

GUIDEBOOK

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Downloaded from <https://guidebook.eif.org.uk/programme/assist>

ASSIST

Review: January 2019

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

ASSIST (named for its trial: A Stop Smoking in Schools Trial), is a schools-based smoking prevention programme. It is a universal programme for children between the ages of 12 and 13. It is delivered in secondary schools, and aims to improve resilience and reduce the take-up of smoking.

The programme involves using a questionnaire to identify influential students within schools, and then recruiting them into the programme and delivering interactive skills and information training. These influential peer supporters then disseminate information positively and effectively to empower their friendship groups not to take up smoking.

Evidence
rating: **3**

Cost rating: **1**

EIF Programme Assessment

ASSIST has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence
rating: **3**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.

Cost rating: **1**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Preventing substance abuse

Reduced prevalence of smoking in the past week

Based on study 1

2.64-percentage point reduction in proportion of participants smoking in the last week (self-report)

Improvement index: **+6**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 56% and worse outcomes than 44% of their peers, if they had received the intervention.

Long-term A year later

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preadolescents

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Group

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Secondary school

The programme may also be delivered in these settings:

- Secondary school

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Universal
-

Where has it been implemented?

England, France, Scotland, Wales, Ireland

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- school based social emotional learning
-

About the programme

What happens during delivery?

How is it delivered?

- ASSIST is delivered in six sessions of varying length – one 20-minute session, three hour-long sessions, and two full-school-day sessions. These are delivered to groups of peer supporters by external trainers.

What happens during the intervention?

- The programme involves four distinct phases:
 1. Students are nominated by their peers using a questionnaire completed by the whole year group.
 2. The most nominated 18%, balanced by gender, are then recruited to join the programme as peer supporters.
 3. These peer supporters will then participate in two days of training away from school where they will be given the skills and information that they need to perform their role. The training is very interactive and student-led. There is much emphasis on influence and persuasion – being empathetic, non-judgmental and understanding about the reasons why people smoke, as well as the benefits of making healthier choices. Students are encouraged to record their conversations in a diary which they bring to each of the follow-ups. These school-based sessions give students and trainers an opportunity to share progress and support each other while also refreshing skills and information.
 4. At the end of the programme the students are presented with a certificate, as is the school, which is left with a high-quality group of young health ambassadors.

What are the implementation requirements?

Who can deliver it?

- This programme is delivered by a lead trainer with QCF-4/5 level qualifications, and two trainers also with QCF-4/5 level qualifications.

What are the training requirements?

- Practitioners have 21 hours of programme training each. Booster training of practitioners is not required.

How are the practitioners supervised?

Practitioner supervision is provided through the following processes:

- It is recommended that practitioners are supervised by one host agency supervisor (qualified to QCF-6 level).
- It is recommended that practitioners are also supervised by one programme developer supervisor (qualified to QCF-6 level).

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Training manual
- Other printed material
- Other online material
- Face-to-face training
- Fidelity monitoring.

Is there a licensing requirement?

Yes, there is a licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Smoking-related behavioural change in adolescents is propagated by trained peer supporters who promote the benefits of remaining smoke-free and the risks of smoking.
- The programme teaches influential peer supporters' ways of disseminating information positively and effectively, alongside conflict resolution methods, to empower their friendship groups not to take up smoking.
- In the short term, peer supporters learn about the risks of smoking and the benefits of being smoke-free, and are trained to disseminate these messages in an ad-hoc way by looking for opportunities to include smoking facts in their everyday conversations with their friends.
- In the long term, peer supporters develop leadership and communication skills and build personal resilience, and are more confident and less likely to take up smoking.

Intended outcomes

Preventing substance abuse

Contact details

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About the evidence

ASSIST's most rigorous evidence comes from a cluster RCT which was conducted in the UK.

This study identified statistically significant positive impact on a number of child outcomes.

This programme is underpinned by one study with a level 3 rating, hence the programme receives a level 3 rating overall.

Study 1

Citation: Campbell et al., 2008

Design: Cluster RCT

Country: United Kingdom

Sample: 10,730 children recruited from 59 schools, with low number of smokers at baseline.

Timing: Post-test; 1-year follow-up; 2-year follow-up

Child outcomes:

- Reduced prevalence of smoking in the past week
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Other outcomes:

- None measured
-

Study rating: 3

Campbell, R., Starkey, F., Holliday, J., Audrey, S., Bloor, M., Parry-Langdon, N., ... & Moore, L. (2008). An informal school-based peer-led intervention for smoking prevention in adolescence (ASSIST): a cluster randomised trial. *The Lancet*, 371(9624), 1595-1602.

Available at <https://www.sciencedirect.com/science/article/pii/S0140673608606923>

Study design and sample

The first study is a rigorously conducted RCT.

This study involved random stratified-blocked assignment (stratified by country; type of school; size of school; level of entitlement to free school meals) of schools to an ASSIST group or to a control group which continued their usual smoking education.

This study was conducted in the UK, with a sample of 10,730 children recruited from 59 schools in the west of England and southeast of Wales. The sample was relatively diverse in terms of family affluence. Only a small proportion (6%) of children were smokers at baseline.

Measures

Smoking prevalence was measured using a questionnaire asking children to report on whether they had smoked in the past week (self-report).

Findings

This study identified statistically significant positive impact on a child outcome, which was reduced prevalence of smoking in the past week (at 1-year follow-up).

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Audrey, S., Cordall, K., Moore, L., Cohen, D., & Campbell, R. (2004). The development and implementation of a peer-led intervention to prevent smoking among secondary school students using their established social networks. *Health Education Journal*, 63(3), 266-284 - **This reference refers to a randomised control trial, conducted in the UK.**

Audrey, S., Holliday, J., & Campbell, R. (2008). Commitment and compatibility: teachers' perspectives on the implementation of an effective school-based, peer-led smoking intervention. *Health Education Journal*, 67(2), 74-90. Process evaluation - **This reference refers to a randomised control trial, conducted in the UK.**

Audrey, S., Holliday, J., Parry-Langdon, N., & Campbell, R. (2006). Meeting the challenges of implementing process evaluation within randomized controlled trials: the example of ASSIST (A Stop Smoking in Schools Trial). *Health education research*, 21(3), 366-377 - **This reference refers to a randomised control trial, conducted in the UK.**

Holliday, J. C., Rothwell, H. A., & Moore, L. A. (2010). The relative importance of different measures of peer smoking on adolescent smoking behavior: cross-sectional and longitudinal analyses of a large British cohort. *Journal of Adolescent Health*, 47(1), 58-66 - **This reference refers to a pre-post study, conducted in the UK.**

Holliday, J., Audrey, S., Moore, L., Parry-Langdon, N., & Campbell, R. (2009). High fidelity? How should we consider variations in the delivery of school-based health promotion interventions?. *Health Education Journal*, 68(1), 44-62. Process evaluation - **This reference refers to a pre-post study, conducted in the UK.**

Hollingsworth, W., Cohen, D., Hawkins, J., Hughes, R. A., Moore, L. A., Holliday, J. C., ... & Campbell, R. (2011). Reducing smoking in adolescents: cost-effectiveness results from the cluster randomized ASSIST (A Stop Smoking In Schools Trial). *Nicotine & Tobacco Research*, 14(2), 161-168 - **This reference refers to a randomised control trial, conducted in the UK.**

Mercken, L., Moore, L., Crone, M. R., De Vries, H., De Bourdeaudhuij, I., Lien, N., ... & Van Lenthe, F. J. (2012). The effectiveness of school-based smoking prevention interventions among low-and high-SES European teenagers. *Health education research*, 27(3), 459-469 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Starkey, F., Audrey, S., Holliday, J., Moore, L., & Campbell, R. (2009). Identifying influential young people to undertake effective peer-led health promotion: The example of A Stop Smoking In Schools Trial (ASSIST). *Health Education Research*, 24 (6), 977-988 - **This reference refers to a randomised control trial, conducted in the UK.**

Starkey, F., Moore, L., Campbell, R., Sidaway, M., & Bloor, M. (2005). Rationale, design and conduct of a comprehensive evaluation of a school-based peer-led anti-smoking intervention in the UK: the ASSIST cluster randomised trial [ISRCTN55572965]. *BMC Public Health*, 5(1), 43 - **This reference refers to a randomised control trial, conducted in the UK.**

Starkey, F., Moore, L., Campbell, R., Sidaway, M., & Bloor, M. (2007). Erratum to: Rationale, design and conduct of a comprehensive evaluation of a school-based peer-led anti-smoking intervention in the UK: the ASSIST cluster randomised trial [ISRCTN55572965]. *BMC Public Health*, 7(1), 301 - **This reference refers to a randomised control trial, conducted in the UK.**

Steglich, C., Sinclair, P., Holliday, J., & Moore, L. (2012). Actor-based analysis of peer influence in A Stop Smoking In Schools Trial (ASSIST). *Social Networks*, 34(3), 359-369 - **This reference refers to a randomised control trial, conducted in the UK.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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