



Strategies towards responsible alcohol  
consumption for adolescents in Europe

## **Country Report about the Multilevel Approach of TAKE CARE**

(Implementation period September 2011 to May 2012)

**Organisation:** Health Promotion Department, HSE DNE

**Country/City:** Ireland

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**Date:** 13<sup>th</sup> June 12

## General Information about TAKE CARE in Your Region

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

☒ yes

☐ no

Comments:

### 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©				<input checked="" type="checkbox"/>	
Homeparty			<input checked="" type="checkbox"/>		It is difficult to recruit parents of the young people who participated in ROPE training. (only 8 out of 44 parents have links with the young people who took part in R.O.P.E )
Key Training				<input checked="" type="checkbox"/>	
First-Rate Retailer Tools				<input checked="" type="checkbox"/>	

### 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 ☐ 1 ☐ 2 ☐ 3 ☒ 4 yes

reasons:

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

**Name:** Cavan (including suburbs Cootehill and Kingscourt)

**Number of inhabitants:** 11,523

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

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

**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	✓		
has been noticed for an increased use of alcohol	✓		
overall is a residential area		✓	
is an amusement mile/nightlife district		✓	
has been selected, because there are no/hardly any prevention offers	✓		
has been selected, because of a significant number of points of retail	✓		
has been selected, because the support by cooperation partners was guaranteed	✓		
other criteria, namely ...			
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 effects of the programme are increased as several groups are targeted simultaneously.
- Social /cultural / environmental issues are the same.
- Easier to identify alcohol related problems and discuss strategies that may work in the individual social environment.

**DISADVANTAGES of the orientation towards social environments:**

- Less access to larger number of participants.

**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:**

## 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 ☐ 1 ☐ 2 ☐ 3 ☒ 4 yes

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©	60	60	53	

	Total number of participants	Resp. comment
Homeparty	39	

	Total number of P	Completed	How many have been participating BEYOND their working hours?	Resp. comment
Key Training	20	20	0	Closure of Youth reach / Face off centres, facilitated all staff to attend two day key training.

	Total number of P	Number of short interventions (10-30 min.)	Number of training (2 hrs.)	Resp. comment
<b>First-Rate Retailer Tools (1)</b>	53	50	0	

	Number of trained owners or branch managers	Number of trained employees	Number of supermarkets	Number of small stores incl off licence	Number of cafés / pubs	Number of other points of sales	Number of schools providing vocational education
<b>First-Rate Retailer Tools (2)</b>	Did not retain details from original questionnaires	Did not retain details from original questionnaires	9	6	33	0	0

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

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

- a) Youth - reach Centres c)  
b) Face - off Youth Club d)

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

- a) N/A

### **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)	1 (pilot course)	0 (Youth Centre Coordinators administered follow up questionnaires (T3))
2 x 2 days (with one overnight stay each)	5	2 informally when we went into the Youth Reach centre to deliver sessions to another group
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   ☐ in form of a   ☐ individual talk   ☒ group talk   ☐ both  
Preliminary talk

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?

☒ 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?

Drinks Guidelines exercise (Exercise K)

☐ 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 groups worked very well in Ireland. Both groups participated equally and there were no issues.

**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?)

Both age groups responded to the content in the same way; however the older age groups were more knowledgeable about the consequences of alcohol use than the older groups.

**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:**

Targeting high risk groups is of key importance. ROPE training gave us the opportunity to reach such groups. It provided factual information, provided opportunity to improve risk competences when dealing with risky situations in a fun, innovative and novel way. It fully engaged this hard to reach group.

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

Delivering the ro.pe- Training to groups that already knew each other was beneficially because they were more open during the discussions than groups that had only been together for a short time before the training

### **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)	0	<ul style="list-style-type: none"> <li>○ Tullacmonga n Resource Centre (2)</li> <li>○ Drumavaddy Resource Cente (1)</li> <li>○ Youth Advocacy Programme, Cavan (1)</li> <li>○ Killesandra, Family resource Centre. (1)</li> <li>○ Cootehill Youthreach (1)</li> </ul>	

#### **2. Who invited the parents?**

	Yes	No	Resp. comment
Parents invited other parents (original Homeparty)			
You, as TAKE CARE prevention experts, invited parents			
Other experts (who?) invited parents	✓		Youth Reach Co ordinators / Family Resource Centre Co ordinators invited parents of young people who participated in ROPE training / other parents.

#### **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      - Job Advert (Sandra description)  
    - Drinks Audit tool  
    - Drinks Guidelines (Exercise K)

Which?

☐ 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      ☐ 1      ☐ 2      ☐ 3      ☒ 4      yes



**Reasons:**

In the Manual Home party was scheduled to run for 2hrs, However we noticed we needed about 3hrs to do the session

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

Home party was not organised in the homes of the parents because they did not like this option, because they felt their privacy would be invaded.  
Issues about self harm/attempted suicide were raised amongst parents of young people who attended the rope training. Their young persons had expressed feelings of hopelessness. This might be because they are from deprived social class, unemployment issues in parents/alcohol problems as well.  
Parents wished they had the session much earlier when their children were younger, when issues like boundaries, limits, being a role model would have been helpful.

## IV. Information about Key Training (Key Persons)

### 1. Structure

	Yes (please, enter dates)	No	Resp. comment
2 x 8 hrs.			
Differently, namely:	2 x 7 hours  23 <sup>rd</sup> & 24 <sup>th</sup> January 2012		

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

☐ yes

☒ no

Time constraints and the difficulty of bringing them back together again, centres would have had to be closed again for this

### 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?

✓ ☐ 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      ☐      ☐      ☐      ✓ ☐      yes  
1      2      3      4

**Reasons:**

Key persons are constantly in contact with young people and have the opportunity to motivate young people to change their drinking habits.

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

N/A

## **V. First-Rate Retailer Tools (sales staff)**

### **1. Legal situation:**

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

### **2. Your assessment:**

**How (in-)consequently 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 consequently, there are controls (for example, underage mystery shoppers) and resp. fines"

no ☐ 1 ☐ 2 ☒ 3 ☐ 4 yes

### **Reasons:**

Most of the pubs / clubs claim they comply with the legal rules because of the fines imposed if they break the rules. Compliance is monitored by the Gardai. However, there is anecdotal evidence that would indicate that in some locations, U-18'S are still served alcohol.

### **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:**

Some parents believe 15-18 year olds are safe to drink alcohol. They feel that in the controlled environment of the home they can regulate the amount that the young people drink.

Other parents are quite happy to supply their young people with drinks prior to going out, as it is much cheaper than giving the young people money to purchase drinks when out.

**There seems to be a culture of acceptance of drinking by young people**

**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	✓				✓	
Brochure	✓				✓	
Poster	✓				✓	
Sorry Card						
Pennant "We join in"	✓				✓	
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 ☐ 1 ☐ 2 ☐ 3 ☒ 4 yes

**Reasons:**

However, we should note that it is not in the interest of the retailer not to sell alcohol to young people even though they have a moral obligation as well as obliged by the law not to do so.



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

The retailer tools were well received.