

GUIDEBOOK

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All Stars (Core and Core with Plus)

Review: March 2017

All Stars is a universal programme for children between the ages of 8 and 14 years. The primary goal of the programme is to prevent or delay risky behaviours, specifically substance misuse and anti-social behaviour.

The programme is typically delivered by a class teacher during the school day.

The programme aims to promote qualities that have been found to protect children from engaging in risky behaviour, such as commitment and bonding to the school environment. The programme involves a range of interactive methods including art, small group discussions, group work, and games, which focus on developing these qualities.

Evidence
rating: **2**

Cost rating: **1**

EIF Programme Assessment

All Stars (Core and Core with Plus) has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence
rating: **2**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

This evidence rating applies only to All Stars 'Core' and 'Core with Plus', as delivered by a teacher and during the school day.

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:

Enhancing school achievement & employment

Improved goal setting skills (child-report) - based on **study 1**

Smaller decline in bonding to school environment (child-report) - based on **study 1**

Increased commitment (child-report) - based on **study 1**

Improved idealism / ideals (child-report) - based on **study 1**

Preventing substance abuse

Decreased alcohol use (child-report) - based on **study 1**

Decreased drunkenness (child-report) - based on **study 1**

Decreased onset of smoking cigarettes (child-report) - based on **study 1**

Key programme characteristics

Who is it for?

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

- Primary school
- Preadolescents
- Adolescents

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:

- Primary school
- Secondary school

How is it targeted?

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

- Universal
-

Where has it been implemented?

Northern Ireland, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

About the programme

What happens during delivery?

How is it delivered?

All Stars has several strands. The rating applies to the following:

- All Stars Core, which is delivered to 11- 13 year olds in 14 sessions of 45 minutes' duration.
- All Stars Plus, which is delivered to 13-14 year olds in 9 sessions of 45 minutes' duration. Plus is a 'follow-up' programme for young people who have participated in Core.

What happens during the intervention?

- All Stars uses a range of interactive methods including art, small group discussions, role play, and games to focus on key qualities or skills which research shows are most effective in preventing or delaying risky behaviours.
- The five targeted qualities in All Stars Core are: lifestyle incongruence/idealism (recognising that high-risk behaviours will interfere with a young person's life goals), positive social norms, commitment, bonding to prosocial organisations and positive parental attention.
- All Stars Plus focuses additionally on three skills: decision making, goal setting, and resistance skills with a focus on resisting peer pressure.
- Each classroom session is designed to promote at least one of the qualities or skills.
- The qualities or skills are referred to as mediators as they account for how the programme.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a qualified teacher with QCF level 6 qualifications.

What are the training requirements?

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

How are the practitioners supervised?

- It is recommended that practitioners are supervised by a host agency supervisor, qualified to QCF 6, with six-eight hours of programme training.

What are the systems for maintaining fidelity?

- Training manual for teachers
- Other printed material (a student work book)
- Face-to-face training of teachers
- Fidelity monitoring tailored to the coordinator and school, recommended to include a mid-way fidelity visit

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?

- All Stars is based on research and theory stating that certain qualities improve social competency skills and reduce a variety of risky behaviors, including substance use.
- For example, the quality of having positive 'social norms' means that peers consider high-risk behaviours to be undesirable and unacceptable and is therefore hypothesised to prevent risky behaviour developing.
- The programme uses interactive teaching techniques and homework assignments to promote the following five key qualities or 'mediators': lifestyle incongruence/idealism (recognising that high-risk behaviours will interfere with a young person's desired future), social norms, commitment, bonding to prosocial and supportive organisations, and positive parental/carer attention.
- In the short term, the mediators lead young people to identify futures that are personally meaningful, understand and share positive norms as a peer group, develop personal commitments to their future, feel engaged and respected as part of the class or group, and strengthen bonds with parents or other adults.
- In the longer term, this causes young people to reduce substance misuse and engagement with other anti-social behaviours, such as fighting.

Intended outcomes

Enhancing school achievement & employment Preventing crime, violence and antisocial behaviour Preventing substance abuse

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<http://www.allstarsprevention.com/new/index2.html>

About the evidence

All Stars' most rigorous evidence comes from a QED which was conducted in the USA.

This study identified statistically significant positive impact on a number of child outcomes. The conclusions that can be drawn from this study are limited by methodological issues pertaining to inequivalent groups and differential attrition between treatment and comparison groups not being reported, which is why a higher rating is not achieved. This programme is underpinned by one study with a level two, hence the programme receives a level two rating overall.

The rating is based on an evaluation of the version of All Stars delivered by a teacher during the school day. Other versions have a discrete evidence base, which has not contributed towards this guidebook entry. In particular, an afterschool version of All Stars found no statistically significant improvements for programme participants on all measured child outcomes (Gottfredson et al 2010). We would advise commissioners to consult the relevant studies for further information on all other versions. Please refer to the full reference list for details.

Study 1

Citation: Hansen & Dusenbury (2004) | **Design:** QED

Country: | **Study rating:** 2

Sample: A total of eight schools participated. The pre-test sample size was 770. 632 students completed pre and post-test surveys. The average age in the final sample was 12 years, four months

Timing: Post-intervention

Child outcomes:

- Decreased alcohol use (child-report)
 - Decreased drunkenness (child-report)
 - Decreased onset of smoking cigarettes (child-report)
 - Improved goal setting skills (child-report)
 - Smaller decline in bonding to school environment (child-report)
 - Increased commitment (child-report)
 - Improved idealism / ideals (child-report)
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Other outcomes:

Improved goal setting skills – child self-report

Smaller decline in bonding to school environment - child self-report

Decreased alcohol use - child self-report

Decreased drunkenness - child self-report

Decreased onset of smoking cigarettes - child self-report

Increased commitment - child self-report

Improved idealism / ideals (also known as lifestyle incongruence) - child self-report

Hansen, W. B., & Dusenbury, L. (2004). All Stars Plus: A competence and motivation enhancement approach to prevention. *Health Education, 104*(6), 371–381.

Available at <http://search.proquest.com/openview/b6d9d40128b610f69ae0d717f0a2725b/1?pq-origsite=gscholar&cbl=2>

Study design and sample

This study is a QED. Whole schools were assigned to conditions apart from one school in which a class served as a within-school control. Three schools were assigned to All Stars Core, 4 schools were assigned to All Stars 'Core with Plus' and two schools were assigned to the control condition. Assignment was not randomised.

This study was conducted in the USA, with a sample of 770 children. The average age was 12 years. 45% of students were economically disadvantaged. 28% of students identified themselves as African American, 13% Hispanic, 53% White, 1% Asian, 2% Native American, and 5% Others.

Measures

The following were measured using the All Stars Student Survey: decision making and impulsivity, goal setting, persistence, resistance skills, bonding to school, commitment, lifestyle incongruence, normative beliefs, parental monitoring, parent-child communication, alcohol use, drunkenness, marijuana use, inhalant use and cigarette smoking. The survey is a child self-report measure.

Findings

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

Results were reported together for the All Stars treatment groups (Core and Core with Plus) for most of the outcomes and demonstrated the following effects:

- Improved goal setting skills
- Smaller decline in bonding to school environment
- Decreased alcohol use
- Decreased drunkenness
- Decreased onset of smoking cigarettes
- Increased commitment (Core students were significantly more committed to avoiding drugs, compared to control or Core with Plus students)
- Improved idealism/ideals.

Although there were indications that Core with Plus provided additional benefits on some outcomes compared to Core alone, the additional benefit of Core with Plus did not reach statistical significance.

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.

Gottfredson, D. C., Cross, A., Wilson, D., Rorie, M., & Connell, N. (2010). An experimental evaluation of the All Stars prevention curriculum in a community after school setting. *Prevention Science*, 11(2), 142–154.

Harrington, N. G., Giles, S. M., Hoyle, R. H., Feeney, G. J., & Yungbluth, S. C. (2001). Evaluation of the All Stars character education and problem behavior prevention program: Effects on mediator and outcome variables for middle school students. *Health Education & Behavior*, 28(5), 533–546.

McNeal, R. B., Hansen, W. B., Harrington, N. G., & Giles, S. M. (2004). How All Stars works: An examination of program effects on mediating variables. *Health Education & Behavior*, 31(2), 165–178.

Slater, M. D., Kelly, K. J., Edwards, R. W., Thurman, P. J., Plested, B. A., Keefe, T. J., ... Henry, K. L. (2006). Combining in-school and community-based media efforts: reducing marijuana and alcohol uptake among younger adolescents. *Health Education Research*, 21(1), 157–167.

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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