



Strategies towards responsible alcohol consumption for adolescents in Europe



(implementation period September 2011 to May 2012)

Organisation: CAD Limburg

Country/City: Belgium

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General Information about TAKE CARE in Your Region

1. Has it been possible to implement TAKE CARE in the selected region?

yes

Comments:

It was possible to implement the project, but a lot of energy went in motivating and recruiting the target groups to participate in the project. We also had a lack of keypersons and partners that really supported the project . We missed streetcorner workers during the implementation fase.

2. How satisfied are you with the implementation of the different interventions in your region?

	1 not at all	2	3	4 very	Comment
ro.pe- Training©				X	Perfect method, but a lot of energy went in motivating youngsters to participate. We had a big dropout before the start of trainings.
Homeparty			X		The Homeparty concept (at parents homes) didn't work for our region and target group.
Key Training			X		Keypersons were already aware of the MI concept so the expectations were high and we had to adapt the training: more case studies
First-Rate Retailer Tools				X	But we need more control in Belgium by the government(s)

3. Your assessment:

Taking the TAKE CARE project as a whole, is it the right way to achieve the goals, as specified by the concept

(reduction of the use of alcohol and the related damage to the young people; compliance with the legal norms regarding alcohol)?

Please, express your opinion on a scale from 1 to 4

1 = "no, these goals are not achieved at all" to

4 = "yes, TAKE CARE achieves these goals completely"

no yes
 1 2 3 4

reasons:

The four interventions done to achieve one goal is a big plus for our work. We gained a lot!



There is more attention for the legal aspects within the target groups. There is also more awareness (by the policy) for these aspects. A big problem especially for the retailers is the lack of control: this means almost no fines for disrespecting the legislation. The project needs continuation to keep raising awareness.

What we think are some other positive effects of the project:

- Most youngsters that participated make a critical reflection about their drinking behaviour (for the first time).
- Most youngsters have more self-confidence after the training.
- Some of them had the intention to change their drinking behaviour
- Keypersons were more aware of the role as a good example in case of drinking and were also more critical about their liberal ideas on drinking.
- Parents think the legal aspects are important and they know that delaying the starting age is important.
- There was build a network around the project that will be useful for future interventions and projects. This was not the case before the start of the project.

4. Please, describe the social environment, which you have been selecting for the implementation of TAKE CARE:

Name: Hasselt

Number of inhabitants: around 18000

What is the structure of the social environment? Is it a ... (please, tick a box)

A community (a closed social environment, a small town)	An urban quarter (... of a bigger city)	A sub-district (part of a city or an urban quarter)
		X

5. Which have been the criteria according to which you have been selecting the social environment?

This social environment ...	Yes	No	Resp. comments
is a social hotspot	X		More than average ; it is a bigger city and has more problems than an average small village in the province. There is more illegal drug use in this city because of its size.
has been noticed for an increased use of alcohol	X		Nightlife and youngsters at some schools
overall is a residential area	X		
is an amusement mile/nightlife district	X		
has been selected, because there are no/hardly any prevention offers		X	
has been selected, because of a significant number of points of retail	X		
has been selected, because the support by cooperation partners was guaranteed		X	It was selected to give the cooperation a stimulus.
other criteria, namely ...	X		A lot of schools present and drinking among youngsters of those schools/ areas was reported during the RAR
other criteria, namely ...			



6. Conceptually, the manual stipulates the implementation of the multilevel approach in a defined social environment/sub-district/urban quarter.

ADVANTAGES of the orientation towards social environments:

The presence of all the target groups and the presence of organisations orientated to those target groups: schools, youthwork, social work, homeless care, youth care... this gives a lot of possibilities.

DISADVANTAGES of the orientation towards social environments:

The distance between the prevention worker and the different target groups means you have to have partners/ key persons who really support the project. You depend a lot on these partners/keypersons. If you choose for a certain social group other social groups may not profit from the project.

Orientation towards social environments versus “core target group”

One alternative of the orientation towards social environments is the decision for a “core target group”. This means that the focus is more on a specific group of adolescents with a risky consumption of alcohol and less on a specific urban quarter.

(Example: Core target group are adolescents, who have been looked after by youth services fairly long-term and who consume riskily. Their parents are motivated to hold home parties, their counsellors and teachers run through a key training and the sales staff in their area is trained).

Is this a good alternative?

yes no

reasons:

The energy that is been put in the project can be channelled to one group. You can focus on one defined group you have to find access paths for. Keypersons that have access to these groups play a significant role in this concept. The keypersons really need to see the problem and believe in the project if you want their support.

7. Overall Assessment:

To which extent do you agree the following statement?

“Precisely because of the multilevel approach, TAKE CARE is suited to achieve the goals mentioned above.”

no yes
 1 2 3 4

1 = “no, the multilevel approach is not a primary factor in achieving the goals in the different target groups; the effect of an intervention beyond the target group cannot be detected” to

4 = “yes, TAKE CARE achieves those goals precisely because of the co-action of the different levels of interventions.”

8. How many participants (P) from the different interventions did you reach?

	Number of applications	P at the beginning of the training	Number of P, who completed ro.pe regularly	Resp. comment
ro.pe-Training©	56	39	38	We had a big drop out before the start of ro.pe 3. Two weeks before the start of the training a big group of youngsters dropped out because they had a party to attend to.

	Total number of participants	Resp. comment
Homeparty	50	Very hard to motivate. Parents of youngsters participating in the ro.pe had no interest whatsoever to host a homeparty.

	Total number of P	Completed	How many have been participating BEYOND their working hours?	Resp. comment
Key Training	16	15	0	Very interested and motivated group



	Total number of P	Number of short interventions (10-30 min.)	Number of training (2 hrs.)	Resp. comment
First-Rate Retailer Tools (1)	79	28	3	Short interventions very useful for small shops/pubs

	Number of trained owners or branch managers	Number of trained employees	Number of supermarkets	Number of small stores	Number of cafés / pubs	Number of other points of sales	Number of schools providing vocational education
First-Rate Retailer Tools (2)			1	19	8		1



II. Information regarding ro.pe-Training© (Adolescents)

1. Who has been transferring the adolescents to ro.pe-Training©?

- a) four student coordinators at four different schools in the district.
- b) A youth care centre in the area
- c) A centre for homeless youngsters in the area

2. Which ways of transferring (cooperation partners) or methods of motivation for a transfer did more or less fail?

- a) streetcornerwork (not present at the time of the project + different older target group)
- b) Youthwork (no time to support/ motivate the target group + difficult position: volunteer ... stigmatize)
- c) Community work (no interest: they believed there was no problem amongst their youngsters concerning alcohol

3. Do you use a flyer in order to advertise the ro.pe-Trainings©?

yes no

If “yes”, please attach one.

4. Please, tick a box, which structure you have chosen how many times for the ro.pe-Training©.

	How many times conducted in your region? Please, with information about implementation data	How many times did you held a follow—up meeting?
1 x 4 days (with three overnight stays)	4	3
2 x 2 days (with one overnight stay each)		
Other structures, namely:		



5. **Your recommendation about the best group sizes** (please, enter figure)

from 10 to 12 participants

6. **Do you recommend a preliminary talk with the whole group and / or individual talks before the actual training?**

yes no
Preliminary talk in form of a individual talk group talk both

7. **Are there any practical exercises, which have been proven inapplicable and which should be eliminated from the manual? If “yes” – which? Why?**

yes

Which? Why?

Risk fall and run: We had 4 packed days and two of them full of risk taking in the mountains. When we returned home in the evenings everybody was just recovering from all the impressions. So we did the reflections but no new risk exercises like the risk fall and risk run. Everybody needed to empty their heads.

no

8. **Are there any practical exercises, which you can recommend additionally and which should be included into the tool box? If “yes”, please use the attached sheets when describing them – if would be great, if you could describe them in your national language and in English each!**

yes

Which?

-‘Taking the risk’ exercise with the blindfold that we already delivered earlier on.
- Partner interview
- the game werewolves.
- a walk of 15 km in the area on Sunday.

no

9. Which ideas do you want to share regarding gender-specific aspects?

(For instance, how did the girls especially profit from ro.pe-Training©? How the boys? Which exercises are (not) right for which gender? How do the mixed-gender groups stand the test?)

Mixed gender worked well for us, no problems what so ever. The boys needed to take care for the girls sometimes in the mountains. And the girls added balance to the group if it came down to 'caring' for the group as a whole. Boys take risks more impulsive.

10. Which ideas do you want to share regarding age-specific aspects?

(For instance, precisely how did especially the younger resp. older participants profit from ro.pe-Training©? Where should be the focus when dealing with young resp. older participants?)

Our groups were all 15+ and an average age of 17-18 years old. They were at an age that they were already drinking and exploring boundaries on that area. The focus should be on youngsters drinking frequently and pushing their limits. That can be somebody that is 15 years old but that can also be somebody who is 19 years old. Besides that we had the impression that most of our youngsters had other social and personal problems that they were dealing with. This might also be a criteria to select them.

11. Your assessment:

Is the ro.pe-Training© the right instrument to achieve the goals named in the concept

(for instance, increasing of the knowledge about effects and risks of alcohol; improvement of risk competences when dealing with risky situations, especially the consumption of alcoholic beverages)?

Please, express your opinion on a scale between 1 and 4

no yes
 1 2 3 4

Reasons:

A good, almost perfect method!
 What was good about the used methods was the fact that the youngsters could learn about alcohol from their own experiences. It was not too 'school-ish'.
 The youngsters experienced a lot of risks, learned how to deal with them, how to work together as a group, and to trust in each other.



12. Are there any other interesting facts from your country – related to the ro.pe-Training© – which are worthwhile mentioning?

You need to carefully pick your climbing instructor. He played an important role in making a group out of all those individuals. Their experiences in those mountains are experiences they will never forget thanks to him.

III. Information about Homeparty (Parents)

1. Structure

	In private spaces of parents	In public spaces, namely ...	Resp. comment
How often did the Homeparty take place, and where? (please, enter number with dates and resp. location in the boxes)		5 times: <ul style="list-style-type: none"> - At two schools - At a community centre - At the CAD home office. 	Parents were not interested in hosting a homeparty: shame/ no time/ bad relation with child/ taboo/ difficult home situation. The content is good!

2. Who invited the parents?

	Yes	No	Resp. comment
Parents invited other parents (original Homeparty)		X	
You, as TAKE CARE prevention experts, invited parents	X		
Other experts (who?) invited parents	X (keypersons at city hall and schools)		

3. Do you use an information-flyer / an invitation card/ a letter to advertise the Homeparty?

yes no

If "yes", please attach one.

4. Are there any practical exercises, which have been proven inapplicable for the Homeparties and which should be eliminated from the manual? If "yes" – which? Why?

yes

Which? Why?

no

5. **Are there any practical exercises, which you can recommend additionally and which should be included into the tool box?** If “yes”, please write “freely” when describing them, there is no given structure – it would be great, if you could describe them in your national language and English each!

yes

Which? The legislation spider we also use for the retailers, a small quiz and an opinion game.

no

6. **Your assessment:**

Is the Homeparty the right instrument to achieve the goals named in the concept?

(for instance, improving the competences to run a constructive conversation with their children about consumption of alcohol)?

Please, express your opinion on a scale from 1 to 4

(1 = “no, these goals are not met at all” to

4 = “yes, the Homeparty achieves these goals completely”)

no yes
 1 2 3 4

Reasons:

The home party at home is not a good method for Flemish parents. We (parents) feel more comfortable at a community centre: neutral ground. Evenings are occupied by other ‘more important’ activities. But the participating parents were positive about the content of the meetings. We had good talks about alcohol, age limits and how to implement this as a parent.

A possibility is to link the ‘homeparty’ to another activity like an introduction in the nightlife scene.

7. **Are there any other interesting facts from your country – related to the Homeparty – which are worthwhile mentioning?**

No



IV. Information about Key Training (Key Persons)

1. Structure

	Yes (please, enter dates)	No	Resp. comment
2 x 8 hrs.	<u>X 18/4 and 25/4</u>		
Differently, namely:			

2. Did you held a follow-up meeting with the coached key persons? Why (not)?

yes That could be possible in the future. Jeroen is thinking to do that. ☺

no.

3. Do you use an information-flyer / an invitation to advertise the Key Training?

yes no

If "yes", please attach one.

4. Are there any practical exercises, which have been proven inapplicable for the Key Training and which should be eliminated from the manual? If "yes" – which? Why?

yes

Which? Why?

no



5. Are there any practical exercises, which you can recommend additionally and which should be included into the tool box? If “yes”, please use the attached sheets when describing them – if would be great, if you could describe them in your national language and English each!

yes

Which?

Case studies from the participants to discuss in group on the second day. These offer more depth to the training: the participants had high expectations for the training. We used energizers and they participants were positive about them.

no

6. Your assessment:

Is the Key Training the right instrument to achieve the goals named in the concept?

(for instance, improving the competences to run a constructive conversation with adolescents about the consumption of alcohol and, thereby, set up a (short) intervention)?

Please, express your opinion on a scale from 1 to 4

(1 = “no, these goals are not met at all” to

4 = “yes, the key training achieves these goals completely”)

no 1 2 3 4 yes

Reasons:

Good training!

7. Are there any other interesting facts from your country – related to the Key Training – which are worthwhile mentioning?

Our groups was very experienced: adapt the program; more case studies



V. First-Rate Retailer Tools (sales staff)

1. Legal situation:

Sales of ...	Legal beyond the age of ...
Beer / wine	16
High-strength alcohol (for example, vodka)	18

2. Your assessment:

How (in-)consequentially are the legal rules regarding the sales of alcohol complied with?

Please, express your opinion on a scale between 1 and 4

1 = "very inconsequentially, the rules basically exist on paper only" to

4 = "very consequentially, there are controls (for example, underage mystery shoppers) and resp. fines"

no 1 2 3 4 yes

Reasons:

There is almost no control by the government concerning the sale of alcohol under these age limits in bars/pubs and small shops. Fines for these groups only exist on paper. For festivals this is different= more control . We see some change in mentality amongst some selling points: there is more awareness.

3. Your assessment:

To which extent are the legal norms regarding the sales of alcohol accepted by the population in your area (especially by the parents with whom you have been working)?

Please, express your opinion on a scale between 1 and 4

1 = "the population considers the legal norms irrelevant"

4 = "the population accepts the legal norms completely."

irrelevant 1 2 3 4 completely accepted



Reasons:

Parents, keypersons understand why age limits are needed. Most of the youngsters experience them as unrealistic and are confronted with a reality were they can buy alcohol almost in every night shop (because of no control by government on sale to minors).
In Belgium we have a culture of beer drinking: no one looks up if they see youngsters drinking at a very young age.

4. Please tick a box: Which materials have you been using?

Please mark: How useful are they for the conduct of an intervention resp. for its support?

Type of material	Printed and used?	1 Not useful at all	2	3	4 Very useful	Resp. comment
Wobbler	X				X	
Brochure	X				X	
Poster	X			X		Too large format
Sorry Card	X				X	
Pennant "We join in"	X	X				Spoils their windows.
National materials (please, specify the topic under "comment")						

5. Are there any practical exercises, which have been proven inapplicable for the First-Rate Retailer Tools and which should be eliminated from the manual? If "yes" – which? Why?

yes

Which? Why?

no

6. Are there any practical exercises, which you can recommend additionally and which should be included into the tool box? If “yes”, please write “freely” when describing them, there is no given structure – it would be great, if you could describe them in your national language and English each!

yes

Which?

no

7. Your assessment:

Are the First-Rate Retailer Tools (short- and long-term training, including materials) the right instrument to achieve the goals named in the concept?

(for instance, the retailers are aware of the legislation regarding alcohol; the retailers know how to deal with young people, who want to buy alcohol or are drunk already)?

Please, express your opinion on a scale from 1 to 4

1 = “no, these goals are not achieved at all” to

4 = “yes, first-rate retailer tools achieve these goals completely”

no yes
 1 2 3 4

Reasons:

Most of the retailers were not aware of the legislation and now have tools to implement them.

8. Are there any other interesting facts from your country – related to the First-Rate Retailer Tools – which are worthwhile mentioning?

The concept was picked up by national television and they made a short item of the short intervention in night shops + they highlighted the problem of lack of control by the government. The short intervention is perfect for this target group.