendix 7: Evaluation questionnaire for key stakeholders

Tena koutou katoa,

You are being contacted as a key stakeholder who has contributed to the development and/or implementation of the Alcohol ABC Project at Family Success Matters (formerly Family Start Manukau). As this a Project, it is vital we evaluate it. We would greatly appreciate your insights and views as that will contribute to the further improvement of this Project. We encourage your frank thoughts. Any information shared will be kept private and will only be known to the evaluator. Only aggregated information will be published in the final report.

Questions marked with an asterisk (*) are compulsory. Please answer questions as they apply to your role in this Project.

1. What was your role in this Project? *

2. What were your experiences of the adaptation and implementation process of the Alcohol ABC Approach?

3. What **aspects of the adaptation and implementation process** worked well? And what aspects did not work well? *

4. The findings of this evaluation will inform the roll-out of this Project across FSM. What suggestions do you have for the improvement of the adaptation and implementation of the process?

5. Consider your **perceptions of the value and importance** of the Alcohol ABC Approach prior to the start of this Project. How have your perceptions of the value and importance changed over the course of this Project?*

6. What aspects of your role (with regards to this Project) worked well, and what aspects did not work well?*

7. What do you think were the **key enablers of this Project**? If none, please comment on what could be improved to ensure the Project works better in the future.

8. Did you have any involvement with the **HPA resources** utilised during this Project? If so, what were your perceptions of the resources?*

9. Do you have any suggestions on how we could better utilise the HPA resources for the Alcohol ABC Approach?

10. How do you envisage the **time and resource commitments required of you** for this Project will change in the longer term? Is this feasible and sustainable? Do you have any suggestions on how to improve this?*

11. Please comment on any **risks and issues** that arose during the implementation period that should be considered for future roll-out of this Project.*

12. Was there anything unexpected that happened during this Project that could be improved for the future?

13. If you have any **additional comments** that you would like to make, please do so here. We appreciate your input on any and all aspects of this Project.*

Ngaa mihi nui. Thank you for taking part in this evaluation questionnaire.

Teenaa koutou.