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School effects on health behaviours

This paper reports on variation in levels of teenage substance use between eight secondary schools in the West of Scotland. After adjusting for differences in the pupils attending the schools, substantial-between-school variation (‘school effects’) remained for smoking, and to a lesser degree, drinking. An in-depth study of three of the schools suggested that between-school differences in smoking were associated with differences in specific health education and promotion activities, as well as with more general aspects of relationships and communication both within the schools and with parents and professionals from the local community.

I have been recognised for some time that health-damaging behaviours account for a large component of morbidity and mortality in developed countries (Henderson, Hutchison, & Davies, 1996; World Health Organisation, 1990). It seems that the potential to influence health outcomes could be increased by having a more positive impact on pupils' health behaviour, at a stage when lifestyles are still being formed. The earlier prevention begins, the greater the contribution to the future well-being of the individual, the economy and society as a whole. Health behaviours that are formed during the secondary school years include smoking, drinking and drug use, three outcomes that reflect the focus of this paper.

Smoking

Smoking is the biggest single cause of preventable death in the UK, killing more than 120,000 people a year. A recent report in the UK (Chief Medical Officer’s number one “tip for better health” is “Don’t smoke and don’t breathe others’ tobacco smoke” (Choosing Health, 2004; Shibuya, Gieser, Cuindon, Betcher, Evans, & Murray, 2003). The UK government aims to reduce the number of 15-19 year olds who smoke from 13% in 1996 to 9% in 2010 (Department of Education and Employment, 1999), and there are good reasons for prioritising a reduction of young people’s smoking. Most smokers begin smoking in adolescence, and decreases in adult smoking since the 1970s have not been accompanied by equivalent decreases in adolescent smoking (ASH, 2003; Townsend, Wilkinson, & Jarvis, 1991). Adolescents is a critical period in the establishment of smoking habit for most smokers. Moreover, the earlier smoking begins, the easier it is to give up later (Coombs, Seline, & Kozlowski, 1997).

Find out more

Young People Now is running a one-day mental health conference on 25 January 2006. Delivering Accessible Quality Services to Promote the Emotional Health and Wellbeing of Young People will be held at One Whitehall Place in London.

For the event Young People Now, this conference will aim to bring together a cross section of professionals involved in working with young people experiencing mental health and emotional wellbeing issues. The key theme for the day will focus on ‘How can we develop and provide accessible mental health services to children and adolescents with emotional and mental health issues? Explore how new partnerships with both specialist and non-specialists can add value improving overall service provision and accessibility? For further information visit www.emotionalhealthconference.com

Space to relax

Lisa Ward, CAMHS operational manager, Stockport, says she appreciates the programme because the emphasis is on providing informal learning in a safe and non-threatening setting. “It’s a different sort of involvement to what they’re used to,” she says. “It’s not in school or at the hospital and it’s not all sitting and talking. The balance of activities really helps their self-esteem and confidence.”

Some feedback from the young people bundle has been positive, but Carefoot acknowledges that the programme is not successful for everyone. "Despite receiving lots of support, some of the young people find it hard to cope with the activities and drop out after a few weeks. We believe this is an inevitable part of working with young people with complex needs." One of the biggest beneficiaries of the website appears to be their parents, many of whom have seen a noticeable improvement in their child’s attitude and wellbeing.

"Lots of the parents comment on how their son or daughter has come out of their shell since they’ve been on the programme," says Carefoot. "The work we do to raise young people’s confidence has an impact on all aspects of their lives."

For Brian, the project is already starting to make a difference. "Not only has he started to make friends, he is also optimistic about returning to mainstream school. ‘It’s differences like this that matter in these young people’s lives,’ says Carefoot.

The name of the young person has been changed

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Dogs

Illicit drugs may impact directly on health. The Registrar General for Scotland published a summary report about drug related deaths in Scotland (2004). In 2004, there were 356 drug-related deaths. Of those who died 87% were under 45 years and almost a quarter were under 25 years. Drug related death is a concern for young people in Scotland, particularly in the West of Scotland, where the present study took place. Furthermore, illegal drugs may not impact just on health directly, but also indirectly, for example via violence or accidents (McKee & Norrie, 2000). So drug and social family problems, crime and violence (Callinan, 1999).

Health Promoting Schools

It is believed that schools could play a vital role in countering these problems. The Health Promoting School (HPS) concept, which currently guides school health promotion practice internationally, is based on the belief that schools have the potential to influence their student’s health and health behaviour through the school’s social
The Argyll & Clyde study aimed to "explore the relationship between school processes and the health behaviours of pupils." The study took place in West of Scotland local authority (Argyll & Clyde) which covers a variety of social geographies in terms of income, working class, and ethnicity. Secondary schools, selected to represent the range of geographical, socioeconomic and denominational characteristics of schools within Argyll & Clyde, were involved in the study (all schools had a religious and/or a non-religious intake). The data were collected as part of a wider initiative (Aveyard et al., 2004). Understanding: October 1993 and September 1993 (Henderson, Coggans, & Davies, 1995).

Three key questions

1. What is the extent of the variation between schools in smoking, drinking, and drug use?
2. Is there a significant variation (i.e. evidence of school effects) after adjusting for differences in the pupil composition of schools?

Key evidence that schools' health education and promotion activities, as well as more general aspects of relationships and communication, are a crucial driver of pupils' health.

Mixed methods approaches

The Argyll & Clyde study used mixed methods approaches which fitted well with these different types of questions. Three methods were used:

First, self-reported questionnaire data on the health behaviours and socioeconomic characteristics of pupils (n=446 pupils aged 12 years and 254 pupils aged 14 years) from each of the eight schools were collected from the questionnaire administration with a trained researcher, with no teachers present. These data were used to ascertain whether there were any school effects on health behaviours and to select three case study schools which differed significantly in terms of pupils' health.

Second, information on health education and promotion activities was gathered from pupils and teachers through a range of staff and pupils across the schools. The interviews covered questions relating to health education and promotion activities, health education and promotion context, and the quality of relationships and communication. This information was combined with pupil and teacher involvement, communication (all categories of staff), teamwork (school versus departmental/whole school); partnerships between teachers, pupil-pupil and parental/community involvement.

Summary

In summary, the conclusion from the case studies was that Brue performed best across all the areas explored in the case studies, particularly in its level of monitoring. Jude performed poorest across all the areas, which may plausibly be related to its high smoking rates. The third school, Seaview, sits between the other two schools on a HIPS continuum and as such its practices did not so clearly fit into high smoking rates. Both key strengths over Seaview were its whole school approach to communication and information, particularly at higher levels of involvement of parents and professionals from the local community. In these dimensions, Brue was on a different level and this probably explains the differences in smoking rates between Brue and Seaview. However, it is important to note that this study represents a possible way that smoking rates are further influenced by area effects beyond the school.

Triangulation

An advantage of using mixed methods is that it provides the opportunity to examine the same phenomenon as multiple research methods (e.g., survey, audit, and qualitative interview data) or types of participant (e.g., pupils versus parents). An audit of the number of smokers (versus classroom teachers) yielded information that is coherent and consistent. While the audit and case studies broadly provided the same message about the three case study schools, it was clear that the audit was less sensitive in picking up the extent of action in each school.

Discussion

It would be helpful to have included more schools in this study. However, recent evidence published in this area, and compared to findings from similar systems, shows that the Argyll & Clyde study is representative of national trends. For instance, a number of other studies have found a modest effect size for smoking. However, not for drugs, whereas West et al. found a modest effect size for drinking, and drug use was found to have a significant effect on drug use. This suggests that a school effect on drug use may have been found had the study been able to include pupils from different schools. However, the study reflects a temporal difference as West et al.'s study was conducted 10 years later than the Argyll & Clyde study. It is possible that these outcomes are linked more closely to 'neighbourhood effects' rather than school. In this study, pupils from different schools may have been more similar than pupils living in different types of neighbourhoods. Such a finding supports the argument that smoking is a school-wide or 'Health Promoting School' approach to improving health behaviours.
This supports current policy whereby the Scottish Executive funded a Health Promoting Schools Programme to help encourage every school in Scotland to become a Health Promoting School. Similar developments have taken place in England in the form of the National Healthy School Standard.

Future studies will be able to explore whether 'school effects' impact differentially on both genders. It would also be beneficial to develop longitudinal studies and ideally, follow pupils from primary to secondary education, as did the 13-15 study (West, Schunck, & Youatt). This can allow the impact of associated primary schools to be built into research on secondary schools, such that pupils' health behaviours prior to entering secondary school could be taken into account. Similarly, longitudinal work follows a child for a longer period of time. It is also the case, given the importance of family influences, that it would be helpful to collect data directly from parents that could be linked to the data of their child(ren). It would be interesting to assess the impact of increased partnership between schools and parents and the impact of health and / or parenting interventions for parents.

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References

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The Body Image Project

The project won the fpa’s national Pamela Sheridan Award in 2005 and involved primary schools and parents in Derbyshire.

Sex and Relationships policy is complex, with different groups and partners in education. Sex and Relationships Education in schools included a reflection on media influences regarding body image and images of health and beauty. The workshops reflected these expectations. They were also concerned over 'sexualisation' of children's clothing. It was recognised that younger children were experiencing pressure to aspire to certain images of physical attractiveness. Concerns were also expressed as to the effects this could have on children's self esteem and relationships. The Body Image project was developed to address some of these issues. The project used drama to explore children's attitudes to body image and addressed the underlying issues of self-acceptance and self esteem.

Describe a cool person
Nine primary schools took part, located in areas of high teenage pregnancy, and the project was aimed at a year 6 / 7 age group. Their views and attitudes were gathered at the start of the project by an initial Drama and Writing activity. Pupils were asked to 'Describe a cool person' and 'Describe how you feel about yourself'. The answers gave teachers an understanding of the children’s attitudes and levels of self esteem. The data were used as a baseline for children to inform the work as the project progressed. Schools attended a Teacher Training Day provided as an opportunity to listen to the ethos of the project. School Nurses also attended and this helped the teachers to reception links with other health agencies. For example, one of the factors that discouraged young women to quit smoking is the belief that it helps them to stay slim. By challenging some of the drama exercises, teachers had a taste of what the children would experience in a workshop. A number of low cost learning methods were also explored that could be employed in the follow up lessons.

Drama workshops
The project began in each school with 2 drama workshops on consecutive weeks. There were delivered by a professional actress with considerable experience in area and health work. Through these workshops the children reflected on the body, body differences, feelings about those differences and what they would like to happen to their bodies as they grow. The workshops concluded with an exercise that encouraged pupils to give positive feedback to each other, not about their physical appearance, but about the qualities they possessed. Drama proved to be an excellent inclusive tool for this work. A safe and positive working environment was established through the use of ground rules and giving children the confidence to express their views. They were able to bring their own ideas and experiences as a starting point to the work, which made the learning meaningful and relevant. For instance, some boys talked about changing their bodies through the use of steroids. Another child said that ‘if you phone Chidline you are gay’. The facilitator thoughtfully anticipated this range of attitudes and values to be explored and was able to challenge children’s views in a supportive manner.

Active learning methods
After the workshops each teacher delivered 4 follow up lessons based on active learning methods. For example, in each school the children started a new trend in the playground to explore how fashion and ‘beauty’ develop. In one school the children designed their own clothing using pattern cutting. They thenRoles and responsibilities for the project to a large number of schools and increase parental involvement.