

**The role of parents in preventing alcohol
misuse: An Evaluation of the Kids, Adults
Together Programme (KAT)**

Evaluation Report

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Executive Summary

Introduction

This report describes the findings from an exploratory evaluation of a school-based alcohol misuse prevention programme – Kids, Adults Together (KAT), which engaged with both primary school children and their parents/carers.

During recent years concern has grown regarding the frequent and excessive use of alcohol by young people (Advisory Council on the Misuse of Drugs 2006). The average age at which young people in Europe start to drink is twelve and a half (Anderson and Baumberg 2006) and the amount of alcohol consumed by UK drinkers aged 11-13 has increased (Strategy Unit 2003). In the UK, alcohol misuse by young people under 18 is greater than in most other European countries (Bellis et al. 2007). Since 1995, binge drinking among teenage girls in the UK has increased significantly and while the overall prevalence of alcohol consumption among young people has fallen, the volume of alcohol consumed by some individuals has increased, with a trend towards greater alcohol consumption by younger adolescents (Smith and Foxcroft 2009) and evidence of an average weekly consumption of nine units by some Scottish 13-year-olds (BMA Board of Science 2008).

A key influence on the timing of young people's first alcohol use is the family (Spath et al. 2002) and a number of substance misuse prevention programmes (mainly in the USA) have tried to influence families. Most programmes aim to reduce young people's substance misuse by providing guidance for parents on topics such as communication and family management and skills training for children, e.g. peer resistance. Family-oriented programmes are sometimes delivered through home visits or they may use accommodation belonging to community groups and institutions. Most are based in schools, which provide an efficient way to reach large numbers of young people and their families (Bryan et al. 2006).

There is a need for more rigorous evaluation of programmes to address young people's alcohol misuse (Foxcroft et al. 2003; Foxcroft et al. 2002; Foxcroft et al. 1997) but reviews have identified some important features which appear to increase the likely effectiveness of interventions. These include a focus on harm reduction rather than abstinence; involvement of parents as well as children; and targeting children at primary school, when they are less likely to have experimented with alcohol or other substances (Dishion and Kavanagh 2000; Lloyd et al. 2000; Marlatt and Witkiewitz 2002; Petrie et al. 2007). There is evidence that parents influence children not only by modelling alcohol consumption or giving children access to alcoholic drinks but that time spent talking to children (Garmiene et al. 2006) and more general monitoring of children's activities (Beck et al. 1999) can also help to determine children's alcohol-related behaviour. A recent review noted a need for more studies of parents' attitudes and practices with regard to children's alcohol consumption (Smith and Foxcroft 2009).

This study aimed to contribute to current research by evaluating the development and early implementation of a new schools-based alcohol

misuse prevention programme which comprised a classroom component, engagement with parents through a family fun evening, and a DVD. The evaluation aimed to establish the theoretical basis for the programme, explore implementation processes and acceptability, and identify plausible precursors of the intended long-term outcomes which could be used as indicators of likely effectiveness.

Methods

Mixed qualitative data-collection methods were used during two phases of evaluation. The first phase of the evaluation investigated how KAT had originated and developed; its relationship to existing evidence and theory; and its aims. Methods used were an analysis of thirty-two documents selected by the programme organizers and meant to provide an 'audit trail' of programme development up until the start of the evaluation; a literature search; and interviews with six members of the working group who had been involved in setting up the programme, the programme organiser and his assistant, the KAT DVD producer and the organiser of the Australian PAKT programme (on which KAT is based).

The second phase comprised observation of the classroom preparation and KAT family events in two pilot schools; focus groups with forty-one children; interviews with both head teachers and with teachers who delivered the classroom preparation; follow-up interviews with the programme organisers and six Working Group members; interviews with twelve parents who attended the KAT family events; and a questionnaire for parents of all 110 children who had been involved in the classroom preparation. There were two rounds of focus groups and parent interviews: the first as soon as possible after the KAT event at each school and the second three months later.

Key findings

Programme aims

The main aim of KAT was identified as reducing the number of children and young people who engaged in alcohol misuse. Exploration of the programme's implementation suggested that family communication should be reaffirmed as its primary objective. This was consistent with the social development model (Catalano and Hawkins 1996) which links family communication with children's alcohol-related behaviour later in life. According to the model, patterns of alcohol use may be learned through interaction with parents. Interaction develops a parent-child bond which facilitates reinforcement of young people's behaviour patterns by parental sanctions or encouragement.

Acceptability

KAT achieved high levels of acceptability among pupils, parents and school staff. Parents enjoyed the fun evening, and thought it was delivered in an, engaging and non lecturing way. They felt that the fun evening (and the work done by children in preparation for it) represented a good way of engaging with parents. Participants thought it was good that the KAT programme had

been run in the school setting, and felt that such work should be delivered to children at a young age. Staff in both pilot schools believed that the way in which the evening was promoted as an opportunity for parents to find out what their children had been working on helped avoid a perception that the fun evening was designed to lecture parents.

Initial impact

Communication

The KAT programme's most significant and persistent impact on communication was the effect on family conversations about parental drinking. Many children who thought their parents drank too much alcohol reported trying to change their (parents') behaviour.

The classroom preparation was effective in promoting communication about alcohol issues amongst members of the class but outside the classroom, its effect was minimal, and until the work had culminated in the fun evening, few children said much at home about it. For some families, the invitations made by the children (and taken home to parents) prompted questions about what the children had been doing and what was going to happen at the fun evening. Most children were very keen to go, to show off their work, to see what it was like and to enjoy the refreshments and entertainment. Many put pressure on their parents to attend.

The fun evening acted as a catalyst for setting off conversations about what children had done in the classroom and activities during the evening. Parents and children helped each other to answer questions and children told their parents about their work which was on display.

The DVD was effective in extending the influence of the programme beyond the school-based components. Some children had been keen to watch it and wanted others to join them. Children at School 1 talked to family and friends about what happened in the DVD, how alcohol could affect people, or just whether they had enjoyed it or not. Children at School 2 had discussed the DVD amongst themselves so some who had not watched it knew something about it.

Knowledge

Most of the children who took part in the research described having gained new knowledge on the subject of alcohol as a result of their involvement with the KAT programme. They had learnt firstly about the legal framework surrounding alcohol, and key government guidelines on safe consumption. Secondly, they had learnt about the effects of alcohol, both in terms of physical impacts upon the body, but also how alcohol consumption affected individuals' behaviour, and its wider consequences.

Most children believed that their parents had acquired new knowledge as a result of attending the fun evening, and this was mainly conceptualised around their individual drinking practices and awareness of the impacts of alcohol, rather than in terms of broader parental practice or supervision. Knowledge at the fun evening was based largely on what had been learnt in

the classroom preparation, and some of the children felt that they had been teaching their parents new information. Parents described having acquired new knowledge about alcohol. Most new parental knowledge related to the effects of alcohol (such as time taken for alcohol to pass through the body), the law on minimum ages of consumption, recommended maximum safe consumption levels, and statistics on the number of young people treated in hospital for alcohol-related injury/illness. Most of the knowledge acquired by parents appeared to derive from the fun evening.

Attitudes

There was little evidence that involvement in KAT (as a whole or its constituent components) had led to changes in the children's attitudes in relation to alcohol. Overall the children held critical attitudes towards alcohol and the effects which its consumption might lead to. Some views expressed were generalised statements about the negative effects of alcohol consumption. But at other points the children focused specifically on the idea of limits to safe or acceptable drinking levels/frequency. Contrasting ideas were also expressed about the acceptability and safety of the children themselves drinking. The children talked about the importance of their not drinking, and the negative consequences which might follow alcohol consumption. However, some participants also felt there were circumstances in which it would be acceptable for them to drink small amounts of alcohol. In some focus groups the children also described enjoying consuming alcohol (or drinks containing alcohol) such as shandy and wine.

There was little evidence that KAT had caused parents to change or adopt new attitudes towards alcohol. Most parents who were concerned about the dangers of alcohol and the use of alcohol by their children held pre-existing concerns or attitudes.

Awareness

There was evidence that some pupils had deepened their understanding of some of the issues relating to alcohol as a result of taking part in KAT, for instance, that alcohol was not 'just a drink' but could produce certain effects on the human body. They also felt that they had a better understanding of the dangers of drink driving, and the consequences it could have.

There was evidence that KAT had raised parental awareness of key facts around alcohol (e.g. maximum recommended consumption limits) and that they had been prompted to think about new issues. For instance, some had thought about their own drinking practices, particularly how drinking alcohol in front of their children could influence them. A number of parents also felt that the programme had increased their children's awareness of the issues surrounding alcohol. School staff believed that KAT had increased parents' and pupils' awareness of some of the main issues relating to alcohol consumption and misuse.

Intention

Evidence from participants suggested that KAT had only a small effect on intentions regarding future behaviour. Reported impacts related to parental

intentions to use alcohol more cautiously, and other areas of family life such as healthy eating. These intentions were often stimulated by specific aspects of the programme such as the DVD or leaflets in the goody bag,

Behaviour

Some children and parents at both schools reported that parents' drinking behaviour had changed as a result of KAT. The effect was not confined to parents, or to those who had attended the fun evening. Straight after the fun evening, changes in drinking behaviour were discussed by children in all focus groups at School 1. Six children talked about favourable changes which they perceived to have resulted from KAT. Three months later, four children reported favourable changes. Parents' drinking behaviour was discussed again at all the focus groups in School 1, and also by one group at School 2. Two mothers talked about behaviour change during the first interviews, and four during the second. Two mothers reported that they themselves had become more sensible about alcohol use (one from School 1 (both interviews), one from School 2), and the others that there had been no effect on immoderate drinking (two from School 1, one from School 2).

Implications for research and practice

The report's discussion section highlights six main findings from the evaluation of KAT:

1. KAT has demonstrated promise as an alcohol misuse prevention intervention through its short term impact on knowledge acquisition and pro-social communication within family networks
2. The interaction between the programme's core components (classroom activities, family fun evening and the programme DVD/goody bag) appear to have been integral to the impact on knowledge acquisition and communication processes that occurred within participating families
3. The timing of KAT (its delivery to children in primary school Years 5 and 6) is appropriate both because it precedes the onset of drinking (or regular drinking), and because it engages families whilst they are still a key attachment and influence in young people's lives
4. KAT achieved high levels of engagement and acceptability among parents, and this included some families with problems/support needs in relation to alcohol
5. Engagement levels among parents were higher among mothers than fathers. The research was not able to explore the in-depth experiences of those parents/carers who did not or could not attend the KAT fun evening

The following five recommendations are made for the future development and evaluation of KAT:

1. Further research is needed to refine and develop the theoretical model of how KAT works, whether short term changes in knowledge,

communication and behaviour are sustained over the longer term, and how these processes might reduce alcohol misuse

2. KAT needs to be delivered and evaluated in different school contexts to further test its underpinning model, and explore the acceptability and local adaptation of the programme within these settings
3. Future research needs to explore in more detail the reach of the programme (including the engagement of fathers), examine what barriers to attendance might exist and put in place strategies to minimise them
4. Future stages of implementation should clarify if KAT specifically aims to reach families with problems/support needs in relation to alcohol, or whether it is intended as a primary prevention intervention for general school populations
5. It is important to address the support needs of children whose attempts to discuss issues raised by KAT (particularly around parental drinking) are rejected or not received positively by their parents

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1. Background

This paper reports the findings from an exploratory evaluation of a school-based alcohol misuse prevention programme – Kids, Adults Together (KAT), which engaged with both primary school children and their parents/carers. During recent years concern has grown regarding the frequent and excessive use of alcohol by young people (Advisory Council on the Misuse of Drugs 2006). The average age at which young people in Europe start to drink is twelve and a half (Anderson and Baumberg 2006) and the amount of alcohol consumed by UK drinkers aged 11-13 has increased (Strategy Unit 2003). In the UK, alcohol misuse by young people under 18 is greater than in most other European countries (Bellis et al. 2007). Since 1995, binge drinking among teenage girls in the UK has increased significantly and while the overall prevalence of alcohol consumption among young people has fallen, the volume of alcohol consumed by some individuals has increased, with a trend towards greater alcohol consumption by younger adolescents (Smith and Foxcroft 2009) and evidence of an average weekly consumption of nine units by some Scottish 13-year-olds (BMA Board of Science 2008). Misuse of alcohol may be condoned or actively encouraged in some social situations (Berridge et al. 2007; Koester 2003) and in the home, parental¹ norms and examples may encourage children's early alcohol use through providing models of alcohol consumption (Garmiene et al. 2006) or easy access to alcoholic drinks: most UK drinkers under sixteen obtain their alcohol from their parents (Department of Health et al. 2007).

More young people are suffering the harmful consequences of alcohol misuse: between 1996 and 2005 the number of alcohol-related hospital admissions of children under 16 increased by just over 33% (BMA Board of Science 2008). Disorderly and violent behaviour of young people under the influence of alcohol causes harm to others as well as themselves (The Alcohol Harm Reduction Group 2003). The harm reaches beyond

¹ References to parents in this paper are meant to include all individuals with parental responsibilities such as carers, step-parents and foster parents.

adolescence: those who begin drinking alcohol at a younger age have an increased risk of alcohol-related problems in later life (Hawkins et al. 1997; Hingson et al. 2006; Moffitt 1993).

A key influence on the timing of young people's first alcohol use is the family (Spoth et al. 2002) and a number of substance misuse prevention programmes (mainly in the USA) have tried to influence families. These include several US programs such as the Adolescent Transitions Program, the DARE Plus Project (Jones et al. 2006), the Elmira Prenatal/Early Infancy Project (Fordham R et al. 2007; Homel et al. 2006), and the Midwestern Prevention Program (Fordham R et al. 2007; Sumnall et al. 2006). Other US studies include the Iowa Strengthening Families Program (Kumpfer et al. 2003) and Preparing for the Drug Free Years (Park et al. 2000). DARE Plus and SFP10-14 have also been used in the UK (Coombes et al. 2006; (DARE UK 2009), including Wales in the case of SFP10-14 (Segrott 2008). Recent UK-based programmes include the Blueprint Drugs Education Programme (Blueprint Evaluation Team 2009) and FRANK (Jones et al. 2006).

Most programmes aim to reduce young people's substance misuse by providing guidance for parents on topics such as communication and family management and skills training for children, e.g. peer resistance, although FRANK is a public communication programme with messages for both parents and children. Family-oriented programmes are sometimes delivered through home visits or they may use accommodation belonging to community groups and institutions. Most are based in schools, which provide an efficient way to reach large numbers of young people and their families (Bryan et al. 2006).

External agencies may provide all or part of the education about alcohol delivered to children at school as part of the more general topic of substance misuse. In Wales, substance misuse is included in the compulsory Personal Health and Social Education (PHSE) curriculum for primary and secondary schools (Welsh Assembly Government 2003) and the Framework for Personal and Social Education requires children aged 7-11 to "Know about the harmful

effects, both to themselves and others, of tobacco, alcohol, solvents and other legal and illegal substances” (Welsh Assembly Government, 2008a). Her Majesty’s Inspectorate for Education and Training in Wales (Estyn) found some examples of good practice but many shortcomings in substance misuse education across Wales (Estyn 2007). A review of secondary schools in one area of Wales found that the subject was poorly taught by hard-pressed staff who were often untrained, inexperienced and uncommitted and that although most pupils would have liked substance misuse education to start in primary school, it had in fact begun at secondary school (Williams 2008).

Most school-based substance misuse education does not involve families. In 97% of Welsh schools, some or all substance-misuse education is delivered by the police through the All Wales School Liaison Core Programme. The police programme includes substance misuse as one of three topics and has recently acknowledged a need to spend more time on alcohol (Thomas 2008). Examples of other school-based programmes used in the UK include DARE (Drug Abuse Resistance Education) (DARE UK 2009), originating in the USA and led by the police, and Life Education Centres, which began in Australia. Life Education Centres (LECs) are mobile units which deliver drug education during brief visits to primary and secondary schools. Life Education Centres have recently adapted their intervention to include parents in visits to mobile units and special assemblies (Life Education Centres Undated). DARE provides teaching programmes delivered in schools by police officers.

There is a need for more rigorous evaluation of programmes to address young people’s alcohol misuse (Foxcroft et al. 2003; Foxcroft et al. 2002; Foxcroft et al. 1997) but reviews have identified some important features which appear to increase the likely effectiveness of interventions. These include a focus on harm reduction rather than abstinence; involvement of parents as well as children; and targeting children at primary school, when they are less likely to have experimented with alcohol or other substances (Dishion and Kavanagh 2000; Lloyd et al. 2000; Marlatt and Witkiewitz 2002; Petrie et al. 2007). Of these features, the process of engaging pupils’ families is likely to be the most challenging, but the most essential. There is evidence

that parents influence children not only by modelling alcohol consumption or giving children access to alcoholic drinks but that time spent talking to children (Garmiene et al. 2006) and more general monitoring of children's activities (Beck et al. 1999) can also help to determine children's alcohol-related behaviour. A recent review noted a need for more studies of parents' attitudes and practices with regard to children's alcohol consumption (Smith and Foxcroft 2009).

School-based substance misuse initiatives have not always managed to engage significant numbers of parents. For example, the Blueprint programme in England was modified following an initial poor response from parents. However, parental engagement deteriorated thereafter, despite provision of free transport, refreshments, crèche facilities and gifts, including a DVD, at launch events. Lack of parental involvement was sometimes associated with schools with high levels of disadvantage and it was also difficult to involve secondary school parents. Other reasons were lack of appropriate recruitment and publicity in some areas; and parents' perceiving the programme as irrelevant, not having time to take part, or unwillingness to associate with other parents (Stead et al. 2007). Programmes outside the UK have also encountered difficulties in involving parents (Lloyd et al. 2000; Ward and Snow 2008). Schools in all areas of Wales report lack of engagement by parents in their activities, regardless of the topic (Rothwell et al. 2009). Head teachers who took part in a review of the Welsh Network of Healthy School Schemes felt that when parents did become involved, it was because they perceived the value of the activities and thought their views were treated as an important factor in deciding what should happen in the school.

Governments in the UK have recently offered strong strategic support for school-based substance misuse education and prevention initiatives which involve external agencies and pupils' families. All UK governments now expect schools to engage with the wider community at local, national and international levels (Council for the Curriculum Examinations and Assessment 2007a, b, [Undated]; Department for Children Schools and Families 2007; Ofsted 2008; The Scottish Office 1998). And most schools in the UK have

made a commitment to becoming health promoting schools, which involves linking participation to health (Clift 2005). Extended schools in England (Department for Children Schools and Families 2008) and Northern Ireland (Regional Training Unit 2003) offer a range of additional services for pupils and their families, often including child care, after-school and holiday clubs, parenting support and family learning. The Department for Education, Schools and Families has set a target for all schools in England to become Extended Schools by 2010 (Department for Children Schools and Families 2008). The Welsh Assembly Government's grants for Community Focused Schools allow local consultation on which additional services schools should provide (National Assembly for Wales 2003). The Welsh Assembly Government's substance misuse strategy states that "Parents and carers have a huge influence over their children's beliefs, attitudes and behaviours and they are a key audience for messages and initiatives." (Welsh Assembly Government 2008b) This point is echoed by English (Department for Children Schools and Families et al. 2008; Department of Health et al. 2007) and Scottish (Scotland's Futures Forum 2008) government agencies.

Project Aims

This study aimed to contribute to current research by evaluating the development and early implementation of a new schools-based alcohol misuse prevention programme which comprised a classroom component, engagement with parents through a family fun evening, and a DVD. The evaluation aimed to establish the theoretical basis for the programme, explore implementation processes and acceptability, and identify plausible precursors of the intended long-term outcomes which could be used as indicators of likely effectiveness.

2. Methods

Mixed qualitative data-collection methods were used during two phases of evaluation. Phase 1 lasted from April 2008 until September 2008, the first day of implementation of the pilot programme. Phase 2 lasted from September 2008 until April 2009. Tables 1, 3 and 4 give details of methods and participants for each phase.

The first phase of the evaluation investigated how KAT had originated and developed; its relationship to existing evidence and theory; and its aims. Methods used were an analysis of thirty-two documents selected by the programme organizers and meant to provide an “audit trail” of programme development up until the start of the evaluation; a literature search; and interviews with six members of the working group who had been involved in setting up the programme, the programme organiser and his assistant, the KAT DVD producer and the organiser of the Australian PAKT programme (Table1).

The second phase comprised observation of the classroom preparation and KAT family events in two pilot schools (S1 and S2); focus groups with forty-one children; interviews with both head teachers and with teachers who delivered the classroom preparation; follow-up interviews with the programme organisers and six Working Group members; interviews with twelve parents who attended the KAT family events; and a questionnaire for parents of all 110 children who had been involved in the classroom preparation. There were two rounds of focus groups and parent interviews: the first as soon as possible after the KAT event at each school and the second three months later. The same parents and children took part at both times, apart from four children (in FG1, FG2 and FG6) who were available to attend only one focus group and one parent (M8) who was not available for a follow-up interview. Two copies of the questionnaire were posted to the homes of all children in Years 5 and 6 shortly after the KAT event at each school. Recipients were asked to pass the second questionnaire to their partner to complete or to

return the blank questionnaire. Reminder postcards were posted 1-2 weeks after the questionnaires at each school.

Most interviews were recorded and transcribed (with participants' permission) and conducted face-to-face either in the interviewees' homes (parents) or workplaces (Working Group members and school staff). Focus groups were conducted at the schools by both researchers, who took turns to act as facilitator and co-facilitator. Notes were made during observation periods in the classrooms and fun evenings and written up as soon as possible.

The evaluation was approved by the Cardiff School of Social Sciences Research Ethics Committee. All adult participants gave formal informed consent to their own or their children's participation. Children were provided with age-appropriate information and asked to sign assent forms before each focus group. Before starting the evaluation at each school, teachers were offered the opportunity to refuse consent for classroom observation, with an assurance of confidentiality if they did refuse.

Using NVivo 8, a coding framework was devised based on questions in interview schedules and documentary analysis sheets. One interview and one focus-group transcript were coded independently by each researcher and then compared, leading to some adjustments to the framework. Themes were explored in relation to different participant groups' experiences, location and timing of data collection. SPSS 16 was used to store questionnaire data and produce descriptive statistics to supplement qualitative data.

After KAT had been run at the first pilot school, an interim report was produced for the programme organisers, to inform practice at the second school. A preliminary theoretical model included in the report was approved by the organisers as a reasonable description of how KAT could be expected to achieve a reduction in alcohol misuse by young people.

3. Findings

Background to the introduction of KAT

KAT was the idea of the Substance Misuse Education and Prevention Officer for Gwent Police. He and other members of local strategic groups perceived that numerous attempts to reduce alcohol misuse by young people, for example by addressing peer pressure or by classroom-based education, had achieved little effect because they did not address the powerful influence of the home on young people's behaviour:

. . . what we felt . . . was not being addressed was the actual learning in the family home, . . . the example set by parents and the social acceptability of alcohol within the family environment, and if that is the case, we all believed that whatever else we did was a waste of time, because if parents . . . had seen it as normal, everyday practice, the children will see it as that, and if you weren't going to address those issues anything that followed is unlikely to work . . . (KAT organizer)

The police officer identified the Australian Parents, Adults Kids Together (PAKT) programme run by Life Education Victoria (Carbines et al. 2007) as one which could be adapted for use in Wales. PAKT involves primary school children preparing a range of activities to present at a 'family forum' at the school to which they invite their parents, and producing 'take home bags' packed with leaflets and other items for families to take away after the evening. A recent review of PAKT (Carbines et al. 2007) suggested changes which could enhance delivery and acceptability of the programme but did not estimate the programme's likely effects on young people's substance misuse in the long term. However, the police officer reported that PAKT attracted 40-100 parents to attend school fun evenings organised by their children, to take part in activities such as quizzes and treasure hunts with the theme of substance misuse. PAKT methods had the potential to engage parents in a school-based programme.

KAT retains the main structure of PAKT - the classroom preparation leading to the fun evening – with the addition of a specially made DVD in the ‘goody bag’ for children to take home, for families to watch together (Box 1). Both KAT and PAKT programmes are universal: that is, they target the whole (school) population, not just those considered to be at increased risk (Jones et al. 2006; McGrath et al. 2006). Both address Year 5 and 6 pupils (aged 9-11 years) and their parents, and take a harm-reduction approach. However, there were some differences. The KAT teachers’ pack supporting the classroom preparation was developed independently by a multi-agency working group. In PAKT, the children presented the fun evening and prepared the take-home bags whereas KAT fun evenings and goody bags were presented by the programme organiser. The DVD is not a feature of PAKT and KAT deals solely with alcohol, whereas PAKT includes alcohol as part of education about substance misuse in general.

Programme development: aims and objectives

KAT was originally conceived as a DVD to be used “to get information and support to the ‘hard to reach’ parents” (minutes of Working Group meeting) and to encourage them to “reconsider and moderate their drinking behaviour” (email communication). This developed into the idea that the DVD should aim to increase parents’ knowledge and awareness of alcohol issues and be viewed in conjunction with family events (minutes of Working Group meeting).

Following further research and his visit to Australia to find out more about PAKT, the programme organiser identified the long-term aim for KAT as a reduction in the number of young people who drink too much and then become involved in antisocial behaviour and crime; and the short term objective as “for parents and children to openly recognise and discuss the issues.” He no longer thought that parental behaviour change was a realistic aim: “this one programme standing alone, is not going to change people’s drinking behaviour”. (Interview July 2008)

While the overall aim of the programme was clear to KAT Working Group members, the main objective does not appear to have been plainly

communicated. At their meeting in June 2007 they agreed the following aim and objectives:

Aim:

To reduce the number of children and young people who engage in alcohol misuse.

Objectives:

1. Attitudes – To develop a more responsible attitude towards alcohol use

2. Knowledge – Raise awareness around sensible levels of alcohol use.

- Raise awareness of the effects and consequences of alcohol misuse.

- Influences of Young People to misuse alcohol.

3. Skills – How to access Local and National Services. (K12)

These do not specify whether it is the attitudes, knowledge and awareness of parents, children or both that the programme aims to influence; nor exactly how changes in attitudes, knowledge and skills would help to achieve the long-term aim of KAT. Interviews with five members of the Working Group suggest that the objectives did not capture how they expected the programme to achieve its aim. While all thought that the programme aimed to raise parents' awareness of alcohol issues, there was a range of opinion regarding other objectives and only two interviewees mentioned that KAT aimed to encourage family communication about alcohol. Nine main objectives were mentioned:

1. To raise parents' awareness of alcohol issues:
 - a. Local services
 - b. Parental responsibilities
 - c. That own drinking might be excessive
 - d. Effects of own alcohol use on children
2. To stimulate discussion about alcohol in the home
3. To change parents' drinking behaviour

4. To contribute to PHSE curriculum:
 - a. To educate children about alcohol
 - i. at primary school
 - ii. involve children in designing a presentation for parents
5. To engage parents
6. To educate the wider community about alcohol
7. To challenge attitudes
8. To encourage links between parents and schools
9. To educate parents about alcohol issues:
 - a. physical effects of alcohol

Interviewees did not discuss whether the programme was intended to encourage abstinence as opposed to “sensible” use of alcohol but the Teachers’ Pack supplied to pilot schools clarifies this:

It is not the intention of this programme to direct or encourage abstinence but to raise awareness around health, anti-social behaviour and learnt behaviour issues linked directly/indirectly with alcohol use and its misuse.

With the exception of some children who may not have fully understood the message of the programme, the evidence suggests participants understood KAT as promoting sensible drinking.

Findings at the first pilot school, subsequently confirmed by experience at the second school, suggested that family communication should be reaffirmed as the primary objective of KAT. This was justified by the data (see below) and was consistent with the social development model (Catalano and Hawkins 1996) which links family communication with children’s alcohol-related behaviour later in life. The model hypothesises that the family environment for children’s social development incorporates risk and protective factors which explain children’s later prosocial or antisocial behaviour. The model integrates principles drawn from social control theory, social learning theory and differential association theory and there is some evidence that it can

predict alcohol misuse (Guo et al. 2001; Lonczak et al. 2001). According to the model, patterns of alcohol use may be learned through interaction with parents. Interaction develops a parent-child bond which facilitates reinforcement of young people's behaviour patterns by parental sanctions or encouragement.

While many research participants may not have fully understood the programme's function in promoting family communication, their perceptions of what its objectives were constitute a guide to what processes might be necessary to achieve this objective and how they related the programme to their particular professional or family concerns.

Implementation

KAT was piloted in two schools in South East Wales during September/October 2008 (S1) and October/November 2008 (S2). Headteachers at the two schools were members of the Working Group who volunteered to run the programme. The areas served by the two schools both had larger than average proportions of young people and substantially more lone-parent households with dependent children than the national average. Percentages of children entitled to free school meals were well above the national average and attendance figures were below the national target. There were marked differences between the schools' ethos, teaching and communication cultures and the headteachers' leadership styles. The socioeconomic and geographical characteristics of the areas served by the schools were also very different.

Classroom preparation

KAT was delivered to Years 5 and 6 in both schools. In S1, children in Years 5 and 6 were taught in mixed classes (taught by T1, T2 and T3) and in S2 they were taught in two separate year-group classes (taught by T4 and T5). Total observation time in S1 was approximately 10 hours 45 minutes and in S2 it was about 5 hours 10 minutes.

At S1, a plan for the classroom preparation was written jointly by the teachers of the two mixed Year 5 and 6 classes as part of their work on a “healthy living” topic. Teaching was carried out over one week, with further time allocated afterwards so that children could finish their work before the KAT event – all together, the preparation was spread across just over three weeks. At S2, there was no evidence of a joint teaching plan. Year 5 did the classroom preparation over 3-4 weeks but no clear picture emerged of how long Year 6 spent or how intensively the programme was taught in either class.

Teachers at both schools used the pack as a framework but adapted the details. At S1 the drama/role play work was developed into two short plays for presentation at the fun evening and at S2 one of the teachers wrote a song for performance at the fun evening.

Interactive methods were used in both schools; as well as use of the internet and drama, these included whole-class discussions, group work, and working with partners. Lessons at S2 included more material about the effects of alcohol on society in general than at S1, where activities were more focused on families. Because of S1’s commitment to running the pilot, teachers had had no choice over the timing of the topic and felt they had not integrated it into teaching plans in the usual way.

Fun evenings

Fun evenings at both schools included three activities for parents and children, and short performances of plays (S1) and a song (S2) by the children. All activities were introduced and led by the programme organiser except for one at S2, which was led by a worker from the organisation running the drugs information stall. At both schools the children’s class work was on show and a stall displaying mock-ups of drugs such as marijuana, cocaine and amphetamines, together with a range of information leaflets, was manned by the head of a voluntary organisation supporting families affected by drug misuse. Prizes were given out for some activities.

Forty to fifty parents attended at each school – far above the number at most other school events. As well as parents, older and younger brothers and sisters, grandparents, aunts, cousins and friends of pupils attended. Most adult family members were women. Adult and child members of the same family, or groups of children, worked together to answer the questions, and sometimes more than one family teamed up. Most of those attending were reported to be parents who usually supported school events. Both head teachers recognised parents with ‘drink problems’ in the audience.

Questionnaire answers suggested reasons why some parents had not been there. Seventeen of 54 parents who responded had not attended. Seven said there had been no-one else to look after other children. Others had had college and work commitments and two assumed that only one parent needed to go.

Goody bags

Children were given drawstring ‘KAT’ bags containing a KAT pencil case, ruler, rubber and pack of coloured pencils; a DVD “Gone”; a catalogue from firebox.com; two leaflets about alcohol; KAT smoothie Recipe Leaflet; a laminated sheet ‘Encouraging Your Children’; and a smoothie drink. In general, parents and children were pleased with the bags and for some children, they were the best thing about KAT.

DVD

The DVD ‘Gone’ was a drama about a family where the parents drank too much at a barbecue in their garden and behaved thoughtlessly. There were scenes showing the mother pulling her top up in defiance of neighbours’ requests to make less noise, and the father giving a can of beer to his son and treating him roughly. The children ran away during the night to the family’s caravan, negotiating some dangerous situations on the way, including being swept away by a river before being washed up on a bank. When the parents woke in the morning, they felt increasingly anxious and guilty as they searched for the children. In the meantime, the caravan had been accidentally set alight and the parents arrived on the scene just after the

police and fire crews had rescued the children. A voiceover by one child at the end indicated that the parents behaved more responsibly thereafter.

At both fun evenings, the presenter talked about the DVD and urged families to go home and watch it together:

It is entertaining . . . It is also very emotional . . . I have watched it a number of times and it really does get to me. . . I'd just like you to go home and watch it as a family . . . (Notes from observation at S2)

Acceptability

Overall, KAT achieved high levels of acceptability, among pupils, parents and school staff. Pupils described having enjoyed KAT, with most comments about acceptability relating to the classroom preparation. It was described as 'fun', and different to normal school work. The pupils also reported enjoying learning about key issues relating to alcohol:

We had a good laugh. I liked learning about it, it was interesting and um... 'cause like it's good to learn about it because it encourages you to not drink alcohol...

(Focus group 3)

I like everything here 'cause we had a laugh and we learned about alcohol and your health and everything and I thought it was interesting and it gets me off my work.

(Focus group 3)

Parents enjoyed the fun evening, and thought it was delivered in a fun, engaging and non lecturing way. They did not feel alienated or that they were being 'lectured'. The evening was perceived as one where the emphasis was on delivering information to the whole group, rather than singling out individuals. For most, the evening felt informal, and the individual activities were seen as enjoyable. As one parent commented:

I just think it was a fun event, you know? You can go along to things, can't you, for smoking or whatever, and it's going to be really serious and you know, 'You mustn't do this' and 'You mustn't do that'. But it was all fun and everybody was involved and nobody sort of felt the finger pointing at them. So ... I don't think I'd change anything else about it actually. (M10)

Another felt that:

I thought it was extremely, it was a very good idea and it was very well put over the way it was put over, you know? It was very understandable and acceptable to all. It was done in social surroundings, it was a very sociable evening. Very friendly and personable evening, so like I said I think in surrounding[s] like that people tend to learn more, you know? If it was very formal people would have shied away from it. I think it was very well done and I think it would be, I think it would be very useful if it was done again. (M4)

Most parents who took part in interviews were asked if they would attend another KAT fun evening if it was held again in the future, and all participants said they would. They felt that the fun evening (and the work done by children in preparation for it) represented a good way of engaging with parents. Participants thought it was good that the KAT programme had been delivered in the school setting, and felt that such work should be provided to children at a young age:

HR: And do you think it's a good thing for children to learn about alcohol at school?

M8: Yeah, sooner rather than later.

(M8)

HR: Do you think it's a good thing for children to learn about that at school?

F1: Absolutely – the younger the better.

(F1)

Staff in both pilot schools evaluated the programme positively, and felt that the fun evening had been delivered in an appealing and non-stigmatising way. T4 and T5 (School 2) commented that no parents had been offended because the evening was 'well handled' and set up as an information evening, rather than an attempt to tell people how they should behave. They also believed that the way in which the evening was promoted as an opportunity for parents to find out what their children had been working on helped avoid a perception that the fun evening was designed to lecture parents

HR: And do you think that they [parents] took it on board in a kind of favourable way ... or ... would they, might they have taken offence at anything?

T4: I don't think they would have done, because I think in that respect it was quite well handled, wasn't it?

T5: Yeah, it wasn't a lecture.

T4: It wasn't lectured at all. It was information ... and the way that they sort of manipulated it for it to appear like ... you know – this is what the children have been learning about, you know, and I think as parents you've got the right to know all these things, it sort of ...

T5: Well, a dinner lady said to me in the afternoon, as she was clearing up, when she saw the place, she said: 'It's terrible that children have to be taught about these things' ... and I sort of gave her a smile as if to say 'Well, it's not completely just for the children.'

However, school staff and a member of the working group suggested that the programme might not have appealed to all parents who had current alcohol problems, and it was hard to generalise in terms of parental reactions to the programme. One head teacher felt that people with alcohol problems were unlikely to have been offended during the fun evening because "it was done in

a sensitive way in and I think it was done in a very matter of fact way, based on information.”

Initial impact

Communication

The KAT programme’s most significant and persistent impact on communication was the effect on family conversations about parental drinking. Many children who thought their parents drank too much alcohol reported trying to change their (parents’) behaviour. This impact was found at both schools, and was reported both immediately and three months after the fun evenings:

HR: Anyway, (17), you said you talked to your parents after the last one [focus group]. What sort of things have you talked to them about?

(17): Well, I said that um . . . well my mother gotta stop keep on drinking . . . (FG3)

(38): My mum says that we normally say ‘Don’t drink too much’ to her . . . We keep reminding her and all. Basically.

HR: Keep reminding your mum?

38: Yeah. We are always on about it. (FG7)

HR: And have you been talking to people since I last came or was that just after the evening?

M9: Yeah I sometimes have, yeah. I have spoken to a few ‘cause they’re, obviously their kids have come up and we laugh and say ‘They’re watching every time they have a drink or something’.

The children’s sense of the programme’s relevance to their parents also worked the other way: they did not think that they needed to talk to non-drinking parents about KAT.

HR: Did you talk to your Mum about it [fun evening]?

Boy: No, ‘cause my mum don’t drink. (FG1)

HR: Did any of your parents read it [laminated sheet]?

Girl: Yeah.

Girl: No.

Boy: I don't know.

Girl: My mum don't drink anyway. (FG4)

But parents who drank little or no alcohol thought KAT had been useful in bringing forward discussion about a topic which might otherwise not have come up until later on:

M8: I definitely think it's worth making them aware rather than brushing [it] under the carpet 'til they're like sort of sixteen - it's too late then isn't it sometimes?

HR: Is it something you would talk about at home with her anyway?

M8: I don't drink much to be honest. So [pause] we don't, if the topic came up then, yeah, I wouldn't like dismiss it but there's no real need for it to come up at the moment you know?

HR: So do you think the fact that she's been doing all this in school has led to you talking about it a bit more than you would have normally?

M8: Yeah.

HR: Yeah, and do you think that's a good thing?

M8: Yeah, rather than keeping it all quiet.

And in homes where parents and children already had ongoing discussions about alcohol, some parents felt that KAT had supported what they were already telling their children:

I'm glad it happened that it came about in school, 'cause (10) . . . will think 'Oh Mam's not nagging, she's right'. Sometimes it's nice for other people to tell your children the rights and wrongs. (M2)

At both schools, the fun evening acted as a catalyst for setting off conversations about what children had done in the classroom and activities during the evening. Parents and children helped each other to answer questions and children told their parents about the work on display.

WG4: It was nice to see that parents were talking during the events [...] especially when some of the answers came up off the quiz . . . “Oh, I didn’t realise that”, you know . . . (Working Group member who manned voluntary stall)

They enjoyed their parents coming in to see their work so they could re-tell it to you. I know they come home and tell you but it’s different when it’s on the boards and they’re pointing things out to you. (M1)

At S1, conversations about alcohol issues went on after the event, with one mother naming several parents who attended and saying they had stayed on afterwards having “a bit of a chat”. Children talked to their parents and grandparents about the evening, and parents talked to friends:

*Child: That night, I went down my Mam’s friends and that . . .
(. . .)*

Child: And my mum had one of the pieces of paper in her pocket [quiz sheet] and she showed her friends and she was shocked as well – at some of the answers.

JS: Yeah. So she was quite surprised then?

Child: Yeah, cause she didn’t know either. (FG2)

The stall displaying drugs and leaflets also sparked off some conversations between children and parents.

At S2, there was little conversation following on from the evening. Some children reported their parents saying they had enjoyed the evening but did not know what they had liked about it. A mother said other parents had commented directly afterwards that it was a good evening but had heard

nothing afterwards. One child's mother said it was "a waste of time" (FG4) and others had not said anything at all:

JS: And I wondered about your parents - do you think them coming to the fun evening and maybe discussing things with you, have they kind of learned things about alcohol do you think?

Girl: Don't know.

(25): I don't know because when we got back I think my mum just like sorted all the things out and then took my sister to bed. Oh I dunno what she did, whether she made tea or – I can't remember. (FG5)

Others who had discussed the evening had talked about the activities, but not the topic.

After three months, fewer participants reported the less personalised discussions about alcohol associated with participating in the fun evenings. But a few parents reported that children were remarking on things they might not have been aware of before:

I think he [son] said something about being drunk or something like that and he said he had seen someone when we were out who appeared to be rather drunk, he brought something up that he picked up then. (F1)

One mother also noticed a difference in her husband's approach to alcohol issues:

I think he talks about it more openly and it is something that we can sort of chat about now whereas before he might not have done. I think men sort of tend to deal with problems as they arise rather than sort of pre-empt what might happen, so yes, it's good from that point of view (M10)

The DVD was quite effective in extending the influence of the programme beyond the school-based components. Some children had been keen to watch it and wanted others to join them:

(41) I make my brother and sister watch it.

HR: You make your brother and sister watch it? Why?

(41): Because they are like, 'Oh, it's only a load of rubbish mun' and I'm like 'Watch it, you'll see'. (FG1)

M11: We came home and (32) wanted to watch it straight away and I was like 'No we won't watch it tonight . . .'

HR: So what made you finally decide to watch it?

M11: Nagging I think.

One mother said her daughter had arranged for her and her friends to watch the DVD together. Children at S1 talked to family and friends about what happened in the DVD, how alcohol could affect people, or just whether they had enjoyed it or not. One mother had told her daughter to take it to her grandmother to show her.

Children at S2 had discussed the DVD amongst themselves so some who had not watched it knew something about it:

JS: What else do you think it was about?

(34) I don't know but (31) told me something about how the light fell off the bedside table and it made a fire.

JS: So you haven't watched it then?

(34) No I haven't watched it, I just know stuff that she has told me.

(FG6).

Children at S2 did not report much conversation at home following on from the DVD. However one mother said it had opened up discussion “. . . about why the children had run away, why were they not staying, why were the mum and dad arguing . . . why do they drink like that in the first place . . .” (Mother, S2).

And all questionnaire respondents who had watched the DVD, from S2 as well as S1, said they had talked about it afterwards.

At both schools, a few parents reported talking to other parents about KAT and this could have been because many did not have any contact with each other:

I haven't really spoken much to people about it because . . . I haven't seen people since really. And . . . I don't have much to do with the school these days so I can't really say. (M4)

The laminated sheet 'Encouraging your children' and leaflets taken home by the children were less effective than the DVD in promoting communication. It seemed that the leaflets, if they had been read, were noted or passed on without discussion. The laminated sheet affected some families in S1, where some children in one focus group said their parents had started listening to them more after reading it. However there was no evidence of such an impact at S2.

The classroom preparation was clearly effective in promoting communication about alcohol issues amongst members of the class but outside the classroom, its effect was minimal, and until the work had culminated in the fun evening, few children said much at home about it:

HR: Before you went up the school did you know that [your son] was doing work about alcohol in class?

M5: Not until about ten minutes before we was due to leave.

Children at one focus group wanted their work to be a surprise for their parents at the fun evening and deliberately "*kept it quiet*" (FG7). But some parents said their children did not usually talk much about what happened at school and one was not sure that she was getting a full account:

. . . they tell you what they're doing or they don't tell you what they're doing – it's nice to actually see them doing it and working on it. I think they tell you what they want sometimes. (Mother, S2)

For some families, the invitations made by the children prompted questions about what the children had been doing and what was going to happen at the fun evening. Most children were very keen to go, to show off their work, to see what it was like and to enjoy the refreshments and entertainment. Many put pressure on their parents to attend:

If they [parents] didn't have the invitation and they didn't want to come, I would have forced them. (Child FG1)

JS: What can you remember about the fun evening?

(33): I was the first one to get there because I was begging my mum to go. (FG6)

I went along because [child] was saying 'We're having this evening [at school], you've got to come Mam'. Otherwise I might not have gone because personally I wouldn't have felt I needed to be aware of alcohol because I'm very aware of it. (M4)

Knowledge

Most of the data concerning impact on knowledge came from interviews with parents and focus groups with children. These explored not only what messages parents and pupils had received during KAT, but also whether they had acquired new knowledge, as opposed to reinforcement of existing knowledge.

Most of the children who took part in focus groups described having gained new knowledge on the subject of alcohol as a result of their involvement with the KAT programme. There were others who said that they already knew most of the information they had been taught, but had still enjoyed KAT. The children had gained new knowledge about alcohol in two main areas. The

first was the legal framework surrounding alcohol, and key government guidelines on safe consumption. This included minimum ages at which children could drink alcohol in different contexts (e.g. with a meal), the definition of a unit of alcohol, and the recommended maximum number of weekly units that adults could safely consume. Secondly, they had learnt about the effects of alcohol, not only in terms of physical impacts upon the body, but also how alcohol consumption affected individuals' behaviour, and its wider consequences. This included how individuals' alcohol consumption could affect themselves and others:

Girl: I thought it was just like a drink you can have but you can't have...but now I know a lot more about it

Girl: And you learn a lot more about what happens to you when you drink it

Girl: You know some of it but you definitely know more what can happen to you and how it works, how alcohol is

Girl: I now understand what it can do to you if you have too much.

Girl: Yeah

HR: And had you not thought about that much before the KAT programme?

Together: No, not really

Girl: I just thought it was like...

Boy: A drink

Together: A drink, yeah.

(FG4)

The rules on, and the consequences of, drinking and driving were a key example of the knowledge acquired by the children. Much of the knowledge which the children reported was anchored within descriptions of the particular activities they had undertaken, such as drama performances, or creating posters.

The majority of children believed that their parents had acquired new knowledge as a result of attending the fun evening, and this was mainly

conceptualised around their individual drinking practices and awareness of the impacts of alcohol, rather than in terms of broader parental practice or supervision:

My Mum found out a lot about it and she knows all about it now and thought it was a really good evening.

(FG1)

JS: So did you teach your parents things that they didn't know before?

Girl: Yeah.

Boy: Yeah.

Girl: My Mam didn't know how many units.

JS: Right.

Girl: She did know roughly but not...like she didn't think that it would have been that less.

JS: Right, OK, so it's about some of the health things around alcohol, OK?

Girl: Yeah

JS: Anything else they learned, do you think?

Int: How it can affect them and...

(FG2)

However, some children also felt that the fun evening had been a way of preparing parents for what they should do in the future if their son/daughter started to drink:

JS: Why should parents know more about alcohol, do you think?

Girl: For when we grow up.

JS: Right.

Girl: And how to cope

Girl: Yeah, how to cope if we start drinking loads.

JS:: OK...so how, what to do if your children start drinking then...OK, so for when you grow up...how would it be important for when you grow up?

Girl: 'Cause if we ... drink, the parents will have to ... look after us and all.

(FG5)

There was a perception that parents had been surprised by many of the answers to the questions during the fun evening quizzes, and that it had been educational for them:

I think some of the parents ... were shocked because like they thought that they knew the answers to one of the questions but some of them were wrong.

(FG2)

Knowledge at the fun evening was based largely on what had been learnt in the classroom preparation, and some of the children felt that they had been teaching their parents new information:

INT: I thought it was really good because we found out a lot about alcohol.

INT: And it's like teaching parents more about it, and it was really good teaching the parents about it.

(FG1)

Four parents described how their children had gained new knowledge as a result of their involvement in KAT. It was suggested that children had developed a greater awareness of the impact which alcohol could have, and that it was 'more than a drink':

He seems to have more of a grasp of the impact of alcohol.

(F1)

M1: Well just things from the quiz I remembered. It's ignorance really isn't it - people don't perhaps people don't bother to find out because they know the effects of it or rather they don't want to know the effects of it. Because they do it, so ignorance is bliss. But um, you know, how many units does men and women have and it's quite a big difference isn't it, and you see men and women drinking the same when they go out. I remember [my daughter] really enjoyed it.

HR: Did she?

M1: Yeah, and she goes round stating the facts to everybody now [laughs]

HR: So she still does that does she?

M1: Yeah, she does. Yeah. Not all the time but if she'll go round somebody's house and she'll open the fridge and they'll have a bottle in there she'll tell them, cause she knows about...

HR: And would she have done that before?

M1: No, no she wouldn't. She didn't really know anything before, before that night.

The impact of KAT on parental knowledge was discussed in nine of the twelve interviews conducted with parents (eight mothers and a father). In five of these interviews parents described having acquired new knowledge about alcohol, whilst two interviewees had gained new knowledge about illegal drugs from the display stand at the fun evening. Four of the parents believed that their children had gained new knowledge about alcohol as a result of being involved in KAT.

Most new parental knowledge related to the effects of alcohol (such as time taken for alcohol to pass through the body), the law on minimum ages of consumption, recommended maximum safe consumption levels, and statistics on the number of young people treated in hospital for alcohol-related injury/illness. One parent admitted she had probably driven the morning after with excess alcohol in her system, and would not do this again:

M1: I was quite surprised at ... how long your body takes to process one unit of alcohol and how long that actually stays in your system.

HR: And you still remember that from that night do you?

M1: Yeah, because it sticks in my mind because I think I've probably driven the next morning with my children in the car, still over the limit without realising it. But that bothered me personally, so that stuck in my mind.

HR: So it's made you think more about it than you would have normally has it?

M8: Yeah I wouldn't have thought there would be that many people, you know, younger children drinking.

HR: So you feel as if you've learned something?

M8: Yeah, so it's opened your eyes, so it's good.

Most of the knowledge acquired by parents appeared to derive from the fun evening, particularly the quizzes and the commentary provided by the compere. Several parents also neatly captured the way in which the children involved in KAT had been both recipients of knowledge, but had also shared this learning with their parents:

HR: And what did you think of the quiz that they held?

M3: Very good, pretty good [...] with the quiz and the treasure hunt etc. it was all, type of things to make you think, you know? I know the people on the same tables were thinking 'Mmm, I don't know, I haven't got a clue about this'. And it made sure that you did have a clue after leaving. I knew a lot of the answers because my daughter had told me.

HR: What, she'd talked about what she was doing in school had she?

M3: Yes, and how many units of alcohol you're allowed and um, all the different things, so like I said she has been quite well informed.

Two parents described having learnt new things about drugs having looked at the display stand which was present at the fun evening.

Teachers 1 and 2 felt that the fun evening 'summed up' the work that had been done in class, and that the children were keen to show off their knowledge to their parents, and that parents had learnt from their children. They were impressed at how much the children had remembered, and pointed out that much of their knowledge had come from their own research in class, rather than simply being told key facts and figures.

Attitudes

In general there was little evidence that involvement in KAT (as a whole or its constituent components) had led to changes in the children's attitudes. Participants in the focus groups discussed their attitudes towards alcohol, but it was not clear whether these pre-dated KAT, or had been created or modified by it. This contrasted with the data on knowledge acquisition where it could be clearly seen that the children had gained new ideas and information from their involvement in the programme.

Overall the children held critical attitudes towards alcohol and the effects which its consumption might lead to. Some views expressed were generalised statements about the negative effects of alcohol consumption. But at other points the children focused specifically on the idea of limits to safe or acceptable drinking levels/frequency:

Girl: Well, you can have an alcohol every now and again

HR: Yeah

Girl: Like for special occasions like a birthday...I dunno, Christmas

Girl: Like somebody has got a new job or something.

HR: Mm

Girl: Congratulations party

Boy: Or a welcome back party.

Girl: It is OK to have it on celebrations because it means you are really, really happy.

(FG4)

Contrasting ideas were also expressed about the acceptability and safety of the children themselves drinking. The children talked about the importance of them not drinking, and the negative consequences which might follow:

JS: What kind of things should parents do if their children drink, do you think?

Girl: Tell them the consequences.

JS: Right, uh-huh ... and what do you think are the consequences of children drinking?

Boy: They die much easier.

Girl: Die earlier.

28: They get ill quickly.

(FG5)

However, some participants also felt there were circumstances in which it would be acceptable for them to drink small amounts of alcohol:

HR: So, do you think that that's a good thing, that you have a little drop of wine at Christmas?

Girl: It's better if you don't have any at our age, but, you can have a sip.

(FG1)

In some focus groups the children also described enjoying consuming alcohol (or drinks containing alcohol) such as shandy and wine:

Girl: Yeah, lager shandy...

Girl: Yeah, I love that

Girl: ...but I do put loads of pop in it so in't too much of that stuff in...beer

Boy: *When I go to Charlie Chalk's [a restaurant] I always have a shandy...I'm like I'm falling on the floor, I'm all dizzy I am*

HR: *When you are having a shandy?*

Boy: *Yeah, when I have drunk all of it, I'm all dizzy*

Girl: *Miss, coz when I had mine they said that it was real beer...*

HR: *Mm*

Girl: *...and I drunk it but my cousin went, "Oh, that tastes horrible",*

HR: *But you liked it did you, the shandy?*

Girl: *(quietly) I love shandy*

HR: *So, doing the programme hasn't made you think about having a shandy? You still have a shandy?*

Girl: *I've had a shandy, but more pop in it*

HR: *More pop in it?*

Girl: *Yeah*

Boy: *If you put a shandy in here I wouldn't take it, 'cause it's a school*

HR: *Right, so you wouldn't drink....*

Boy: *I'd have some Fanta, I don't mind that*

Girl: *Miss, I do have wine and it's lush*

HR: *Oh right*

Boy: *You've tried wine have you?*

Boy: *I haven't tried anything*

Girl: *And I do have cranberry juice with wine, like it's cranberry juice with wine or this lager or something like that and it's lush*

(FG3)

36: *I'm never going to drink ...*

Girl: *[Teenagers don't understand] that alcohol can do bad things to you.*

36: *... well I may drink a tiny bit of alcohol.*

?: A glass of wine isn't that bad.

?: Mmm.

?: Not three bottles.

(FG7)

These thoughts perhaps reflect the complexities of what we mean by alcohol consumption, which ranges from the odd sip of wine in the home environment; regular drinking sanctioned by parents, through to unsupervised and unauthorised drinking. The children's comments also highlight the different kinds of alcohol that they encountered, which varied in strength and acceptability. It is also interesting to note that one of the boys identified that the acceptability or appropriateness of drinking alcohol differed between spaces, and that the kind of behaviour which he engaged in at school could be different to that in other contexts.

The other main theme to emerge from the data concerned the children's thoughts about how different social groups and their attitudes towards and consumption of alcohol. Teenagers were seen as one group who tended to drink excessively or were responsible for anti-social behaviour as a result of their alcohol consumption. In one focus group the children also talked about the way in which men tended to drink more than women.

There was little evidence that KAT had caused parents to change or adopt new attitudes towards alcohol. Most parents who were concerned about the dangers of alcohol and the use of alcohol by their children held pre-existing concerns or attitudes. The programme may have reinforced or validated their concerns, but it had not produced a shift in their thinking. One mother suggested that the fun evening had had no effect on her husband. Two parents believed that KAT had produced changes in their children's attitudes. M4 stated that as a result of being involved in the programme her daughter had become 'anti drugs and alcohol'. M5 believed that her children "[have] got the main sort of like drift of it with drinking responsibly when you get to a certain age." One mother (M10) suggested that as a result of their

involvement in KAT her family had begun to talk more openly about the issues surrounding alcohol.

Awareness

Determining before-after changes in levels of awareness among the children proved challenging, but there was clear evidence that some participants had deepened their understanding of some of the issues relating to alcohol as a result of taking part in KAT. For instance, they described how they realised that alcohol was not 'just a drink' but could produce certain effects on the human body. They also felt that they had a better understanding of the dangers of drink driving, and the consequences it could have. Some children described how KAT had made them think about issues around alcohol they had not considered before:

HR: Do you think you would have thought about it so much if you hadn't done the KAT Programme, do you think that is something you would have been aware of anyway?

?Yeah

?No

?Not really

(36): If I hadn't of done the KAT Programme I wouldn't have known anything

Girl: I wouldn't have known anything

(37): I think I would have knew

HR: You think you would have, (37)?

(37): I think I would have because um there is a lot of adverts on about it as well isn't there? (FG7)

There was evidence that KAT had raised parental awareness of key facts around alcohol (e.g. maximum recommended consumption limits) and that they had been prompted to think about new issues:

What do I remember? The quiz, um the quizzes that asked us questions and they made us very aware of what we didn't know

[laughs]. Um, oh, um, the drugs that were on show. Well I've never been involved in drugs so that was quite an eye opener. Um, er, what else do I remember? That's it really, it made me more aware of what I didn't know, to be honest. (M4)

For some parents it prompted them to think about their own drinking practices, particularly how drinking alcohol in front of their children could influence them. A number of parents also felt that the programme had increased their children's awareness of the issues surrounding alcohol. School staff (in both schools) believed that KAT had increased parents' and pupils' awareness of some of the main issues relating to alcohol consumption and misuse. Pupils were thought to understand the effects of drunkenness on individuals as well as those around them. Staff in S2 felt that parents had become more aware of the importance of their own behaviour in relation to alcohol, and how it might be copied by their children. One of the head teachers said that the fun evening had raised parental awareness of what the school and pupils were doing, and what the children knew about alcohol. The other head teacher described how the fun evening had raised awareness among parents and children about the problem of alcohol misuse, and had made them think about things they hadn't previously considered – such as the numbers of units they could safely drink.

Intention

Evidence from participants suggests that KAT had only a small effect on intentions regarding future behaviour. Intentions were mentioned by children at three focus groups and by parents during four interviews. Half the references related to children's future drinking behaviour, e.g.:

(36) I'm never going to drink . . . well I may drink a tiny bit of alcohol .

. .

?: A glass of wine isn't that bad.

? Mmm.

? Not three bottles.

Boy: I'm not going to drink three bottles like my next-door neighbour.

Girl: I'm not gonna drink.

HR: No.

(38): I might drink if I like it but I don't really like it at this age . . .

(FG7)

One mother viewed her children's intentions with some scepticism:

A couple of times they've come up and said 'We're never having a drink'. I said 'Well no you will'. I said 'Your teenage years are coming up . . . and you will experiment and you will get ill a few times and you've got to understand that there's a limit and where to draw the line'
(M9)

And one child also understood that her own views might change later in life:

HR: What do you think you'll be like when you're old enough to drink alcohol?

(...)

Child: It's hard to say because sometimes when you're little you say 'Oh I won't do this and I won't do that', and then when you're older then you end up doing this and you end up doing that. But I think that I might drink alcohol when I'm old enough but I don't think I'm gonna get drunk or anything or drink that much when I'm older, no. (M3's daughter, present during interview with M3)

Three people talked about parental intentions to use alcohol more cautiously. One child (FG1) reported that her mother had talked about drinking less on nights out. A mother (M1) recalled that a child in the DVD had said to her mother 'Your breath smells of wine' and realised that her daughter had said exactly the same thing to her. So she had decided not to have a drink in future until after the children had gone to bed. Another interviewee said that the fun evening at S2 had affected her husband:

M11: We went down there and he was like, 'Oh God, you know, cut down on this and that'.

HR: Did he?

M11: He did actually, yes. I mean we both have got stressy jobs I suppose and it is quite easy to come home and just pour yourself a glass of wine instead of having a cup of tea.

The programme also affected intentions unrelated to alcohol. A child reported that having the smoothie drink in the goody bag had prompted her mother to say they were going to eat healthily (FG1), and a mother said her children had told her they would never run away from home after watching the DVD (M1).

Behaviour

While KAT originated in concern about the number of young people misusing alcohol, many focus-group discussions revealed children's concern about adult drinking behaviour and that they thought one of the good things about KAT was its potential to reduce the number of adults misusing alcohol. Some children at both schools reported that parents' behaviour had changed as a result of KAT:

HR: What did you all think about that [fun evening]?

Girl: I thought it was good.

HR: Why did you think it was good, what was good about it?

Girl: Cause my mum, no, my father has stopped drinking that much now and my mum has. (FG1)

Child: My dad used to drink a bit, he used to have a couple of cans a night, but he only has like two now, or something like that.

(. . .)

JS: And is that since the fun evening or is that before?

Child: Since. (FG2)

Girl: I think my mam acts more responsibly around alcohol.

HR: How do you mean?

Girl: Well . . . like, if she buys some alcohol and we are with her in the house and that and we go to bed . . . we wake up in the morning and only like a quarter of a bottle will be gone. (FG3)

The effect was not confined to parents, or to those who had attended the fun evening:

My nan don't drink as much as she did. (FG2)

My Grampa goes down the pub and he always comes up drunk, and I told him all about the evening, just me and him in the bedroom, and he said, he's cut down on drinking because he knows what alcohol can do to you, cause he's 80 next year it can do a lot of badness to him because he's turning an old age, so he learned a lot what I told him. (FG1)

There was also evidence of impact on adult behaviour three months after programme delivery:

Girl: I talked to my grandpa about it too, 'cause he goes down the pub every Monday and Friday to have a pint of beer, but I told him about it and now he's cutting down on alcohol.

HR: I think you talked about that before, as well, didn't you?

Girl: Yeah, in the other one.

HR: Yeah. And he's carried on, has he?

Girl: Yeah, he's still drinking but he ain't drinking so much . . . (FG1)

(35): My mum used to drink quite often then but now she only drinks a little bit.

Girl: What, from doing the thingy?

(35): Yeah.

HR: Is that because of the KAT work at the school?

(35): Yeah. (FG7)

Evidence of behaviour change also came from parents. One mother (M1) said during the first and second interviews that since learning about how long it took for blood alcohol levels to fall, she had been much more careful about driving the car after going out for a drink. A second mother (M11) felt that KAT had had a lasting effect on her and the DVD had played a part in this:

Because it does frighten me, especially with the DVD when you think you know that you have gone to bed and the kids are, you know . . . I have cut down with my drinking.

The laminated sheet 'Encouraging your children' had also affected some parents' behaviour and it was interesting that this child interpreted "listening" to mean listening to his concerns about the amount they were drinking:

HR: And (4), what do you think, have your parents been listening to you more since they read it?

(4): Yeah, they, they drank less at night now.

HR: And do they listen to you?

(4): Yeah.

HR: Did they do that before?

(4): No. (FG1)

But not all parents had responded, and one pupil described how "They still don't listen to me." Another pupil's poster about drink driving expressed a personal concern:

(2) My step dad, my step dad does it a lot.

HR: And did he come to the Alcohol Awareness Evening?

(2): Yes.

HR: Did it make him any . . . think any differently about it?

(2): No. (FG1)

Three months later (at the second focus group for FG1) this child reported that “My Mum thought it was good but my step dad doesn’t even like take no notice of it and he just carries on drinking.”

Straight after the fun evening, changes in drinking behaviour were discussed by children in all focus groups at S1. Six children talked about favourable changes which they perceived to have resulted from KAT and two reported no change. Three months later, four children reported favourable changes and three said there had been no change in undesirable behaviour. Parents’ drinking behaviour was discussed again at all the focus groups in S1, and also by one group (FG7) at S2. Two mothers talked about behaviour change during the first interviews, and four during the second. Two mothers reported that they themselves had become more sensible about alcohol use (one from S1 (both interviews), one from S2), and the others that there had been no effect on immoderate drinking (two from S1, one from S2).

Children in one focus group also talked about their own experience of different types of alcoholic drinks and one pupil said she had changed her behaviour by diluting the alcohol strength of the shandy she drunk. However, other children in the same group did not seem to have reflected on their own alcohol consumption or experienced any increased parental limitations.

4. Discussion

The findings from our exploratory evaluation of KAT suggest that it has considerable promise as an alcohol misuse prevention intervention, primarily through its impact on knowledge and communication processes within the family. It is a programme which seeks to harness and strengthen protective factors within the family setting (and to some extent within wider familial and social networks). Drawing on the Social Development Model to understand the processes set in motion by the programme, it can be seen that KAT opens up opportunities for parents and young people to talk about issues relating to alcohol, and provides a way in which they can jointly participate in pro-social activities. Through these interactions parents can reinforce and reward pro-social behaviour in relation to alcohol consumption. These processes of pro-social socialisation may lead to bonding between parents and their children, which make it more likely that children take on the beliefs and norms of their parents (Catalano and Hawkins 1996).

Our findings indicate that an important part of the communication between parents and young people which the programme stimulated was concerned with children's concerns over their parents' drinking. The programme thus appears to work through promoting knowledge and awareness (both for parents and young people) and setting in train communication within families that encourages pro-social behaviour and attitudes towards alcohol consumption. It works simultaneously on a number of different levels, both in terms of the norms/beliefs held by parents and children, and also the way in which these norms/beliefs are communicated within families. KAT taps into existing networks and relationships, and has the potential to reach beyond parent-child relationships to wider networks of families and friends. The finding that parents reported changes in behaviour in relation to alcohol consumption is notable and surprising. Most children who participated in the research described positive experiences of discussing the issues raised by KAT with their family. Future implementation of KAT (and research evaluation) should examine in more detail the needs of children whose

attempts to discuss the issues raised by KAT (particularly around parental drinking) are either rejected by their parents, or receive a negative response.

KAT is well timed in terms of the age development of alcohol-related behaviour among young people. Previous research has demonstrated that young people typically begin to experiment with alcohol and other substances in early adolescence (Spoth, et al. 1999, 2005) and that the developmental timing of interventions is important. KAT engages with children aged 9-11 before large numbers may have begun to drink (or drink regularly). Shortt et al. (2007) report in their evaluation of a programme aiming to reduce alcohol use among young people by modifying family factors that "Considerable alcohol use was detected in early secondary school, suggesting that interventions to reduce alcohol use may be usefully implemented prior to this period." (p625) Similarly, the recent evaluation of the Blueprint Drugs Education Programme argues that "This type of initiative could benefit from being implemented earlier; research suggests that most children who take drugs start to experiment from the age of 11, and the introduction of drug education programmes in primary school could pre-empt this stage in their development." (Blueprint Evaluation Team, 2009: 4) Targeting the KAT programme at primary school children is also appropriate because at this age parents are still a primary and important point of attachment. Once young people begin secondary school years, peer networks and influences become increasingly important (Cleveland, et al. 2008). KAT thus seeks to strengthen bonds between parents and children which promote pro-social behaviour in relation to alcohol whilst the family is a key socialisation influence and before young people begin to drink or drink regularly.

KAT was found to be acceptable and enjoyable to school staff, parents and young people. As a universal programme KAT engaged successfully with a large number of parents and was able to communicate messages around alcohol and parenting in a way in which did not stigmatise any significant number of individuals. The fun evening succeeded in attracting a high number of parents into a school-based alcohol misuse prevention event, and

levels of attendance were far higher than for other activities held in school to which they are typically invited. What seems interesting is that the KAT programme scored high levels of acceptability partly because its aims and target audience were open to multiple interpretations by different groups. Some participants saw the fun evening primarily as an education event for children, for instance, whilst others viewed it as mainly providing information for parents. Inviting parents into schools to find out about the work that their children were doing created an environment in which messages about alcohol could be communicated to parents in a non-threatening way. KAT was able to communicate messages to parents in an indirect way, either by presenting the information as something that the children were learning about, or constructing the fun evening as an event where parents came to find out what their children had been doing.

However, the research was not able to explore the in-depth experiences of those parents who did not take part in KAT. Future research should explore the reach of the programme, and whether particular groups of families engage with it. Whilst some parents could not attend the fun evening due to work related or child-care commitments, there may have been other individuals who did not feel comfortable in participating in the event. There was evidence that KAT had reached some families who had experience of alcohol misuse issues, and that they had found it helpful. This suggests that as a universal intervention KAT may be able to reach families with potentially differing needs in a non-stigmatising way, and that different families may use it in contrasting ways. However, further research will be needed to explore to what extent these conclusions are supported, and also examine if KAT should have the explicit aim of reaching families with problems/support needs in relation to alcohol, or whether it is intended as a primary prevention intervention for general school populations. It is also important to note that participation (both in relation to the programme and the research) was higher among mothers than fathers. Overall, however, KAT succeeded in drawing large numbers of parents into a school-based alcohol misuse prevention programme. The fact that KAT has achieved both high levels of acceptability and promising results in terms of short term communication processes is significant.

A key aspect of the programme's short term success (both in relation to impact and acceptability) appears to be linked to the way in which the different components of KAT fit together. A school-based component builds towards a family fun evening, meaning that children are keen to attend and then encourage their parents to attend. And much of the learning is constructed as the sharing of knowledge between parents and their children. The fun evening and classroom work can then be discussed in the home setting (and with other family members) with the DVD (and to a lesser extent the Goody Bag) forming an important aspect of this ongoing discussion. In this way KAT should be seen as a 'complex intervention', with the overall outcomes derived from the interaction of its different components.

Further research is needed to refine and develop the theoretical model of how the programme works, whether short term changes in knowledge, communication and behaviour are sustained over the longer term, and how these processes might reduce alcohol misuse. Whilst the programme displayed an ability to achieve similar results in two schools where the approach taken to the classroom work differed, more research is needed to understand both if our theoretical model of how the programme works holds true, and the extent to which it works in different school contexts. A planned exploratory trial will undertake this work, and examine the longer term impacts of the programme.

Key implications for practice and research

Five key findings can be drawn from the early implementation of KAT:

1. The programme has demonstrated promise as an alcohol misuse prevention intervention through its short term impact on knowledge acquisition and pro-social communication with family networks
2. The interaction between the programme's core components (classroom activities, family fun evening and the programme DVD/goody bag) appears to have been integral to the impact on knowledge acquisition

and communication processes that occurred within participating families

3. The timing of KAT (its delivery to children In primary school Years 5 and 6) is appropriate both because it precedes the onset of drinking (or regular drinking), and because it engages families whilst they are still a key attachment and influence in young people's lives
4. KAT achieved high levels of engagement and acceptability among parents, and this included some families with problems/support needs in relation to alcohol
5. Engagement levels among parents were higher among mothers than fathers. The research was not able to explore the in-depth experiences of those parents/carers who did not or could not attend the KAT fun evening

The following five recommendations are made for the future development and evaluation of KAT:

1. Further research is needed to refine and develop the theoretical model of how KAT works, whether short term changes in knowledge, communication and behaviour are sustained over the longer term, and how these processes might reduce alcohol misuse
2. KAT needs to be delivered and evaluated in different school contexts to further test its underpinning model, and explore the acceptability and local adaptation of the programme within these settings
3. Future research needs to explore in more detail the reach of the programme (including the engagement of fathers), examine what barriers to attendance might exist and put in place strategies to minimise them
4. Future stages of implementation should clarify if KAT specifically aims to reach families with problems/support needs in relation to alcohol, or whether it is intended as a primary prevention intervention for general school populations

5. It is important to address the support needs of children whose attempts to discuss issues raised by KAT (particularly around parental drinking) are rejected or not received positively by their parents

Classroom preparation for children aged 9-11 (Years 5 and 6)

A fun evening for children and their families

A “goody bag” containing a specially produced DVD and other items

Box 1: KAT components

1. Questionnaire

Aim: To establish children's baseline knowledge of alcohol and its misuse.

2. (Literacy/PSE)

Aim: Alcohol (effects and consequences) theme linked to teaching pupils useful skills in collecting data

Learning objective: To focus on alcohol and its effects and consequences

3. (Literacy/Art/PSE)

Aim: Alcohol (effects and consequences) theme linked to teaching pupils skills in art and design

Learning objectives:

- To design an alcohol information poster
- To design a poster advertising KAT Family Event)
- To design an invitation (inviting parents/carers to the KAT Family Event)
- To focus on alcohol and its effects and consequences

4. (Drama/Role-play)

Aim: To raise awareness of the effects of alcohol within families

Learning objectives:

- To raise awareness of the effects of alcohol use in family situations and how this might affect children
- To enhance participants' reflection on these issues and their attitudes and values related to their alcohol use and how this impacts on their families and the wider community.

Box 2: Aims and learning objectives of KAT classroom preparation stated in the Teachers' Pack

**Table 1: KAT Working Group, PAKT organiser and KAT DVD producer:
Dates of interviews and backgrounds of participants**

Date of first interview (Phase 1)	Date of second interview (Phase 2)	Background of interviewee(s) (WG1-WG6)
1/7/08	-	PAKT organiser
2/7/08	12/12/08	Working Group members: Local Authority Substance Misuse Education and NPHS (joint interviews with 2 interviewees)
4/7/08	6/1/09	Working Group member: Community Arts Development
22/7/08	11/12/08	Working Group member: Police
23/7/08	21/1/09	KAT organiser and assistant (joint interviews with 2 interviewees)
24/7/08	12/12/08	Working Group member: Voluntary organisation
3/9/08	16/12/08	Working Group member: National Public Health Service
4/9/08	-	DVD producer

Table 2: Have you watched the DVD? Answers from parents of children at S1 and S2 who had received a DVD

Answers	School		Total
	S1	S2	
Yes, all of it	6	3	9
Yes, but not all of it	2	3	5
No	1	12	13
Total	9	18	27

Table 3: Phase 2: Data collection at first pilot school (S1)

Method	Dates	Participants	Approximate duration	
Classroom observation	29/9/08 to 21/10/08	Year 5 and 6 classes (54 children)	10-11 hours	
Fun evening observation	22/10/08	Pupils and families, school staff, KAT organizers	2 hours	
Staff interviews	24/10/08	Head teacher (H1)	20 minutes	
		Year 5 and 6 teachers (T1 and T2 - joint interview)	40 minutes	
Focus groups	7/11/08 and 13/2/09		First	Follow-up
		FG1 (6 children in first group, 7 children at follow-up)	30 minutes	50 minutes
		FG2 (7 children in first group, 5 children at follow-up)	50 minutes	50 minutes
		FG3 (6		40 minutes

		children at both times)	40 minutes	
Parent interviews	28/10/08 to 4/11/08 (first time); and 28/1/09 to 12/2/09 (follow-up)	6 mothers (M1- M6)	10-35 minutes each	10-20 minutes each
Parent questionnaires	Week beginning 3/11/08	54 households	(17 completed and returned from 12 households)	

Table 4: Phase 2: Data collection at second pilot school (S2)

Method	Dates	Participants	Approximate duration	
Classroom observation	12/11/08 to 25/11/08	Year 5 and 6 classes (56 children)	5 hours	
Fun evening observation	26/11/08	Pupils and families, school staff, KAT organizers	2 hours	
Staff interviews	28/11/08	Head teacher (H2)	40 minutes	
		Year 5 and 6 teachers (T4 and T5 – joint interview)	30 minutes	
Focus groups 8&9/12/08 and 31/3/09&1/4/09			First	Follow-up
		FG4 (5 children at both times)	35 minutes	50 minutes
		FG5 (5 children at both times)	40 minutes	1 hour
		FG6 (5 children in first group, 4 children at follow-up)	1 hour	50 minutes
		FG7 (6 children at both times)	1 hour	1 hour
Parent	15/12/08 to	5 mothers	10-25	10-20

interviews	19/12/08 (first time); and 19/3/09 to 6/4/09 (follow-up)	and 1 father (first time); 4 mothers and 1 father (follow-up)	minutes each	minutes each
Parent questionnaire	Week beginning 1/12/08	56 households	(21 completed and returned from 15 households)	

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