



# Community Wellbeing Initiative

A training programme that empowers organisations and community members to support others in distress

## Evaluation Report Summary

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## Acronyms, Terms and Definitions

CWI	Community Wellbeing Initiative
Presbyterian churches	Churches mentioned in this report are from the congregations within the Northern Presbytery, Te Aka Puaho, Presbytery of Kaimai and Pacific Presbytery
Contract Clients	Companies or organisations that commercially subscribe to the LifelineConnect training services

## Acknowledgments

Presbyterian Support Northern (PSN) would like to warmly acknowledge members from the LifelineConnect and Community Relations teams in the planning and execution of this evaluation report.

## Conflict of Interest Declaration

This Community Wellbeing Initiative is a Presbyterian Support Northern (PSN) training service delivered by LifelineConnect and this evaluation has been conducted by the PSN Service Evaluation Team.

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## Summary

The Community Wellbeing Initiative (CWI) is a mental health wellbeing programme that aims to help grow emotionally resilient communities by empowering organisations and communities. The evaluation found the programme successful in achieving both the short-term and medium-term outcomes. Participants increased their skills and knowledge of self-care and learned how to support others in stress and distress and became more confident to do so. There is also evidence that participants applied the learning to support others or impact positively on their community's well-being.

## Background

The CWI programme was delivered between July 2022 and November 2023 by Presbyterian Support Northern LifelineConnect in partnership with the Presbyterian Church community. The [LifelineConnect](#) training programme provides a range of professional development programmes and ongoing support services that target general employees, team leaders, and community professionals to become more confident and skilled in responding to distress, stress, or crisis among colleagues, clients or the public.

Ministers, administrators and members of the church congregations attended the workshops. Participants of the CWI programme had the opportunity to take part in two in-person workshops that are three hours in length. Participants were offered two post-training online debrief sessions or to utilise the Lifeline Helpline service if needed.

### Short-term outcomes

Attendees to increase knowledge and skills for self-care and how to support others in stress and distress (as per intended Learning outcomes).

Attendees to feel confident to respond to own stress and distress of others.

Attendees to feel satisfied with the programme delivery.

### Medium-term outcomes

Attendees applied their learning in the community.

Stakeholders/Church identify positive impact on community.

Enhanced relationship between the church and PSN.

### Long-term outcomes

Community sees the church as a relevant support option.

Improved mental wellbeing in the community.

## Evaluation

The main objectives of the evaluation were to:

1. Determine the effectiveness of the programme in meeting its intended outcomes
2. Capture lessons learnt and identify ways in which the programme can be improved

While the programme has been developed to achieve the long-term outcomes, this evaluation measured only the short- and medium-term outcomes of the service.

A mixed method approach was applied to capture the voices of participants and key stakeholders such as Presbyterian ministers and administrators, Lifeline training facilitators and the PSN Presbytery Liaison Manager. Confidentiality and anonymity were ensured as pre and post-online surveys are anonymous, and interview transcripts / raw data were only accessed by the Service Evaluation team before reporting as aggregate data. The agreement rate used for the analysis demonstrates the percentage of respondents that selected fully agreed and agreed in the learning outcomes and satisfaction survey questions (excludes neutral, disagree and fully disagree).

The main limitation of the evaluation is a low average response rate to the online surveys (33% of training attendees completed the end of (post) training evaluation and only 8% of participating churches/ministers completed the follow-up survey) which may produce biased estimates and results as the higher the response rate, the more likely the results are representative of the population.

# Findings

A total number of 93 people attended the trainings which were delivered in Auckland, Hamilton, Rotorua, South Auckland, Tauranga, Whakatāne, Whangārei. Of these, 82% (n=87) completed the pre-training survey and 43% (n=46) the post-training survey. The characteristics of the post-training survey respondents (n=46) highlighted that they were mainly older than 50 years (72%), female (63%) and NZ European (67%).

## KEY OUTCOMES



A high satisfaction level with the programme, with narrative feedback demonstrating the participants' newly acquired skills, tools, and resources to manage their wellbeing and support others during times of stress.

### Short-term outcomes

- The average agreement rates for learning outcomes in each model were notably higher at the end of the training. The biggest changes between the pre- and post-rating related to “differentiating acute and chronic stress” and “becoming more confident to ask others to ask about suicidal thoughts”.
- A lower score for outcomes “confident to ask others about how they feel” and “being prepared to respond if they notice risk of harm to self or others” may demonstrate increased awareness of how to manage these situations.

### Medium-term outcomes

- The training programme positively impacted the community by equipping church attendees with skills to address mental health challenges. Attendees applied their learnings in real-life situations, boosting their confidence. The programme strengthened the relationship between PSN and churches, facilitated by the PSN Liaison Manager.

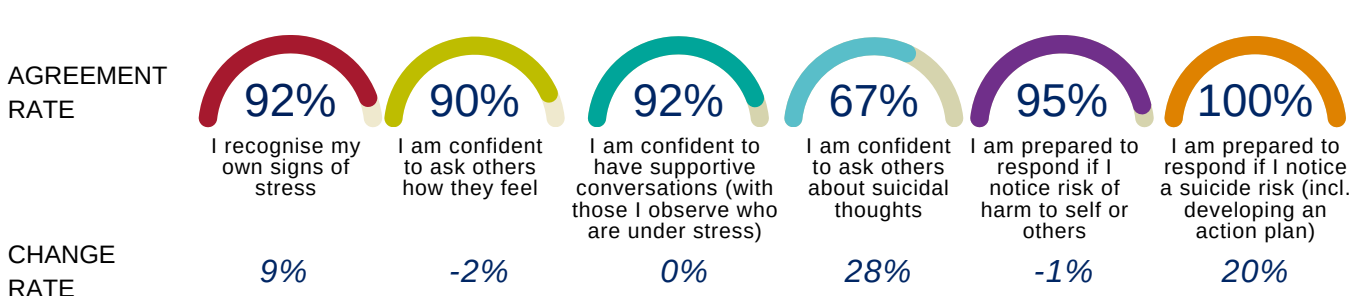
## TRAINING SATISFACTION



## MODULE 1 (CONNECTING WITH SELF) LEARNING OUTCOMES



## MODULE 2 (CONNECTING WITH OTHERS) LEARNING OUTCOMES





## SUCCESS FACTORS

Qualitative findings also support the positive outcomes as presented in the quantitative findings.

### Programme planning and recruitment

There is a general need in the community to provide support for individuals with mental health concerns, and the training is best suited for people who would be involved in the pastoral care team.

*“I think the number of people who struggle with mental health has increased significantly after COVID and the level of anxiety has increased significantly, and concerns have risen, so there is a need in the community in general. “*

*“It piques my interest and there are definitely needs particularly if the training targets serious mental health issues. There is a spectrum of mental health needs - one being general and other being very serious.”*

### Programme delivery

Attendees valued the content and indicated that the programme met their expectations. The facilitators did an excellent job managing and delivering the interactive programme in a group setting that encouraged learning. The hospitality was also appreciated.

*“Victoria and Steve were so kind and encouraging and positive. They accepted what we said and gently guided us in the right direction if we weren't quite on track. We laughed a lot. I loved meeting other women from other churches and our acceptance of each other. We don't usually meet like this. The food was lovely. thank you. I learned lots and it was important stuff.”*

*“[There was a] positive atmosphere where all were valued and heard and appreciated for their differences. This was immediately created by the presenters and the different teaching tools such as sticky notes, rotating circle, pair share, groups etc.”*

### Training outcomes

The training enhanced knowledge and skills for self-care and assisting others in stressful circumstances. Participants reported increased confidence in assessing situations and engaging with others post-training, showcasing the practical application of learning.

*“The traffic light system for identifying stress coping states and the corresponding response needed for each of the 3-4 states are most memorable! Very helpful system!”*

*“[The training helped me to] be a better listener, allowing them [people] to share how they are feeling, then assisting with solutions. [It also helped with] not being uncomfortable in using the word 'suicide' in relation to how a person is feeling and showing empathy.”*

### PSN relationship with Presbyterian churches

Ministers who did not respond to the initial invitation were familiar with PSN services, with many recognising well-known services like Enliven, Lifeline, and Lifeline Connect (while only a third of the training follow-up respondents were aware of PSN services prior to the training).



## AREAS OF IMPROVEMENT

Communication and widening the target group

- Feedback highlighted the importance of clear communication and using varied channels/methods. Limited communication about the CWI program led to low church uptake of the training opportunity at the beginning of the initiative. In addition, other challenges such as information overload, limited resources, and competing commitments for church leaders and administrators contributed to more people not taking part.
- Low attendance in the debriefing follow-up sessions was attributed to time constraints and changes in the delivery platform from face-to-face to online.

Recommendations included ongoing communication and engagement with church leaders, addressing technical issues, strengthening brand awareness, involving youth leaders or parents as target groups, and considering more theological references.