

Last reviewed: March 2017

Intervention website: <https://allstarsprevention.com/>

GUIDEBOOK INTERVENTION INFORMATION SHEET

All Stars – Core and Core with Plus

Please note that in the ‘Intervention Summary’ table below ‘child age’, ‘level of need’, and ‘race and ethnicities information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	All stars is a universal school-based intervention for children aged between 8 to 14 years. It is delivered by teachers to groups of children during the school day for 9 to 14 sessions. The primary goal of the intervention is to prevent or delay risky behaviours, specifically substance misuse and anti-social behaviour.
Evidence rating	2
Cost rating	1
Child outcomes	• Preventing substance abuse - Reduced alcohol use - Reduced smoking - Reduced substance misuse • Enhancing school achievement & employment - Improved goal-setting skills - Declines in child school bond
Child age (population characteristic)	8 to 14 years
Level of need (population characteristic)	Universal

Foundations Guidebook – Intervention information sheet

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Intervention summary	
Race and ethnicities (population characteristic)	• African American • Asian • Hispanic • Native American • White.
Type (model characteristic)	Group
Setting (model characteristic)	• Primary school • Secondary school.
Workforce (model characteristic)	Teacher
UK available?	Yes
UK tested?	No

Model description

All Stars is a universal school-based intervention for children aged between 8 to 14 years which aims to prevent or delay risky behaviours. It is delivered by teachers to groups of children during the school day for 9 to 14 sessions.

The intervention 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 intervention involves a range of interactive methods focused on developing these qualities, including art, small group discussions, group work, and games.

Target population

Age of child	8 to 14 years
Target population	School children aged 8 to 14

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who		How		What
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
Some young people are at risk of engaging in risky behaviours, including substance use, delinquency, and other antisocial behaviours.	Having positive 'social norms' and improved social competency skills reduces the extent to which peers consider high-risk behaviours to be desirable and acceptable, and prevents risky behaviour from developing.	Young people at risk of engaging in risky behaviours.	The intervention uses interactive teaching techniques and homework assignments to promote five key 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 organizations; and positive parental/carer attention.	• Young people identify futures that are personally meaningful and develop personal commitments to their future • Young people share positive norms as a peer group, and feel engaged and respected as part of the class or group • Young people strengthen bonds with parents or other adults.	• Increased resistance to peer pressure to engage in risky behaviours • Reduced likelihood of initiating risky behaviours.	• Reduced substance misuse • Reduced engagement with other anti-social behaviours, such as fighting.



Implementation requirements

Who is eligible?	Offered universally to school children aged 8 to 14 years.
How is it delivered?	All Stars is delivered in several ways. The rating applies to the following: • All Stars Core is delivered to 11- to 13-year-olds in 14 sessions of 45 minutes' duration each by teachers to groups of young people. • All Stars Plus is delivered to 13- to 14-year-olds in nine sessions of 45 minutes' duration each by teachers to groups of young people.
What happens during the intervention?	All Stars uses interactive methods such as art, small group discussions, role-play, and games to target qualities and skills shown to effectively prevent or delay risky behaviours. The five core qualities in All Stars Core are: lifestyle incongruence (recognising that high-risk behaviours interfere with life goals); positive social norms; commitment; bonding with prosocial groups; and positive parental attention. All Stars Plus builds on this by adding three key skills: decision-making; goal setting; and resisting peer pressure. Each classroom session promotes at least one of these qualities or skills, known as 'mediators', which are central to how the intervention achieves its outcomes.
Who can deliver it?	The practitioner who delivers this intervention is a qualified teacher with QCF Level 6 qualifications.
What are the training requirements?	The practitioners have six hours of intervention training. Booster training of practitioners is not required.
How are practitioners supervised?	It is recommended that practitioners are supervised by a host-agency supervisor (qualified to QCF Level 6), with six to eight hours of intervention training.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: • Training manual • Other printed material • Face-to-face training • Fidelity monitoring.
Is there a licensing requirement?	Yes



Implementation requirements (Cont.)

*Contact details	Website: https://allstarsprevention.com/
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Evidence summary

All Stars' most rigorous evidence comes from a QED which was conducted in the United States. This study identified statistically significant reductions in alcohol use, drunkenness, cigarette use, and improvements in commitments to non-drug use and goal-setting skills at post-intervention. It also found statistically significant declines in child bonding to school environment at post-intervention.

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 after-school version of All Stars found no statistically significant improvements for intervention 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.

Search and review

	Number of studies
Identified in search	5
Studies reviewed	N/A
Meeting the L2 threshold	1
Meeting the L3 threshold	0
Contributing to the L4 threshold	0
Ineligible	4



Individual study summary: Study 1

Study 1	
Study design	QED
Country	United States
Sample characteristics	This study involved a total of 770 students (average age 12.4) in the US states of South Carolina and Texas
Race, ethnicities, and nationalities	• 53% White • 28% African American • 13% Hispanic • 5% Other • 2% Native American • 1% Asian
Population risk factors	45% of participants were economically disadvantaged, with rates ranging from 23% to 75% across schools
Timing	• Baseline • Post-intervention.
Child outcomes	• Improved goal-setting skills (child report) • Decline in bonding to school environment (child report) • Increased commitment to non-drug use (child report) • Decreased alcohol use (child report) • Decreased cigarette use (child report) • Improved lifestyle incongruence/ideals (child report).
Other outcomes	None
Study Rating	2
Citation	Hansen, W. B. & Dusenbury, L. (2004) All Stars Plus: A competence and motivation enhancement approach to prevention. <i>Health Education</i> . 104 (6), 371–381.



Brief summary

Population characteristics

This study involved a total of 770 students, with an average age of 12 years 4 months, living in South Carolina or Texas, US. The sample was 52% female. 45% were economically disadvantaged, with rates ranging from 23% to 75% across schools. 28% identified as African American, 13% Hispanic, 53% White, 1% Asian, 2% Native American, and 5% Other.

Study design

The study adopted a quasi-experimental design, comparing students in three conditions: 145 who received All Stars Core, 101 who received All Stars Plus, and 385 who received treatment as usual. Students in South Carolina and Texas schools were assigned to conditions based on convenience, not randomisation.

Measurement

All data was collected at baseline and post-test.

Child self-report measures included surveys assessing substance use behaviours (alcohol, marijuana, cigarettes, inhalants), goal setting, resistance skills, parental monitoring, normative beliefs, and decision-making skills.

Study retention

82% (632) of parents participated in post-intervention assessment.

Results

Data-analytical strategy

Analysis of variance (ANOVA) was used to estimate the intervention's effects on the intended outcomes.

Findings

Youth in the intervention group showed statistically significant improvements in commitments to non-drug use, goal-setting skills, and lifestyle incongruence as well as reductions in alcohol use, drunkenness, and cigarette use at post-intervention.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Alcohol use	Standardised index score scale including items on lifetime use and frequency (child self-report)	Core students = 0.202 Plus students = 0.175	Yes	632	Post-intervention
Drunkenness	Standardised index score scale including items on lifetime use and frequency (child self-report)	Core students = 0.170 Plus students = 0.215	Yes	632	Post-intervention
Marijuana use	Standardised index score scale including items on lifetime use and frequency (child self-report)	Core students = 0.054 Plus students = 0.194	No	632	Post-intervention
Inhalant use	Standardised index score scale including items on lifetime use and frequency (child self-report)	Core students = 0.079 Plus students = 0.126	No	632	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Cigarette smoking	Standardised index score scale including items on lifetime use and frequency (child self-report)	Core students = 0.101 Plus students = 0.209	Yes	632	Post-intervention
Decision-making skills	Five item four-point scale (child self-report)	N/A	No	632	Post-intervention
Goal setting and persistence	Six item four-point scale (child self-report)	N/A	Yes	632	Post-intervention
Resistance to peer pressure	Nine-item four-point scale (child self-report)	N/A	No	632	Post-intervention
Bonding to school	Seven item four-point scale (child self-report)	N/A	Yes*	632	Post-intervention
Commitment to non-drug use	Eight item four-point scale (child self-report)	N/A	Yes	632	Post-intervention
Lifestyle incongruence/ideals	Five item four-point scale (child self-report)	N/A	Yes	632	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Normative beliefs	Eight item five-point scale (child self-report)	N/A	No	632	Post-intervention
*declined over time					

Other studies

The following studies were identified for this intervention but did not count towards the intervention's overall evidence rating. An intervention 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. **This reference refers to a randomised controlled trial, conducted in the USA.**

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. **This reference refers to a randomised controlled trial, conducted in the USA.**

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. **This reference refers to a randomised controlled trial, conducted in the USA.**

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. **This reference refers to a randomised controlled trial, conducted in the USA.**

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Note on provider involvement: This provider has agreed to Foundations' terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.