

## Barton IBA training review and recommendations report

### Report from an IBA and planning session in Barton

20.03.17 v1

#### Background

In early 2017 Barton Healthy New Town Steering Group (through Oxford City Council) commissioned a specific Alcohol Academy half-day IBA (alcohol and smoking Identification and Brief Advice) training session to target roles working in Barton.

As well as alcohol IBA, the session also included how to deliver brief intervention for smoking, delivered by Solutions4Health, the local stop smoking service provider. In addition to the training, it was agreed participants would be asked to identify any key actions they could take to support implementation, and any recommendations they could provide to support this.

The IBA session took place at Barton Community Centre on 17<sup>th</sup> March 2017 from 09:30 to 13:30. It was attended by a mix of organisational roles including:

- Tenancy Management Officer for Barton
- Tenancy sustainment officer for Barton, Headington, Risinghurst and Northway
- East Oxford Early Intervention Hub, Early Intervention Worker (not a Barton specific role but included within East Oxford reach)
- Good Food Oxford (not Barton specific does include in programme)
- Relish food and nutrition (not Barton specific does include in programme)
- Health Care Assistant (based in Cowley Road and lives in Barton)
- Youth Work Apprentice, Youth Ambition, Oxford City Council (not Barton specific does include in programme)
- Cardiac Rehabilitation Specialist nurse (based at John Radcliffe hospital but lives in Barton)

#### IBA training overview: alcohol & smoking brief intervention

##### Course content

The session ran as detailed below.

Arrival and registration	Time (mins)	Summary	Main learning approaches
Arrivals and registration	-	-	-
Introductions & overview of the day	15	Participants introduce themselves to the group, identify hopes/fears,	Discussion

		introduced to objectives	
Smoking brief intervention: 'Ask, Advise, Assist'	25	Solutions4Health overview of smoking intervention	Slides, Q&A
Part 1: The impact of alcohol - recognising alcohol (mis)use	75	Core alcohol knowledge including: units, categories of consumption/risk, health harms, importance of language	Tasks, discussion, slides, handouts
Break	20		-
Part 2: Introducing 'IBA' - understanding the theory	10	Overview of IBA and the evidence base	Slides, discussion
Part 3: Theory into practice – screening tools (identification) & delivering 'brief advice'	50	Detailed exploration of the process of IBA from Identification to Brief Advice and referral, including role-play activities for IBA skills and confidence	Tasks, discussion, slides
Feedback and discussion	15	Discussion on role play and application of IBA in roles	Discussion
Action planning: barriers & opportunities for future implementation	30	Identifying actions for IBA delivery	Flipcharts/post its and group feedback
End		Final handouts/resources given, evaluations completed	

Resources were provided including:

- Document wallet including;
- AUDIT tool
- 2 sided 'Brief Advice Tool' (durable laminated version for multiple use)
- 'Your Drinking and You' NHS booklet (Alcohol Effects themed)
- NHS Units poster 'Could your drinking be putting your health at risk?'
- Local service leaflets for Stop Smoking and alcohol services
- Slide handouts

This training is aligned to the Drugs and Alcohol National Occupational Standards (DANOS) workforce competencies set out for those working with substance misuse issues, particularly: *AH10 Employ techniques to help individuals to adopt sensible drinking behaviour.*

### **Participant identified barriers, opportunities & actions**

During the final 'barriers and opportunities' session, the following were identified by participants:

## Barriers

- Time – ‘fitting it in with everything else’
- Risk of upsetting person owing to formally introducing it
- Confidence to raise the subject
- Possible fear of confidentiality/undermining relationships
- Complexity of underlying or related issues

## Opportunities

- Resources e.g. IBA tools, leaflets, AUDITs, units game
- Reducing the formality e.g. presenting AUDIT as a ‘quiz’
- Triggering contemplation/raising the issue i.e. getting people thinking without full IBA e.g. quick chat
- Using ‘soft IBA skills’ e.g. open questions in more general approaches to behaviour change
- Signposting to services or resources
- Joint working with others
- Making use of ‘teachable moments’ rather than trying to raise it

## ACTIONS

- Access /produce resources
- Health and wellbeing events/outreach e.g. Barton Bash
- Making IBA fun/interactive
- Seeking to find targeted groups who need it and delivering targeted info
- Integrating into cooking skills workshops

## Alcohol Academy trainer comments on participant’s views

The Alcohol Academy trainer’s comments on the session and participant’s views are:

The group engaged well with the session and showed fairly typical views of IBA overall. Generally participants see the point of IBA, recognise the role of prevention around alcohol and smoking, but ultimately hold some reservations about the appropriateness and acceptability of their own roles to do this. For instance, whilst roles already doing IBA like practice nurses value the chance to develop skills and knowledge, roles who are not delivering direct health care have often have reservations over time implications and whether they can appropriately raise alcohol or smoking as a subject when service users are unlikely to expect it.

Although the session focuses on the importance of language, using open questions and presenting IBA as optional for service users, such reservations are natural until participants actually see or do IBA in their own work contexts. As a result, a higher degree of confidence towards the idea of using some of the skills or information more informally was apparent, for instance not using the alcohol screening tool but discussing alcohol

when an opportunity presented.

This picture has been consistent through our experience of training thousands of roles to deliver IBA and the research literature which suggests questions over to what extent IBA specifically is being delivered. This does not mean IBA training is not valuable, but rather to see IBA delivery in practice there need to be clear organisational levers. For instance including AUDIT-C (appendix 2) or smoking referral as part of standard assessment forms, and managers of those trained monitoring and supporting their staff to deliver it. However the issue of role appropriateness and opportunity does depend heavily on what type of contact is made with service users. For instance alcohol may fit well with conversations about cutting down calories by a nutrition role, but caution would be valid over moving into an IBA where there will be little expectation of doing so versus for example a GP visit.

### **End of training feedback**

All evaluation forms are available separately, but key feedback is highlighted below (some paraphrasing):

#### **Responses to 'Most valuable parts of the session'**

- Role play, resources
- IBA [2 sided] tool
- All of it
- Units
- How to approach it with questions
- Tools to help with [IBA]
- Practicing the brief intervention
- Info around alcohol, safe levels etc., and how to broach the subject

#### **Responses to 'least useful'**

- Occasionally went into 'chalk & talk' rather than discussion
- Smoking cessation as already doing this as part of role

#### **Responses to 'further comments or suggestion'**

- Really interesting and informative. Feel more confident in having these discussions.
- A great day, I've really enjoyed it and it will be very valuable for my role
- Would like a little more time for the brief intervention section

#### **Responses to 'how will you put learning into practice'**

- I will feed back to colleagues, use leaflets, sign post patients
- Add alcohol awareness and units game to training and resources
- Identifying and taking opportunities when they arise
- Having conversations confidently re alcohol intake and effects

- Use the knowledge to open discussions

## 2. Possible framework for taking forward IBA implementation in Barton

The following table uses our experience and knowledge of IBA implementation in combination with the feedback from the event to suggest a possible implementation framework.

	Possible action	Details/examples	Considerations
1	Produce/disseminate physical resources to support IBA implementation	<ul style="list-style-type: none"> <li>• AUDIT-C 'scratch cards'</li> <li>• Badges e.g. 'I ask about alcohol use'</li> <li>• Tasks used in IBA training e.g. units game</li> <li>• IBA tools, manuals &amp; leaflets</li> </ul>	Scratch cards have certainly proved popular, although it is uncertain whether they are used as part of IBA or just alone. Resources are likely to be useful as a 'nudge' but again unlikely to be enough on their own
2	Seek 'organisational buy-in'	<ul style="list-style-type: none"> <li>• Delivery and reporting of IBA activity as part of service contract</li> </ul>	Roles who have received training but are not expected or asked about delivering IBA within their organisation are unlikely to do so medium to long term
3	Seek to embed IBA within specific activities and events in a 'fun' and engaging way	<ul style="list-style-type: none"> <li>• Lessons from '<u>IBA direct</u> projects</li> <li>• Events such as 'Barton Bash' to include IBA</li> <li>• Wider campaigns to market IBA in an engaging and accessible way</li> </ul>	'IBA direct' involves using opportunities to engage passersby at events or in public places. Lessons from an evaluation suggests 'marketing' it right and offering incentives e.g. mocktails is important to engage people
4	Develop a behaviour change intervention network or campaign	<ul style="list-style-type: none"> <li>• Some areas have developed 'MECC' programmes to promote delivery of interventions across the public workforce</li> </ul>	There is limited evidence to say what impact MECC programmes have had in terms of actual delivery, particularly in relation to specific areas such as alcohol

## Appendix 1

**Good Food Oxford**  
@GoodFoodOxford

Learning about units of alcohol with [@alcoholacademy](#) and [@OxRelish](#) recommend 14 units a week - how are you doing?

Drink	Units
PINT LAGER 4% ABV	2.3
PINT BEER 5% ABV	2.8
PINT OF STOUT/BOLE BEER 5.2% ABV	3
500ml CAN OF LAGER 3.5% ABV	1.9
750ml BOTTLE OF WINE 13.5% ABV	10
175ml GLASS OF RED OR WHITE WINE 13% ABV	2.3
250ml GLASS OF RED OR WHITE WINE 12% ABV	3.3
50ml GLASS FORTIFIED WINE (E.G. SHERRY) 20% ABV	1
25ml SINGLE SPIRIT AND MIXER 40% ABV	1
50ml DOUBLE SPIRIT AND MIXER 40% ABV	2
275ml BOTTLE ALCOHOL 5% ABV	1.4
50ml DOUBLE IRISH CREAM LIQUEUR 20% ABV	1

Options:

2.3	2.3	2.8	3	1.9	10
3.3	2	1.4	1	1	1

RETWEET 1 LIKES 2

2:11 PM - 17 Mar 2017

Training participant  
Tweet about the unit  
task



Training participant's  
practicing IBA skills

## Appendix 2

AUDIT- C Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 -2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
<b>TOTAL :</b>						<input type="text"/>

A score of 5 or more indicates drinking level could be harmful to health and wellbeing. Full AUDIT advised to be completed.