



STUDY REFERENCE: C/ADEPIS05

Programme Name

The RisKit Programme

Contact Details

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Programme description

The RisKit programme is a multi-component risk reduction programme for young people aged 14 – 16 years old who are vulnerable to risk-taking behaviour. These risks include drug and alcohol abuse, early/unprotected sex and offending. The programme has been developed by the University of Kent, KCA (now part of Addaction) and Kent Council using a participatory approach, which involved consultation with young people and local stakeholders, as well as a review of research literature. The RisKit programme was commissioned and designed to include a wide range of activities in order to address influences on behaviour, particularly related to those issues that worry young people the most. The programme is theoretically informed by Catalana and Hawkins' social development model. The manual for the programme is available for use, free of charge, under a Creative Commons license.

Young people are first screened to identify those at risk. The screening is done through a specific tool – The Adolescent Risk Behaviour Screen (ARBS) - which has been designed using psychometric factors and analysis to identify adolescents who are more vulnerable to engage in risky behaviours. The screening is completed by an entire year group for each participating school. Young people are then invited to attend two taster sessions that look broadly at perceptions of different risk behaviours, including substance use. This is then followed by eight targeted life skills training sessions. These sessions on life skills for risk reduction include: identifying risky behaviour; why people take risks and how to reduce risk; communication and assertiveness; expressing needs and feelings; dealing with anger; reasons to change; making contacts; final plans. Each session lasts about an hour and is delivered to a group of five or six young people who have already been identified as vulnerable to risk-taking behaviours.

Target population

The programme targets students in Year 9, 10 and 11, aged between 14 and 16 years old who have been identified vulnerable to taking risky behaviours.

Expected outcomes

To reduce risk behaviours in vulnerable adolescents, particularly related to alcohol and drug abuse and risky sex behaviour.

References

Stevens, A., Coulton, S., O'Brien K., Butler, S., Gladstone, B. And Tonkin ,B. RisKit: The participatory development and observational evaluation of a multi-component programme for adolescent risk behaviour reduction. *Drugs: Education, Prevention and Policy*, 21 (1). pp. 24-34.

Related study

KCA Young Persons' Services. The RisKit Programme, Summary of Outcomes 2014-15

Study details

An observational and exploratory study was carried out in to evaluate the feasibility of this multi-component programme and assess effects in terms of alcohol and drug use reduction. Both qualitative and quantitative analyses were carried out. Two schools, three pupil referral units and a youth centre took part in initial participatory consultations to develop the programme. Following the consultations, young people were screened to identify those at risk to undertake risky behaviours. Schools who participated in the study involved all Year 10 and 11 students, aged 14 – 16 years old. They were then invited to attend two generic drug and alcohol awareness sessions and the eight targeted life skills training sessions. Alongside they also attended one-to-one motivational interviews and the creation of contacts with youth services. Of the total sample n=226, the average age at entry point was 15 years.

Outcome measures

Programme feasibility, including acceptability to schools and participants, was at the core of the qualitative analysis.

With regards to the quantitative analysis, key outcome measures were a) percentage of days abstinent from alcohol and other illicit substances; and b) number of alcoholic drinks consumed per drinking day.

Methodology

For the qualitative analysis: interviews with school staff were conducted in person and via telephone. Furthermore, facilitated group work sessions with 37 programme participants provided feedback from the students' perspectives. Observation sessions were also conducted by the evaluator.

For the quantitative analysis: timeline follow-up questionnaires on drug and alcohol use at entry, exit and six-month follow-up were collected from 226 participants. Linear regression analysis was carried out to compare results at any time-point controlling for baseline values. Gender was also taken into account.

Results and Impact

- Feasibility: Qualitative analysis showed positive results of the programme in terms of feasibility and adaptability. Feedback from teachers and students showed that RisKit was well accepted by both. Alcohol use: reductions in alcohol use (both measured by percentage days abstinent and drinks per drinking day) were observed at entry and exit point and found statistically significant.
- Drugs and other illicit substances use: reductions in illicit drug use was also observed but wasn't found to be statistically significant
- No significant differences were found between male and female participants
- Although risky sex behaviours are also targeted by the RisKit programme, no results on this outcomes are outlined in this evaluation

Impact grade: 2

Overall quality of evidence

The study reported satisfactory results on the participatory development process and design of the RisKit programme. The evaluation highlighted promising features of the intervention with regards to investigated outcomes as well as to its feasibility and acceptability by students and teaching staff. Both qualitative and quantitative analyses were carried out, with statistical analysis comparing results at the beginning and end of the intervention and showing clear link between some of the outcomes and the intervention. To be confirmed such findings should be subject to further evaluation studies, if possible using comparison groups or a randomised controlled trial.

Quality of evidence grade: 3

Appendix: details of impact grades and quality of evidence grades are set out below

Impact grade	Description
0 (none)	No relationship between the youth service and the outcome in question.
1 (low)	Provision of the youth service may be positively related to one but not all outcomes or just for sub-groups of the target population.
2 (medium)	The youth service has moderate impact on all outcomes and sub-groups or high impact on some outcomes and sub-groups.
3 (high)	The youth service has high impact on all outcomes and sub-groups.

Score	Type of study	More Description	Example of a study	How to improve the quality of evidence
0	Basic	Studies that describe the intervention and collect data on activity associated with it.	A study that describes the intervention and states how much it cost or how many hours of services young people received.	Collect some “before and after” data on the outcome of interest for those receiving the intervention. If it is too late for that, collect outcome “after” data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
1	Descriptive, anecdotal, expert opinion	Studies that ask respondents or experts about whether the intervention works.	A study that uses focus groups or expert opinion or indeed surveys those who received the intervention after they received it.	Collect some “before and after” data on the outcome of interest for those receiving the services. If it is too late for that, collect outcome “after” data for the group receiving the services and try to compare these outcomes with comparable youth using other sources of data.
2	Study where a statistical relationship (correlation) between the outcome and receiving services is established	The correlation is observed at a single point in time, outcomes of those who receive the intervention are compared with those who do not get it.	A study that conducts a survey only after the services have been delivered and concludes that youths who received the services responded more positively than those who did not.	This evidence does not allow for the fact that prior to the intervention youths who received the service may have been different from those who did not. Collect some before and after data on the outcome of interest for those receiving the intervention. If it is too late to do that, see if you can compare outcomes for a clearly defined comparison or control group using other “before” data sources, such as administrative data.
3	Study which accounts for when the services were delivered by surveying before and after	This approach compares outcomes before and after an intervention.	A study that conducts a survey before and after the program.	If you have before-after data you can measure the change in a particular outcome after the services were delivered. Try to determine whether you can compare this gain in the outcome for those who received the youth services to the gain for a similar group of youth who did not receive the services. You might use administrative data for this.
4	Study where there is both a before and after evaluation strategy and a clear comparison between groups who do and do not receive the youth services	These studies use comparison groups, also known as control groups.	A study that matches two locations where both individuals and areas are comparable and surveys them before and after the program e.g. pilot studies.	You have most of the data you need. Contact an expert on statistics or econometrics and they will be able to apply various statistical methodologies to improve the robustness of your results e.g. matching methods to define a better control or comparison group. NOTE: this is the minimum level of evaluation quality applied by the Social Research Unit et al (2011), which also stipulates that any such study fulfil various quality criteria.

5	As above but in addition includes statistical modelling to produce better comparison groups and of outcomes to allow for other differences across groups	Study with a before and after evaluation strategy, statistically generated control groups and statistical modelling of outcomes.	A study that uses a statistical method, such as propensity score matching, to ensure that the group receiving the youth services is similar to the comparison group and a statistical model of outcomes (e.g. difference in difference).	Short of a random control trial, this methodology is the most robust. To improve confidence in the results try to collect additional data, perhaps from administrative sources, on the comparison group to determine any differences between them that may have pre dated the intervention.
6	Study where intervention is provided on the basis of individuals being randomly assigned to either the treatment or the control group.	Study that compares results from two independent randomly generated groups (one receiving the intervention and the other not) and uses statistical analysis to determine the programme's effectiveness.	A study which conducts a Randomised Controlled Trial, taking into account the following criteria: <i>i)</i> a fair and independent evaluation has to be conducted; <i>ii)</i> ensuring the transferability and generalisability of the programme; <i>iii)</i> statistical power of the analysis; <i>iv)</i> ensuring minimum bias	The gold standard. It is challenging to run RCTs, with cost, ethical and practical issues arising. Even with RCTs you have to think about how generalisable it is to other situations: for example, if an RCT only looked at a youth service for males, it cannot indicate how well the youth service would do for females.
7	Various studies that evaluate an intervention which has been provided through random allocation at the individual level.	The intervention has been evaluated more than once and its effectiveness is assessed through more than one RCT showing high level of statistical analysis and reporting high quality of evidence	A series of studies which conduct RCTs on a particular intervention programme, taking into account the following criteria: <i>i)</i> a fair and independent evaluation has to be conducted; <i>ii)</i> ensuring the transferability and generalisability of the programme; <i>iii)</i> statistical power of the analysis; <i>iv)</i> ensuring minimum bias	The same challenges of level 6 apply here. To strengthen the evidence, conduct meta-analysis or systematic reviews of RCTs, comparing the results from various studies involving experimental analysis.