



FOCUS ON RESEARCH

A process evaluation of the implementation of ASSIST Scotland: CZH/4/981

Researchers

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Aim

To evaluate the process of implementing ASSIST (A Stop Smoking in Schools Trial) in Scotland.

ASSIST is a peer-led, school-based smoking prevention programme that encourages the dissemination of non-smoking norms by training students aged 12-14 to work as peer supporters. ASSIST was delivered in three NHS Boards across Scotland. All three areas followed the licensed DECIPHer-IMPACT programme but their delivery models, in terms of project management, staffing and number of schools they worked with, varied.

Project Outline/Methodology

In light of existing evidence demonstrating the effectiveness of ASSIST, this study was a process evaluation to examine the acceptability and implementation of ASSIST to inform any potential future adoption in other areas of Scotland. The research design involved mixed methods, consisting of three elements: 1) evaluating the implementation planning process; 2) evaluating delivery in schools and; 3) assessment of costs. A range of stakeholders (school staff, trainers and students, n=101) were consulted via in-depth interviews, paired interviews, mini focus groups and observation along with a before and after survey to gather data from students (n=2130, at follow-up).

Key Results

Three different delivery models were piloted in the participating areas, which did not affect fidelity or acceptability. Partnership working, from the onset, was viewed as being key to successful delivery and securing school participation. Feedback was overwhelmingly positive regarding the wider benefits of taking part in ASSIST for peer supporters (i.e. personal and communication skills) but also for the school and communities, via message diffusion to wider social networks.

Findings showed far less certainty regarding the extent of message diffusion and any impact this may

have had on adolescent smoking. Student survey results showed no significant change in self-reported smoking prevalence between baseline and follow-up and conversation recall with a peer supporter was just 9%. However, it is important that the current context (where regular smoking prevalence is 2% overall in 13 year olds in Scotland) is taken into account. Now may be the time to consider whether, 13 years on from the original Randomised Control Trial, an implementation trial of ASSIST is warranted to determine if it is still effective and cost effective. ASSIST may still have an important role to play, particularly in more deprived areas where youth smoking uptake starts in the early teens and where community smoking rates and norms have shown little change in recent years.

Conclusions

This process evaluation has demonstrated that it is feasible and acceptable to deliver the ASSIST programme in Scottish schools, although questions remain about the extent of message diffusion. All the research questions set out in the original proposal were addressed, and recommendations for practice and research are included in the main report.

What does this study add to the field?

Until 2014 ASSIST had not been delivered in Scottish schools. This process evaluation provides evidence to inform any future delivery of ASSIST in Scotland, as well as recommendations for research.

Implications for Practice or Policy

Further consideration is required to assess whether delivery of ASSIST still offers a suitable return on investment and what role it may play in schools in areas of deprivation where smoking rates are higher.

Where to next?

A dissemination strategy is in place and discussions are underway regarding a possible application to the National Institute for Health Research for a future implementation trial to determine if ASSIST is still effective.

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