

# Preventing alcohol misuse in young people: implementation, feasibility and acceptability of a primary-school-based intervention with a family component - the Kids, Adults Together (KAT) Programme



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Development and Evaluation of Complex  
Interventions for Public Health Improvement  
A UKCRC Public Health Research Centre of Excellence

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# Outline of presentation

- ➡ Background and objectives of the study
- ➡ Methods
- ➡ Intervention
- ➡ Outcomes
- ➡ Results
- ➡ Conclusions



# Alcohol consumption during childhood and adolescence

☞ Harmful consequences in the short term [1, 2]

- *Accidental injury and death*
- *Sexually transmitted disease*
- *Delinquency and violence*
- *Mental illness*
- *Impaired academic performance*

☞ Increased risk of long-term dependence and physical, mental and social harm [3]

# What is known about preventing alcohol misuse (1)?

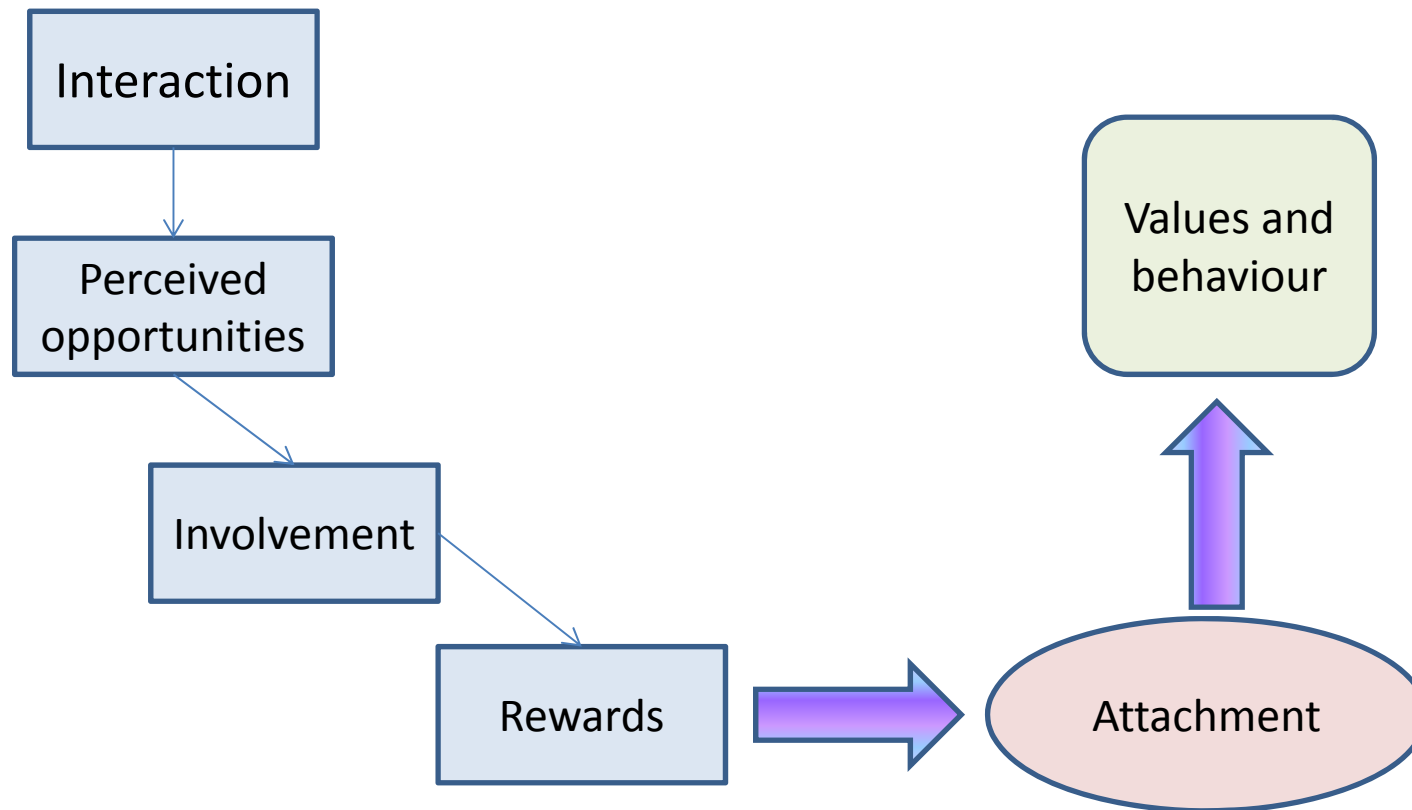
- ☞ Need for more evidence of effectiveness of specific programmes targeting children <sup>[5]</sup>
- ☞ Some evidence programmes are more effective when children have not started drinking <sup>[6,7]</sup>
- ☞ Schools are important locations for universal prevention programmes because they maximise reach <sup>[8-10]</sup>



# What is known about preventing alcohol misuse (2)?

- ➡ More promising programmes have <sup>[11-16]</sup>
  - *A clear theoretical basis*
  - *Interactive delivery style*
  - *Community (including parent/family) involvement*
- ➡ Social Development theory <sup>[17]</sup> explains importance of interactive delivery and community involvement

# Social Development Model (SDM)



# Parents' role in preventing alcohol misuse

- ☞ Key influence on pre-adolescent children <sup>[18-20]</sup>
  - *Modelling norms and examples*
  - *Controlling access to alcohol*
- ☞ When involved in programmes:
  - *exposed to the same messages as children*
  - *can reinforce them through actions and attitudes*



# Programmes, primary schools, parents and prevention

- 👉 Few prevention programmes have been implemented in primary schools with pre-adolescent children<sup>[30]</sup>
- 👉 Most studies have been conducted outside the UK <sup>[5]</sup>
- 👉 Many prevention programmes and studies have either not aimed to involve parents or have not met recruitment targets for parent participation <sup>[24-28]</sup>

# The KAT Intervention

## Comprises three components

- ☞ Classroom activities on key health issues relating to alcohol
  - *(manual + resources for teachers)*
  - *Around 20 hours contact time*
- ☞ Building to a family event at which pupils present their work
- ☞ Goody bag and DVD for parents and pupils to watch together

# Exploratory trial

- ☞ **Design:** Exploratory cluster randomised controlled trial
- ☞ **Aim:** assess the value and feasibility of conducting an effectiveness trial of KAT
- ☞ **Setting:** City in South Wales, UK
- ☞ **Participants:**
  - *Primary schools of varied size and socio-demographic profile (FSM entitlement rates)*
  - *pupils in Years 5 and 6 (aged 9-11 years)*
  - *parents/carers*
  - *school staff*

# The Kids, Adults Together (KAT) programme

- ☞ For 9-11 year-old children at primary schools
- ☞ Intended effects in reducing alcohol misuse depend on
  - *parental participation*
  - *promotion of family communication*
- ☞ Its message is “Not too much, not too soon”
- ☞ At two pilot schools in 2010 <sup>[29]</sup> KAT:
  - *engaged 40-50 parents at each of 2 events*
  - *was acceptable to children, parents and teachers*

# Exploratory trial

## Intervention group (n=5)

- 👉 3 schools ran the KAT programme in addition to any existing alcohol-related lessons / activities
- 👉 2 schools withdrew without implementing KAT

## Control group (n=4)

- 👉 Schools continued with existing lessons / activities

## Both groups

- 👉 Baseline + short term follow-up pupil questionnaires
- 👉 Telephone interviews conducted with parents
- 👉 Process evaluation conducted

# Outcomes

- ☞ quality of programme implementation
- ☞ programme acceptability
- ☞ recruitment and retention of research participants
- ☞ acceptability and feasibility of research processes
- ☞ Acceptability and feasibility of providing demographic data and answering questions about alcohol consumption and family communication
- ☞ estimates of potential effect and sample sizes

# Findings: Implementation fidelity

- ➡ Good overall
- ➡ ... but some elements better than others
- ➡ Interactive methods well implemented
- ➡ ... But not all teachers promoted a healthy approach to alcohol use.

# Findings: Programme acceptability

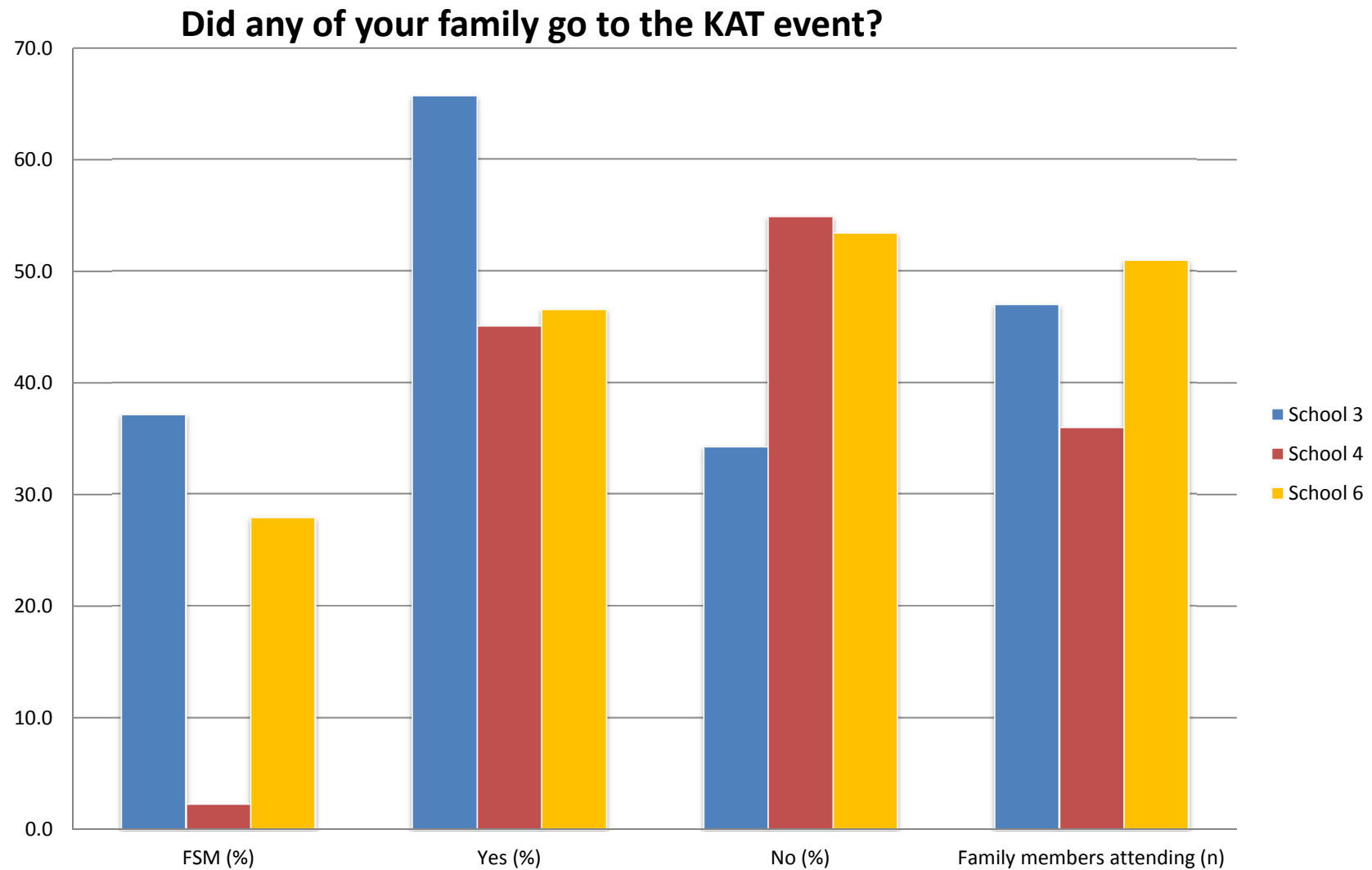
- 👉 **Teachers** liked KAT – good fit with curriculum
- 👉 **Children** liked interactive work & family involvement
- 👉 **Parents** liked the events – informative, non-judgemental, non-stigmatising
- 👉 “Not too much, not too soon” **message** was well received and understood
- 👉 **Wider implementation:** A potential pathway was identified but no funding was available



# Findings: potential programme effects

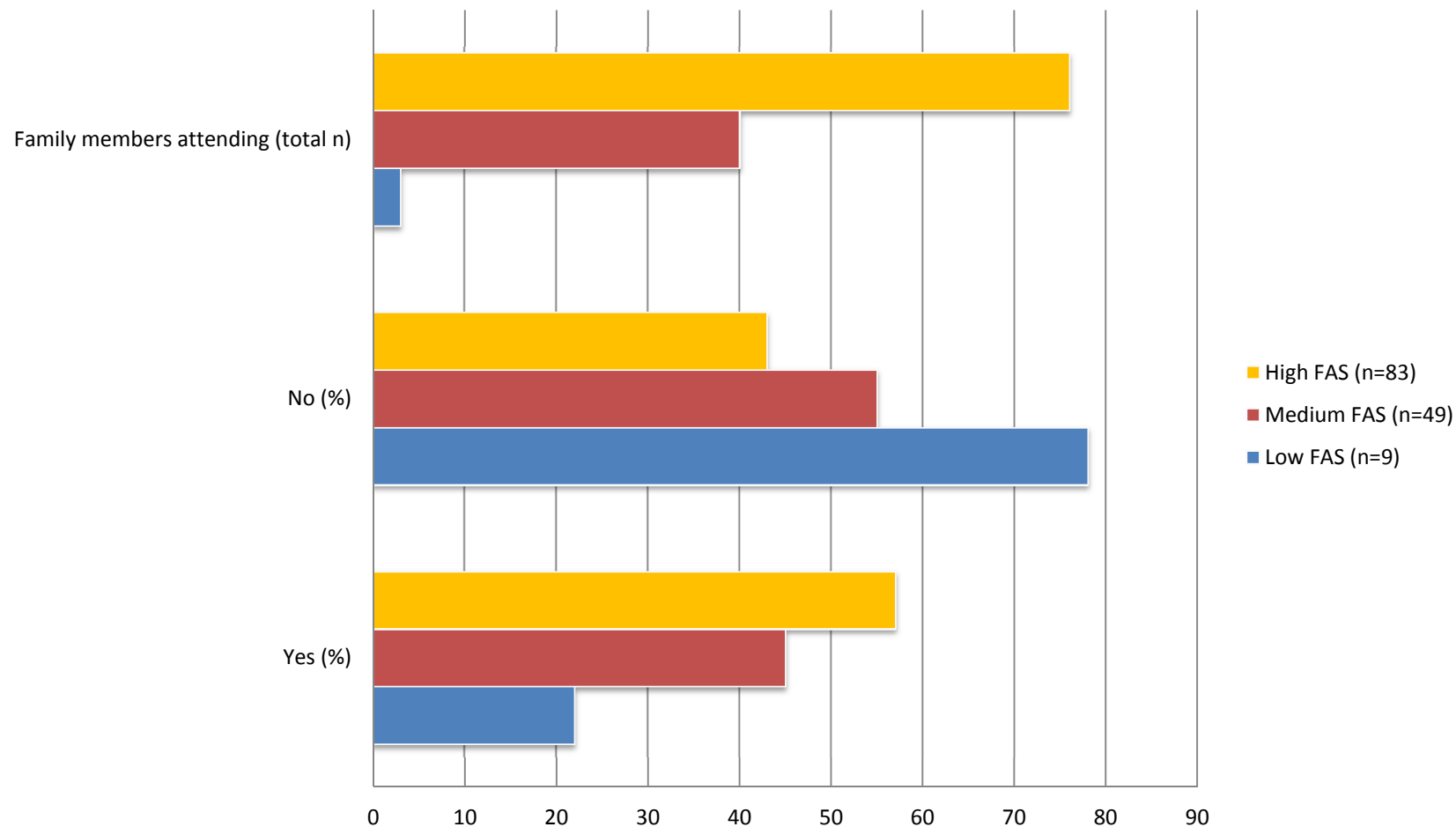
- **Intervention effect on family communication:**  
(intermediate outcome):
  - Mixed evidence from process evaluation interviews with parents
  - Statistical analysis of children's questionnaire data showed no evidence of an effect
  - Some issues with reliability of questionnaire responses

# Findings: reach



# Findings: reach

**Did any of your family go to the KAT event? Responses from 141 pupils who provided data on Family Affluence Score (FAS)**



# Findings: Feasibility and acceptability of research study (1)

## **Acceptability:**

- Asking children questions about alcohol use was acceptable to children, parents and school staff
- School staff expressed positive views about research processes but classroom data collections were sometimes hard to arrange
- Schools which withdrew appear to have done so because of the work involved in running KAT, not due to research burden

## **Participation:**

- 69% to 81% children took part
- approximately 6.5% of parents (n=27) took part in telephone interviews and the data were not analysed

## Findings: Feasibility and acceptability of research study (2)

- 👉 **Measures:** Despite piloting and adaptation, nearly all measures of children's demographics, alcohol consumption and family communication were unsatisfactory
- 👉 **Potential sample size:** Likely to need a large number of schools to detect potential intervention effects

# Conclusions: KAT programme

- ➡ A reliable mechanism for engaging parents
- ➡ Concept of an alcohol prevention programme for younger children was well received
- ➡ Children engaged well with the KAT activities and understood programme content
- ➡ Implementation costs are low and KAT could be added to existing primary-school curricular at little extra expense
- ➡ Future programme development - engagement of:
  - *less affluent families in programme activities*
  - *teachers in training for programme delivery*

# Conclusions:

## Value / feasibility of future evaluation

- ☞ KAT appeared to have little or no effect on family communication
  - Measurement error?
  - Wrong theory?
  - Intervention with small effect?
- ☞ Low cost of KAT, and large sample size needed for an effectiveness trial, suggest that an RCT would not be cost-effective

# Conclusions: Future research

- ☞ Identification, development and validation of primary and secondary outcome measures for children aged 9-11
- ☞ Inclusion in the design of any future effectiveness trial of:
  - *adequate time;*
  - *agency support;*
  - *financial incentives to optimise school recruitment and retention rates*
- ☞ Consideration of the role and importance of data from parents/carers in any future effectiveness trial and the cost-effectiveness of recruiting them to the research



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