the 'BOF' team. Their own attitudes to alcohol and behavioural intentions had changed as a result of running the project.

For example, ‘I'd be less inclined to get drunk - I think it is less normal now I know all the stuff they've been teaching. It's become more of a drug than a fun thing’, ‘I'd be more inclined to say no’, ‘I've used the skills to set boundaries at parties’, and ‘It made me more cautious - made me think more’.

Role models

The peer educators were important that there was a combination of age gap between them and the recipients of the peer education. ‘Year 7's look up to only a few years older, Younger kids, a majority, can see us as role models, and, The smaller age gap is less effective whereas Year 7's look up to us’. The 'BOF' team have a given a lot of thought to the way they would engage with younger students. ‘Try to give them a broad mind - all aspects good and bad - a balance’.

Think how people receiving will - they listen? If we give knowledge they can make their choices, and, If they realise it you're, before parties, it will help. That's why we've targeted Year 9's. You appreciated the staff support they had received, feedback was very positive.

Staff views

Three teachers in particular, the Assistant Head, the Head of Year 9 and a Learning Mentor, provided the ‘BOF' group with support and encouragement. ‘They have been very pleased that the peer educators had taken very rapid and confident ownership of the project. They felt the training offered by Tascade, as “external trainers”, was important, providing both quality and credibility/quite inspiring - just enough not to remove creativity and imagination. Staff had seen how the students had benefited from their involvement in the project and felt that peer education was one important approach to alcohol education that could complement other approaches.

For further information contact: Sue Webb, Assistant Headteacher (Pastoral/PSHE) at Lancaster School, email suewebb@lancaster.leicestershire.sch.uk

Briefing paper

Tascade had undertaken a scavenging activity to find out what peer alcohol education work was already taking place with young people in the United Kingdom. This established that while peer education programmes about alcohol and sexual health are prevalent, very few projects focus on alcohol education. A briefing paper outlining the learning from this phase of the project has been disseminated throughout the UK. A draft of the Peer Alcohol Education Project with Secondary School Students’ 1st Briefing Paper is available from Tascade’s website at www.tascade.com/Briefing/PDFs/Year7.pdf

Chris Davies, Deputy Head at Mumbles Village College said, ‘It's easy to create an environment in our peer education lessons where we take responsibility for their Input with an enthusiasm which sometimes eludes teachers'.

Tascade is continuing the peer alcohol education projects in the pilot schools in Cer- diff, Cardiff, Swansea, Newport and the Vale of Glamorgan. A toolkit providing practical tools for developing peer alcohol education projects in schools will be produced by Summer of 2005.

Partnership

Partnership working has been crucial to the success of the project. Local Education Authority Advisory Teachers have provided the schools with ongoing support and guidance. Within the schools a variety of staff and students have been involved including teachers, learning mentors, Connexions Advisers and school nurses. The work has also been led by Diocese, Diocese of Swansea.

UK Peer Alcohol Education projects

Many peer education projects focusing on sexual health promotion and drug education have been developed throughout the UK over the last 15 years. However, only a few of these projects appear to have focused specifically on alcohol education.

Some recent alcohol peer education projects in secondary schools are highlighted here.

Youth Alcohol Project (TAP)

Cardiff University is working with nine schools to adapt a peer education model developed in the United States with the aim to promote safer sex. The TAP project involves training young people in Years 7, 8 and 9 who are considered influential by their peers. These influential peer educators are encouraged to promote alcohol education through informal conversations with friends. For more information on the project visit their website:

drinks.cardiff.ac.uk/secretary/projects/project synopsis.php

North Somerset Peer Education Project

This peer education project has been running since 1994 in North Somerset. It is a multi-agency approach that has been used with groups of 8-12 year olds, the youth service, teachers and the LEA. Year 10 students attend training sessions over a weekend in preparation for working with Year 7 and 8 students.

Each school develops their own approach to peer education. This has included drama performances in assemblies, interactive lessons, plus sessions with professional. Tascade is interested in the peer education work in North Somerset contact: Dilly Taylor (Peer Educators co-ordinator) on 01747 825669 or Sue Walker (the LEA Health and Wellbeing Co-ordinator) on 01934 63778

City of York Peer Education Project

Six secondary schools in York were involved in a peer education project that ran for three years. Alcohol education was an integral part of the project. Four Year 10 students from each school attended two weekend training sessions run by youthworkers.

In addition, students received support from the youth hostel in each school and youth workers back in school. The peer educators worked in teams delivering a play and drama-based alcohol education programme to around 9 and 10 year olds, total of 8 students. This was part of a planned drug education programme in which teachers were involved. The sessions were run for and after the peer education intervention.

The peer educators gained a great deal of confidence from teams across schools, but it was very difficult to timetable. Clare Barrowman (Drug Education Consultant,City of York) will provide further details email: clare.barrowman@york.gov.uk or Telephone 01904 553000

Surveys

The surveys were statistically robust, allowing us to benchmark with other communities. We also made a point of asking the same questions year on year which enabled us to make longitudinal comparisons.

The following information was excited from the surveys:

- Patterns of smoking amongst young people
- Reasons for smoking and not smoking
- Attitudes to smoking
- Intentions to stop or continue smoking

The Findings were as follows:

- The numbers of young people reporting that they had smoked at least one cigarette during the last seven days is less than half the students who smoked in 1997 (in this year the island's package of non-smoking initiatives was in place).
- Among young students only a third as many youngsters had smoked compared to their 1997 contemporaries
- Nearly twice as many young people under 5 years of age smoked in the UK as in Guernsey
- Only 3% of year 6 students think that they are going to smoke when they are older
- 10% fewer families smoke than in the UK

Such statistics have had a positive impact on our project. For example:

- We have been able to

Alun Williams

Size doesn't matter - Evidence does

Guernsey recently voted to ban all smoking in enclosed public and working places. One of the biggest contributors, that demonstrated the impact the smoking campaign was having, was the strong evidence-base from which monitoring smoking levels amongst young people.

Towards the end of March 2005, the UK media attention was focused on the forthcoming election and Prince Charles and Camilla’s wedding.

As a result, most people will have missed a major social change that started to affect thousands of young people in the Channel Islands voted to ban all smoking in enclosed public and working places. The island of Guernsey voted in May 2004.

Health Promotion Unit

The Island’s Health Promotion unit (HPU) was one of the first in the world to introduce non-smoking initiatives in schools. The surveys covered various topics including fitness, alcohol, drugs and eating patterns. A key element was tobacco.

Certainly, we have unique characteris- tics in Guernsey. There is a real sense of community and a desire to look after our population, and historically therefore, persuaded. In this case, small is beautiful. We know that we could make changes in the society, in the culture. However, one of the biggest contribu- tion to our success was the strong evidence-base from which we could argue our case. Research monitoring smoking lev- els amongst young people in Guernsey demonstrates that our smoking cam- paign was having in the island.

Alun Williams is Chairperson of Guernsey Adolescent Smokefree project - A charity whose aim is to reduce the incidence of smoking amongst young people in Guernsey. He is also the Island’s Lifelong Learning Manager

For correspondence e-mail: AluWilliams@education.gov.gg

Females snuff to the Guernsey Smokerace animal country series

Guernsey Adolescent Smokefree Project

One of the leading organisations in the campaign was the school's Guernsey Adolescent Smokefree Project. At GA$P's annual conference the school was given recognition for the successful work of the Guernsey Adolescent Smokefree Project. At GA$P our aim is to reduce the incidence of smoking amongst young people in Guernsey and we have spent some time analysing why Guernsey has become the first area of the UK to go smokefree.
ensure that lesson plans take into account the needs of this age group.
- To work in our secondary schools so that peers and female role models can raise issues about smoking.
- To work with the island's sports community to promote healthy lifestyles through initiatives such as women in sport.

We could then monitor the outcome and we were gratified to be able to report a significant decrease in the numbers of girls now taking up the habit.

- It has enabled us to refine our work. The evidence showed that those young people who were most likely to smoke were often disadvantaged and outside mainstream school activities. As a result we focused much of our work on a detached youth work project involving adolescents who excluded themselves from school-based activities.

Initial work showed little impact on the numbers of girls who smoked. We analysed and dissected the reasons why girls were continuing to smoke and came up with a plan of action... and we were gratified to be able to report a significant decrease in the numbers of girls now taking up the habit.

Although it was important to link our practice with an evidence-base it was equally significant that we could enable girls to demonstrate that our work was having a positive impact. We were never backward in sharing the latest evidence. It was especially helpful that we were to be the subject of national interest. When the Guardian looked at our results they described our work as 'the most successful anti-smoking campaign in recent times'.

OK, that's a slight exaggeration, but who cares? It simply meant that the local community knew that something special was happening in Guernsey.

In 2004 the Schools Health Education Unit surveyed 40,639 young people between the ages of 10 and 15 in 452 schools across the United Kingdom.

Looking back at some early documents I see that I wrote, "one of the aims is to give schools useful health related behaviour profiles of their pupils. It is clear that there is a great concern over health issues and much eagerness to tackle the problems but a lack of data on which to base a programme of health education".

By 2005, we have so far carried out over 5,300 health-related behaviour surveys involving over 685,000 young people. Many health education programmes have been supported by our services, a unique database of young people's health-related behaviour has been developed and pupil profiles have been provided to schools. We continue to work and share the concerns over young people's health issues.

Young People in your area

The core of our survey work is the Health Related Behaviour Questionnaire (HRBQ) survey method, which has been used by secondary schools for over 25 years and by primary schools for more than a decade. These surveys produce a detailed picture of young people's life at home, at school, and with their friends. This information is then used by health authorities to inform health needs assessment and health care planning, and by schools to promote health education programmes, as well as in class work across the curriculum.

Just one minute

The HRBQ was first developed in 1976 as an outcome of researches within the Department of Community Medicine at The School Health Education Unit which continues to support those concerned about young people's health-related behaviour.

John Balding

If I knew then... over 25 years of schools, health and education

July 2005 sees the retirement of the founder of the Schools Health Education Unit who looks back to research developments that continue to provide a greater understanding of young people's health-related behaviour.

The tobacco industry's approach to young people

John Balding first developed the Health Related Behaviour Questionnaire in 1976 and founded The School Health Education Unit (www.sheu.org.uk) which continues to support those concerned about young people's health-related behaviour.

Supporting communities

Growth and development of the young people we seek to support is a continuous and exciting process. Physical, mental and social components overlap inextricably. Access to 30 years of design and widespread use of our enquiries via young people aged from 6 years to 19 years has developed.

The same questionnaire cannot be used at different ages because of different levels of understanding, development and experience. To derive comparable data from young people at different ages it is so supportive of planning their education and support. To this end questionnaires have been developed for different levels of maturity which are complementary and the succeeding changes measured are relevant to understanding change and planning education and health and social support.

PSHE teachers

I shall never forget a meeting involving representatives from all schools in West Devon. The teachers knew one another really well and were typically good-humoured, sometimes boisterous, highly supportive of one another, and naturally competitive. Clearly to look at results and explore their meaning and ways forward in the light of the new knowledge was the agenda.

But, surely, we cannot look at a named school's results because the school would be exposed and may have the poorest (or best) results. PSHE teachers and advisers don't do that sort of thing!