

An Evaluation of CMHA Waterloo Wellington Neighbours Training Sessions

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Research Summary

Most participants strongly or somewhat agreed that CMHAWW's Waterloo Wellington Neighbours training sessions were useful, engaging, accessible, and comprehensive. Most of them also strongly or somewhat agreed that the facilitators presented the information effectively.

However, several participants had constructive feedback regarding the session's content. Some of them wanted more case studies, testimonials, and worksheets and factsheets. Others would have benefited from more comprehensive information about HERE 24/7's capacity and what happens when someone calls HERE 24/7.

The program might also benefit from recruiting young people, people from rural areas, and employees of organizations to become Waterloo Wellington Neighbours. These groups were under-represented in the survey data.



Introduction

Background

CMHA is launching a new Waterloo Wellington Neighbours (WWN) initiative after its work in 2017 Gatekeeper Program. The Gatekeeper program aimed to identify and reach out to vulnerable/at-risk older adults and assist in connecting them to community services to help maintain their independence and autonomy while living in their own home environment safely. Like the 2017 training sessions, CMHA would like to evaluate the effectiveness of the 2021 training sessions.

The Canadian Mental Health Association Waterloo Wellington (CMHAWW) runs the WWN program. This program teaches business employees and concerned community members about issues that vulnerable, at-risk older adults may experience. It also prepares them to identify and support at-risk older adults by contacting HERE 24/7 to share their concerns. These actions may help at-risk older adults begin the process of accessing addictions, mental health, and/or crisis services through HERE 24/7's case management. HERE 24/7 also works directly with the Seniors at Risk Program to ensure a fulsome wrap-around approach. Employees and community members who become a WWN regularly interact with vulnerable and isolated seniors and may have opportunities to assist them after learning the WWN protocol.

Research Goals and Objectives


This research evaluated the training sessions' effectiveness via a post-session e-survey. The report's target audience is primarily the program facilitators and CMHAWW employees. The evaluation results may help CMHAWW ensure its training sessions are as meaningful as possible. Additionally, they may help justify the program's expansion to other geographical regions and encourage participation from more community members and businesses.

The study sought to address the following questions:

- To what extent do participants agree that the training increased their knowledge of the issues at-risk older adults in the community may face?
- To what extent do participants agree that the training increased their knowledge of appropriately referring at-risk older adults to relevant services and supports?

Methods and Data Analysis

The Research Shop team, in collaboration with CMHAWW, created a Qualtrics e-survey for participants to answer. The questions collected demographic data and aimed to address the research questions listed above. There was a series of Likert scale, multiple-choice, and qualitative questions.



The session facilitators distributed the e-survey link at the end of each training session and encouraged the trainees to complete it online. The surveys were open from January to June 2021, and 15 people responded. Unfortunately, a low response rate occurred due to issues with participation during the COVID-19 pandemic.

The research team analyzed the survey data by calculating descriptive statistics for the quantitative data and conducting a thematic analysis for the qualitative data. We reviewed the quantitative data in Excel, and we thematically analyzed the written responses in NVivo.

Results

Demographics

- The majority of participants (nine [60%]) were between ages 50 through 69. Four (27%) were over 70, and two (13%) were between 30 and 49. None were under 30.
- Only one person (7%) lived in a rural community (undisclosed location). The other fourteen participants (93%) lived in an urban community. These communities included Cambridge, Kitchener-Waterloo, and Guelph.
- Twelve participants (80%) were concerned community members, including volunteers, family, friends, and neighbours, while three (20%) were employees of an organization.

Considerations

- CMHAWW may benefit from recruiting young people, people who live in rural areas, and employees of organizations to become Waterloo Wellington Neighbours. These people come into contact with older adults frequently via their employment, volunteering, and personal relationships.

Participant Experiences with the Training Sessions

The participants responded to a Likert scale which asked the degree to which they agreed with ten statements about the training sessions. Most respondents (11 [73%]) added qualitative (written) comments, many of which expanded on the quantitative questions. The results were as follows:

Understanding of Program Content

Figure 1 displays the responses to the following question: “I know more about how to recognize vulnerable older adults who may be at risk of experiencing social isolation. Six participants (40%) strongly agreed, six participants (40%) somewhat agreed, two participants (13%) neither agreed nor disagreed and one (7%) strongly disagreed.

Figure 1: Knowledge of Social Isolation Risk

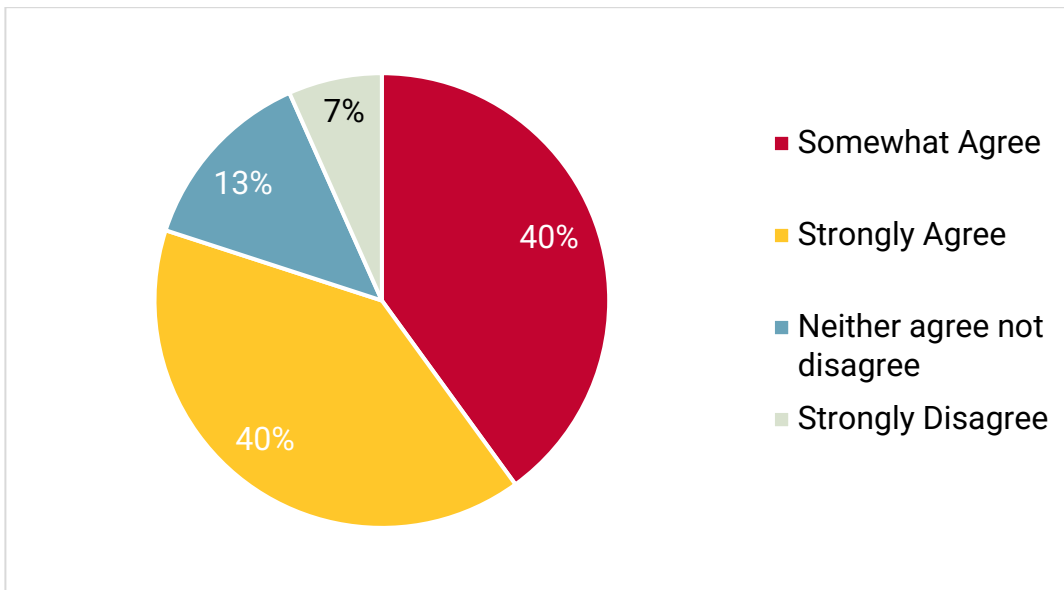


Figure 2 displays the responses to the following question: "I know more about how to recognize vulnerable older adults who may be at risk of experiencing elder abuse." Five participants (34%) strongly agree, five participants (33%) somewhat agreed, three participants (20%) neither agreed nor disagreed and two participants (13%) somewhat or strongly disagreed.

Figure 2: Knowledge of Abuse Risk

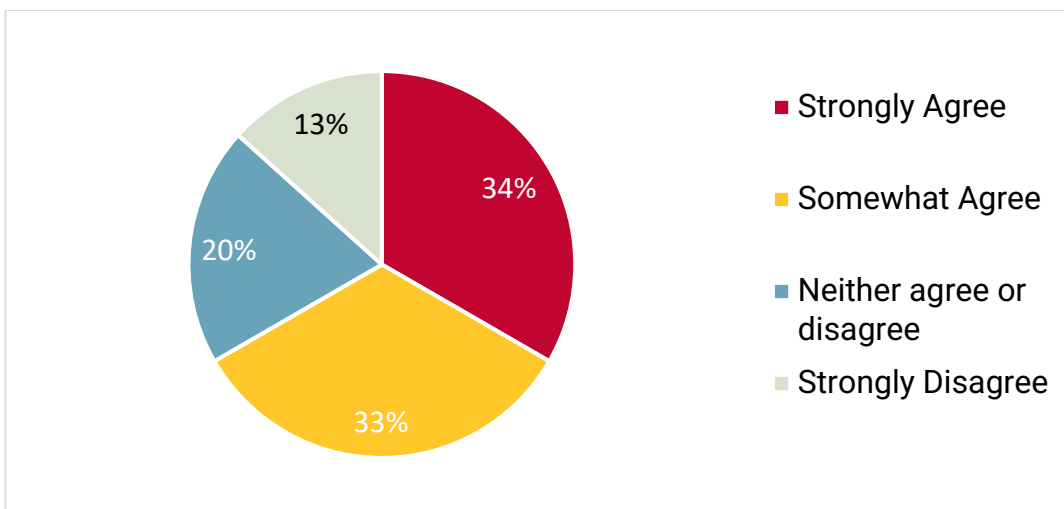
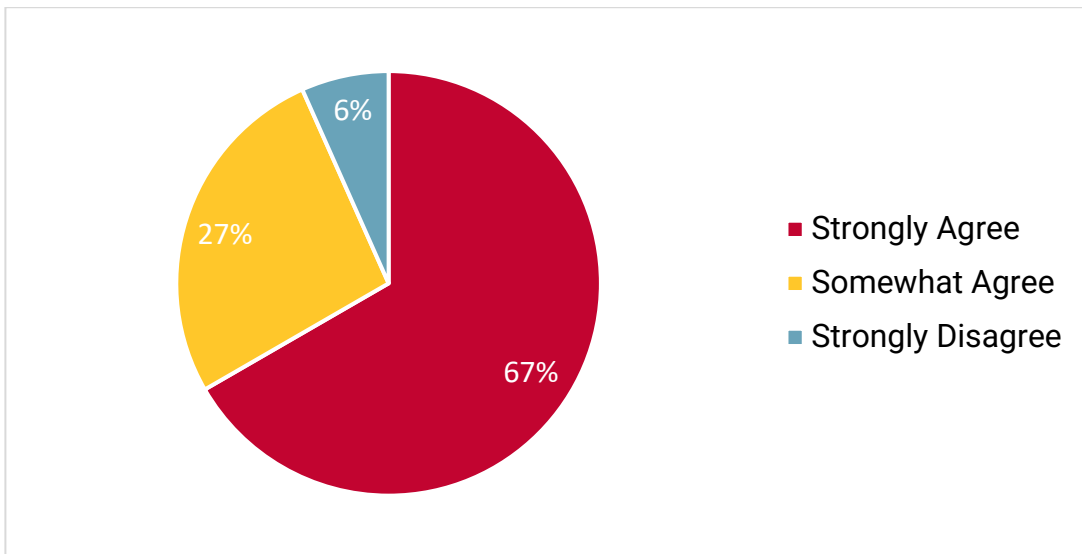


Figure 3 displays the responses to the following question: “I know who to contact when I meet someone in the community who may benefit from additional community supports.” Ten participants (67%) strongly agree, four (27%) somewhat agreed and one (7%) strongly disagreed. It is important to note that even though one participant strongly agreed, they still questioned whether people would “have trouble navigating who to call” for help.

Figure 3: Knowledge of Contacts for Support



“I am aware of the privacy rights of older adults who, unless healthcare professionals deem them formally incapable, have the right to refuse services.”

- Strongly or somewhat agreed: fourteen (93%).
- Somewhat disagreed: one (7%).

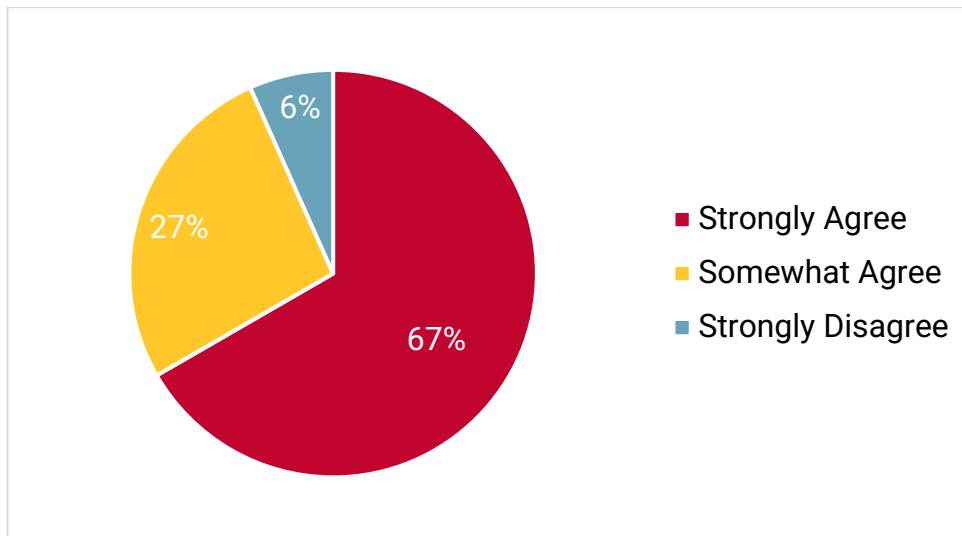
“I know what to expect when I call HERE 24/7 as a Waterloo Wellington Neighbour.”

- Strongly or somewhat agreed: thirteen (87%).
- Somewhat disagreed: two (13%).
- One person that somewhat agreed asked several questions regarding HERE 24/7, how it handles cases, and whether it works. They were concerned about people falling through the cracks in social services. Another respondent who somewhat disagreed wanted more information about the “process and feedback loop” that occurs after someone calls the phone number.

Facilitation and Education Material Quality

Figure 4 displays the responses to the following question: “The facilitator presented the education material effectively.” Ten participants (67%) strongly agreed, four participants (27%) somewhat agreed and one (6%) strongly disagreed.

Figure 4: Effectiveness of Facilitator



“The education material was accessible.”


- Strongly or somewhat agreed: twelve (80%).
- Neither agreed nor disagreed: two (13%).
- Strongly disagreed: one (7%).
- One participant who somewhat agreed shared they would appreciate it if facilitators shared the information on slides and worksheets.
- This respondent and another person also said that information should be available on large postcards and posters for seniors and other community members.

“The education material was comprehensive.”

- Strongly or somewhat agreed: thirteen (87%).
- Neither agreed nor disagreed: one (7%).
- Strongly disagreed: one (7%).
- One person who strongly agreed said they enjoyed the case study example because it “illustrate[d] and reinforce[d] the various points covered in the session.” However, someone else who somewhat agreed stated they “would’ve liked [to learn from] more case studies developed by seniors that are realistic and compelling.”

“The education material was engaging.”

- Strongly or somewhat agreed: twelve (80%).
- Neither agreed nor disagreed: two (13%).
- Strongly disagreed: one (7%).
- One participant who somewhat agreed said they would have enjoyed reading testimonials from older adults who endorsed the program after it assisted them.



They also shared that the training session “didn’t feel like a training session,” but like an “awareness session” about HERE 24/7.

Overall Feedback About the Training Sessions

The participants generally had encouraging feedback about the training. For example, 13 people (87%) strongly or somewhat agreed that the training made them feel adequately informed about their role as a WWN. In contrast, two people (14%) either strongly disagreed with this statement or had no opinion. The person who strongly or somewhat disagreed with every Likert scale statement did not provide qualitative feedback.

Largely Positive Feedback

About half of the respondents (eight [53%]) shared positive qualitative feedback about the facilitators and the training session. Four commented that the session was “great” or “well-presented.” Two called it “informative,” while another said it was “valuable.” Others referred to the presenters and the education resources as “excellent.”

These positive comments align with much of the quantitative data, where most participants strongly or somewhat agreed that the training materials and the facilitators were effective.

Considerations

However, as previously discussed, some qualitative comments had constructive feedback about potentially improving future sessions and the program. These recommendations included:

- **More engaging case studies and testimonials from older adults assisted by HERE 24/7.** These may help trainees better understand the experiences of vulnerable older adults, the trainees’ role as a WWN, and its importance. The requests for more information about the experiences of older adults aligns with the quantitative data of five respondents who did not agree that the training helped them recognize elder abuse.
- **More accessible material.** This material could consist of large postcards and posters that seniors and other community members can access. Additionally, it may include training materials for the Waterloo Wellington Neighbours, like slideshows, worksheets, and quick factsheets.
- **More thorough explanations about HERE 24/7 and what happens after someone makes a call.** Facilitators might discuss HERE 24/7’s capacity and acknowledge “cracks in the system” or what to do if a WWN believes inadequate follow-up happened. They may also provide more comprehensive information about the process that occurs when a WWN contacts HERE 24/7, perhaps on accessible take-home factsheets.
- **More diverse trainees.** CMHAWW might want to recruit more young people, people who live in rural communities, and employees of organizations to become a WWN. A diverse group of Neighbours may help identify and assist a more diverse group of vulnerable adults.



Conclusion

Most participants felt that the sessions were compelling and well-presented. The majority of them thought the training was accessible, comprehensive, and engaging. Participants felt better informed about how to spot potential social isolation and elder abuse and who to contact when they have concerns. However, they may have benefited from more specific examples of situations vulnerable older adults may experience and what HERE 24/7 can offer.