

FINAL REPORT

Delaying the onset of alcohol consumption: a targeted approach with caregivers and whānau of intermediate age children

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BACKGROUND

In May 2021, the Taranaki Alcohol Harm Reduction Group (TAHRG) launched a pilot project to address the priority issues of reducing harm in the community attributable to alcohol. In the view of the group, a real opportunity to make a difference existed in support for caregiver decision making about the supply of alcohol to young people. In particular, the group identified that efforts to support parents to date were mainly aimed at caregivers of young people already in high school and were 'educational' in their approach. A pilot project design began to emerge to develop co-designed strategies for supporting parents and caregivers directly, aiming in particular to ensure participation with Māori whanau.

Based on this, a funding application was submitted to Te Hiringa Hauora Health Promotion Agency, and was approved in November 2019. Project progress reports were submitted to Te Hiringa Hauora in June 2020 and June 2021.

Adolescence is a rapidly changing time of development. There is now significant evidence about the impacts that alcohol has on the adolescent brain. These directly relate to:

- Short term risks – such as increased risk of being involved in car accidents, assaults and other injuries, unwanted sexual activity, impaired learning;
- Long term effects – proven links with criminal behaviour, depression, alcohol abuse and dependence in adulthood, deliberate self-harm and suicide, increased risk of life-threatening diseases including certain types of cancer.

Research now overwhelmingly asserts that the age at which someone starts drinking really does matter¹. For example:

- The younger they are when they start to drink, the greater the chance that they will have alcohol-related problems or other substance abuse in adulthood.
- A study found that children who had sipped alcohol before they were 10 years old were almost twice as likely to be drinking by 15 years.
- Adolescents who have parents who usually know where they are, what they're doing and who they're with, are likely to drink less.

The advice to parents/caregivers has now changed from supervising 'moderate' teen drinking to delaying the on-set of drinking for as long as possible to support brain

¹ Brainwave Trust Aotearoa (2019). *Rethinking Teen Drinking*. Retrieved October 2018 from: http://www.brainwave.org.nz/wp-content/uploads/brainwave_27_web.pdf

development¹. Typically, interventions aimed at enabling parents have been delivered to those with high school aged children. This is the first project of its kind to work with parents and caregivers of intermediate aged children.

GOALS AND OBJECTIVES

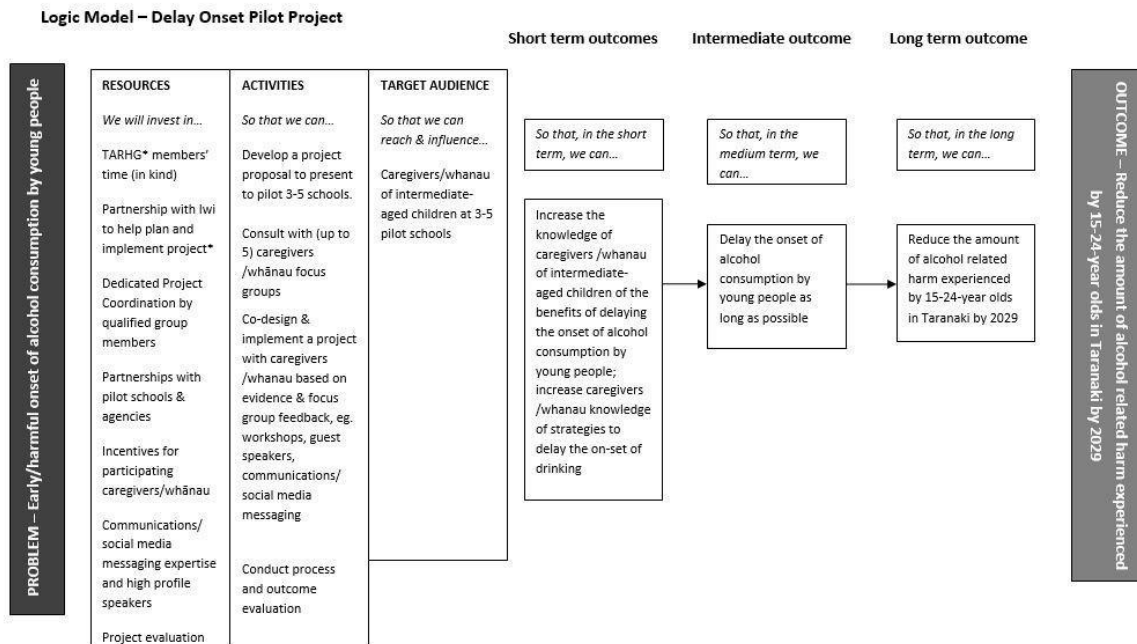
Project goals

- To delay the onset of alcohol consumption by young people in New Plymouth
- To reduce the amount of alcohol related harm experienced by young people in New Plymouth

Phase 1 objectives

- Establish key messages from literature review
- To engage with 3-5 schools in the New Plymouth district who have intermediate aged students
- To identify and engage with schools who are willing to participate in co-designing the project
- To raise awareness of teachers and parents of intermediate aged children about the benefits of delaying consumption of alcohol to young people
- Establish a focus group of whanau and caregivers at each of the pilot schools
- To identify communication and support strategies for caregivers and whanau to delay the consumption of alcohol by young people

LOGIC MODEL



*TARHG membership: New Plymouth Injury Safe, Bishop's Action Foundation, Families Overcoming Addiction, ACC, Pinnacle, Taranaki DHB Alcohol & Drug Services, Taranaki Public Health, Tui Ora

*Approach has been made Te Whare Punanga Korero Trust which represents the eight Iwi in Taranaki. Approaches also been made to key Maori already working with intermediate aged children to be co-opted onto TARHG.

LITERATURE REVIEW

As soon as funding was approved in November 2019, NPiS was able to take the next step of commissioning a [literature review](#), which was completed by Taranaki DHB's Public Health Research Evaluator. The following key messages were extracted and summarised for the group:

- *That people under 15 years should not drink any alcohol, and that those under 18 years delay drinking for as long as possible* (O'Neill, 2019). It is noted that the majority (55%) of secondary students (13 to 18 years) in the Youth 2012 study were not current drinkers (Clark, et al, 2013). *It is a myth that all young people are drinkers.*
- *The developing adolescent brain is more vulnerable and can be more severely affected by alcohol than a developed adult brain. The earlier the on-set of drinking the greater the damage to the brain* (Sowell et al, quoted in the American Academy of Pediatrics, 2010; Wallis, 2019).
- *Early on-set of drinking is linked to more problems in later life* including major depression, anxiety disorder, and nicotine, cannabis, and other illicit drug dependence (Newton-Howes, et al, 2018).
- *Binge drinking is the most common form of problem substance use among New Zealand secondary school students, well ahead of other substance use* (Clarke, et al, 2013).
- *Parental approval and supply of alcohol is a risk factor for risky/binge drinking in young people* (Carter, et al, 2017). For men, having parents who are heavy drinkers is a risk factor for the development of a hazardous drinking pattern in later life (Tower, et al, 2018).
- *Parents need to be supported to plan how to address the pressure to supply alcohol to adolescents, including when adolescents take alcohol from home without parental consent* (Dresler, et al, 2017; Campbell, et al, 2019).
- *Parents need to be aware of where their children are, and who they are friends with.* (Lindfors, et al, 2018; Arnarsson, et al, 2017).

ACTIVITY

January-June 2020

The selection of the schools for the pilot project was based on achieving a diverse cross section of socio-demographics, with the intention to approach schools with a high inclusion of Māori and Pacific students (Figure One). A diverse cross-section would also be more reflective of the Taranaki population, which had almost double the rates of hazardous and heavy drinkers than in the national population²

Both Devon Intermediate and Manukorihi Intermediate have high proportions of students who identify as Māori on their school rolls. The remaining participating schools have much lower proportions of Māori on their school rolls. It is noted that even though Highlands Intermediate had a much lower proportion of Māori on the school roll it is the largest intermediate school in the New Plymouth District at 715 students of which 103 identified as Māori. Francis Douglas

² Ministry of Health (2018). *NZ Health Survey*. Retrieved November 21st, 2018 from: https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/_w_2ac58b32#!/explore-indicators

Memorial College, an integrated boy's only school, was selected due to the slightly higher rates of hazardous drinking for males.

Overall, there is a very small proportion of Pacific students, comprising 2% (58 out of the 2,575) intermediate aged students in the New Plymouth District.

The pilot schools also showed a good coverage of Māori intermediate aged students in the New Plymouth District, with the four schools comprising about two-thirds (68% or 492 out of 721) Māori Year 8 and 9 students in the New Plymouth District.

Figure One: Proportion of Māori and Pacific students on school roll for Y7 and Y8 Students, as at 1 July 2021 – New Plymouth District.

School	Māori	Pacific	Total	%Māori	%Pacific
Devon Intermediate	184	15	422	44%	4%
Highlands Intermediate	103	11	715	14%	2%
Francis Douglas Memorial College	45	5	195	23%	3%
Manukorihi Intermediate	160	5	239	67%	2%
Total for pilot schools	492	36	1571	31%	2%
All Other schools with Y8 and Y9 students	229	22	1004	23%	2%
Total	721	58	2575	28%	2%
Coverage of intermediate students in NPDC area	68%	62%	61%		

Source: Ministry of Education³,

The aim was also to select schools to participate in the pilot based on their willingness and capacity to engage. Other criterion used by the subgroup was to consider a mix of intermediate and integrated schools as well as utilising pre-existing relationships with schools in the district.

Engagement with and commitment from four schools

- Three schools were approached at the beginning of 2020 by members of the project team. All schools who were approached agreed to participate in the project. Two of these schools had signed written agreements to participate, with the other two schools intending to sign.
- After consultation with a representative from a Kura Kaupapa Māori in New Plymouth, plans were also in place to approach this kura by tabling the kaupapa at a Whanau hui. Appointments had been made with the schools to present the project to school staff.

Consultation with Taranaki Māori

- From the outset of programme development, the subgroup engaged with key local stakeholders from the Taranaki Māori community. A request was made to present at Te Whare Punanga Korero (TWPK) roopu. Comprising of representatives from the

³ Data retrieved from Ministry of Education: Education Counts website: https://www.educationcounts.govt.nz/_data/assets/excel_doc/0007/143980/6-Pivot-Roll-by-Year-Level-and-Ethnicity-2012-2021_New.xlsx, on 7 March, 2022.

eight iwi in Taranaki, TWPK's purpose is to work together with Taranaki DHB to improve the health status of Māori in the Taranaki region. A request to speak at their hui about the project was declined, and TAHRG were instead asked to supply a summary of the project via a TWPK member. Three subgroup members kept in touch with TWPK member Patsy Bodger on a regular basis about the project and were advised that she was sharing information with her iwi networks.

- Subgroup members also made connections about the project with Jan Manu (Whanau Liaison officer for Devon Intermediate), as well as Rawinia Toia and Maui Matthews (Taranaki DHB Public Health) who shared information with their community networks.
- Tui Ora Ltd, a kaupapa Māori health and social services provider, is an active subgroup member who has also communicated about the project throughout its organisation and networks.

Focus Group facilitators and co-design process with Māori developed

- Subgroup members identified and approached a number of potential facilitators for the focus groups. It was the group's intent for both facilitators to have identified strengths in tikanga and te reo Māori. It was originally intended to have a male and female facilitator, however the male facilitators approached were unable to support the project due to other commitments. Two suitably skilled facilitators were subsequently identified and had agreed to facilitate the parent focus groups. The facilitators, one of whom is of Māori descent, have key links to Māori whanau, iwi and hapū throughout Taranaki. Both of these facilitators were contracted to assist in co-designing the project as subgroup members.

Key speaker for events identified

- Nathan Makaere-Wallis was approached and agreed to travel to Taranaki on 12th May 2020 to deliver three workshops with caregivers and whānau of intermediate age children. Priority for attendance was to be given to schools who were participating in the project. Workshop venues had been confirmed and members of the project team were working with schools to plan these events in partnership.
- The purpose of the events was primarily to launch the project, highlight the issue and motivate and engage parents to participate in the focus groups to begin the co-design. It was not expected that the events alone would be a behaviour change strategy.

Covid-19 lockdown

- New Zealand went into covid-19 lockdown alert level 4 in late March 2020 and the delivery of the project was therefore halted. Consultation took place between the project team and the Regional Manager from Te Hiringa Hauora Health Promotion Agency, to make a decision on revised timeframes for the project. Following this discussion, a decision was taken by the project team to delay the project until early 2021 based on schools having identified that as being the optimum point in the school calendar to commence the project.

July 2020 – June 2021

Reconnection and commitment from schools

- Four schools in the New Plymouth district were reapproached at the end of 2020 by members of the project team. All of these schools agreed to participate in the 2021

project and signed written agreements to participate. Presentations [summarising the project](#) were delivered at staff meetings, with the recommendation made to return at a later stage to update as well as gain feedback from staff about the project.

- Numerous attempts were again made to engage with the Kura Kaupapa Māori in New Plymouth. A variety of methods were utilised; direct contact via three subgroup members, emails as well as tabling it again at a whanau hui via a representative from the Kura. One of these subgroup members had a child attending the Kura at the time, so had an active relationship with the Kura as a whanau member. The subgroup however was unable to secure commitment from the Kura. This was due to the Kura having other pressing priorities and that the whanau of the Kura believed that they already had firm policies in place for their tamariki with regards delaying the initiation of alcohol. The Kura had indicated that they were confident in their policies and saw no benefit.
- Another school with a high percentage of Māori on their roll was subsequently approached separately by three subgroup members but they declined due to other pressing school priorities. The four schools which were already successfully engaged however, did have the largest representation of intermediate age students for the district and with two having a high inclusion of Māori/Pacific Island students.

Key speaker events

- The group made the decision to change the key speaker from Nathan Makaere-Wallis as it was discovered that some of his messages around levels of drinking after 18 years of age did not align with all of the project's key messages, particularly around his claim that the adult brain can handle large amounts of alcohol with no damage. The group was concerned that a message of excess could be relayed to adults thereby reinforcing the normalisation of alcohol consumption, and that there was no acknowledgement of the significant short-term effects or long-term risks of alcohol, such as an increased risk of being involved in car accidents, and the proven links to cancer and family violence. The group had also encountered barriers to talking with him directly to arrange the events and were concerned that there appeared to be no room for negotiation.
- Instead the group connected with Nigel Latta for the 2021 events, due to his expertise in psychology and holistic wellbeing, experience working with young people and their whānau, his clear messages on the kaupapa delaying the onset of drinking and previous high-profile work advocating to reduce alcohol related harm
- The planning team worked in partnership with the four project partner schools to hold these events at school venues and to promote these events throughout their school community.
- [Three speaking events](#) were organised and held in May 2021, with a total of 452 caregivers and whānau in attendance. About a quarter or (93 out of 410) of the participants who stated their ethnicity identified as Māori. These speaking events were also supplemented with targeted promotion of the key messages on social media prior to the events, as well as via local radio and [print media interviews](#) with Nigel. There was a total of 20 volunteers at the events from the subgroup member agencies, including extensive support from Tui Ora.
- A [video interview](#) with Nigel Latta and the project coordinator relaying the key messages was completed by a local media agency after the first speaking event which was then viewed over 4000 times on social media.

- A [debrief meeting](#) was held following the event to gain feedback and assist in refining future stages of the project.

Focus groups

- Commitment from two suitably skilled facilitators was reconfirmed in 2020. These facilitators were involved in the planning process and had key roles in facilitating the Nigel Latta events. Both facilitators have strong links to Taranaki Iwi and te Ao Māori, and were involved in co-designing the project. One of the facilitators was a cultural advisor to the focus groups as well as the project. The facilitators planned the agenda for the focus group sessions in consultation with the TAHRG group.
- Two rounds of focus groups were held with caregivers and whānau from each of the project partner schools; the first round being held in term 2, utilising the school as a venue. The second focus groups were held over zoom due to New Zealand being in covid alert levels 4 and 3. The first focus groups discussed initial feedback from the Nigel Latta seminars and initial thoughts around the delay of initiation of alcohol. The second round of focus groups examined the issue more in depth and what strategies could be employed to disseminate the messages to a wider audience. A copy of the agenda for these focus groups can be found [here](#).
- The focus groups were conducted within a Te Ao Māori framework, using therapeutic models such as te whare tapa wha as well as appropriate tikanga to uphold and honour the space of participants and the information shared.
- The focus group numbers for three of the schools was at an optimal level to maximise equal participation from attendees. Koha was given to all of the focus group attendees.
- Attempts were made to increase the attendance rates for Manukorihi Intermediate, which was done by directly messaging event attendees, the School's leadership team actively promoting the focus group to school whanau and asking key stakeholders in the local community to help approach potential attendees.

	Number of participants at first Focus Group (term 2 2021)	Number of participants at second Focus Group (term 3 2021)
Highlands Intermediate	8	8
Devon Intermediate	7	6
Francis Douglas Memorial College	8	5
Manukorihi Intermediate	3	2

RESULTS

Nigel Latta events

Of the 452 caregivers and whānau that attended, 330 completed a before presentation survey, either through an online survey or paper form given to them at the presentation, with the overall response rate being 73%. Data from parents showed that before the presentation the median age that they would permit their child to drink was 16.5 years, with a minimum age of 5 years of age (to be given sips) and a maximum age of 25 years of age). When asked, in general, at what age do you think it is reasonable for young people to start drinking alcohol the median age was 18 years of age, with a minimum of 8 years of age (to be given sips) to a maximum of 26 years. There was a strong belief by parents that you could teach children to drink responsibly by supervising their drinking at home and giving them small sips of alcohol from a young age.

The post-presentation survey was completed by 157 caregivers and whānau, either through an online survey monkey or a form given to them after the presentation with the overall response rate being 35%. Findings from the post-presentation evaluation show that the median age was 18, with a minimum age of 15 years of age to a maximum of 30 years of age. It is evident that the key message of no alcohol (not even sips) before 15 years of age, was understood by parents who attended the presentation. Just over half (54%) of the parents who attended the Nigel Latta presentation stated that they had changed their minds on when to permit their children to drink alcohol as a result of the presentation. New information included the impact of alcohol on brain development, and that the younger they start the more likely they are to develop a drinking problem later in life. For those parents, who did not change their minds as a result of the presentation, this was due to them already being on board with the messages - 'already know that it was better to delay', or that they agreed with the information in the presentation and that it both reinforced their initial thinking and gave them strategies on how to delay onset of drinking.

Unfortunately, ethnicity data was not collected at the time, which has been a learning for the group and this data will be collected for any future events.

Anecdotal feedback was received after the event, including from Lola Katene, Whanau Ora Kaiawhina for Nga Ruahinerangi Iwi; *"he just talks commonsense....everything he said makes sense....he is relatable....we all need to hear him talk"*. Lola has also approached the subgroup to request future phases of the project be extended to her rohe of Manaia and Coastal Taranaki.

Please refer to the [evaluation report](#) for a copy of the full results.

Debrief Meeting

A debrief meeting was held shortly after the events, and all TAHRG members and volunteers were invited to attend. [The debrief meeting](#) highlighted the following areas:

- The ticketing system Events Pronto worked well, including email reminders and pre and post surveys to ticket holders
- Pleasing attendance numbers at all of the events
- Nigel delivered the messages as planned and was a good drawcard. His 'take home tips' were excellent and simple
- Other areas in Taranaki expressed an interest in future programme rollout. It was encouraging that this also included a South Taranaki Iwi.

- The event at Highlands Intermediate was initially disorganised but was mainly to the late arrival of volunteers and due to school not having their side of things organised as specified.
- Volunteers were essential to the running of the event; some pulled out at the last minute, which resulted in having to reorganise volunteer schedules and having less helpers at the Highlands event.
- Good media coverage and promotion.

Focus Groups with Caregivers and whānau

The following is a summary of first round of focus group. Please refer to the [evaluation report](#) for a full copy of the findings.

- Common responses after attending the Nigel Latta seminar included caregivers and whānau making changes at home and expressing concerns about the wider environment and the normalisation of alcohol. The presentation had given them new information as well as changing attitudes and encouraging conversations around alcohol with their children and other parents. Ideas on how to get the message about delaying the onset of alcohol to a wider group were initially discussed, as well as general aspects of parenting young people.
- Parents were starting to have a number of different conversations about alcohol with their children. Having parents as a collective group was a key enabler of having conversations about alcohol with their children this included having parents on the 'same page', having different tactics for different children, and role modelling by having alcohol out of view or reducing their own drinking.
- Parents identified some initial ways to get the messages out to a wider audience, including using social media and technology, having reputable speakers present on the topic, developing learning resources and games, using school and sports clubs as positive settings as well as special events, addressing alcohol advertising and sponsorship and providing alternative activities for young people that do not involve alcohol.
- Barriers to change included that alcohol is entrenched as a key part of family events, alcohol is normalised in society, the binge drinking/peer pressure to drink culture in New Zealand, as well as a lack of information about the risks associated with alcohol consumption.
- Key questions from focus group parents were summarised and feedback to Nigel Latta. Who answered the questions in a recorded video, to be only be shared with the parent focus groups.

At the start of focus group two, participants were shown the Nigel Latta video – Questions and Answers, and short presentation of the summary of findings of the first round of parent focus groups. Common themes arising out of the second round of focus groups, held in term 2 included:

- Most of groups were keen on working together to lobby the local MP and to work with others such as local sports groups and local govt to reduce alcohol advertising in sport.
- The best ways to effectively approach a conversation about alcohol with their children were discussed and explored.

- Participants were asked how to get parents to work together or support each other more. Key suggestions included having good role models to be inspired by and having one on one conversations within adult peer groups.
- The facilitators probed with Māori focus group participants to identify opportunities for a future kaupapa Maori approach. Participants suggested having Iwi leaders supporting the project's messages alongside key speakers.
- Ways of getting messages out to a wider group of parents included:
 - Use of websites and social media – credible sources on websites, apps and social media
 - School based settings – ensuring children are getting the same messages at schools, and that schools are not having alcohol available at events or being used for fundraising purposes
 - More events and activities to promote the messages, including national and local experts
 - Advocacy and lobbying national and local organisations to support the messages
 - Maintaining connections with other parents through the use of a database tool, promote collective shared responsibility for children by parents
 - General advertising and marketing to promote the delay message

Use of parent focus groups

Please refer to the [evaluation report](#) for a full copy of the findings.

The two main ways participants signed up for the parent focus groups was either straight after the presentation or via the online post presentation survey. Most of the parents were able to attend both focus groups. While there was generally good participation, having the second focus group delivered using the zoom on-line platform (due to a Covid-19 alert level change) did make it difficult for all voices to be heard. The majority of focus group parents were female and identified as New Zealand European. Māori and males were under-represented as parent focus group participants. Ensuring representation from these demographics has been a reflection for the subgroup will be a key consideration going forward, with strategies including holding focus groups specifically for Māori and males, and utilising key community stakeholders to engage with groups to encourage attendance at focus groups.

The majority of the participants felt the parent focus groups were a good way to co- design messages and strategy about delaying the onset of drinking. The key reasons given included value in gaining different perspectives and that it was a good method for developing good ideas. A few participants felt there could have been more action or progress.

Nearly all parent focus participants had made change in their whānau/family as a result of being in the parent focus group. These included increased communication/discussions about alcohol within their whānau/family and making changes to either their own consumption of alcohol (in general or in front of their children) and/or to the way alcohol was used/treated in the house. It is noted that parents reviewing their own alcohol use was not a key aim of this project but can be considered as a positive unintended outcome.

Focus group parents were keen to have continued involvement in the project. It was suggested that two focus groups were not enough to form connections with other parents (that they did not already know) and an additional focus group may be required.

Engagement with schools

The majority (4 out of 6) of schools approached engaged in the pilot project. The remaining two schools declined to participate in the pilot project due to having 'too much on'. For the four schools that did participate, all of the school principals surveyed felt the information provided about the pilot project was clear and informative and they were able to use the information provided by the project staff to promote the Nigel Latta presentation to parents and caregivers through their school newsletter. All schools would recommend the project being extended to a wide range of other schools.

The three schools who were responsible for the hosting the Nigel Latta events all reported the events were well run and organised.

More information can be found in the [evaluation report](#).

Organising group feedback

All paid and unpaid project staff respondents suggested continuing with the project and implementing in other schools and communities. It was evident that the project has been supported by a core group of paid and unpaid project staff from a range of organisations who are committed to the delivery of the project. The key weakness, highlighted by project staff, was the limited reach of the programme beyond the pilot schools. Project staff identified the need to go beyond the school community and engage with community leaders to increase the reach of the project. This will help to increase Māori participation and it was recommended by Māori participants that iwi leadership would be positive.

Project staff respondents were mindful that the message around delaying on-set of drinking in young people was a difficult one to convey in an environment which supports and normalizes drinking alcohol. Māori adults were 1.8 times as likely as non-Māori adults to be hazardous drinkers, after adjusting for age and gender⁴ so it is important to consider how this specifically impacts on Maori.

It was also suggested that a national campaign to support delaying on-set of drinking could be helpful to reinforce the key messages.

Subgroup member Tui Ora supplied volunteers for each of the Nigel Latta speaking events. They provided the following feedback:

Guest speaker:

- *I enjoyed listening to Nigel. He was relevant, witty and informative. His ability to relate to all in the room is one of his many talents.*
- *Nigel was a great presenter, good comedy and real talk that you can really relate to and engage with*

Suggestions on how to improve the events to reach more whānau

⁴ Ministry of Health (2020). *Annual Update of Key Results 2019/20: New Zealand Health Survey*. Retrieved February 2022 from <https://www.health.govt.nz/publication/annual-update-key-results-2019-20-new-zealand-health-survey>

- *Perhaps for future events a bigger venue would be beneficial. E.g. in the North TSB stadium, in the South The Hub in Waitara and or Sandfords Stadium in Opunake*
- *By hosting Nigel for a round the mountain tour? We then approach high schools education providers etc.*

Ideas for community leaders to co present with Nigel in future:

- *Perhaps a combination of people e.g. a teenager, adult, kaumatua and or someone well known to the community e.g. a radio personality Tamzyn Pue.*
- *Hohepa Te Moana? Dinnie Moeahu? .I am sure there will be more out there*

More information about the organising group feedback can be found in the [evaluation report](#).

Long term follow-up survey with focus group parents

A survey conducted with participants from the parent focus groups conducted 11 months after the initial Nigel Latta event, found that all respondents had talked to others about the information they had received from attending the Nigel Latta event and parent focus groups. The majority (7 out of 12) of the respondents stated they had talked about the importance of delaying onset of drinking in young people, including stopping giving sips or small amounts of alcohol to children under 16 years of age. Nearly half (5 out of 12) talked about the link between alcohol and cancer.

The findings also show there were some slight differences regarding what was talked about between Māori and Non-Māori households. It is noted that as the sample size is so small it is difficult to draw any conclusion from this. All respondents had shared the information with their immediate household members and friends. The next common groups were workmates, followed by extended whānau/family and other parents from school.

Generally, respondents did act on things they intended to change or do after attending the Nigel Latta event and parent focus groups. The majority (8 out of 12) of the respondents stated they were now having more conversations (within and outside of their households) about alcohol related harm and the importance of delaying onset of drinking in young people. Of these eight respondents, three respondents talked about the difficulties of getting other members of their families on board with the key messages regarding delaying the onset of drinking. A further three respondents talked about giving up drinking or reducing their own drinking as a result of attending the Nigel Latta event and parent focus groups. Two out of the three who stated they intended to denormalise alcohol in their household, reported they were able to remove alcohol from their house and stop drinking around their children. The remaining respondent attempted to do this but was not successful.

More information can be found in the [evaluation report](#).

DISCUSSION

This project, the first of its type in New Zealand, specifically focused on the caregivers and whānau of intermediate age children. The overall objective was to delay the onset of alcohol consumption by young people by educating and promoting key messages to their whānau and caregivers using strategies co-designed with whānau and caregivers

The project partner schools were very receptive to this topic, which also proved to be one that caregivers and whānau were particularly interested in. The Nigel Latta speaking events were well received with over 400 school community members in attendance. The events helped to facilitate an immediate impact with many people identifying ways that their behaviour had changed as a result; from having conversations with their children around alcohol, to changing behaviour by putting alcohol out of sight and getting alternative care arrangements for children when having events involving alcohol. They also met the objective of engaging parents and caregivers in the co-design focus groups.

Findings from the post-presentation evaluation show that just over half (54%) of the parents who attended the Nigel Latta presentation stated that they had changed their minds on when to permit their children to drink alcohol as a result of the presentation. New information gained included the impact of alcohol on brain development, and that the younger they start the more likely they are to develop a drinking problem later in life. This shows that the intervention was an effective way of communicating this information and leading to a change in knowledge about the importance of delaying the onset of alcohol consumption in young people

While not a direct aim of the project, an unintended positive consequence is that it made parents think of their own drinking behaviours, and how alcohol is seen/placed in family life. Taking alcohol out of sight helps to denormalise alcohol in the home.

The caregivers and whānau who attended the focus groups identified useful strategies which will inform phase two of this project – these ranged from promoting credible sources of information, as well as advertising, marketing and advocacy strategies. The importance of open relationships with children and working together with other parents was also emphasised.

This was the pilot phase of a multi-year project, and its intention was to codesign with parents to develop and trial strategies aimed at delaying the initiation of alcohol for young people. The subgroup has significant insights from completing this pilot phase. As the group extends into the subsequent phases, their intention is to have more meaningful co-design strategies with Māori, through the focus group facilitators. The group also intends to employ Māori community stakeholders/leaders to co-deliver the project messages. Further work to ensure the programme's relevance to Taranaki Māori will be to include a focus group specifically for Māori whanau, and increasing the co-design of all messages and strategies alongside Taranaki Māori representatives. Whilst the focus groups were a useful method to gain information, more focus groups are required to develop a broader range of strategies which are meaningful to caregivers and whanau, particularly Māori.

Budget and Finance

The funding received was spent in accordance with the initial budget and agreement of funding.

CONCLUSION

The project was successfully implemented with key strategies for further promoting the key messages identified. Beyond the attendees at the Nigel Latta events and the focus groups it is understood that the knowledge of the key messages remains low.

More work is required to increase project reach and raise awareness Taranaki wide about the importance of delaying the initiation of alcohol. The group recognises the need for increased meaningful Māori representation within the project, which will assist in contracting people to support the messaging within their own communities. This means going beyond Māori facilitators and Kaupapa Māori agency representation on the subgroup, to acknowledge the diversity within Maori communities. Co-design elements including a Māori specific focus group will also be key objectives for the next phase.

The group is ready to commence phase 2 of this project, by taking on board the insights learned during this pilot phase.

It is also important to advocate for promotion of these messages at a national level, as well as advocacy to help challenge the normalisation of alcohol culture which exists in New Zealand.

RECOMMENDATIONS

- Commence phase 2 of project, of which the key elements will include:
 1. Developing a project plan and an application for funding from Te Hiringa Hauora based on the insights and findings of the evaluation report.
 2. Implementing the project with a Taranaki wide focus
 3. Engaging the support of key Māori leaders from Taranaki to facilitate an increase in project reach and credibility of the project within the community
 4. Ensuring co-design elements are enhanced with Taranaki Māori, including continuing to contract a Māori advisor and holding a Māori specific focus group.
 5. Working with key stakeholders from the Taranaki Māori community who are identified as a trusted source of information.
 6. Continuing to implement the project using a multi-organisational approach, including Tui Ora and other Māori stakeholders to enhance co-design with Māori and inclusion of Te Ao Māori.
 7. Identifying strategies emerging from the focus groups that are supported by evidence from the literature.
 8. Developing and pretesting strategies with existing focus group participants as well as schools not already involved in the project throughout Taranaki, with a focus on Māori.
- Continuing to foster a relationship with the existing focus groups by encouraging them to connect with each other around youth and alcohol, as well as exploring ways they can advocate for supportive environments.