

# Evaluation of a Pilot Programme for Reducing the Social Supply of Alcohol to Young People in Taranaki



*Report prepared for*  
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## Executive Summary

The purpose of the evaluation was to assess the effectiveness of the pilot programme with caregivers/whānau of intermediate-aged students. To raise awareness about the benefits of delaying consumption of alcohol to young people aged under 18 years in Taranaki.

The findings for the evaluation report are based on:

- Use of ticketing data collected through Eventspronto software from three events featuring Nigel Latta as guest speaker and held on 11<sup>th</sup> and 12<sup>th</sup> May 2021.
- Feedback from parents and caregivers who attended Nigel Latta's presentation. This included a pre and post presentation on-line and paper-based survey.
- Summary of discussions of parent focus groups that were held following Nigel Latta's presentation.
- On-line survey to all participating schools.
- On-line survey to all parents who attended the parent focus groups.
- On-line survey to all core members of the project group.

### Parent Attendance at the Nigel Latta Event

Nigel Latta, a presenter and producer of documentaries, TV parenting programmes and a registered psychologist, was contracted by Taranaki Alcohol Harm Reduction Group to deliver a presentation to parents and caregivers of intermediate-aged children. This presentation was delivered to three events attended by whānau of four intermediate schools in the New Plymouth District and conducted on 11<sup>th</sup> and 12<sup>th</sup> May 2021. Two events were conducted during the day and one was held at night. A total of 452 parents and caregivers attended the presentation.

The findings show there was a good turnout from parents of intermediate aged students to the events. The ethnic groups identified in the ticketing data generally reflect those in the New Plymouth District population. There was good attendance from Māori whānau, with 23% of those who attended identifying as Māori. In comparison, Māori comprise 17.8% of the New Plymouth District population.

Two out of the three schools Principals that hosted a Nigel Latta event rated parent attendance as 'very good' and the remaining school Principal rated parent attendance as 'poor'. The school Principal, who rated the parents' attendance as 'poor', felt that those parents who did attend may not have been those who necessarily would have had the most benefit from the presentation. Strategies to attract parents who may be less likely to engage should be considered for future projects.

### Changes in knowledge regarding the importance of delaying on-set of drinking

The findings from the pre and post presentation survey show the key message of 'no drinking under 15 years of age' was well communicated to parents and caregivers. The general age (for both pre and post surveys) respondents thought it was reasonable for young people to start drinking alcohol was much older (median age of 18 years of age).

There was a strong belief held by the respondents, pre-presentation, that you can teach your children to drink responsibly by giving them small sips from a young age (as young as 5 years of age) and supervising teenage drinking at home.

Just over half (54%) of the respondents in the post presentation survey stated that attending the Nigel Latta's presentation had changed their views regarding what was a reasonable age for young people to start drinking alcohol. The key reasons given for why they changed their views included to support brain development in their children, due to the cancer risk, and that their previous thinking about starting their children drinking early and teaching them to drink responsibly was wrong. These findings show the presentation was an effective way to communicate the benefits of delaying the on-set of drinking in young people to parents and caregivers.

For the remaining respondents, Nigel Latta's presentation confirmed 'what they already knew', with information gained from attending other talks, or was in-line with 'what they were already thinking'. Overall, these findings show the need to get the message out to more parents who are not already aware of the importance of delaying the on-set of drinking.

Overall, the performance rating for parent attendance and engagement for the Nigel Latta events was rated between 'very good' (as most of the school Principals rated parent attendance as 'very good'), and 'excellent' as the key message of 'no drinking under 15 years of age' was effectively communicated to parents and caregivers.

### **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 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 school Principals 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.

Overall, the performance rating for engagement with school was rated between 'good' as most of the schools approached engaged in the pilot project, and 'excellent' in terms of provision of information and organisation of Nigel Latta event.

## **Use of parent focus groups**

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 cause some communication challenges for participants. While males and participants who identified as Māori were present in the parent focus groups, the majority of participants were female and Non-Māori. In order to privilege the voices of males and Māori it is suggested that extra focus groups are considered in future projects i.e. Māori/Non-Māori and offer a separate focus group for males.

The majority of the participants felt the parent focus groups were a good way to co-design messages and strategies 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.

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. Nearly all parent focus participants had made changes 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. Actions such as moving alcohol out of sight of their children helps to de-normalisation alcohol in their children's lives.

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. Findings from the longer-term survey showed that parents were keen to be kept informed and half of the respondents would be interested in attending a further focus group.

Overall, the performance rating for parent focus group for 'good' regarding diversity in the groups and 'very good' in terms of attending both groups and seeing it as a positive and worthwhile activity.

## **Way forward**

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, particularly in reaching whānau Māori .

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. It was suggested that a social marketing campaign based on key messages regarding the benefits delaying on-set of drinking, generated by community level engagement, would be helpful, e.g. billboards and posters for sports clubs etc.

## Recommendations

Based on the findings of this report it is recommended that the Taranaki Alcohol Harm Reduction Group :

1. Hold another parent focus group to share the findings of this evaluation.
2. Continues with the project.
3. Apply for further funding to extend the project to other schools and communities.
4. Investigates ways to increase the reach of the programme beyond the school community by engaging with community leaders to increase the reach of the project, particularly in reaching whānau Māori.
5. Communicates with participants in parent focus groups by sending regular project updates.
6. Increases the number of parent focus groups to ensure there is adequate time for parents to form connections with one another.
7. Consider having separate focus groups targeting males and Māori.
8. Explores the possibility of a funded social marketing campaign promoting the benefits of delaying the on-set of drinking in young people in Taranaki with Te Hiringa Hauora.

## Purpose

The purpose of this evaluation was to assess the effectiveness of a pilot programme with caregivers/whānau of intermediate-aged students, to raise awareness about the benefits of delaying consumption of alcohol in young people aged under 18 years in Taranaki.

## Background

The New Zealand Health Survey (2016/17) highlighted that alcohol-related harm is a very real issue in Taranaki. While the proportion of adults (15 years and over) who consumed alcohol in the last 12 months is similar to national proportions, the rates of heavy and hazardous drinking in Taranaki are significantly higher than the national figure.<sup>1</sup> Hospitalisation rates (including ED visits) in Taranaki wholly attributable to alcohol are higher in areas of higher deprivation. (See Appendix One).

In 2017, New Plymouth Injury Safe, commissioned research to explore the issue of the role of responsible adults influencing alcohol consumption among teenagers in Taranaki. Parents although accepting of their role as responsible adults influencing alcohol consumption of their children, strongly focused on their own experiences of teenage drinking. The research highlighted the need to provide community-based education to support parents in moving past their own experiences with alcohol to empower them to keep their children alcohol free for as long as possible.

Upon reflecting on the findings from this research, the Taranaki Alcohol Harm Reduction Group applied to the Te Hiringa Hauora/Health Promotion Agency to fund a pilot raise awareness about the benefits of delaying consumption of alcohol in young people aged under 18 years in Taranaki. One of the key interventions was to hold a number of focusing events, with a key speaker, to provide parents and caregivers with new evidence around the benefits of delaying consumption of alcohol in young people that was not available when they were teenagers. Follow-up parent focus groups were also planned as a way to aid further discussion of key messages and strategies in the community to delay consumption of alcohol in young people. These key interventions were outlined in a Project Delivery Plan which was included in the funding agreement with Te Hiringa Hauora/Health Promotion Agency (Appendix Two).

## Pilot Programme

The aim of the pilot programme was to work with the caregivers/whānau of intermediate-aged students, to raise awareness about the benefits of delaying the consumption of alcohol in young people aged under 18 years.

### Pilot Programme Objectives:

- To raise awareness of the benefits of delaying the on-set of drinking in adolescents.
- To involve parents/ caregivers and intermediate aged students from 3-5 schools, in the co-design of key messages and strategies, to promote environments that support delaying the on-set of drinking, in an evidence-based and culturally appropriate way.

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<sup>1</sup> Ministry of Health (2018). NZ Health Survey. Retrieved November 21<sup>st</sup>, 2018 from: <https://minhealthnz.shinyapps.io/nz-health-survey-2017-18-annual-data-explorer/ w 2ac58b32/#/explore-indicators>



- To identify and trial support strategies for caregivers and whānau to delay the onset of the consumption of alcohol by young people.

The pilot programme focused on working with 3-5 schools, with a strong focus on schools in areas of high deprivation and high levels of existing alcohol-related harm, i.e. admissions to ED or hospital for conditions that are wholly attributable to alcohol (see Appendix One for map of area of high level of existing alcohol-related harm). It was proposed that one of the schools recruited would be a Māori Medium school.

Research clearly indicates that delaying the age at which young people are introduced to alcohol reduces the risk of alcohol related problems. Adolescence is a significant and rapidly changing time of development. There is strong evidence around the impacts that alcohol has on the adolescent brain. These include:

- Short term risks – such as increased risk of being involved in car accidents, assaults and 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<sup>2</sup>.

The advice to parents/caregivers has now changed from recommending the supervision of teenage drinking, to delaying the on-set of drinking for as long as possible to support brain development and reduce the risk of alcohol related problems.

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*‘Many parents wanting to support their teens think that they can teach them to drink safely by giving them alcohol and watching over them. Although this is well-intended and commonly believed, many studies now show that parent approval of any level of drinking and parents supplying alcohol is linked to worse, not better outcomes’<sup>3</sup>.*

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The research overwhelmingly asserts that the age at which someone starts drinking impacts future drinking habits and outcomes. 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.

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<sup>2</sup> Brainwave Trust Aotearoa (2019). *Rethinking Teen Drinking*. Retrieved October 2018 from: [http://www.brainwave.org.nz/wp-content/uploads/brainwave\\_27\\_web.pdf](http://www.brainwave.org.nz/wp-content/uploads/brainwave_27_web.pdf)

<sup>3</sup> Brainwave Trust Aotearoa (2019). *Rethinking Teen Drinking*. Retrieved October 2018 from: [http://www.brainwave.org.nz/wp-content/uploads/brainwave\\_27\\_web.pdf](http://www.brainwave.org.nz/wp-content/uploads/brainwave_27_web.pdf)

## Aim of the Evaluation

To conduct a process and outcome evaluation of the pilot programme undertaken with the caregivers/whānau of intermediate-aged students, to raise awareness about the benefits of delaying consumption of alcohol to young people aged under 18 years.

This aim was supported by the following objectives:

- To assess the process for engaging with the 3-4 schools for the project, e.g. number and nature of the communication with school and acceptability of the pilot programme with schools.
- To collect feedback from participants for any events held for parents and caregivers of Year 7 and 8 students.
- To assess the process for recruiting caregiver/whānau focus group, e.g. number established and whether the pilot programme reached a mix of caregivers/whānau throughout the school.
- To assess the acceptability of the co-design process used with caregivers/whānau to develop key messages and strategies in the pilot programme.
- To complete ongoing follow-up with caregivers/whānau who participated in the pilot programme until their child turns 18, regarding the impact of the key messages and strategies developed during the pilot programme around communicating with their child around delaying the on-set of drinking.

## Research Methodology

The evaluation draws on programme theory-driven evaluation and emphasises valuing, which involves making value judgements about the quality and success of initiatives. Programme theory-driven evaluation develops logic models to show the way in which an initiative works. Members of the Taranaki Alcohol Reduction Group were involved in the evaluation process from start to finish so that they could use the evaluation findings to inform decisions about the design and delivery of the programme to help achieve the intended outcomes.

This is a process and outcome evaluation. The process evaluation examines the quality of the interventions. The outcome evaluation assesses the extent to which the outcomes have been achieved.

The group first developed a logic model to clearly set out what the pilot programme had set out to achieve (see Appendix Three). From this model the project group also developed a set of rubrics with which to measure the success of key components of the project. This included engagement with schools, parent attendance and engagement for the Nigel Latta events, and parent engagement in follow-up parent focus groups (see Appendix Four for details).

Overall, the evaluation is a used a mixed methods approach. The data collection tools (see Appendix Five for details) included:

- Ticketing data collected through Eventspronto software from the three Nigel Latta presentations held over the 11<sup>th</sup> and 12<sup>th</sup> of May 2021.

- Feedback from parents and caregivers who attended the three Nigel Latta presentations. This included a pre and post presentation on-line and paper-based survey.
- Summary of discussions from parent focus groups, that were held following the presentations.
- On-line survey to all participating schools.
- On-line survey to all parents who attended the parent focus groups.
- On-line survey to all core members of the project group.

The information from all the on-line surveys were analysed by the use of SPSS V 26. The focus group results were summarized by-hand using thematic analysis.

## **Results - Ticketing Information Data**

Parents were asked to purchase their free ticket on-line before attending the Nigel Latta: Our Kids and Alcohol events. Parents were given a choice of two, day-time events (Devon Intermediate from 1-3pm on 11<sup>th</sup> May and Manukorihi Intermediate 9 – 11am on 12<sup>th</sup> May) or one evening event at Highlands Intermediate (7-9pm on 11<sup>th</sup> May). The tickets were organized using the Events Pronto ticketing software. At the event the electronic tickets were checked off against the list of on-line tickets. Those who did not show up to the event were deleted from the data.

## **Other Schools Associated with Attendees**

As part of the on-line ticketing process parents were asked what schools they were associated with. The software allowed for parents to name all the schools their children went to. Out of the 454 parents who attended the presentations a total of 33 schools were identified.

Just over three-quarters (77%) of the schools identified were one of the four schools involved in the pilot programme. About four-fifths (88%) of the schools identified by parents had Year 7 and 8 students on their role. These findings show there was a good turnout from parents of intermediate aged students to the event (see Appendix Six).

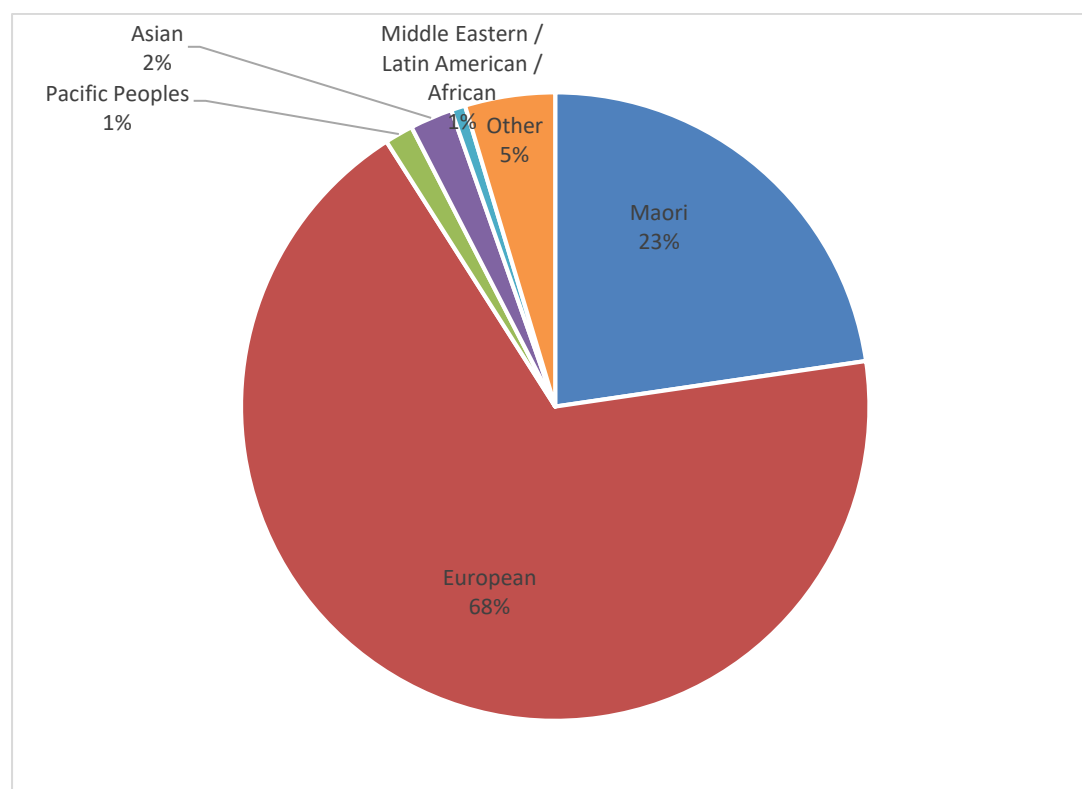
## **Ethnicity of Event Attendees**

About 90% (410 out of 454) of the parents answered the question regarding which ethnic group they identified with. The ethnic groups identified in the ticketing data generally reflect those seen in the New Plymouth District population. In the 2018 Census, the majority (85.4%) of the population identified as European, and 17.8% identified as Māori. Pacific peoples (2.2%), Asian (5.2%), Middle Eastern/Latin American/African (0.7%) and other ethnicity (1.4 %) comprise much smaller proportions of the New Plymouth District population<sup>4</sup>.

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<sup>4</sup> [Place Summaries | New Plymouth District | Stats NZ](#) retrieved on 28/ 02/22.

**Figure One – Ethnicity of Event Attendees**



There was a slightly higher proportion of event attendees who identified as Māori (23%) compared to the over-all New Plymouth District population (17.8%). One explanation for this is the selection of two schools in the project that had high proportions of Māori students on their school rolls.

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

School	Maori	Pacific	Total	%Maori	%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%
<b>Total for pilot schools</b>	<b>492</b>	<b>36</b>	<b>1571</b>	<b>31%</b>	<b>2%</b>
All Other schools with Y8 and Y9 students	229	22	1004	23%	2%
<b>Total</b>	<b>721</b>	<b>58</b>	<b>2575</b>	<b>28%</b>	<b>2%</b>
Coverage of intermediate students in NPDC area	68%	62%	61%		

Source: Ministry of Education<sup>5</sup>,

<sup>5</sup> 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](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.

Both Devon Intermediate and Manukorihi Intermediate have high proportions of students who identify as Māori on their school rolls. The remaining participating schools, Francis Douglas Memorial College 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. 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.

## Results - Nigel Latta Presentation – Our Kids and Alcohol

Nigel Latta, a presenter and producer of documentaries, TV parenting programmes and a registered psychologist was contracted by Taranaki Alcohol Harm Reduction Group to give three presentations to parents and caregivers of intermediate-aged children. The topic was the importance of delaying the on-set of drinking alcohol in children. These presentations were delivered to whānau of three intermediate schools in the New Plymouth District on the 11<sup>th</sup> and 12<sup>th</sup> of May 2021. Two presentations were held during the day and one presentation held at night. A total of 452 parents and caregivers attended these presentations.

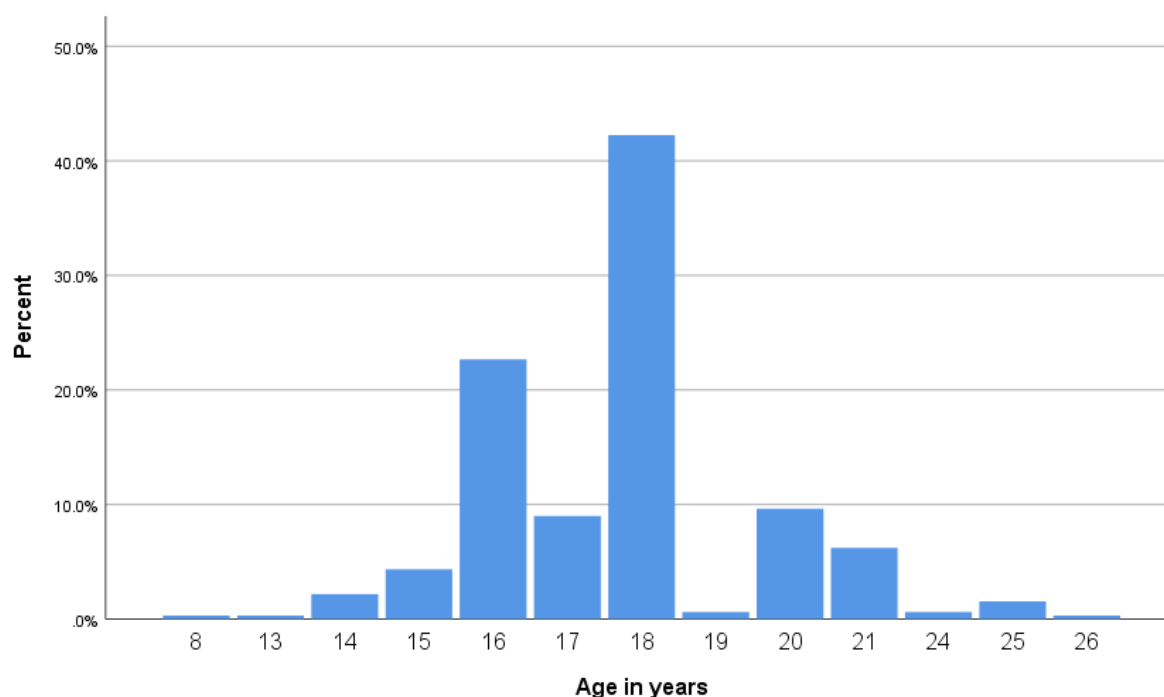
### Presentation Findings - Before

Of the 452 parents and caregivers who attended the presentations, 330 completed a before-presentation survey, either through an on-line survey monkey (n=147) or paper form given to them at the presentation (n=183), with the overall response rate being 73% (330 out of 452). (See Appendix Five for Survey Form).

#### What is a reasonable age for young people to start drinking alcohol?

Respondents were asked, 'In general, at what age do you think it is reasonable for young people to start drinking alcohol?' The mean age given by respondents was 17.75 years of age (CI:95%: 17.52-17.97). The median age was 18 years of age, with minimum of 8 years (to be given sips of alcohol) to a maximum of 26 years.

**Figure Three: In general, at what age do you think it is reasonable for young people to start drinking alcohol?**



Respondents were asked to explain why they chose that age as a 'reasonable age for young people to start drinking alcohol'. Key reasons given by respondents (n=197) who wanted to delay drinking until 18 years and over included:

- 18 years of age and over is an age when parents considered their children to be mature and responsible (74 respondents).
- Until their children can purchase themselves or have left home, i.e. loss of parental control (62 respondents).
- To support brain development (59 respondents).
- The more you can delay the on-set of drinking, the better (13 respondents).
- Want the existing purchase age (18 years of age) to be older (12 respondents).

Key reasons given by respondents who supported drinking at under 18 years of age included:

- Of the view that you can teach your children to drink responsibly at home by giving them sips or small amounts with parents (61 respondents).
- The impact of peer pressure/realistic age for young people to be drinking (31 respondents).
- That young people under 18 are mature and responsible (26 respondents).
- Based on their own experience, i.e. when they started drinking (9 respondents).

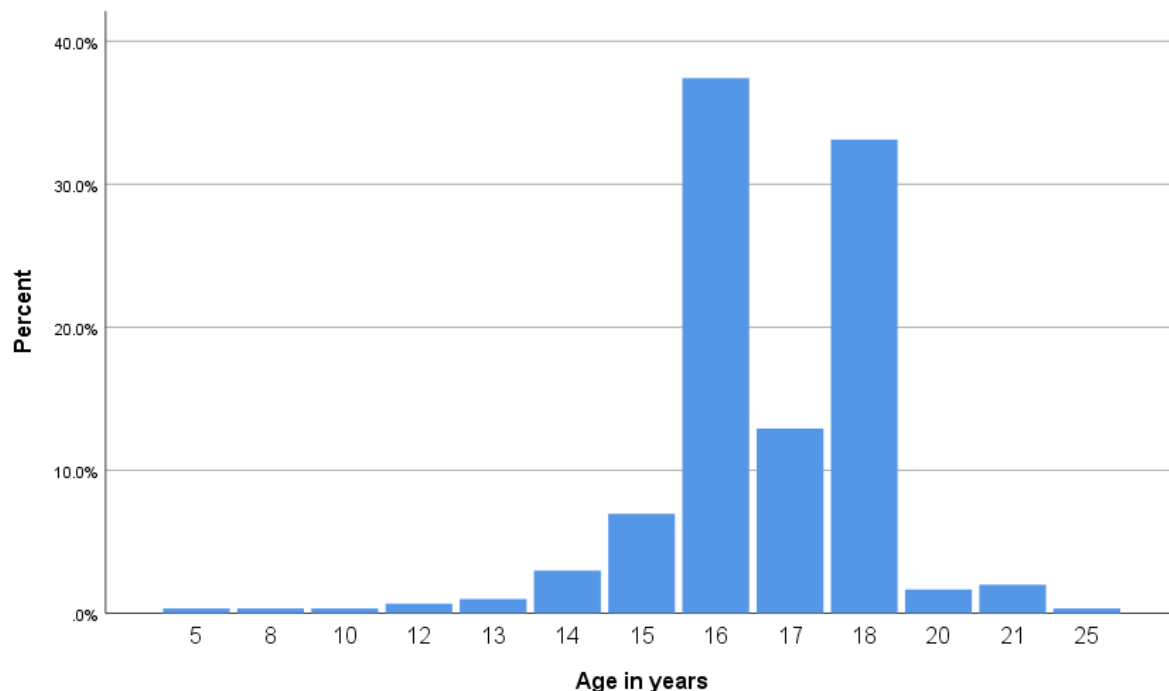
See Appendix Seven (figure one) for more details.

### **What age would you permit your own child to drink alcohol?**

Respondents were then asked what age they thought they would permit their own child or children to drink alcohol. The results show that the age for which parents they would permit their own child to drink is much younger than for young people in general. The mean age is 16.72 (CI:95%: 16.52-16.92). The median age is 16.5 years, with a minimum of 5 years and a maximum of 25 years.



**Figure Four: Thinking about your own child/ren, at what age do you think you will permit them to drink alcohol?**



Respondents were asked to explain why they chose that age as a 'age you would permit your own child/ren to start drinking alcohol'. The results show there is a strong belief, expressed by 47% (156 out of 330) of the total respondents, that you can teach your children to drink responsibly by giving them small sips from a young age and supervising teenage drinking at home. This finding is in-line with the old messages that Public Health Units and other agencies have given parents in the past, with the development of guides like 'party packs' or guidelines on supervising teenage drinking.

Respondents were split on what age they consider their children to be mature and, therefore, able to drink responsibly, with 16 respondents stating below 18 years of age and a further 18 respondents stated they need to be over 18 years of age (see Appendix Seven, figure two for details).

Key reasons given by respondents (n=197) who wanted to delay drinking until 18 years and over included:

- Wanted their children to wait to legal purchase age (56 respondents).
- To support brain development (22 respondents).
- To delay as long as possible (8 respondents).

Key reasons given by respondents who supported drinking at under 18 years of age) included:

- Concerned about peer pressure and wanting their children to fit in with their peer group (31 respondents).
- That you to have conversations, at a young age, with your children about alcohol (14 respondents).
- Based on their own experiences with older children or age that parents/caregivers started drinking (10 respondents).

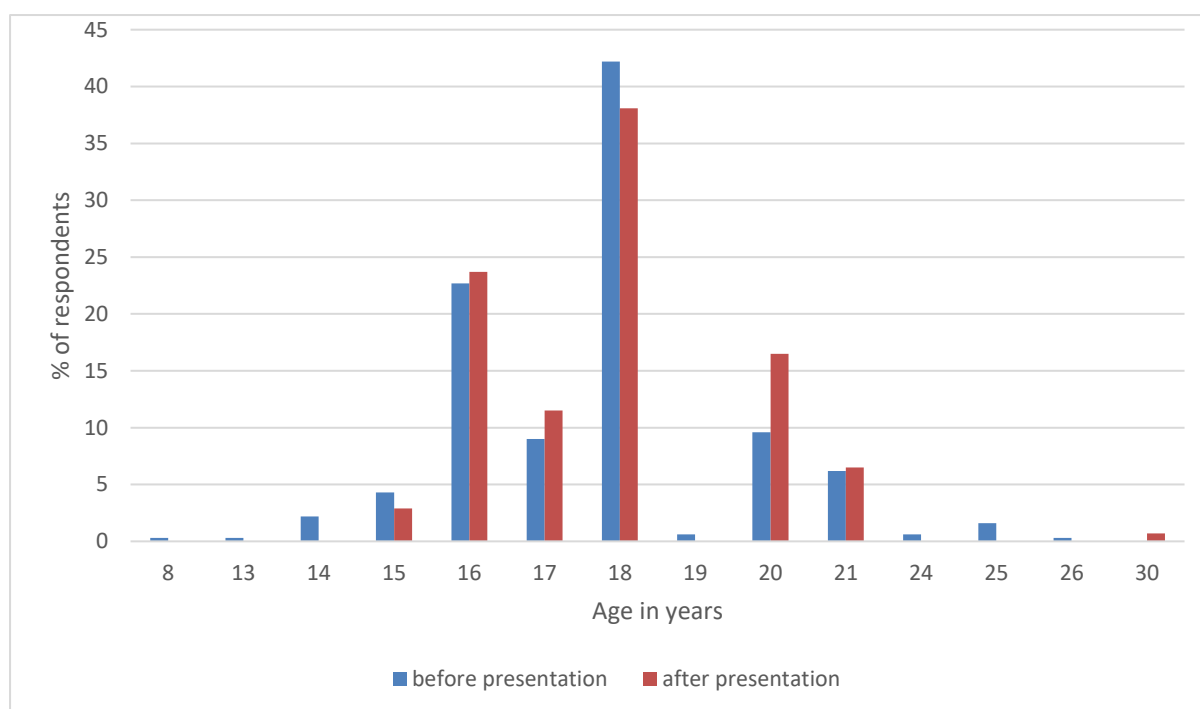
## Presentation Findings - After

Of the 452 parents and caregivers, 157 completed an after-presentation survey, either through an on-line survey monkey (n=144) or paper form given to them after the presentation (n=13), with the overall response rate being 35% (157 out of 452). (See Appendix Four for Survey Form). It is noted that parents had less time available after events to complete the paper-based survey forms as they either had to pick up children from school (afternoon event finished around 3.00pm) or wanted to go straight home after the night event. It is also noted that around the same number of people completed the on-line survey monkey for both the pre and post surveys (n=147 for the pre and n=144 for the post). While there is no mechanism for identifying if the same parents completed both the pre and post survey monkey on-line, this finding does suggest that for the post-presentation findings there is a strong bias towards parents who were able to access and complete the survey on-line.

### What is a reasonable age for young people to start drinking alcohol?

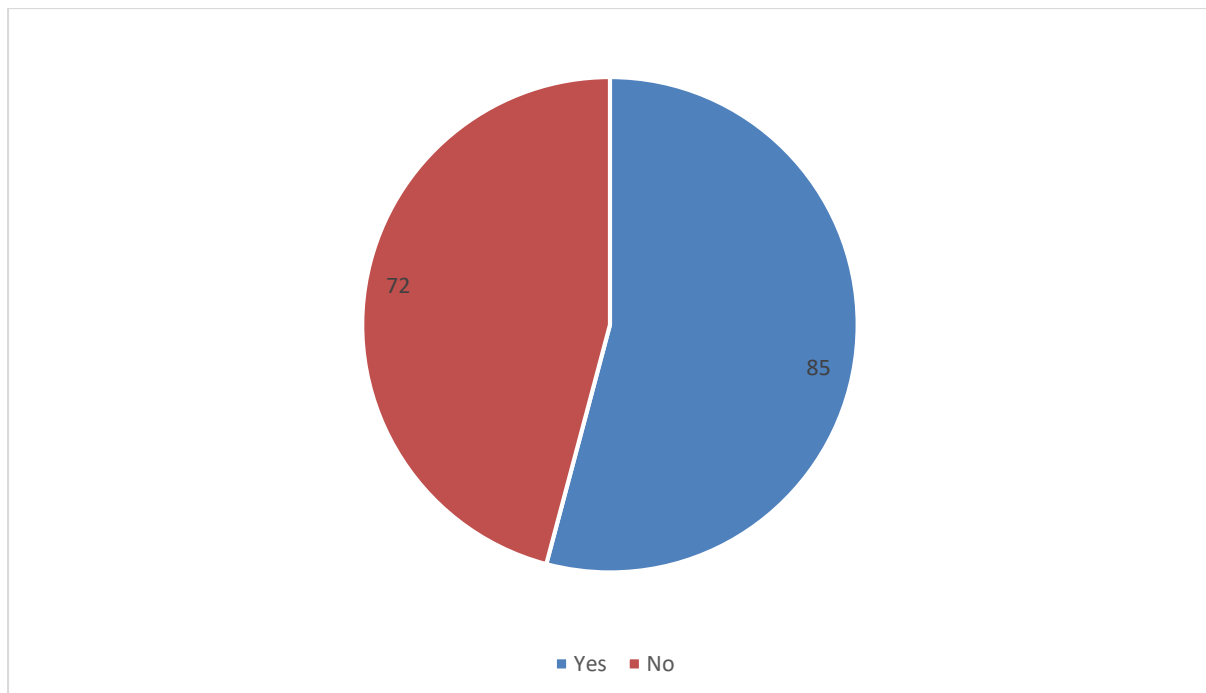
Respondents were asked, 'In general, at what age do you think it is reasonable for young people to start drinking alcohol?' The key message of 'no drinking under 15 years of age' is evident in the after-presentation sample, with the minimum age being 15 years of age. The average age after the presentation was 17.9 (CI:95%: 17.53-18.35) years of age, with a minimum of 15 years and maximum of 30 years. The median age was 18 years of age.

**Figure Five: Reasonable age for young people to start drinking –before and after presentation**



Just over half (54%) of respondents stated that their view of what is a reasonable age or young people to start drinking had changed as a result of listening to Nigel Latta's presentation.

**Figure Six: Did your view of what is a reasonable age for young people to start drinking alcohol change as a result of listening to Nigel Latta's presentation?**



For respondents who stated 'yes' (n=85) that their view had changed, the key reasons given included:

- Presentation showed the need to delay as long as possible (28 respondents).
- To support brain development (26 respondents).
- Due to the cancer risk (20 respondents).
- Their previous thinking about starting their children drinking early and teaching them to drink responsibly was wrong (15 respondents).
- You should not give alcohol, not even sips, to those aged under 15 years of age (12 respondents).
- Gave you the facts and was a real eye opener (7 respondents).
- Younger you start, more likely to have a drinking problem (2 respondents).
- Made me think about my own drinking (1 respondent).

For respondents who stated 'no' (n=72) their views had not changed the key reasons given included:

- Already knew the risks and it was better to delay/had been to other talks (35 respondents).
- Agreed with what presentation said, and it reinforced what I was thinking (24 respondents).
- Should be 18 as this is when you are legally an adult and can purchase alcohol (5 respondents).

Overall, the findings show that for respondents who were not aware of the need to delay the on-set of drinking in young people, the presentations were effective in communicating this new information.

Respondents reported taking on new information and intentions to change alcohol is managed at home including not giving children under 15 year of age any alcohol, not any sips. More work is also required to get these messages out to more parents who are not already aware / informed of the importance of delaying the on-set of drinking.

## Results - Summary of feedback from Focus Group One:

A total of four focus groups with parents of intermediate aged children, were held following the Nigel Latta presentations. The focus groups were attached to the four participating schools – Francis Douglas Memorial College, Devon Intermediate, Highlands Intermediate and Manukorihi Intermediate.

### **What's on top:**

All focus groups started with doing a quick round of 'what's on top', to collect information on what parents have been thinking about after attending the presentation. The most common themes included:

- Making changes at home, including reducing their own drinking, moving alcohol out of sight, not giving children sips of alcohol and setting new rules and boundaries with their children about alcohol (13 participants).
- Parents were concerned about the wider environment that they and their children lived in that normalized drinking and how that would impact on their ability to delay onset of drinking for their young people. This included how alcohol is marketed to young people and alcohol sponsorship in sport (12 participants).
- Presentation had given them new information and had changed their attitudes and conversations around alcohol with their children and other parents (8 participants).
- Ideas on how to get the message of delaying on-set of alcohol out there to a wider group of parents (6 participants).
- General parenting issues regarding trust, knowing your child and what stage they are at with alcohol (some not interested, others are) and wanting to foster independence but also have a balance (7 participants).

### **Group Activities:**

Parents were split into smaller groups and asked a number of questions.

### **What conversations are you having about alcohol with your children?**

Generally, parents were having a number of different conversations about alcohol with their children. Some started with asking 'what if?' to try and empower their children to make good choices, others used real-life examples of what could go wrong and the effects and impacts of drinking. While some parents wanted to freely discuss 'anything and everything' other were concerned about sharing their bad experiences with alcohol with their children.

### **What things enabled you to have conversation about alcohol with your children?**

Having parents as a collective group wanting to delay the on-set of drinking was a key enabler of having conversations about alcohol with your children. Having Mum and Dad on the 'same page' on delaying on-set of drinking was also another key enabler. Other enablers included:

- Having different tactics for different children.
- Role modelling by having alcohol out of view or reducing their own drinking.

## **How do we get the message of delaying on-set of alcohol for young people out to whānau?**

Key suggestions included:

- Using social media and technology (9 participants).
- Having speakers – ‘anyone but Mum and Dad’ or someone on the level of ‘cool’ to share messages (7 participants).
- Developing learning resources and games (7 participants).
- Using school and sports clubs as settings and doing special events (5 participants).
- Providing other activities for young people that do not involve alcohol to have fun (5 participants).

## **What are the barriers to getting the message out there?**

Key barriers included:

- Alcohol is part of all family events/kids seeing aunts, uncles, cousins drinking (14 participants).
- Alcohol is normalized /all celebrations have alcohol/drinking culture in New Zealand (8 participants).
- Lack of information about the risk of drinking (3 participants).
- Peer pressure to drink (2 participants).

## **Key questions (put to Nigel Latta following the first focus groups):**

### **Support for Parents:**

- At what age do you start a conversation about alcohol with your children?
- How do you start a conversation about alcohol with your children?
- What are examples of age-appropriate messages or one-liners?
- How much do you share of your own experiences with alcohol with your children?
- What are some different approaches for different personality types?
- How do you get both parents on the same page about alcohol?
- How do parents’ role model?

### **Supportive Environment in the Wider Family:**

- How do you get the rest of the wider family on board? For example, a family that drinks freely, takes the kids to the pub and buys them ‘special beer’, has alcohol at all family events/holidays/gives children sips?

### **Supportive Wider Environment in our Community:**

- How do we address the issue of alcohol advertisement in sport?
- How do we address wider alcohol advertising?
- How do we get alcohol out of the food shops?

## **What do we need? What can we do for our community in Taranaki?**

Key suggestions included:

- Create fun events and activities for young people that are alcohol-free (8 participants).
- Ways of supporting and connecting parents (8 participants).
- Addressing the alcohol advertising, sports sponsorship and the way we talk about alcohol (4 participants).
- Use of role models (2 participants).

## Results - Summary of Feedback from Focus Group Two

A total of 22 parents participated in a second round of focus groups held between 30<sup>th</sup> August to 13<sup>th</sup> September 2021. Due to COVID-19 restrictions the focus groups were completed over zoom video conferencing rather than face-to-face.

**Figure Seven: Focus Group Participants**

School	Male	Female	Total
Highlands Intermediate	2	5	7
Francis Douglas Memorial College	0	5	5
Manukorihi Intermediate	0	2	2
Devon Intermediate	2	6	8
Total	4	18	22

At the start of each focus group participants were shown a PowerPoint summary of the findings from the first round of parent focus groups. As part of this summary, a number of key questions were generated and sent back to Nigel Latta to answer. Nigel Latta prepared a 15-minute video to answer focus group parents' questions (see Appendix Seven). This was shown to parents at the second round of focus groups. The order in which participants were shown the PowerPoint summary and video varied between focus group, with the first focus group shown the PowerPoint summary followed by the Nigel Latta video and all subsequent focus groups shown the Nigel Latta video followed by the PowerPoint summary.

### **Parents reactions to the PowerPoint and Nigel Latta Video:**

Three out of the four parent focus groups were keen to lobby the local Member of Parliament and to work with local sports clubs and local government to reduce alcohol advertising and sport. However, they were unsure of how to approach local politicians.

### **How do we approach local politicians and what would be our first steps?**

Overall, the parents saw value in working together to develop a strategy and then lobbying local and central government and their local sports clubs for change. The aim of this was to be a parent led strategy with a plan going forward to affect change.

Two of the focus groups also discussed ways to address alcohol advertising across other media platforms such as Google, Facebook, Instagram and Snapchat.

The remaining focus group discussed the advice from Nigel Latta regarding what were the best ways to approach a conversation about alcohol with your children. This advice included 'asking the children what they think about alcohol' rather than 'lecturing them'. The participants also discussed ways of ensuring their children were aware of the risks of drinking especially harm to developing brains and also the damage alcohol does to our community, e.g. alcohol-related violence.



Two groups also discussed a photograph (supplied by one of the parents) of a new range of alcohol flavoured potato chips, e.g. Bourbon BBQ, Gin, Lemon & Thyme, and Margarita.

### **Experience of talking with tamariki about alcohol:**

Participants were asked about their experiences having conversations about alcohol with their tamariki. All participants had had a conversation about alcohol with their tamariki, with one group reporting that being part of the parent focus group had 'helped make it easy to introduce and start conversation in our home/whare'.

All groups talked about having 'casual' conversations when outside the home or in the supermarket, often prompted by things that they see that are alcohol related.

*Glass recycling bins seen on the curb side was a great topic starter with child/tamariki.*

All participants felt it was important to 'normalise' these conversations. Three out of four of the groups felt it was important to 'have these conversations early'. Being open with your own experiences with alcohol was also seen as important by three out of the four focus groups. Informing their children about the harm of alcohol on their developing brains was seen as important by three out of four of the focus groups.

Other comments included:

- Need to understand your child and how to approach the topic with them (2 focus groups).
- That alcohol is a carcinogen and is damaging (2 focus groups).
- Parents need trusted sources of information, e.g. perhaps an app for parents to go to (1 group).
- Importance of role modelling drinking including limiting alcohol purchasing or offering to be the sober driver (1 group).

*Limiting alcohol purchase to a minimum rather than quantity and the attitude, 'don't drink to just get drunk'.*

- How to communicate with parents who allow alcohol (1 group).

### **How do we get parents to support each other to delay the on-set of drinking in young people?**

Three out of the four focus groups were asked questions around how we can get parents to work together or support each other to delay the on-set of drinking alcohol with their young people. The key suggestions from the focus groups included:

- Having good role models to be inspired by and their stories (3 focus groups).
- Have one-on-one conversation among our peer groups (2 focus groups).
- Parents need access to good quality information and resources about alcohol related harm, e.g. websites for questions and answers, use of social media platforms (1 focus group).
- Keep the message at grassroots level rather than a government mandate (1 focus group).

- Investigate how the school could support parents to have conversations with their tamariki about alcohol (1 focus group).

Parents also discussed strategies that they could use with their tamariki to support them to delay the on-set of drinking. These included:

- Having discussion with their tamariki about strategies to use if they are in situations where they are uncomfortable or feel unsafe (2 focus groups). Having discussions about safety inside and outside the home, as we cannot control other family environments and occurrences out in public.
- Create code words with your children if they feel uncomfortable and need to talk to Mum or Dad or come home, e.g. in text messages or phone.
- Ways of getting the message out to a wider group of parents.

All focus groups were asked about ways to get the message of delaying on-set of drinking in young people out to a wider group of parents. These included:

Use of websites and social media:

- Parents need resources and information (4 focus groups) and need to provide links to credible websites or apps.
- Have a One-Stop Shop app site. A website to give information that is useful to both parents and children/tamariki. This should offer high level easily digestible data pack with links into research and good factual evidence.
- Use of social media platforms like Facebook to get the message out to parents. (3 focus groups)

School based setting:

- Incorporate information on the importance of delaying on-set of drinking alcohol for young people into school curriculum (4 focus groups).

*Children to be educated on health and safety around alcohol and the consequences. Using schools as an intermediary to send information home with students, e.g. a pack of cards with conversation starters, ideas for families during Covid-19 lockdown.*

- Work with schools to make sure alcohol is not available at school events or used in fundraising (3 groups).
- Alcohol free evenings, quiz nights, fundraisers, just cheese and lemonade nights. School fundraisers and use Prize Giving as a means to introduce, discuss and highlight the topic. Students to complete a school research project, e.g. essay or speech (1 focus group).

Events and Activities:

- Have a Nigel Latta Presentation evening for parents and their children to attend (2 focus groups). Have an event with parents and children (2 focus groups), e.g. Amazing Race around importance of delaying on-set of drinking for young people.
- Use of other role models like Nigel Latta, Dr Hinemoa Elder, local councillors and iwi leaders identifying how people have grown up and their cultural experiences in speaking

about alcohol (2 focus group). One group noted the importance of having more male role models.

- Use one main star to present an event, e.g. Nigel Latta accompanied by a panel of experts, TV/Sport personalities, well known locals and Iwi leaders.
- Use a celebrity to present a lecture or TV programmes, e.g. Nigel Latta or Nathan Wallace, accompanied by a combination of experts, TV/Sport personalities, local and Iwi leaders.

#### Advocacy and Lobbying:

- Lobby government to remove alcohol sponsorship in sport, like what the Government has done for smoking (2 focus group)
- Lobby existing organization that provide health education in schools such as the Life Education Trust and St Johns to include information on the importance of delaying on-set of drinking alcohol into the school curriculum (1 focus group).
- Work with the local council to include a youth voice (1 focus group).

#### Ways of connecting with other parents/looking out for other children:

- A parent details database through the school for parents to make contact with each other (1 focus group).
- A collective shared responsibility for our tamariki, e.g. does your Mum or Dad know where you are? (1 focus group).

#### General advertising and marketing:

- Use of billboards, pamphlets, magnets with slogans regarding the importance of delaying on-set of drinking alcohol for young people (2 focus groups).
- Advertising information to other parents, e.g. at early childhood education, playcentres, playgroups, kindergartens etc (1 focus group).
- Marketing and labelling campaigns, e.g. tags with basic information and links to websites about alcohol on bottles sold in our Supermarkets and Bottle Stores, thereby pushing the conversation out into the community (1 focus group).

#### Follow-up with focus group parents:

Parents were asked how often they would like to be followed-up regarding this project. It was initially thought by TAHRG to following up with focus group parents every year to collect information on how they were going with delaying the on-set of drinking for their children. Three focus groups were happy with an annual follow-up and another focus group wanted to be follow-up quarterly, i.e. every three months.

#### Additional comments:

Three out of the four focus groups felt the more important aspect of the project was to enable parents to be comfortable and brave to have conversations about alcohol and our children/tamariki.

## Results - Schools On-line Survey

The majority (4 out of 6) schools approached engaged in the pilot project. The remaining two schools declined to participate in the pilot project due to having 'too much on'. It is noted that the pilot project was conducted during the COVID-19 pandemic in New Zealand. For the Maori Medium school, the members of the whānau hui, where the project was presented, decided that for the 20 Year 8 and 9 students at the kura, alcohol was not an issue for their tamariki at this stage.

A survey monkey link was sent to the four schools Principals who were part of the pilot programme regarding delaying on-set of drinking in intermediate aged students in Taranaki. The data was collected between 21<sup>st</sup> to 24<sup>th</sup> October 2021. The total number of respondents was five, as one school had two contact people due to the changes in the school at the time as the Principal was on sabbatical, and the Deputy Principals were sharing the role.

### Information provided to the schools

Only four out of five respondents answered these questions regarding the initial project planning. The remaining respondent did not answer this question as they were not the contact person for the project in the early stages.

All of respondents (who answered this question) indicated that the amount of initial information given about the project was 'about right'. All respondents also felt that the information provided to their schools for inclusion in the school newsletter to inform the school community was also 'about right'.

When considering the information given to the staff at the school all respondents were happy with the amount of information provided, with one respondent commenting the presentation by the TAHRG group given to the school was described as 'very good'. All respondents also felt that the information provided to their schools around the requirements to host an event with Nigel Latta was 'about right' with one respondent adding a comment that the information was 'excellent'.

All respondents indicated that the amount of information given for the parent focus groups was 'about right'.

### Hosting the event

Of the four schools involved three went on to host a presentation. Only the three hosting schools answered these questions.

The involvement and number of parents who attended as well as the organisation of the event itself were seen as things that worked well. It was noted that the parents who did attend may not have been those who necessarily would have had the most benefit. Strategy to attract parents who may be less likely to engage could be considered for future projects. There were no suggestions for improvements to the events given.

Events were held at different times of day, when taking that into account respondents were asked to rate the number of parents who attended, two of the respondents indicated that they felt attendance was 'very good' and the remaining respondents rated attendance as 'poor'.

### Key messages

Key messages were identified as being education (of the child) and understanding the influences and impact of drinking on young people.

### **Recommending project to other schools**

Feedback that the schools received from parents ranged from 'mixed' to 'positive'. All schools who hosted events would recommend to other schools being involved in the project. Suggestions as to which schools it was felt could benefit from the project ranged from all, those with intermediate aged students to high schools.

### **Parent Focus Groups**

Nearly all (4 out of 5) of the respondents agreed that parent focus groups were a good way to co-design the messages and strategy for other parents around delaying onset of drinking. The remaining respondent did not answer this question.

### **Summary of findings from the Pilot Programme Schools**

It is evident from these responses that the initial communications with schools was appropriate, that the events were well run and received. Suggestions for future events included:

- Consider time of day when planning events.
- Continue the use of parent focus groups.
- Consider multiple methods of message delivery to increase options for parent engagement.

## Results - Parent Focus Group Feedback Survey

The Nigel Latta presentation was held on May 11<sup>th</sup> and 12<sup>th</sup>. The first parent focus groups were held starting at the end of June. The second focus group were held at the end of August through to mid-September. A survey monkey link was sent to the all 20 parents who were part of both parent focus groups for the pilot programme regarding delaying on-set of drinking in intermediate aged students in Taranaki. The data was collected between 28<sup>th</sup> September to 26<sup>th</sup> October 2021. A total of 14 parents completed the on-line survey, comprising a response rate of 70% (14 out of 20).

### Sample Profile:

#### Gender

The majority (11 out of 14) of the respondents were female. Of the remaining three respondents one was male and two did not state their gender.

#### Ethnicity

The majority (12 out of 14) identified as New Zealand European as their ethnic group. The remaining two respondents identified as Māori as their ethnic group.

#### Age of children of focus group parents

The majority (10 out of 14) of respondents of the had more than one child. The ages of the children show that the majority (9 out of 14) of the respondents had children 15 years and younger.

#### Figure Eight - Age of Children of focus group parents

Age of Children	Count
11 or younger	12
12-15	12
16 or over	5

NB: totals do not add up to 14 as parents may have had more than one child.

#### Schools attended by children of focus group parents

Findings show that the respondents had children that went to a number of different schools throughout New Plymouth District Council area. The four pilot schools of Devon Intermediate, Highlands Intermediate, Francis Douglas Memorial College and Manukorihi Intermediate are all represented in schools identified by respondents.

**Figure Nine – Schools attended by children of focus group parents**

<b>School(s) Children Attend</b>	<b>Count</b>
Francis Douglas Memorial College	3
Sacred Heart Girls College	3
Devon Intermediate	3
West End Primary School	3
Manukorihi Intermediate	2
New Plymouth Girls High School	2
New Plymouth Boys High School	2
Highlands Intermediate	1
St. John Bosco Primary School	1
St Pius Primary School	1
Urenui Primary School	1

### **Signing up for the parent focus groups**

The two main ways participants signed up for the parent focus groups was either straight after the presentation (6 out of 14) or via the online post presentation survey (6 out of 14).

The reasons participants gave for joining a focus group can be grouped into several themes

- Interested in the topic and wanting to become more informed
- Wanting to contribute to what was perceived as a worthwhile cause
- To develop parenting strategy around alcohol
- Recognising the worth of working as a group and gaining insights from other parents

All participants indicated that the amount of information received prior to the focus groups was ‘about right’ and comments indicated that communication was clear and easy to follow. Nearly all (13 out of 14) of the respondents indicated that email was the best way to receive information.

Nearly all (13 out of 14) felt the time between the presentation and the first focus groups ‘was about right’. Slightly less (12 out of 14) of the respondents thought the rated the gap between the first and second focus group as ‘about right’. It was noted that increased gaps between presentations could reduce the momentum of the group as well as participants recall of key points.

Participants were asked what they liked about being in the focus groups, comments reflected the theme that participants enjoyed the opportunity for open discussions (9 respondents) and valued gaining insight and ideas from other parents (2 respondents).

Just under half (6 out of 14) respondents identified aspects of being in the focus groups that they did not like. These included:

- Did not like using the zoom platform for the second focus group (3 respondents).
- Difficulties contributing to the discussion (2 respondents). Of these, one respondent stated it was due to ‘louder voices’ and another respondent indicated it was due to zoom format used in the second focus group.

- Need a more diverse group was needed due to likely 'speaking to the converted' (1 respondent).

In regard to the stated aims of the focus groups, the majority (11 out of 14) of the respondents felt that parent focus groups were a good way to co-design messages and strategy about delaying the onset of drinking. The key reasons included the value in gaining different perspectives and that it was a good method for developing good ideas. Of the remaining respondents two felt there could have been more action or progress.

#### **Changes in your whānau/family as a result of being in the parent focus group:**

Nearly all (12 out of 14) of the respondents had made a or changes in their whānau/family as a result of being in the parent focus group. The key changes included:

- Making changes to either own consumption of alcohol (either in general or in front of their children) and/or to the way alcohol was used/treated in the house (7 respondents).
- Increased communication/discussions about alcohol within their whānau/family (6 respondents).

#### **Making connections to other parents:**

Five out of 14 respondents indicated that they made connections through the focus group including two who indicated that they had follow up discussions with other groups of parents after the focus group sessions. Five respondents commented that they either already knew some of the participants or may be interested in making connections. One respondent who indicated that they hadn't made a connection reflected on difficulties relating to the group.

#### **Suggestions for improvements:**

About half (6 out of 14) of the respondents made suggestions for improvements.

- Outline of future activities/action (2 respondents).
- Increase the number of parents involved (1 respondent).
- More advertising via schools (1 respondent).
- Provide pre focus group material (1 respondent).
- Develop working groups for those keen to continue to be involved in the project (1 respondents).
- Including a Rangitahi group (1 respondent).

#### **Additional comments:**

Six respondents made additional comments. Comments were generally around being pleased to be involved, it was a learning experience, that the project was a valuable initiative and that should be continued. One suggestion included that the project is promoted with a "catchy brand and website" suggesting something like the group D.A.R.E.



### Results - On-line survey with programme staff (paid and unpaid):

A total of five respondents completed an on-line survey aimed to collect feedback from individuals involved in the delaying on-set of drinking in intermediate-age children project. The data was collected from 11<sup>th</sup> November to 12<sup>th</sup> December 2021.

#### Length of involvement in the project:

The majority (3 out of 5) of the respondents stated they had been involved since the beginning of the project, which was in 2018. Of the remaining respondents, one joined the project in November 2020 and another in February 2021.

#### Type of involvement:

The majority (3 out of 5) of the respondents were involved in the general organization of the project.

*Attending TAHRG meetings, participating in event planning and assisting with Nigel Latta events.*

Two remaining respondents had taken on Co-ordination roles that were paid out of the external funding from the Te Hīringa Hauora/ Health Promotion Agency.

#### Key factors that led to the establishment of the project:

Nearly all (4 out of 5) of the respondents stated current evidence showing the importance of delaying on-set of drinking in young people was the key factor that led to the establishment of the project. The evidence was mainly sourced from literature, and one respondent also mentioned the high rate of hazardous drinking in the Taranaki region.

*Our process looked at who is vulnerable to alcohol related harm, what factors that increase the risk of harm, what the literature tells us about effective approaches to mitigate the risks and what might be within our capacity to deliver at a community level. This led us to focus on informing and supporting parents to consider delaying supplying alcohol to their children in advance of the time when this becomes an issue for them.*

The remaining respondent was not involved in the group at the establishment of the project, so could not answer this question.

#### Organisations involved in the initial project:

There was a range of organisations involved in the initial project. These included:

- New Plymouth Injury Safe (4 respondents)
- Taranaki District Health Board (4 respondents)
- Bishops Action Foundation (4 respondents)
- Ministry of Education/ WITT (3 respondents)
- Accident Compensation Corporation (ACC) (3 respondents)
- Tui Ora (3 respondents)
- Police (1 respondent)
- Pinnacle PHO (1 respondent)

Respondents were asked if personnel involved in the project changed over time. All respondents stated that the people involved in the project did change over time. This was due to both staff changes in the organisations themselves and some organisations ‘dropping off’ and others joining.

*Pinnacle dropped off, Tui Ora came on board as did the research evaluator of the Public Health Unit (TDHB) and the Ministry of Education representative changed roles and had to withdraw.*

#### **Impact of changes in people involved in the project:**

When asked if the changes in people involved in the project had impacted on the project, three respondents felt it had not, and one respondent commented on the importance of having the support from the evaluator and involvement from a Māori Health provider.

*It is vital to have support from the evaluator. Also, important to have involvement of a Māori provider. Those had a positive impact. Unfortunate to lose the Ministry of Education representative as his involvement had been very helpful.*

One respondent did not answer this question.

#### **Resources for the Project:**

Nearly all (4 out of 5) respondents were aware of the level of resources planned for the project. The findings show the resource was initially ‘in-kind’ with each member funded by their organization to attend the planning meetings. Once external funding was secured from Te Hīringa Hauora/Health Promotion Agency for the project there was budget for paid coordinators, a keynote speaker (Nigel Latta), event related expenses such as sound, parent focus group facilitators, transcription and vouchers for focus group parents. A number of organisations provided ‘in-kind’ resources, such as evaluation support and volunteers to help with the event.

*During the initial stages each organization involved was there due to their organisational interest in being a part of the project. Once funding was applied for Bishops Action Foundation and New Plymouth Injury Safe were paid for, coordination and the other organisations time was given in kind. During the project there were multiple volunteers. The project contracted a co-facilitator and transcriber.*

Four respondents reported that the level of resources actually used by the project matched the level of resource planned.

*Pretty much what was planned, I think.*

The only difference in resourcing between what was ‘planned’ and what ‘used’ was the number of pilot schools engaged in the project. It had been planned to engage with five schools, but only four schools participated. Respondents felt this did not have any impact on the project as they were still able to offer the three presentations as planned.

One respondent did not answer the questions regarding resourcing of the project.

### **Strengths of the project:**

All respondents identified strengths of the project. All respondents felt the key strength of the project was that it was an innovative approach regarding working with parents/caregivers and whānau of intermediate aged students to delay the on-set of drinking.

*First project of its type in New Zealand. It is timely to target caregivers and whānau of intermediate age students, before the horse has bolted.*

Another three respondents felt the support given and professional calibre of the organizing group members had been another key strength.

*The project has a high calibre of professional bodies around the table which has enabled the project to be well supported.*

Other strengths identified included:

- Project has a strong evidence base (2 respondents).
- Project is well evaluated (1 respondent).

### **Weaknesses of the project:**

All respondents identified a weakness of the project. Three respondents identified weaknesses regarding the limited reach of the programme beyond the pilot schools.

*Beyond the project partner schools there is still a low level of awareness about the issue of delay. This shows there is still work that needs to be done in making a culture change shift.*

*The parents attending are not attending are not a true representation of our communities. We need greater input form lower socioeconomic communities.*

Three respondents also felt the message around delaying on-set of drinking in young people was a difficult one to convey against an environment which supports and normalizes drinking alcohol.

*Project is up against an environment which supports or facilitates binge drinking and normalization of alcohol in society.*

One respondent also felt there was a lack of a national campaign on delaying on-set of drinking in young people to 'back the project up'.

### **Suggestions for improvements:**

Four respondents made suggestions around some of the identified weaknesses in the project to delay the on-set of drinking in young people could be overcome. All respondents suggested continuing with the project and implementing in other schools and communities.

*Rolling out phase two. Advocating for support nationally from Te Hīringa Hauora.*

*Persisting with the approach and maintaining the momentum created in the focus groups by staying focused on enabling parents.*

Three respondents also highlighted the need to engage with the wider communities to ensure a wider group of parents are involved in the project.

*Taking more time to advertise/communicate and give promotional talks to more of the wider community may help with capturing a wider audience.*

*Findings ways to incorporate more parents in the focus group and finding more community leaders to support the kaupapa.*

## Results - Long term follow-up survey with focus group parents

A survey monkey link was sent to all 20 parents who were part of both parent focus groups for the pilot programme in 2021 regarding delaying on-set of drinking in intermediate aged students in Taranaki. The data was collected between 31<sup>st</sup> March to 8<sup>th</sup> April 2022. A total of 12 parents completed the on-line survey, comprising a response rate of 60% (12 out of 20). See Appendix Five for on-line survey tool.

### Sample Profile:

#### Gender

The majority (10 out of 12) of the respondents were female. The remaining two respondents were male.

#### Ethnicity

The majority (8 out of 12) of respondents identified as New Zealand European as their ethnic group. The remaining four respondents identified as Māori as their ethnic group. One respondent identified as Polish.

When asked about the ethnicity of household members, seven respondents stated their household members identified as New Zealand European and five stated their household members identified as Māori. Other identified ethnic groups of household members include Australian, Indian and Polish.

### Shared Information

Respondents were asked if they had talked about the information with others, they had received from attending the Nigel Latta event and the parent focus groups. All respondents stated that they had talked about the information to others.

Respondents were asked about what they talked about. The majority (7 out of 12) of the respondents stated they had talked about the importance of delaying on-set 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.

#### Maori Households (n=5)

- Importance of delaying on-set of drinking in young people, including stopping giving sips or small amounts of alcohol to under 16 years of age (3 respondents).

*The harms it can do to the under-developed brains of rangatahi.*

- Alcohol and cancer link (2 respondents).
- Shared learnings and used as conversation starters (1 respondent)
- Problems caused by the binge drinking culture in New Zealand (1 respondent).

## Non-Māori Households (n=7)

- Importance of delaying on-set of drinking in young people, including stopping giving sips or small amounts of alcohol to under 16 years of age (4 respondents).

*My main concern has been about family members allowing/encouraging teenagers to drink at family get togethers. My immediate family know exactly where I stand on this topic and I have been sharing the information with wider family/friends without being overbearing.*

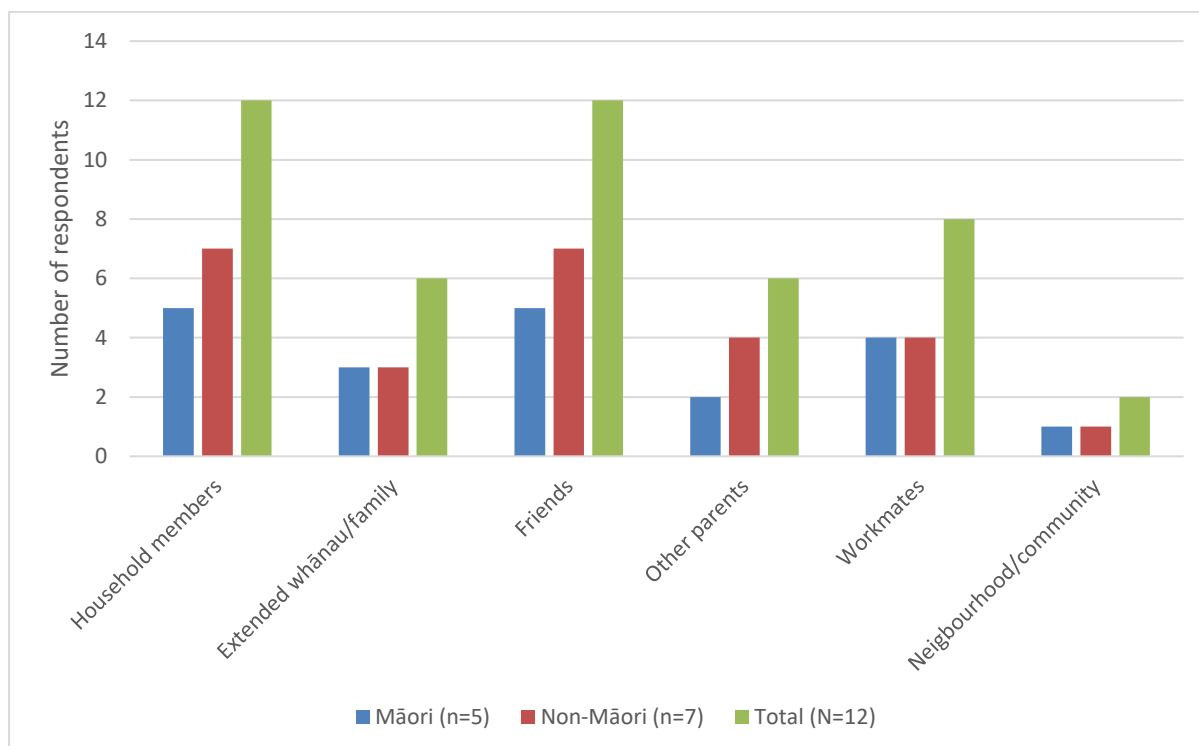
*The advice to not allow sips to younger teens.*

- How alcohol is normalised in our household, i.e. visible in the house/kids being around adult drinking (3 respondents)
- Alcohol and cancer link (3 respondents)
- On-line alcohol advertising targeting children (3 respondents)
- Shared learnings and used as conversation starters (1 respondent)

## People they talked to

Respondents were asked who they had talked to about the information they received from attending the Nigel Latta and parent focus groups. 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.

**Figure 10 – Shared information with, by Māori/Non-Māori household**



## Parents Intentions to act

Respondents were asked about what some of the things they thought they would do or change after attending the Nigel Latta event and parent focus groups. The most common actions were to communicate the key messages of the benefits of delaying the on-set of drinking for young people with their children, wider family/whānau and friends.

### Maori Households (n=5)

To communicate the key messages about delaying on-set of drinking with tamariki, rangatahi and wider friends and whānau (4 respondents)

*Speak up in social settings. I don't drink and often don't talk about it, but I've spoken more to people about it.*

*Prior to the focus groups I hadn't considered when I would allow my children to have their first drink, or when/how this would be appropriate. I am now resolved to hold off on the first drink for as long as possible and have shared this with others in my community.*

To de-normalise alcohol in household, e.g. removing alcohol from fridge and pantry, not drinking around the children (1 respondent).

To stop drinking myself (1 respondent).

*I have personally stopped drinking (my wife never drank to begin with). I thought it would be difficult, but it has been very easy so far. I'm not planning on giving up an occasional beer forever, but it's been several months now without issue*

### Non-Māori Households (n=7)

To communicate the key messages about delaying on-set of drinking with their children, wider family and friends (4 respondents)

*Talk to my family about the information I learned so that they understand the consequences of their choices.*

*Talk more about the topic; notice more about how powerful the media, celebrities etc are around the alcohol messaging.*

To de-normalise alcohol in household, e.g. removing alcohol from fridge and pantry, not drinking around the children (3 respondents).

*Put alcohol out of sight. Make sure when having a party, having kids with a babysitter or at another safe house*

To stop giving children sips of alcohol (2 respondents).

## **Actions taken**

Respondents were asked what things they had acted on or put into place since attending the Nigel Latta event and parent focus group. 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 on-set 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 on-set 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 de-normalise 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.

### **Maori Households (n=5)**

Having more conversations (within and outside of their households) about alcohol related harm and the importance of delaying on-set of drinking in young people (4 respondents).

*More conversation around the harmfulness of drinking, no matter what age, when the opportunity arises*

*Communicating the harm and risks.*

Have stopped drinking (2 respondents).

*Talked with kids about health risks, stopped drinking myself.*

De-normalise alcohol in household by removing alcohol from fridge and pantry, not drinking around the children (1 respondent).

*As in the previous question, removed alcohol from pantry, fridge.*

### **Non-Māori Households (n=7)**

Having more conversations (within and outside of their households) about alcohol related harm and the importance of delaying on-set of drinking in young people (6 respondents).

*No sips for our daughter since attending- she now knows to not even bother asking. We talk about the negative side of alcohol consumption and the marketing.*

*Talking to others about the negative social and personal impacts of alcohol.*

*The health risks and dangers of drinking to be discussed with our teenagers.*

Of the six respondents who stated they had been having more conversations about alcohol related harm, three expressed difficulties of getting other members of their families on-board with the key messages regarding delaying the on-set of drinking.



*I have spoken to my family, and many others, about the information I learned. It can be quite tricky to have these discussions with extended family, as alcohol is firmly embedded in our culture and many people are reluctant to make any changes to something they enjoy.*

*Trying to get my husband on board with the recommendations of holding off trying alcohol for as long as possible with our son.*

*Talked more about the topic; given my husband grief about drinking at mealtimes particularly with the children present.*

De-normalise alcohol in household by removing alcohol from fridge and pantry, not drinking around the children (1 respondent).

*Not having alcohol in the house. When having large groups over having a sober adult or the kids not around. Also having cord words for kids who don't feel safe in an environment.*

Reduced alcohol consumption (1 respondent)

*Reduced parents' alcohol consumption. Alcohol to have less focus in our socialising.*

### **Attending further focus groups**

Respondents were asked if they would be interested in attending another zoom hui parent focus group to reconnect with other parents. Just over half (7 out of 12) stated they would be interested in attending another zoom hui parent focus group to reconnect with other parents. Of these respondents two were Māori and the remaining five were Non-Māori.

### **Additional comments**

Nearly all (10 out of 12) of the respondents made additional comments. The majority (6 out of 11) made general positive comments regarding the event and parent focus groups. A further four respondents highlighted the need to continue to talk about the benefits of delaying on-set of drinking in young people, through conversations, hosting more events, or other ways they could be kept up to date with information on the topic. One respondent felt that it was important to include children in any further planning.

### **Maori Households (n=5)**

General positive comments (2 respondents).

*Have enjoyed the focus group, and efforts put in by organisers*

*It was great learning and I appreciated the opportunity to take part.*

Request to be kept up to date about the benefits of delaying on-set of drinking in young people through their involvement in New Plymouth Injury Safe (1 respondent).

*I'll be keeping up to date with what New Plymouth Injury Safe is doing.*

Important to include children in any further planning (1 respondent).

*Our children should be side by side with us, collectively.*

One respondent did not make a comment.

### **Non-Māori Households (n=7)**

General positive comments (4 respondents).

*Thanks for the team who organised it. It was a good experience.*

*The information acquired during the sessions has been very useful.*

*Was a great initiative.*

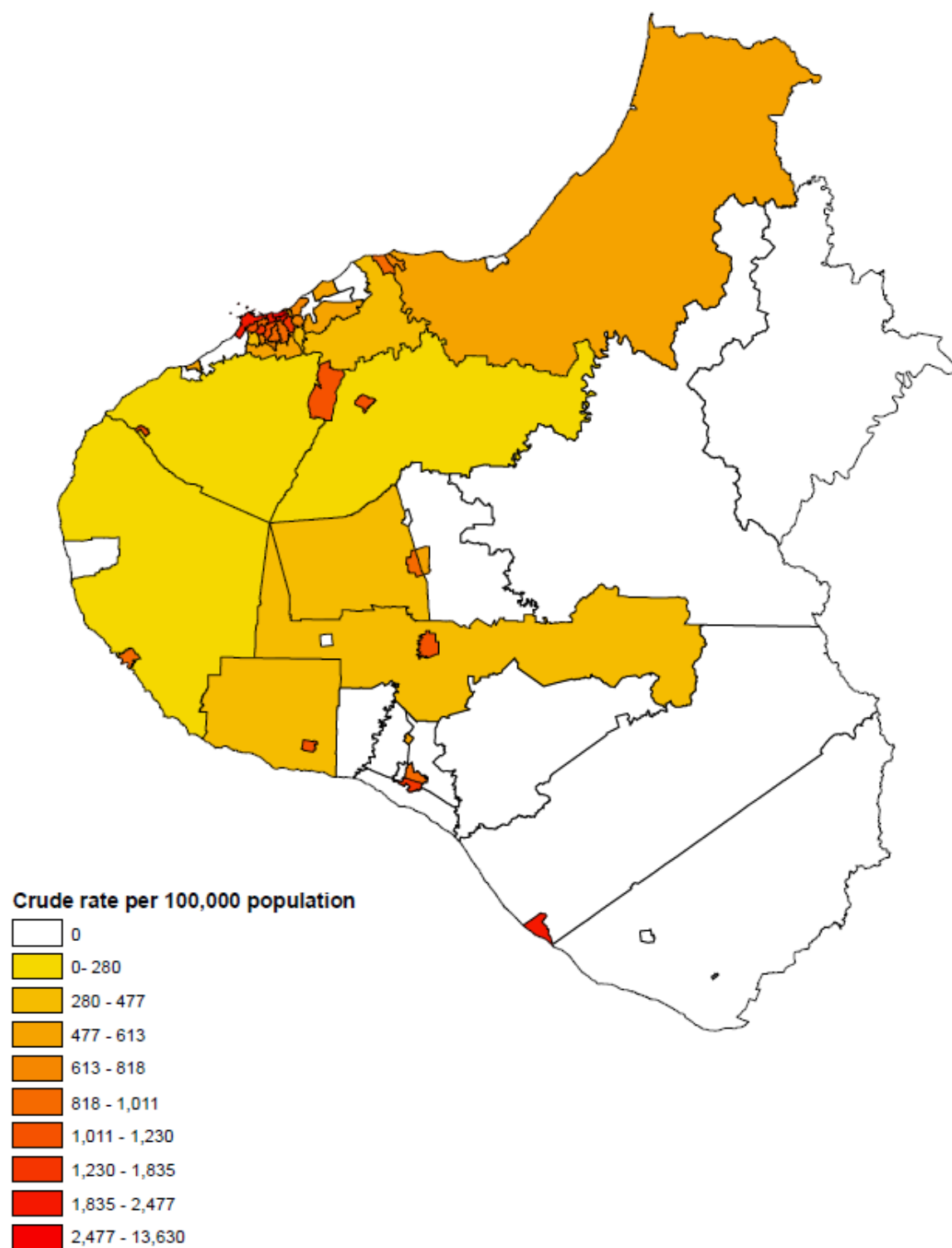
Need to continue to talk about the benefits of delaying on-set of drinking in young people, through conversations, hosting more events or other was of being kept up to date with further information on the topic (3 respondents).

*It would be fantastic if more of these alcohol information sessions could be held at intermediate/high schools around the county, once or twice a year.*

*Not really but this topic is somethings I am quite passionate about, so I am willing to do more to assist.*

One respondent did not make a comment.

Appendix One – Hospitalisation rates (including ED visits) in Taranaki wholly attributable to alcohol by census area unit, 2007-2016.



# Project Delivery Plan 2020– 2021

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

## Executive Summary

### GOALS

To reduce the amount of alcohol related harm experienced by young people in New Plymouth.

This project proposes to target the caregivers/whānau of intermediate-aged students with the goal of increasing their knowledge of the benefits of delaying the onset of drinking alcohol by young people aged under 18 years of age.

Note: this project will not engage directly with children at any stage.

Preliminary contact indicates a receptive response from schools. Planned consultation and co-design with caregivers and whānau will help us establish additional/alternative channels that they identify.

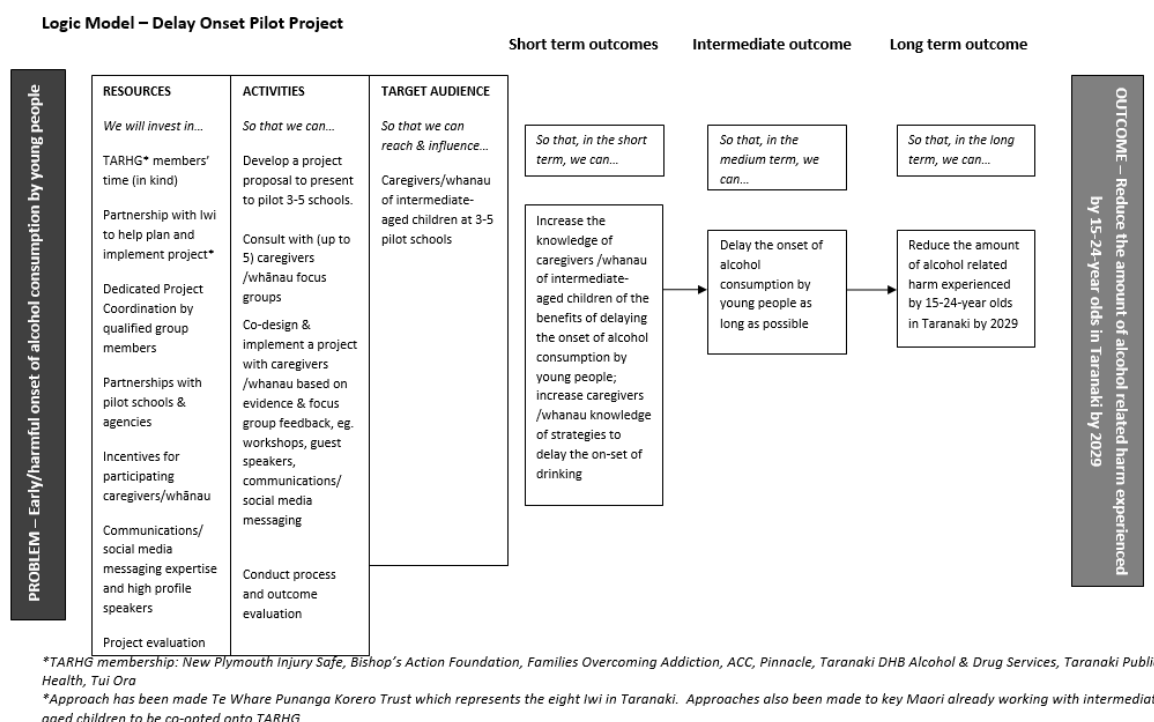
### PHASE 1 OBJECTIVES

- Establish key messages from literature review
- Engage with 3 to 5 schools in the New Plymouth District who have intermediate aged students
- Identify and engage with schools who are willing to participate in co-designing the project
- Raise awareness of teachers and caregivers/whānau of intermediate aged children of the benefits of delaying consumption of alcohol by young people
- Presentation of key event
- Establish a focus group of whānau and caregivers at each of the pilot schools
- Identify communication and support strategies for caregivers and whānau to delay the onset of consumption of alcohol by young people

## STAGE ONE

The first stage comprises the development of a detailed project delivery plan for a pilot phase, during which strategies will be co-designed with parents from the target audience and other key stakeholders/professionals.

The approach is based on the following logic model:



To implement it, we will take the following steps:

- Preparatory work including a summary of literature to inform the development of a co-design process to identify key messages for caregivers/whānau.
- Building relationships with schools, initiated through key speakers reinforcing messages extracted from the literature review and data. The aim will be to create a supportive environment and lay a foundation for the next stage.
- Invitation made to Iwi to participate in the co-design process through Te Whare Pūnanga Kōrero Trust (TWPK). We have since been advised by the Health Equity Advisor, Public Health Unit and a member of TWPK that the best way to engage with Iwi would be to contact the Te Atiawa Health Representative for TWPK. We have contacted the representative who has offered to disseminate information and key messages. We will continue to seek her advice as to what will be the best way to engage Iwi and key Maori Stakeholders in the community.

- Engagement with 3 – 5 schools in New Plymouth District with intermediate aged students who will participate in the pilot phase. We aim to select schools based on their willingness and capacity to engage and their ability to reach a diverse demographic population of whanau and caregivers.
- Teacher engagement to ensure that teachers and staff at the pilot schools understand and support the objectives and rationale for the project.
- Whanau focus groups will be set up in the pilot schools. A process will be put in place to ensure that a safe environment is fostered and access to clinical support will be available if required. Cultural safety will be a priority. The aim of the focus groups is to prioritise the most important key messages; and co-design the most effective strategies to communicate these to parents, caregivers and whanau. Alongside this will be identification of practical methods to support whanau to implement the project aim of delaying the initiation of alcohol for as long as possible.
- The evaluation of stage one will be formative and will focus on how successfully we have engaged with pilot schools and whanau within those schools and the level of engagement in the focus groups. The outcome of stage one will be the development of an implementation plan for stage two. The evaluation will also collect participant feedback from key speaker events held at the schools.
- Part of the role of the focus groups is to co-design tools that parents can use with their children to support relationship building (as a platform to address the issue of alcohol consumption) and supporting young people to delay beginning to consume alcohol.

#### PROJECT DELIVERY TIMELINE

MONTH	OUTCOME	ACTION	RESPONSIBILITY
OCT/NOV	Reconnect with 3-5 schools in New Plymouth District with intermediate aged students, who indicate interest in participation	Approach at least 5 schools to outline the project. Establish relationships with principals/senior leaders	TAHRG
DEC/JAN	Identify 2 to 4 strategic messages to promote benefits of delaying consumption of alcohol Confirm dates for Key Speaker in term two of the school year (May 2021)	Extract evidence based messages and factors that influence parental decision making both positively and negatively Book key speaker(s) for events in Term 2	Project Coordinator
JAN/FEB	3 – 5 schools agree to participate in pilot project	Engage with selected schools and build relationships	Project Coordinator TAHRG

	Key stakeholders are engaged with the project	Sign Letters of Agreement with schools Plan caregiver engagement, set dates for events and review project with schools Build relationship with Te Whare Punanga Korero Trust and key people recommended by them Engage facilitators, cultural advisors and counsellors	
MAR/APR	Continued engagement with schools and whanau promotion of events	Liaise with schools, continue relationship building and plan events in partnership Develop communications and promotion strategies for events Finalise the evaluation design for the project.	Project Coordinator TAHRG  Research Evaluator TAHRG
APR/MAY Term Two starts 03/05/2021	Events are held as planned One focus group per school established	Organisational activities associated with events including designing evaluation tools Recruit participants for focus groups Complete information and consent process Build relationships with participants Establish baseline data Conduct interviews with school stakeholders and staff to collect feedback on events and process to date Conduct pilot focus group	Project Coordinator & Research Evaluator  Facilitators  Research Evaluator  Project Coordinator/ Research Evaluator
JUNE/JULY	Formative and Process Evaluation Data collected	Event debrief meeting held to complete process evaluation	TAHRG Group  Research Evaluator
	Recommendations received from schools for quality improvements	Data collected from participants analysed	TAHRG/ facilitators Project Coordinator and facilitators
	Focus groups established in each participating school	Agenda/process set for focus group meetings Initial meetings held with each group Write report	Project Coordinator
	Provide interim report to HPA		

AUG/SEPT	Co-designed strategies are identified Focus group participants have gained insights into the benefits of delaying consumption of alcohol by their children	Data from focus groups transcribed and analysed	Facilitators & Research Evaluator/TAHRG
OCT	Project Evaluation with the school	Meetings with school staff to explore links to future curriculum and review project to date Review feedback and needs	Project Coordinator
NOV	Phase two strategies scoped	Begin phase two planning and concept testing Begin funding applications for phase two	TAHRG
DEC	Report drafted	Project analysis, evaluation and reporting Contact schools and stakeholders to review draft report	Project Coordinator
JAN 2022	Final report sent to HPA	Project analysis, evaluation and reporting	Project Coordinator/TAHRG
FEB 2022	Engage support for phase two	Submit report to interested stakeholders Integrate feedback from HPA into phase two planning	TAHRG

### **COVID 19 Response Strategy**

#### **Level 1**

Project resumes as planned as per. Standard contact tracing requirement will be followed i.e. Sign in and QR Covid-19 tracer supplied

Hand sanitiser available and advise parents and participants to stay home if feeling unwell

#### **Level 2**

Social distancing requirements:

Advise participants and parents to stay home in feeling unwell.

Provide hand sanitiser, face masks and QR Covid tracer.

Limit participants to 100 people per event. Assessment will be made as to how many people can safely be inside the premise and still maintain 1 m physical distancing (this may result in less than 100 participants if applicable)

#### **Level 3 & 4**

Event unable to take place physically.

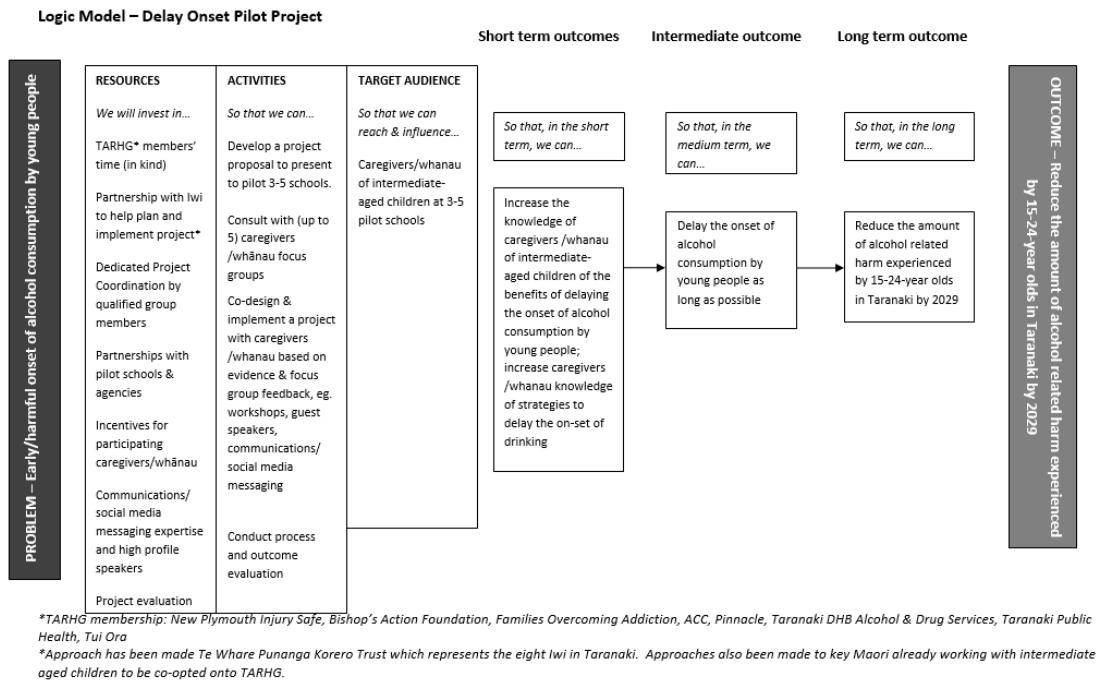


Work with the event presenter and participants of the focus groups to deliver the presentations in an *interactive* online format e.g. Webinar/zoom.

Other strategies for this project could include, Survey Monkey, Kahoots and other interactive online tools to establish baseline evaluation and feedback.

Work with schools to mitigate risk of drop off of participants due to inaccessibility to online devices.

## Appendix Three – Pilot Programme Logic Model



## Appendix Four - Rubrics

### Activity or Outcome: Engagement with Schools

Rating	Explanation (how you will determine merit)
<b>Excellent</b>	<p>All schools found the information about the project clear and informative</p> <p>All schools were able to use the information provided by TAHRG to put into newsletter to promote the event.</p> <p>Those schools hosting the events reported the event was well run and organised.</p> <p>All schools would recommend to other schools to be involved in the project, when it is rolled out.</p> <p>All of the schools approached agreed to participate.</p>
<b>Very good</b>	<p>Nearly all of the schools found the information about the project clear and informative</p> <p>Nearly all of the schools were able to use the information provided by TAHRG to put into newsletter to promote the event.</p> <p>Nearly all of the schools hosting the events reported the event was well run and organised.</p> <p>Nearly all of the schools would recommend to other schools to be involved in the project, when it is rolled out.</p> <p>Nearly all of schools approached agreed to participate.</p>
<b>Good</b>	<p>Most of the schools found the information about the project clear and informative</p> <p>Most of the schools were able to use the information provided by TAHRG to put into newsletter to promote the event.</p> <p>Most of the schools hosting the events reported the event was well run and organised.</p> <p>Most of the schools would recommend to other schools to be involved in the project, when it is rolled out.</p> <p>Most of the schools approached agreed to participate.</p>
<b>Poor</b>	<p>Less than half the schools found the information about the project clear and informative</p> <p>Less than half the schools were able to use the information provided by TAHRG to put into newsletter to promote the event.</p> <p>Less than half of the schools hosting the events reported the event was well run and organised.</p> <p>Less than half of the schools would recommend to other schools to be involved in the project, when it is rolled out.</p> <p>Less than half the schools approached agreed to participate.</p>

## Activity or Outcome: Parent Attendance and Engagement for the Nigel Latta Event

Rating	Explanation (how you will determine merit)
<b>Excellent</b>	<ul style="list-style-type: none"> <li>School Principal reports that it was an excellent attendance by parents, taking into account the timing of the event, i.e. during the day or at night.</li> <li>100% of parent feedback forms shows the presentation delivered the key message of delay the on-set of drinking and young people as long as possible and no alcohol given to young people under the age of 15 years of age.</li> </ul>
<b>Very good</b>	<ul style="list-style-type: none"> <li>School Principal reports that it was a very good attendance by parents, taking into account the timing of the event, i.e. during the day or at night.</li> <li>80% of parent feedback forms shows the presentation delivered the key message of delay the on-set of drinking and young people as long as possible and no alcohol given to young people under the age of 15 years of age</li> </ul>
<b>Good</b>	<ul style="list-style-type: none"> <li>School Principal reports that it was a good attendance by parents, taking into account the timing of the event, i.e. during the day or at night.</li> <li>60% of parent feedback forms shows the presentation delivered the key message of delay the on-set of drinking and young people as long as possible and no alcohol given to young people under the age of 15 years of age.</li> </ul>
<b>Poor</b>	<ul style="list-style-type: none"> <li>School Principal reports it was a poor attendance by parents, even when taking into account the timing of the event, i.e. during the day or at night.</li> <li>Less than 50% of parent feedback forms shows the presentation delivered the key message of delay the on-set of drinking and young people as long as possible and no alcohol given to young people under the age of 15 years of age.</li> </ul>

## Activity or Outcome: Parent Focus Groups

Rating	Explanation (how you will determine merit)
<b>Excellent</b>	<p>Group was made up of a very diverse range of parents for each school in terms of gender, ethnicity and experiences.</p> <p>All focus group parents activity engaged and participated in the group discussion</p> <p>All parents attended both focus groups as agreed.</p> <p>All parents felt that participating in the focus group was a positive experience, i.e., worthwhile ,empowering, identified strategies and solutions.</p>
<b>Very good</b>	<p>Group was made up of a diverse range of parents for each school in terms of gender, ethnicity and experiences.</p> <p>Nearly all focus group parents activity engaged and participated in the group discussion</p> <p>Nearly all parents attended both focus groups as agreed.</p> <p>Nearly all felt participating in the focus group was a positive experience, i.e., worthwhile ,empowering, identified strategies and solutions.</p>
<b>Good</b>	<p>Group had showed some diversity of parents for each school in terms of gender, ethnicity and experiences.</p> <p>Most of focus group parents' activity engaged and participated in the group discussion</p> <p>Most of the parents attended both focus groups as agreed.</p> <p>Most felt participating in the focus group was a positive experience, i.e., worthwhile ,empowering, identified strategies and solutions.</p>
<b>Poor</b>	<p>Group showed no diversity , i.e. all parents the same gender, ethnicity and experiences.</p> <p>Less than half of the focus group parents activity engaged and participated in the group discussion</p> <p>Less than half of the parents attended both focus groups as agreed.</p> <p>Less than felt that participating in the focus group was a positive experience, i.e., worthwhile ,empowering, identified strategies and solutions</p>



### **Our Kids & Alcohol Event with Nigel Latta - Before Presentation**

**We Need Your Help!** We would like to collect some information from caregivers and whānau/parents attending the event today about what your thoughts are on alcohol and young people. The information you give will remain strictly confidential and only be used for further programme development. Please give us your frank and honest answers. All completed surveys will be entered into a draw to win a \$100 Pak'n'Save voucher.

Age of first drink is different to the purchase age. There is no legal age of first drink in New Zealand. However, you have to be 18 years of age to purchase alcohol in New Zealand. You also have to have the permission of the parent/guardian of a person under 18 years of age to supply alcohol to someone who is under 18.

**1. In general, at what age do you think it is reasonable for young people to start drinking alcohol?**

**2. Please explain why you choose this age**

Continued over the page...

**3. Thinking about your own child/ren, at what age do you think you will permit them to drink alcohol?**

**4. Please explain why you choose this age**

**5. To enter into the draw to win the \$100 Pak'nSave voucher please supply the following details. These details will only to use to select the winner of the voucher.**

**Name**

**Phone Number**

**Thank you for completing this feedback form.**



### **Our Kids & Alcohol Event with Nigel Latta - After Presentation**

We Need Your Help! We would like to collect some information from caregivers and whānau/parents attending the event today about what your thoughts are on alcohol and young people. The information you give will remain strictly confidential and only be used for further programme development. Please give us your frank and honest answers. All completed surveys will be entered into a draw to win a \$100 Pak'n'Save voucher.

Age of first drink is different to the purchase age. There is no legal age of first drink in New Zealand. However, you have to be 18 years of age to purchase alcohol in New Zealand. You also have to have the permission of the parent/guardian of a person under 18 years of age to supply alcohol to someone who is under 18.

1. As a result of listening to Nigel Latta's presentation, what do you think is a reasonable age for young people to start drinking alcohol?

2. Did your view of what is a reasonable age for young people to start drinking alcohol change as a result of listening to Nigel Latta's presentation?

☐ Yes

☐ No

Continued over the page...



**3. Why/Why not?**

**4. We would like 10 parents/whānau from each school to meet again to talk about this more. Koha will be given for your time (two meetings, 1.5 hours per meeting). Would you be willing to help?**

☐ Yes

☐ No

[Go to Q6](#)

**5. Please provide your contact details.**

Name

School

Email Address

Phone Number

**6. To enter into the draw to win the \$100 Pak'nSave voucher please supply the following details. These details will only be used to select the winner of the voucher.**

Name

Phone Number

Thank you for completing this feedback form.

### Focus Group Parents Feedback - On-line survey

We need your help! As part of the evaluation of this project we are interested in collecting your feedback on the process of signing up and participating in the parent focus group. All information will remain strictly confidential and only be used to inform future project planning. No individuals will be identified in the final report. Please give us your frank and honest feedback.

1. I agree to participate in the survey

☐ Yes

☐ No

### Process of signing up for the focus group

2. How did you sign up for the parent focus group?

☐ Signed up straight after the Nigel Latta presentation

☐ Signed up, by completing the section on the on-line post presentation survey

☐ Other (please specify)

3. What were the main reasons you decided to sign up for the parent focus group?

Please comment why/why not:

4. Did you find the information you received to organize a date and time for the focus groups clear and easy to follow?

☐ Yes

☐ No

5. What is the best way for you to receive information?

☐ Text

☐ Phone call

☐ Email

### Time frames for the focus groups

The Nigel Latta presentation was held on May 11 and 12. The parent focus groups were held starting the end of June.

Please comment

6. How would you rate the length of time between the Nigel Latta presentation and attending the first focus

group?

☐ Too long between the presentation and focus group

☐ Ok, about the right time between the presentation and focus group

☐ Not enough time between the presentation and focus group

The second focus group were held at the end of August through to mid- September.

Please comment

7. How would you rate the length of time between the first and second parent focus group?

☐ Too long between the first and second focus group

☐ Ok, about the right time between the first and second focus group

☐ Not enough time between the first and second focus group

### Acceptability of the focus groups

8. What did you like about being in the parent focus group?

9. What didn't you like about being in the parent focus group?

Please comment why/why not:

10. The aim of the parent focus groups was to co-design messages regarding delaying on-set of drinking to go out to a wider group of parents of young people. Were the parent focus group a good way to co-design messages and strategies about delaying the on-set of drinking to go out to a wider group of parents?

☐ Yes

☐ No

Outcome

11. Have you made any changes in your whānau/family as a result of being in the parent focus group?

Please comment why/why not:

12. Did you form any connections with other parents in the focus group that could support you in delaying the

on-set of drinking with your child/ren?

☐ Yes

☐ No

13. Do you have any suggestions on how the focus groups could be improved?

14. Do you have any additional comments?

Now some information about you...

15. Please state your age of your children

16. What school/s do your children go to?

17. What is your gender?

☐ Male

☐ Female

☐ Another gender (please state)

18. Which ethnic group do you belong to? (Tick all that apply)

☐ New Zealand European/Pakeha

☐ Māori

☐ Samoan

☐ Tongan

☐ Cook Island Māori

☐ Niuean

☐ Chinese

☐ Indian

☐ Other (please specify)

Thank you for taking the time to fill in this feedback form

## School Feedback – On-line Survey

We need your help! As part of the evaluation of this project we are interested in collecting your feedback on the process of signing up your school, promoting the Nigel Latta: Our Kids and Alcohol presentation, hosting the presentation and assisting with follow up parent focus groups. All information will remain strictly confidential and only be used to inform future project planning. No individuals will be identified in the final report. Please give us your frank and honest feedback.

1. I agree to participate in the survey

☐ Yes

☐ No

**Information provided to the school**

2. Initial information about the project.

☐ Not enough

☐ About right

☐ Too much information

Please comment:

3. Information given to the school to promote the event in school newsletter.

☐ Not enough

☐ About right

☐ Too much information

Please comment:

4. Information given to the staff

☐ Not enough

☐ About right

☐ Too much information

Please comment:

5. Information about the requirements of hosting the Nigel Latta presentation

☐ Not enough

☐ About right

☐ Too much information

☐ N/A

Please comment:

6. Information about hosting the follow-up parent focus groups

☐ Not enough

☐ About right

☐ Too much information

**Hosting the Nigel Latta Event: Our Kids and Alcohol (11 or 12 May, 2021)**

7. Did you host a Nigel Latta presentation at your school?

☐ Yes

☐ No

8. What are some of the things that worked well regarding the event your school hosted?

9. What are some of the things that did not work well regarding the event your school hosted?

10. What are some suggestions for improvements regarding the event your school hosted?

Please comment:

11. Thinking about the time of the day the event was held, how would you rate the number of parents who attended the event hosted by your school

☐ Excellent

☐ Very Good

☐ Average

☐ Poor

☐ Very poor

12. What do you think were some of the key messages from the Nigel Latta: Our Kids and Alcohol presentation?

13. What sort of feedback have you received from parents about the Nigel Latta: Our Kids and Alcohol presentation?

14. Would you recommend being involved in this project to other schools?

☐ Yes

☐ No

Please comment why/why not:

15. For this initial pilot four schools were involved. These were Devon Intermediate, Francis Douglas Memorial College, Highlands Intermediate and Manukorihi Intermediate. What other schools in Taranaki do you think would benefit from being a part of this project?

16. The aim of the parent focus groups was to co-design messages regarding delaying on-set of drinking to go out to a wider group of parents of young people. Were the parent focus group a good way to co-design messages and strategies about delaying the on-set of drinking to go out to a wider group of parents?

☐ Yes

☐ No

Please comment why/why not:

17. Do you have any additional comments?



### **Paid and Unpaid Project Staff - On-line Survey**

The purpose of the evaluation is to assess the effectiveness of the Taranaki Alcohol Harm Reduction Group (TAHRG)'s project to delay the on-set of drinking in intermediate-aged students. All the information you give will remain strictly confidential and only used to inform further development of these services. All your comments will be summarized to ensure no individuals will be identified in the final report.

1. I agree to participate in the survey

☐ Yes

☐ No

2. When did you start working/become involved TAHRG's project to delay on-set of drinking in intermediate-aged students?

3. What has your role been for the TAHRG's project to delay on-set of drinking in intermediate-aged students?

4. What were some of the key factors that led to the establishment of the TAHRG's project to delay on-set of drinking in intermediate-aged students?

5. Who was involved in initial TAHRG's project to delay on-set of drinking in intermediate-aged students?

6. Did the staff change over time?

7. Did staff changes have an impact on the project?

8. What level and types of resources (e.g. staff (paid and unpaid) were planned?

9. What level and types of resource e.g. staff (paid and unpaid), physical facilities) were actually used?

10. What were some of the reasons why there were differences between those resources planned and those used (if any)?

11. How did the changes in resources allocated impact on the project?

12. Overall, what do you see as the strengths of TAHRG's project to delay on-set of drinking in intermediate-aged students?

13. Overall, what do you see as the weaknesses of TAHRG's project to delay on-set of drinking in intermediate-aged students?

14. How could some of the weakness of TAHRG's project to delay on-set of drinking in intermediate-aged students be overcome?

15. Do you have any other suggestions for improvements?

16. Do you have any additional comments?

## Long term follow up parent focus group on-line survey form

**We need your help!** As part of the evaluation of this project we are interested in collecting your feedback on the longer-term impact of attending the Nigel Latta event and parent focus groups. All information will remain strictly confidential and only be used to inform future project planning. No individuals will be identified in the final report. Please give us your frank and honest feedback.

☐ I agree to participate in the survey

### Outcome

After attending events and focus groups people often have intentions to make changes. As part of the evaluation we are interested in how your intentions have led to changes, with whom you have shared the information with and any challenges you may have faced along the way.

1. Have you talked about the information you received from attending the Nigel Latta event and/or the parent focus group with others?

☐ Yes

☐ No (got to question 4)

2. What have you talked about?

3. Who have you talked with about this information?

☐ Whānau/family members in my household (please specify)

☐ Extended Whānua/family members outside my household (please specify) e.g. cousins, nephews, aunties, sister, brothers.

☐ Friends/people I often socialize with

☐ Other parents I know through school my children go to

☐ My workmates

☐ People in my neighbourhood/community

☐ People at sports clubs that my children/or whānau are a members of

☐ Wider whānau hui/ Hapu or Iwi level (please specify)

☐ Other (please specify)

4. What were some of things you thought you would do/change after attending the event and parent focus group?

5. What are so the things you have been able to take action on/put into place after attending the event and parent focus group?

6. Would you be interested in attending another zoom hui parent focus group to reconnect with other parents?

☐ Yes (please give first name and contact details)

☐ No

7. Do you have any additional comments?

***Now some information about you...***

8. What is your gender?

☐ Male

☐ Female

☐ Another gender (please state)

9. Which ethnic group do you belong to? *Tick all that apply*

☐ New Zealand European/Pakeha

☐ Maori

☐ Samoan

☐ Cook Island Maori

☐ Tongan

☐ Niuean

☐ Chinese

☐ Indian

☐ other (such as Dutch, Japanese, Tokelauan) Please State:

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10. Which ethnic group/s do other members of your household belong to ? *Tick all that apply*

☐ New Zealand European/Pakeha

☐ Maori

☐ Samoan

☐ Cook Island Maori

☐ Tongan

☐ Niuean

☐ Chinese

☐ Indian

☐ other (such as Dutch, Japanese, Tokelauan) Please State:

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To enter into the draw to win the \$100 Pak'nSave voucher please supply the following details. These details will only to use to select the winner of the voucher.

Contact Name:

Contact Phone number:

***Thank you for taking the time to fill in this feedback form***

## Appendix Six – Schools identified by Parents

School	Devon Event	Highlands Event	Manukorihi Event	Total per school
<b>School involved in the pilot programme</b>				
Devon Intermediate (Y7-8)	66	19		85
Francis Douglas Memorial College (Y7-15)	14	41	3	58
Highlands Intermediate (Y7-8)	13	190	2	205
Manukorihi Intermediate (Y7-8)	2	6	43	51
<b>Other schools identified by parents</b>				
Bell Block School (Y1-8)	2			2
Central School (Y1-8)	1			1
Coastal Taranaki School (Y1-15)	3			3
Frankley School (Y1-6)		1		1
Inglewood High School (Y9-15)	3		1	4
Lepperton Primary (Y1-6)			1	1
Mangorei School (Y1-8)			2	2
Marfell School (Y1-6)		5		5
Marfell Kindergarten		5		5
New Plymouth Adventist Christian School (Y1-8)	2			2
New Plymouth Boys High School (Y9-15)	5			5
New Plymouth Girls High School (Y9-15)	6	6	1	13
Oakura School (Y1-8)	5	4		9
Omata School (Y1-8)	4			4
Puketapu School (Y1-8)			3	3
Rahotu School (Y1-8)	4			4
Sacred Heart Girls' College New Plymouth (Y7-15)	11	11	4	26
Spotswood College (Y9-15)	2			2
Spotswood Primary (Y1-6)	2			2
Taranaki Activity Centre	4			4
Te Kura Correspondence	2			2
Tikorangi School (Y1-6)			2	2
Toko School (Y1-8)			2	2
Urenui School (Y1-6)			1	1
Vogeltown School (Y1-6)		1		1
Waitara High School (Y9-15)		2		2
West End Te Kura O Morere (Y1-6)		2		2
Whanganui College	2			2
Woodleigh School (Y1-6)	3			3
<b>TOTAL for each event</b>	<b>156</b>	<b>293</b>	<b>65</b>	<b>514</b>

Source: EventsPronto ticketing data for parents who attended the event

NB: Totals do not add up to the number of parents who attended the events (N= 454) as parents could have identified more than one school. This is due to having children at multiple schools.

## Appendix Seven: Reasons respondents gave to explain why they choose that age

**Figure One: Please explain why you choose this age (In general, what is a reasonable age for young people to start drinking alcohol?)**

Reasons given to explain why they choose this age	Less than 18 years of age	18 years of age and over	Total
Are mature and responsible	26	74	100
Okay to have sips/small amount with parents	61	7	68
Brain development	4	59	63
Most kids drinking/peer pressure	31	10	41
18 purchase age	0	37	37
Legally an adult/left home	3	25	27
More you can delay the better	2	13	15
Based on own experiences	9	4	13
Legal purchase age is too low	0	12	12
Below this age they are not mature	2	8	10
Concern about alcohol harm	1	8	9
If you deny them, they will drink in secret	6	0	6
Do not support drinking aged under 18	0	5	5
When they can drive a car	4	0	4
Depends on child	3	0	3
Like European countries	2	0	2
When they have left school	1	1	2
16 age of consent	2	0	2
Different ages for boys than girls	0	1	1
Should only be allowed low % alcohol	1	0	1
Don't know	0	1	1
When they are working	1	0	1
<b>Total Number of Respondents</b>	<b>125</b>	<b>197</b>	<b>322</b>

NB: A total of eight respondents did not state an age. Comments do not add up to total amount of respondents, as respondents may have made more than one comment.



**Figure Two: Please explain why you choose this age (your own child/ren, at what age do you think you will permit them to drink alcohol?)**

Reasons given to explain why they choose this age	Less than 18 years of age	18 years of age and over	Total
Supervised at home/at family events/sips	142	14	156
18 is the legal age to be an adult/ purchase age	0	56	56
Realistic age/peer pressure	32	6	38
When they are mature and able to drink responsibility	16	18	34
To support brain development	2	22	24
Need to have conversations about alcohol with kids	14	4	18
Delay as long as possible	4	8	12
When I started drinking/ experiences with older kids	10	1	11
Depends on child	4	2	6
Need to be older for drinking outside house	6	0	6
Concern about alcohol related harm and addictions	2	4	6
Under this age too immature	1	4	5
We don't drink/children have little interest in drinking	3	1	4
Don't want them drinking at high school	1	2	3
Depends on situation	1	1	2
Driving age	1	1	2
Child choose/don't listen	1	1	2
Not sure/child is only 12	2	0	2
Older for girls than boys	0	1	1
16 as the legal age of consent	1	0	1
<b>Total Respondents</b>	<b>190</b>	<b>112</b>	<b>302</b>

NB: At total of 28 respondents did not state an age. The number of comments does not add up to the totals as respondents may have given more than one comment to explain the age they stated.

## Appendix Eight– Key Points from Nigel Latta video

### Nigel Latta Presentation (15 Mins)

- Questions and answers video presentation.
- At what age do you start talking with your kids about alcohol?
- How do you start the conversations about alcohol with your kids?
- How much do you share of your own experiences?
- Different approaches?
- Parents Involvement?
- Alcohol Sport Advertising?
- *Have conversations very early.*
- *Be open about health issues around alcohol.*
- *Good role modelling.*
- *Just ask the questions and see what your children think.*
- *Don't make the conversation a lecture, keep it relaxed.*
- *Be frank and honest.*
- *Educate children about the harms of drinking alcohol.*
- *Moderate your own drinking and have rules around family gatherings.*
- *Speak up if you don't want alcohol drunk around your children.*
- *Educating the wider family group and set limits.*
- *Hassle politicians and local MPs let them know you don't want it, as a community.*