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The Alcohol Education Trust – ‘talk about alcohol’ programme for 11-18 year olds, parents and teachers

When we first wrote about The Alcohol Education Trust’s highly evaluated programme ‘talk about alcohol’ in 2015 (<https://sheu.org.uk/sheux/EH/eh331hc.pdf>), the landscape was quite different for PSHE and alcohol education. We now know that PSHE will be a must teach by September 2020 with alcohol education becoming a formal part of Health Education. This guidance will be further reinforced by new NICE guidelines on alcohol education in schools (currently out for consultation) providing a recommended framework of a whole school universal approach, incorporating social norms and avoiding scare tactics or highlighting extremes of behaviour. This is to be welcomed and we look forward to supporting schools who may not be as well prepared with our free training and resources.

Our vision here at the Alcohol Education Trust remains that young people should enter adulthood having a responsible understanding of alcohol. We seek this by equipping young people with the knowledge and skills they need to make sensible and informed choices around alcohol.

Our goals are to raise the age of onset for youth drinking from the current age of first whole alcoholic drink at age 13, to reduce drinking to drunkenness and its associated harms, and thereby, to reduce the amount of alcohol related illnesses and harm in adulthood.

The mission of the Alcohol Education Trust (AET) is to ensure that teachers, parents/carers and young people up to the age of 18 are supported directly via schools and in alternative settings such as Pupil Referral Units, youth and sports clubs with evaluated highly engaging alcohol education resources.

Our interactive programme ‘talk about alcohol’ has tailored approaches for different age groups, abilities, experience and learning needs as well as by topic in print, online via www.alcoholeducationtrust.org with a dedicated website www.talkaboutalcohol.com full of games and activities, including a virtual nightclub for young people to find out about alcohol and the law, units and guidelines and to explore information via quizzes, short films and games.

Many preventative approaches focus on negative behaviour and scare tactics, are top-down and do not assess knowledge, perceptions or attitudes before teaching. In ‘talk about alcohol’, group participation, games and role play as well as self-guided exploration of our learning zone www.talkaboutalcohol.com encourage young people to share their experiences, worries and attitudes to alcohol, resulting in mature dialogue. A social norms approach also highlights that, among young people, trends and behaviours are improving for all risk-taking, including alcohol consumption.

By intervening at the tipping point before alcohol consumption begins (age 13.5 is the average age of first whole drink in England and Scotland), students are equipped with resilience skills, can develop strategies to avoid and manage risky situations and develop behaviour that encourages positive decisions and choices, for them and their community through its three pillars of:

- Training and equipping teachers effectively in alcohol education;
- Ensuring parents are engaged via schools to be good role models and to set boundaries
- Engaging young people with role play, film clips, information and interactive resources,

and so equipping them with the resilience and skills to make informed safer choices.

The AET looks to the wider community and work with schools, local authorities, youth groups, foster agencies, police and fire school support officers and parents to provide holistic support to young people throughout society, bringing people together across different communities and settings.

The importance of an evidence-based approach

The AET ensures it remains at the forefront of effectiveness through the continued development of resources, digital approaches and training as well as research and advocacy. We place evidence and research at the heart of our activities both by embracing the 11 principles of effective PSHE¹ and by ensuring our resources are independently evaluated.

Hence the 6 lessons of the 'talk about alcohol' programme, 4 being delivered in Year 8 with 2 top up lessons in Year 9, were evaluated by the

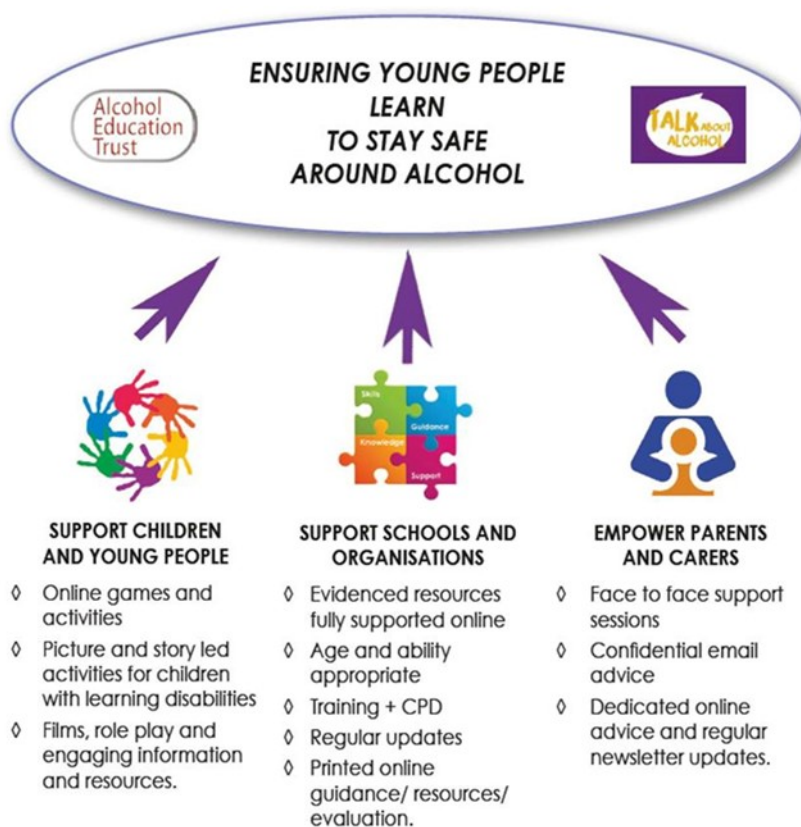
National Foundation for Education Research (NFER) among 4,000 pupils in 30 schools across England over 3 years (2011 -13). You can see the outcomes here².

The outcomes showed a statistical improvement in knowledge in the intervention schools versus the comparison [control] schools and a significant rise in engagement with PSHE lessons as a source of useful information; the onset of drinking was significantly delayed among the young people

Due to the success of this initial evaluation by NFER, we obtained additional funding for a follow up among 2000 pupils in 18 of those schools in 2015, to see if 'talk about alcohol' still had an effect when the teenagers were age 15/16 (Appendix Table 1).

Remarkably, although knowledge about alcohol had evened out between the control group of young people (who hadn't been given 4 'talk about alcohol' lessons in Year 8 with 2 top up lessons in Year 9) and the intervention group, who had benefitted from 'talk about alcohol, 15%

A joined up approach to reduce alcohol related harm



1. <https://www.pshe-association.org.uk/system/files/PSHE%20Association%20report%20to%20CEOP%20April%202016%20FINAL.pdf>

2. <http://www.nfer.ac.uk/publications/AETE01/AETE01.pdf> <http://www.tandfonline.com/doi/full/10.1080/14635240.2014.915759>

less of the young people, (64% versus 79%) who had experienced 'talk about alcohol' had started to drink whole drinks versus those who had not and 11% less students in the intervention group were drinking to get drunk or were binge drinking (33% versus 44%).

The statistically lower take up of drinking among the teenagers who'd experienced 'talk about alcohol' got statistically stronger over time, a very unexpected and pleasing result (Appendix Charts 1 and 2).

Age of first whole drink and ethnicity

The evaluation was also, due to the large number of pupils participating in the trial, able to separate out the effect of the 'talk about alcohol' programme according to ethnicity. The effect of 6 lessons over 2 years was statistically significantly stronger among non-white students (Appendix Chart 3).

In 2016, Dr Leslie Gutman, of The Institute of Education at UCL, conducted a one-year trial looking at the effect of 'talk about alcohol' in areas where alcohol related harm is very high in England in local alcohol action areas (LAAA's). The trial assessed the effect of 4 lessons on Year 8 students in 11 schools on The Isle of Wight, East Tyneside and in Burnley. The behaviour indicators from this study suggested the programme was still effective (Appendix Chart 4).

Due to these evaluations, 'talk about alcohol' has received valuable third party Impact assessments, in particular from Mentor Adepis, where the intervention was ranked 3/3 for impact and 5/6 quality of evaluation by DfE commissioned centre for analysis for youth transitions³.

In 2015 and again in 2018, 'talk about alcohol' was selected by The Early Intervention Foundation as one of the 70 best early intervention programmes worldwide <http://guidebook.eif.org.uk/>

Very pleasingly, The European Platform for Investment in Children (Epic) has selected Talk About Alcohol as 'Promising Practice'.

The programme has been Quality Assured by the PSHE Association.

Developments

How has the work of The Alcohol Education Trust, charity evolved over the last four years

and how has our offer changed for schools and other organisations in that time?

First of all, it is very encouraging to see that underage drinking continues to decline among under 15 year olds across Britain, in fact just 38% of under 15 year olds say they drink alcohol, yet the average age of first whole drink in Britain remains age 13. We no longer lead Europe as a nation of underage binge drinkers either, but some worrying trends persist. In Britain more girls under the age of 18 get drunk than boys and they present at hospital more due to alcohol too. Of teenagers who do drink, they are drinking more problematically, especially in the North East of England.

In 2016/17, for example, there were a record number of exclusions by state schools (9075 children) due to alcohol and drugs. Research shows that the earlier that children (under 15) start drinking regularly, the less likely they are to do well at school. If they drink weekly, their GCSE grade predictions drop by 20 points. School attendance also falls. Underage drinkers, who consume alcohol regularly, are also more likely to smoke and engage in other risky behaviours such as drug taking and unprotected sex. They are more likely to suffer unintentional injuries, accidents, assault and theft after drinking. So there is every incentive to delay the onset of drinking among our young people.

Improved and additional resources

Since 2015, The Alcohol Education Trust has completely redesigned the student learning zone www.talkaboutalcohol.com It has retained key elements such as the interactive body, but added interactive quizzes and games, reflecting how children spend their time and attention. Having been piloted extensively among the target age group, it is now widely enjoyed by pupils in schools to increase their knowledge and independent learning.

Teacher workbook updated every year

In order to reflect new statistics and guidelines, the 100-page teacher workbook is reviewed and updated each year. Available in both print form and on-line, and completely free for schools, it is indexed by topic and by year group as well as by ability and experience. The latest edition is a

3. http://cayt.mentor-adepis.org/wp-content/uploads/2015/03/Talk_about_alcohol.pdf

finalist in The Education Resource Awards 2019. You can download it here⁴.

New edition for Scotland

Scotland has a separate system for Health Education, with a Curriculum for Excellence and differing guidance, so, in 2018, we launched an edition specifically for Scottish schools and organisations. Again, it is freely available which you can view and download here⁵.

There is a stand-alone website for teachers www.alcoholeducationtrust.org/teacher-area/ which details resources by subject and year group, such as alcohol and its effects (social and physical) and staying safe. The site has short film clips as 'conversation starters, facts and figures, worksheets and games. Teachers are also supported with bi-termly newsletters, email and phone support and, if requested, in house training.

Targeted resources for the most vulnerable children

The AET has developed a suite of resources for children at higher risk of alcohol related harm, who often require differing approaches, in smaller groups, one to one or using pictures and stories. Designed to be used in a variety of settings, the resource both complements the activities and lessons in 'talk about alcohol', but also functions as a stand-alone resource. We have excellent funding to provide these resources for schools with a demonstrable need free of charge with training. For more details please email kate@alcoholeducationtrust.org.

Strengthening our outreach to parents and carers

The evidence base shows parents need to be engaged, if alcohol education is to be effective. Hence parents are encouraged to be good role models regarding alcohol, to set boundaries and engage their children in a knowledgeable way. The AET maintains a dedicated parent website - (www.alcoholeducationtrust.org/parent-area/) produces a bi-termly newsletter and supports direct presentations in schools to parents across England and Scotland.

Contact: kate@alcoholeducationtrust.org for details.

Partnerships and Testimonials

The 'talk about alcohol' programme is used by over 1,500 schools and a further 700 organisations across Britain. Teacher feedback and repeated use assures us that the programme is liked by pupils and teachers, is easy to implement and adapt to differing time frame, settings, abilities, facilities and cultures

Delivery partners include, local authorities, PSHE leads, groups of academies, Public Health Directorates, Health and Wellbeing boards, commissioned service providers, Healthy school partnerships, youth groups, charities, police forces, community interest companies and school nurses. You can read some of the endorsements of our programme here⁶.

What else we need to achieve?

We have three immediate goals:

The AET has dedicated schools and youth coordinators able to deliver training and support sessions across Scotland, The North of England, London and most of The Home Counties, The Midlands and The South and West of England. We would love to adapt our programme for Wales and eventually for Northern Ireland where alcohol-related harms are particularly high. Our resources are free to all schools across Britain, but our ambition is to have our highly trained coordinators in every region.

Reaching parents and carers remains the hardest of our goals to achieve, especially in secondary schools. Our on-line parent advice received over 100,000 unique visitors last year, mainly looking for information about alcohol and the law and about hosting teenage parties, so we know the interest is there. We encourage all schools to engage parents and carers as they are fundamental in setting boundaries and being good role models, we have lots of ideas and resources to help!

Our third goal is to develop work with more vulnerable groups. Britain is one of three countries internationally where girls get drunk and go to A and E more due to alcohol than boys hence we would like to develop a stream of work targeting girls. We would also like to prepare 6th formers better for the challenges of leaving school, as we know that transition to sixth form is

4. <https://alcoholeducationtrust.org/teacher-area/download-teacher-workbook/>

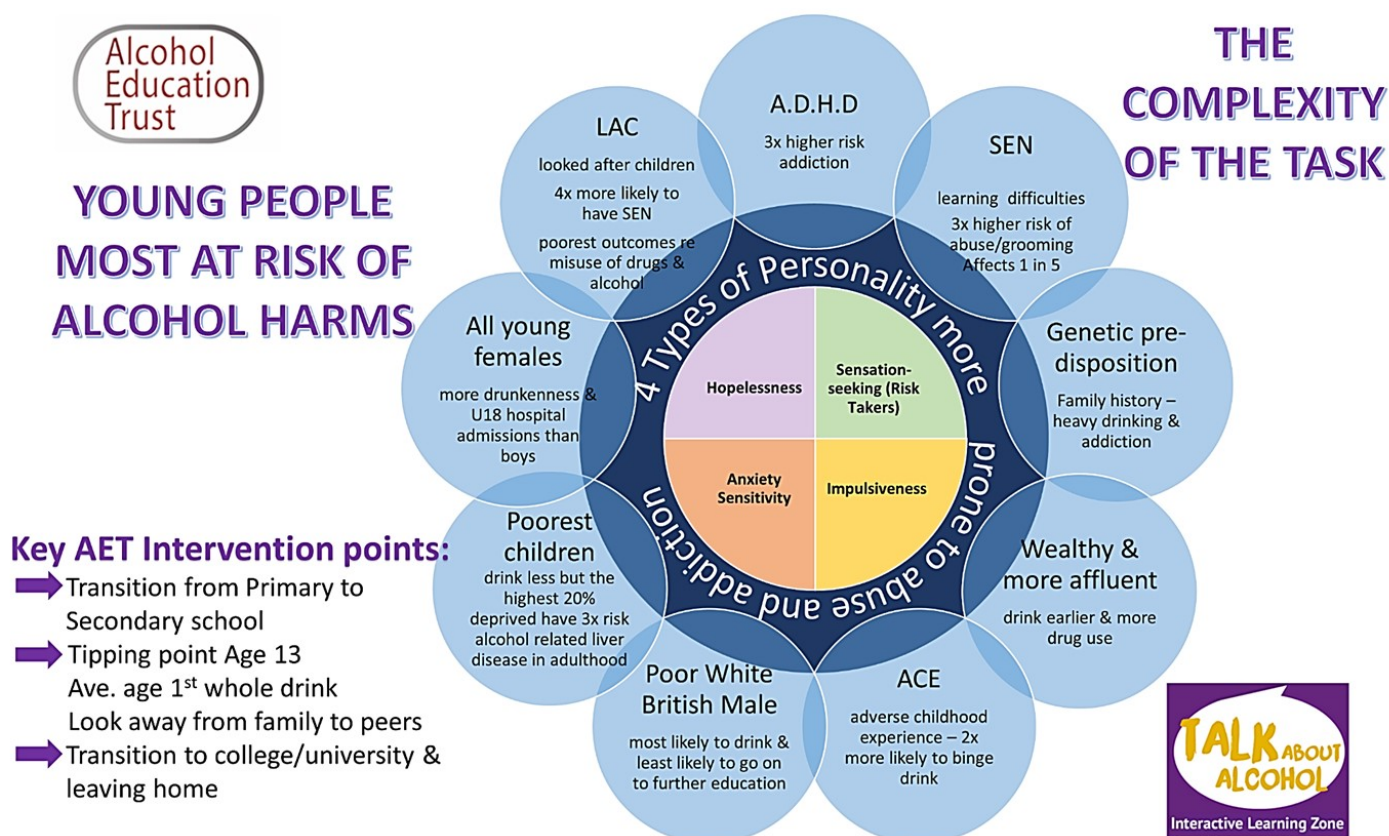
5. <https://alcoholeducationtrust.org/download-teacher-workbook-scotland/>

6. <https://alcoholeducationtrust.org/about-aet/testimonials/>

a time when vulnerability to risk taking and mental health is increased.

Otherwise, we have the huge task of ensuring that every school educating 11-18 year olds across the UK has free access to our resources, training and support, on our very limited resources. We are a charity and so have to raise the funds needed to support our vital work each year.

If you would like to learn more, get involved with the Trust and its work or, as a school, receive our workbook free of charge, book a teacher training or parent workshop, - then please email kate@alcoholeducationtrust.org or phone 01300 320869. Do follow us on twitter via @talkalcohol or Facebook via <https://www.facebook.com/talkaboutalcohol>



Appendix

Table 1: Numbers of respondents

Number of respondents at each survey time point

	Intervention		Comparison		Timing
	N of schools	N of students	N of schools	N of students	
Baseline (age 12-13)	16	2142	17	2268	(Year 8) November 2011-January 2012
Second survey (age 12-13)	16	2203	17	2095	(Year 8) May 2012-June 2012
Third survey (age 13-14)	15	2015	15	1904	(Year 9) May 2013-July 2013
Fourth survey (age 15-16)	8	900	10	1146	(Year 11) January-March 2015

Chart 1: Ever had an alcoholic drink?

- Knowledge levelled over time
- Statistically significant difference between groups
- Impact on delaying first alcoholic drink or stronger over time

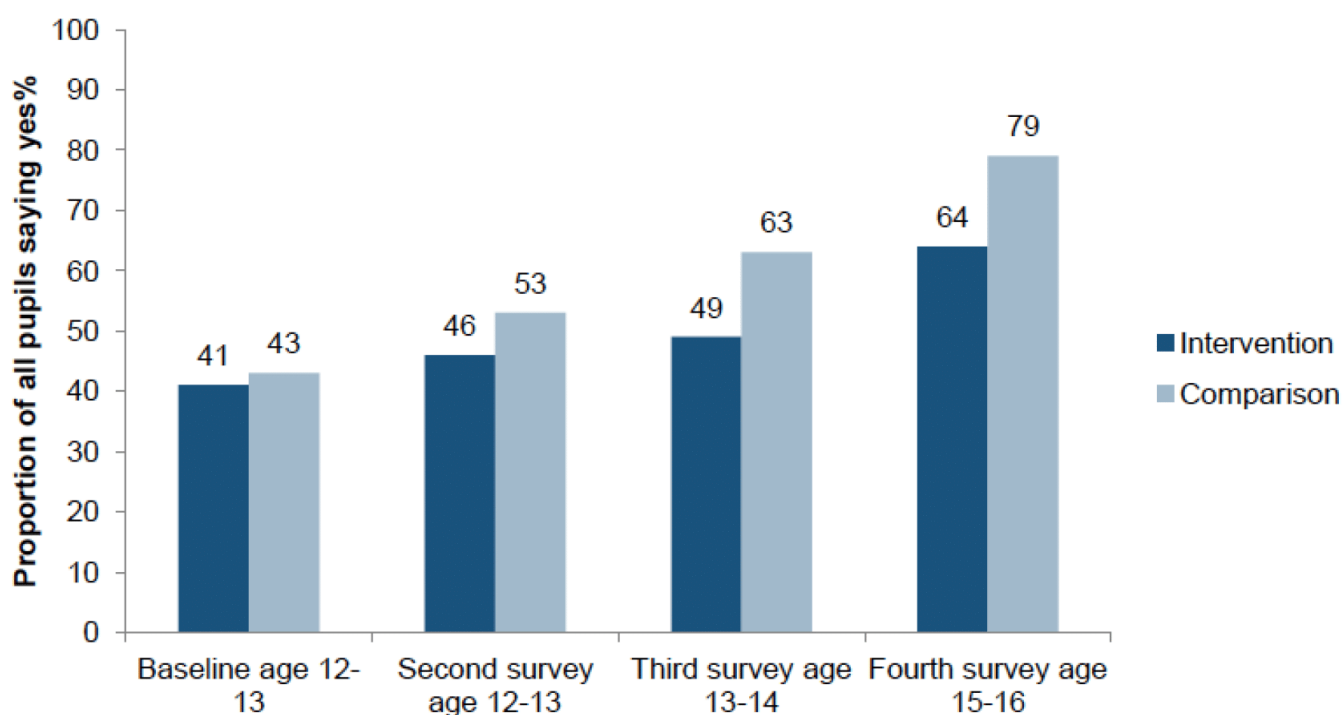


Chart 2: Frequency of drinking

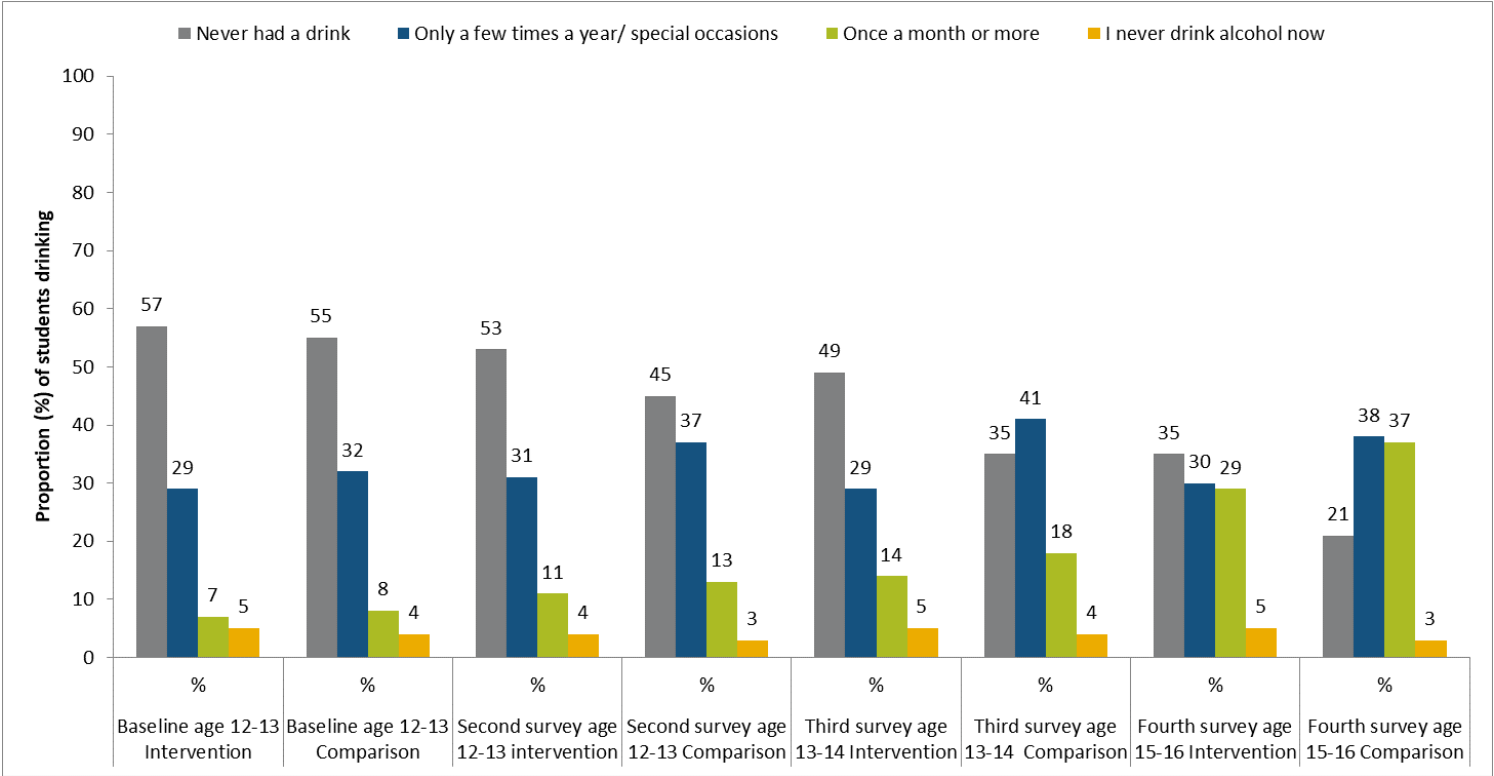
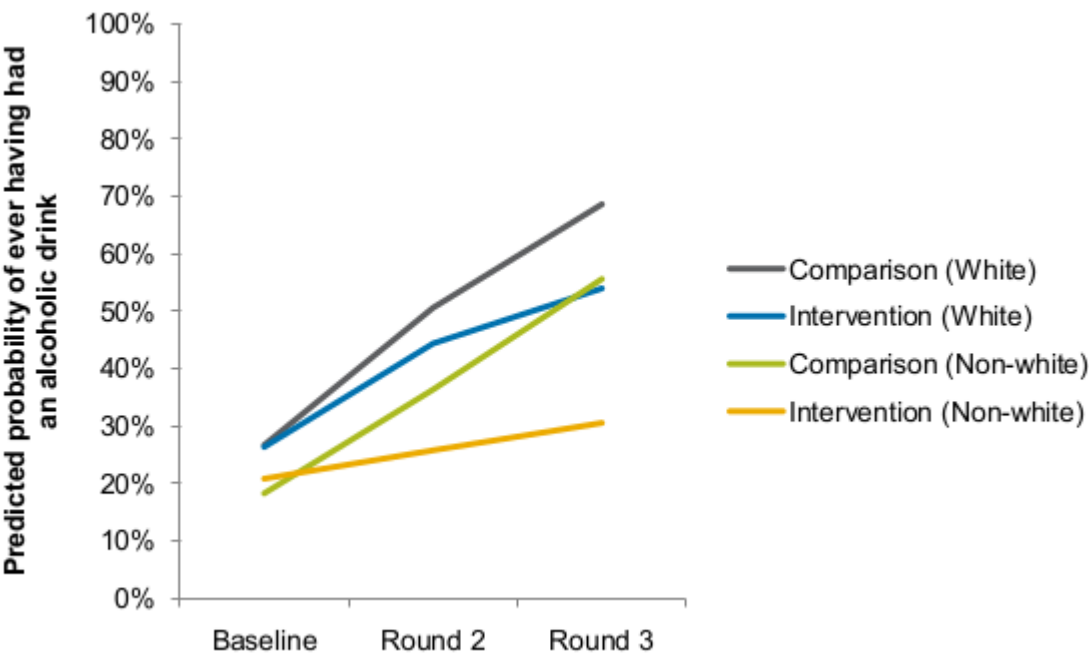
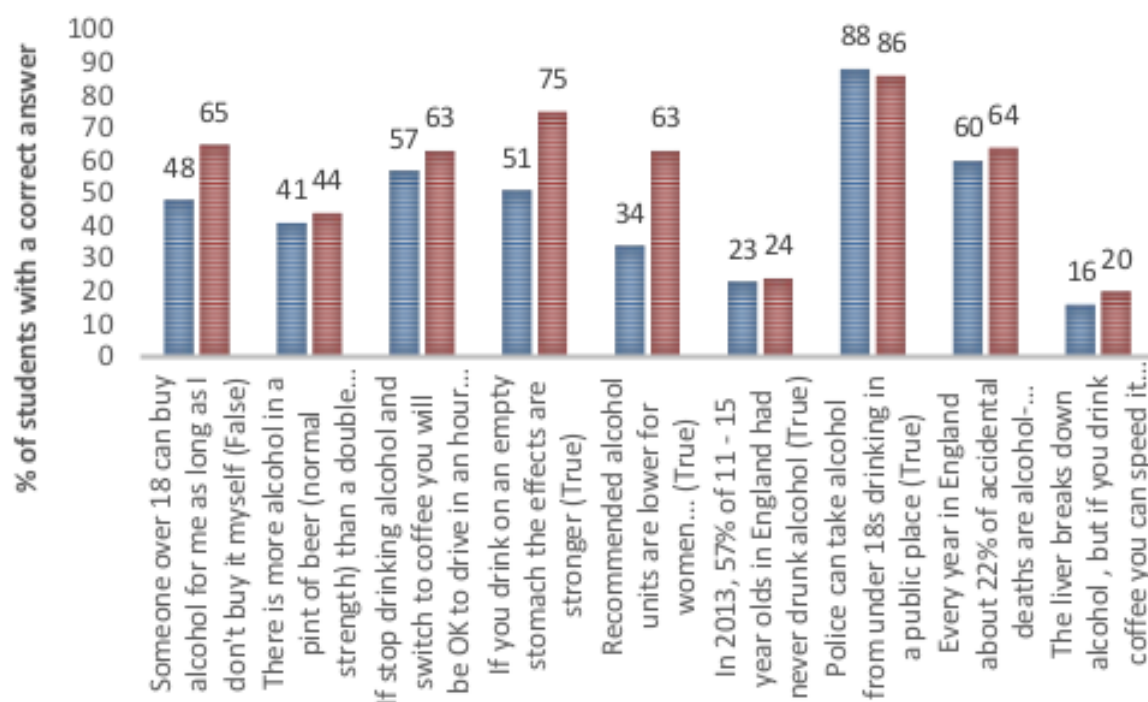


Chart 3: Ever had an alcoholic drink and ethnicity



Significantly stronger impact of intervention on non-white students

Chart 4: Students' knowledge about alcohol and its effects at pre-and post- intervention (n=215)



Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

Contributors (see a recent list) - Do you have up to 3000 words about a relevant issue that you would like to see published? Please contact the Editor

SHEU

Schools and Students Health Education Unit

The specialist provider of reliable local survey data for schools and colleges and recognised nationally since 1977

"The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards." Secondary School Head

For more details please visit <http://sheu.org.uk>