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SHEU

Education and Health

Editor

Dr David Regis

(e-mail: david.regis@sheu.org.uk)

Welcome to the fourth issue for 2016.

We receive articles from many parts of the world and some do not make it into the journal. This is mainly due to our focus on young people and, although we do not specify an age range, most published articles are about those between the ages of 5-20 years old. There are exceptions and the Editor welcomes your contribution.

This issue continues with the proud tradition of independent publishing and offers an eclectic mix. The journal, published since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readers, in the UK, come from a broad background and include: primary, secondary and further education teachers, university staff, and health-care professionals working in education and health settings. Readers outside of the UK share similar backgrounds. The journal is also read by those who commission and carry out health education programmes in school and college.

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Dr Poh-Chua Siah is an Associate Professor of the Department of Psychology and Counseling, Faculty of Arts and Social Science, Universiti Tunku Abdul Rahman, Malaysia.

For communication, please email: siahpc@gmail.com

Poh-Chua Siah

Grit as a Predictor of Adolescents' Mobile Phone Addiction

Mobile phone addiction is defined as a behaviour addiction that consists of human-machine interaction and non-chemical behaviour (Griffiths, 1996). Certain personality types are more likely to have the problems of mobile phone addiction. Some studies have examined the relationships between the 'big-5' personality traits (openness to experience, conscientiousness, extraversion, agreeableness, and neuroticism) and mobile phone addiction, and found that extraversion and disagreeableness were significant predictors of mobile phone use, where disagreeable people reported greater mobile phone use for calls and instant messaging (Butt and Phillips, 2008; Ehrenberg *et al.*, 2008). In addition, extraversion and openness-to-experience were significant predictors of mobile phone addiction (Andreassen *et al.*, 2013; Takao, 2014). Moreover, young adults who have a higher score in materialism and impulsiveness are also found to be more addicted to cell phone and instant messaging (Roberts and Pirog, 2012). This article aims to examine the relationships between grit and mobile phone addiction. Grit is defined as a passion and perseverance for long-term goals (Duckworth *et al.*, 2007), and is thought to be a personal quality that exists in successful people. Grittier individuals are able to keep their stamina to reach their goal over years, even though they may have many negative experiences in the progress of chasing goals, such as failure, adversity and plateaux.

When compared with others of equal intelligence, grittier individuals are more likely to accomplish their goals. Therefore, grit is regarded as a more important psychological trait for success than intelligence quotient (IQ), as grit can always translate into achievement but IQ may not. The

main difference between grit and conscientiousness or self-control is that with grit the emphasis is on long-term stamina rather than short-term intensity (Duckworth *et al.*, 2007).

Two factors are extracted from the 12-item grit scale, which are consistency of interests and perseverance of effort. Each factor consists of 6 items and have found to have high internal consistency. Perseverance of effort measured commitment and effort toward one's goals; it includes items such as "finish whatever I begin". Consistency of interest measured the extend of focus and dedication to a small set of important goals; it includes items such as "new ideas and projects sometimes distract me from previous ones" (reversed) (Duckworth *et al.*, 2007).

A short grit scale that consisted of 8 items was developed after, and the factor of perseverance was found to positively associated with Grade Point Average (GPA) and extracurricular activities, but negatively associated with television watching, and the factor of consistency was found negatively associated with career changes (Duckworth and Quinn, 2009).

It is expected that grittier people are less likely to become addicted to mobile phone use as the addiction will influence their persisting efforts in pursuit of long-term goals. Therefore, it is expected to find a significant negative association between grit and mobile phone addiction in this study. To our knowledge, no study has explored this relationship.

Since adolescents were reported to have a higher tendency to be addicted to mobile phone use (Ehrenberg *et al.*, 2008), they were recruited as a sample in this study. The results of this report would provide information to programmers and educators in their design of prevention strategies

for mobile phone addiction among adolescents.

Methods

Two hundred and fourteen secondary students at a secondary school were recruited to participate in this survey. About 40% were from Year One, 30% from Year Two and 30% from Year Three. About half of them were males (48.1%). Their mean age were 13.08 ($SD = 0.83$) and the mean time of using mobile phone is about 4.5 hours per day ($SD = 3.09$). Purposive sampling was used to select participants, so that only Year One to Year Three students were invited to participate. A questionnaire was then distributed to those students who agreed to participate in the study, which took about 10 minutes for them to complete. At the first measurement, participants were asked to fill in some background information, such as gender, age, and level of study. At the second measurement, participants needed to answer the Short Grit Scale (Grit-S) that contains eight items was used to measure grit on a 5-point scale (1 = not like me at all, 5 = very much like me). Four items describe the tendency toward sustained effort for long-term goals, and four other items describe abiding and focused interests over time (Duckworth and Quinn, 2009). In this study, the Cronbach's alpha reliability for the overall grit scale was 0.73, for the perseverance effort subscale was 0.78 and for consistency of interest subscale was 0.69. At the third measurement, participants were asked to fill in the mobile phone addiction index (MPAI) (Leung, 2008), which is a measurement that is developed from samples in Hong Kong. The MPAI is a scale that was based upon Young's diagnostic questionnaire for Internet addiction (Young, 1998) and was derived from the mobile phone problem usage scale (Bianchi and Phillips, 2005). The MPAI contains 17 items and each item is scored along a five-point Likert scale, ranging from not at all (1) to always (5). In this study, the Cronbach's alpha reliability of overall scale was 0.89. The Cronbach's alpha of subscales were 0.79 for productivity loss, 0.75 for anxiety and feeling lost, 0.81 for withdrawal and escape, and 0.71 for inability to control craving. The completed questionnaires were then collected and all the data were keyed in and analysed using the Statistical Package for the Social Sciences (SPSS) software. Pearson correlation was used to examine the relationships between grit and mobile phone

addiction, and then multiple regression analyses were run to find out the significant predictors of grit on mobile phone addiction and whether gender was a moderator of the relationship between grit and mobile phone addiction.

Findings

Grit and mobile phone addiction

Pearson correlations showed that grit was negatively correlated with mobile phone addiction ($r(212) = -0.39, p < 0.001$), and with all four factors of mobile phone addiction (all at $p < 0.01$) (see Table 1). Consistency of interest was also negatively correlated with mobile phone addiction and all four factors of mobile phone addiction (all $p < 0.001$). Nonetheless, perseverance of effort was only negatively correlated with productivity loss ($r(212) = -0.16, p = 0.001$).

Table 1: The relationships between grit and mobile phone addiction

	Grit	Consistency of interest	Perseverance of effort
Mobile phone addiction	-0.388***	-0.49***	-0.124
Productivity loss	-0.406***	-0.482***	-0.158*
Feelings anxious and lost	-0.246***	-0.339***	-0.051
Withdrawal/escape	-0.229**	-0.290***	-0.073
Inability to control craving	-0.246***	-0.322***	-0.069

Note: * $p < 0.05$ ** $p < 0.01$ *** $p < 0.001$

Multiple regressions were then used to further examine the relationships between grit and mobile phone addiction. By entering consistency of interest and perseverance of interest as independent variables, ages and gender as control variables, and mobile phone addiction as dependent variables, the results revealed that consistency of interest ($\beta = -0.45, t = -7.36, p < 0.001$), but not perseverance of interest ($\beta = 0.036, t = 0.58, p = 0.566$), was a significant predictor (inversely) of mobile phone addiction ($F(4, 206) = 18.26, p < 0.001$) (see Table 2).

Table 2: The results of multiple regression of grit on mobile phone addiction

	Mobile phone addiction			
	B	Beta (β)	t	p
Grit				
Consistency of interest	-0.388	-.453	-7.361	< 0.001
Perseverance of effort	0.031	.036	.575	.566
Demographic characters				
Gender	0.203	.151	2.436	.016
Age	0.095	.135	2.237	.026
R Square	0.26			
F (4, 206)	18.26			
p	< 0.001			

Discussion

As expected, the results of Pearson correlation showed that grit is negatively associated with mobile phone addiction. In other words, individuals who have a strong passion and perseverance for long-term goals are less likely to be addicted to mobile phone use. Grittier people are more likely to control their use of mobile phone, less likely to feel that the use of the mobile phone has caused problems in their lives or decreased their productivity, or to feel anxious or lost. In addition, grittier people are also less likely to use mobile phone as a way to escape from loneliness, feeling down or isolation.

However, among the two factors of grit, only consistency of interest was associated with mobile phone addiction (inversely) but not perseverance of effort. A possible explanation can be found in a study that compares the different drives related to perseverance of effort and consistency of interest (Culin *et al.*, 2014). The study found that both factors are relevant to the drive of pursuing engagement and meaning, but only consistency of interest is relevant to the drive toward immediate pleasure. Accordingly, since most participants in this study used mobile phone mainly for entertaining purposes, such as listening to music, surfing the internet and playing games, consistency of interest is more effective than perseverance of efforts in resisting the immediate pleasure brought by the multi-functions of mobile phone.

In conclusion, the findings showed that grittier adolescents are less likely to be addicted to mobile phone use. However, only those adolescents who are strong in consistency of interest are likely to resist the immediate pleasure brought by mobile phones. Besides this, gender is not a moderator of the relationships between grit and mobile phone addiction.

Based on the results, educators or parents should find strategies to train students or children to learn and to form a strong trait of consistency of interest. Therefore, more studies should be conducted to find out the formation of a gritty personality. Besides, future studies may consider examining the relationship of mobile phone addiction with hardiness, as hardiness is found to be a better predictor for more different types of addiction, such as problematic Internet usage and compulsive buying (Maddi *et al.*, 2013). In addition, more cross-cultural studies can be conducted to examine whether the results can be generalized to other populations or not.

Author note

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For more details please visit <http://sheu.org.uk>

Emma Dobson is a second-year PhD candidate at the School of Education, Durham University. Her research is funded by the Economic and Social Research Council (ESRC).

For communication, please email: e.s.dobson@durham.ac.uk

Emma Dobson

For successful Sex and Relationships Education, effective communication is key; but with whom?

Research concerning Sex and Relationships Education (SRE) spans roughly three decades, with persistent findings that interventions fail to meet adolescents' needs (UKYP, 2007; SEF, 2011; Elley, 2013). There have been numerous recommendations to improve SRE - foremost being the current push for compulsory status. It has been suggested, however, that making the subject compulsory is not enough without also addressing wider problems hindering its delivery including those associated with communication about sex and sexuality (Knight, 2009).

Improving SRE Provision

Despite increased legislation and, guidance, supporting teachers delivering SRE, communication problems surrounding subject delivery are a recurrent concern. The lamentation of Dorothy Dallas in 1972: 'A whole book could be written on communications problems and methods alone' (Dallas, 1972, 23), is as applicable today as it was then. A recent study conducted by Pound, Langford, & Campbell (2016) synthesised young people's experiences of SRE as reported in 55 studies across a number of countries. Concerns about subject delivery were a common theme, led to the conclusion that 'unless we get the delivery right, young people will continue to disengage with SRE' (Pound *et al.*, 2016, 12). This supports calls for SRE to be re-imagined as an open, informal conversation between young people and educators that takes account and is accepting of adolescent sexual cultures, while being driven by a dialogue that is animated by the concerns of the young people it is meant to serve (Gutierrez, 2011). A key challenge therefore is how to encourage young people to participate in and engage with this

dialogue.

Communication Difficulties within SRE

Understanding that 'the way sexual issues are discussed... is as important as what is said' is an essential component of effective SRE provision (NHS Health Development Agency, 2001). Young people emphasise that:

'The classroom should be safe. You should feel comfortable to talk and be able to ask questions effectively. Teachers should allow pupils to contribute... Students can tell when a teacher wants to be there... and it only makes sense that if students want to learn they should have teachers that want to teach' (Lonsdale, Helliwell and Durant, 2009, 19)

Young people repeatedly request more openness and talk within the SRE classroom (Pound *et al.*, 2016). This requires a special skillset on the part of the sex educator and teachers often feel constrained by what is deemed to be acceptable within the bounds of teacher-student relationships (Elley, 2013; Abbott, Ellis and Abbott, 2016). Students also express a dislike of teacher-led SRE due to the lack of anonymity and the feelings of embarrassment engendered when discussing sex and sexuality with an adult with whom they have a personal relationship (Pound *et al.*, 2016). Teachers cite lack of training, knowledge, and confidence as further impeding their delivery of SRE. This negatively affects students' experience of SRE, who complain that teachers' responses to questions are unsatisfactory (Measor, Tiffin and Miller, 2000; Langille *et al.*, 2001; Forrest, Strange and Oakley, 2002) and give the impression that sex cannot be discussed straightforwardly (MacDonald *et al.*, 2011; McKee, Watson and Dore, 2014). As a result, it has been suggested that external providers such as health

workers deliver SRE (Limmer, 2009). This delivery method has also been subject to criticism, however, as most forms of adult provision are based on educators being placed in an authoritative, expert role. Such an approach may inhibit open communication within SRE, as young people experience difficulty discussing sex and relationships in contexts where there is an imbalance of social power (Hawkes, 1996).

Peer-led SRE

One solution to these issues may lie within the social group itself. Peer education, presented as avoiding the communicative issues that arise between adults and young people (Topping, 1996), is a promising method of delivery for SRE. To use the most frequently cited definition, peer education is 'the teaching or sharing of information, values and behaviours by members of a similar age or status group' (Sciacca, 1987). The similarity between peer educators and students is believed to increase their credibility (Wight, 2011) and produce conversation focussed on 'problems that are common to both parties in the vernacular without any overtones of social control or authoritarianism' that are 'non-judgemental and supportive' (Topping, 1996, 24). This denotes them as equals in the eyes of their students, producing 'egalitarian communication' which is more 'open and sub-culturally relevant' (Stephenson *et al.*, 2008, 1580). Within peer-led SRE, it is posited that these factors work together to give young people 'the confidence to actively participate in discussions and to ask sensitive and intimate questions' (Fletcher, Hurst, Bolzern, & Schulkind, 2015, 96).

The Theory

Social learning theories are frequently cited to support peer education, however the approach also draws on theory from across the fields of Psychology, Education, Sociology, and Health. While theoretical richness is often used to legitimise and explain peer-led SRE, it can also be interpreted as a weakness as Turner & Shepherd (1999) have argued peer education is 'a method without a theory'. It has also been construed as a strength, with the argument being made that 'one sure sign of a robust phenomenon in any science is where there is concurrence among theorists who normally disagree about almost anything else' (Damon, 1984, 332). Regardless of which theory is

cited, underlying each is the suggestion that increased knowledge, positive attitudinal, or behavioural change can be facilitated by a means of sharing information and advice within peer-to-peer interactions. Upon further examination it is questionable to what extent social learning theories can be applied to justify, develop or understand, peer-led SRE as none of these were developed to support peer-delivered health promotion. Much of the work of Vygotsky (Vygotsky, 1962, 1978) focusses on peer education as a way to improve cognitive ability through collaborative problem solving in length, number and mass. These theories were not proposed as a way to change pre-established attitudes and habits regarding sexual health within adolescent social groups. Theories from Health such as the Diffusion of Innovations (Rogers, 1983) and Social Inoculation Theory (McGuire, 1985) are also problematic as artificially reconstructing a communication process that is supposed to be spontaneously initiated within informal social environments may be difficult within a status-marked setting such as that of a school classroom.

The Evidence

Reviews of peer education have identified that the majority of programmes are predicated in the notion that peer interactions are more frequent, intense, diverse, relevant and potentially influential than those within adult-led provision (Milburn, 1995). Peer-led interventions hope to harness these qualities to facilitate open discussion of issues related to sexual health. It is surprising then that no empirical studies have investigated communicative aspects of peer-led SRE. Almost twenty years ago it was observed that 'one of the most notable gaps in current research is the lack of detailed analysis of the sorts of interactions that actually take place between young people under the guise of peer education (Frankham, 1998, 187). This is still the case. The closest evidence we have to draw on is student and practitioner evaluations of factors they believe contribute to the success of peer-led SRE (Mellanby, 2000; Forrest, Strange and Oakley, 2002; Strange *et al.*, 2002; Morgan, Robbins and Tripp, 2004; Allen, 2009; Paul *et al.*, 2010; Layzer, Rosapep and Barr, 2014). The majority of this work is questionnaire-based, with no observation or description of how these interactions work. Evidence for effectiveness seems obvious in the

form of positive feedback from young people themselves - either on the behalf of peer educators or students. When sexual health charity Brook asked young people how they wanted to improve SRE, the response included a request to 'enable young people to educate and influence their peers through becoming peer educators' (Blake, 2008, 38). Whilst it is important that young people enjoy the SRE that they receive, it is also important that evidence supports it is an effective, high quality method of delivery. Currently evidence of effectiveness is highly variable (Tolli, 2012), with little understanding why some interventions are more successful than others (Cornish and Campbell, 2009).

The Problem

The appeal of peer education rests on an assumption that it utilises a naturally occurring process of communication that leads to learning (Turner & Shepherd, 1999). The notion that there are communication differences between adults and adolescents is commonplace. Consequently, this has been accepted as an established piece of knowledge. Take for example the UN's justification for adopting peer approaches to drug education: 'On one level, the fact that [peers] communicate best with each other is *simple common sense... is quite natural*' (United Nations, 2003, emphasis my own). This is despite a lack of evidence that this communication process is effective, how it works, or if it can be replicated within SRE. It is also worth noting that much guidance and evidence discussing the utilisation of peer education is focussed on behaviours other than sexual health such as smoking and drug use. The successful implementation of the approach in one topic area leads to recommendations that it can be adopted in other educational contexts and in relation to other topics. Just because peers may be effective in discouraging drug use amongst young people in one instance, does not mean they can encourage their use of contraceptives in another.

The Question

This leads to the key question: are peer educators better at communicating openly with students in SRE than other practitioners? And does this encourage the increased participation of students within SRE? Due to the lack of research on peer and classroom talk within SRE, we cannot

presume to answer this question. This issue is not just specific to SRE but to all peer-led adolescent health interventions. It could be that this communication process, once depicted, could be broken down into a set of skills that could be taught to educators to assist in their delivery of SRE. Alternatively, it may be that this type of communication can only be invoked by an innate affinity of 'peerness' felt between educator and student. These questions need to be addressed if we are to understand who is best placed to communicate with and thereby encourage young people to be sexually happy and healthy.

The Research

To redress this gap in the literature, the author plans to observe SRE lessons delivered by peer educators, teachers, and alternative providers such as school nurses and youth workers to explore what enables and obstructs open communication about sexual health, sexuality and relationships within the SRE classroom. Peer-led interventions targeting a range of topics in different settings will also be observed. Students and educators will be asked to participate in focus groups to gather their views on the SRE educator and lesson.

This research will extend current knowledge by developing deeper understanding of the communicative process between adolescent peers, and between sex educators and students, with an ultimate aim to make interventions more acceptable to young people.

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Vicki Dawson is founder and CEO of The Children's Sleep Charity.

For communication, please email: vicki@thechildrenssleepcharity.org.uk

Vicki Dawson

Supporting young people with sleep issues to meet their full potential

The Children's Sleep Charity was founded in 2012 to support families of children with sleep issues. The charity works throughout England and Wales, providing services to ensure children and young people get a good night's sleep that will promote their emotional, physical and mental well-being. Support includes parent workshops, accredited training for professionals and one-to-one sleep clinics.

In 2014, the charity identified that a high number of requests of support were from teenagers and developed a project outline to explore how to work more effectively with young people in the future.

We spend a third of our lives asleep, yet there is still very little support for young people when they face difficulties with their sleep. It is typical for teenagers' sleep times to shift to later in the evening, with many then finding it difficult to wake up in the morning. Many young people find that their body clocks can become disrupted, falling asleep in the early hours and then wanting to lie in until lunch time. Supporting the body clock with a good sleep routine is vital to ensure that young people have a better night's sleep. One significant concern that became apparent is that adolescents often need to wake early to begin school at 8.30am; this works against their biological rhythms which can lead them to be lethargic and unable to meet their full potential.

In 2015, the charity worked alongside the Sleep Council to provide sleep tips, following a survey of 1000 youngsters that demonstrated the impact of exam season on young people's sleep.

Some key findings of the survey were:

- 83% of teens admit their sleep is affected by stress and worry
- 56% admit to regularly cramming all their revision for an exam into one night

- 82% used their bed for revising/studying
- 26% of teens drink energy/caffeine drinks to stay awake
- 46% find themselves snacking more often when revising

This work further highlighted the need for quality sleep education to be available for young people in order to support their mental, physical and emotional well-being.

Developing effective methods

Funding was received in January 2016 from the Paul Hamlyn Foundation to work closely with schools across Yorkshire and the Humber to consult with young people and develop effective methods of supporting them to improve their sleep patterns. The charity was inundated with applications from schools that were keen to take part in the project and 5 were selected. The schools that were chosen included one that housed a specialist unit for young people on the autism spectrum and a pupil referral unit, ensuring that our project was as inclusive as possible.

Steering group

It was important that the young people's voices were heard so each school was encouraged to establish a steering group of pupils to meet with a sleep practitioner. James Wilson was identified as the sleep practitioner to develop the work and identified that the themes in each school were very similar. James has great experience in supporting individuals with sleep issues, as well as being a sleep practitioner he is a bedroom environment expert. James was also able to empathise with the young people as he struggled with sleep issues himself as a teenager. "The steering groups highlighted how little information most pupils know about sleep. The small amount of information that they did have was derived from

Google. The overwhelming message was that they wanted support around sleep issues which many of them had been struggling with for several years.”

Peer support

James met with the steering groups on a number of occasions to develop his relationship with the pupils and to get a deeper understanding of support that would be helpful. Peer support came out as being a particularly favourable way of gaining information. Pupils also shared that they liked the idea of being able to attend a clinic to get specific one to one advice from a sleep practitioner. Online support was not favoured with young people stating in each setting that they wanted to receive face to face support from a sleep specialist.

Peer support sessions enabled pupils to understand about sleep in more depth, recognising the importance of sleep for their physical, mental and emotional well-being. Information was also given around strategies that could help them to get a better night's sleep. One 14-year-old who experienced peer support said “It was really helpful to meet with others who have sleep issues. I always thought it was just me that was struggling. It can feel very lonely when you are awake until the early hours. Just being able to talk to other people who understood was really useful.”

Anxiety

Many of the youngsters described feeling anxious about not being able to sleep. A common scenario that emerged was that they were often told by their parents to go to bed at 10pm, for example but were then wide awake into the early hours of the morning. They clearly weren't able to fall asleep at this time, which was raising anxiety levels. Explaining to young people about the circadian rhythm and sleep cycles helped them to identify why they couldn't fall asleep and we were able to work with them to gradually move their body clocks to a more appropriate sleep time. Some young people found keeping sleep diaries helped to identify patterns in their sleep habits. It also helped them to see the progress that they were making over a period of weeks while they implemented the changes recommended.

Technology

Technology was perhaps unsurprisingly found to play a large part in many young people's sleep issues. Robust evidence exists demonstrating that

the blue light emitted from electronic devices can interfere with sleep patterns (Bossi, and Hopker, 2016). Light and dark play key roles in keeping our body clocks on track, since our melatonin (sleep hormone) levels are governed by darkness. Light promotes wakefulness and the blue light given out by screens can suppress melatonin production. Limiting the use of technology in the hour leading up to bedtime can significantly support a better night's sleep. However, the majority of pupils were not aware about the scientific evidence around screen activities interfering with sleep patterns and genuinely believed that accessing gadgets would help them to relax and fall asleep more easily.

Mobile phones in particular were thought to be causing disrupted sleep in over 85% of the cases. Many youngsters left on the sound on their phones and therefore were woken throughout the night when messages were received. Others shared that they woke frequently during the night to check their phone, anticipating that a message may come in and potentially sleeping more lightly than would be typical at that point in the night.

The steering groups discussed at length how to implement a good routine. With technology being discouraged they often found that they needed some new ideas around how to spend the hour leading up to their sleep time. Playing a musical instrument, reading or listening to music were all found to be helpful. Pupils were introduced to mindfulness and some found this a useful way to wind down before bedtime.

Adults' perception

Another theme that emerged from the steering groups was the perceptions of adults around young people's sleep. Many pupils shared with James that they believed that their parents and school staff were unsympathetic or even unaware of the issues they faced. In one school, parents were contacted about their child's sleep and over 80% responded by saying that they didn't believe their child had a sleep issue. Other young people shared that their parents believed that they were lazy and lacked empathy for the difficulties they were facing. 30% of the young people had been referred to the Child and Adolescent Mental Health teams for support around their mental health and sleep issues. The remaining pupils had not received any support prior to the intervention.

Workshops and discussions

Some young people chose to take part in group

workshops in order to access support while others preferred to speak on a one to one basis. Educating pupils about the importance of sleep made for an excellent starting point. Most were unaware about how sleep affects appearance, weight, memory and ability to meet their full potential. Bedtime routines were typically associated with much younger children, so introducing the idea that a good routine can help to support their circadian rhythm was of great importance.

Diet also played a key part in the discussions with many young people relying on stimulants such as energy drinks or caffeinated drinks to get them through the day. Some foods such as yoghurt, peanut butter and bananas can help the body to produce melatonin. Sugary snacks are best avoided in the lead up to bedtime. One young person shared, "I'd not realised that the cereal I was eating before bed contained so much sugar. Simply switching to another kind and stopping drinking energy drinks in the evening has helped me to feel much calmer".

Direct intervention began over the summer months and through to the winter, which allowed us to explore the range of difficulties that young people face in terms of light levels. Melatonin levels rise as night falls and exposure to light in the evening can suppress the production of the sleep hormone. Light occurring in the early hours of the morning during the summer months means that the melatonin levels can drop and we can once again feel more alert. In the winter months, it can be very dark in the morning which can make it even more difficult to wake up. Exposure to bright light on waking can help naturally re-set the internal body clock and make you feel more alert. Young people who were particularly struggling to wake up in the morning were given a light box to use over a one month period and results demonstrated a significant increase in their alertness patterns in the morning.

Drama activities

The voice of young people is to be captured through a piece of drama devised by one school as part of the project. Pupils at the Sirius Academy in Hull have embraced the opportunity that taking part in the project has brought and have developed their own piece of theatre based on the outcomes of the steering group. A film crew will be joining them later in the year to record this and it will be used on the charity's website in order to

engage other young people in learning about sleep.

Resource material

Resources have been developed in order to deliver sleep information to staff in schools, to parents and to the young people. The charity is currently going through the accreditation process with the materials ahead of a pilot which is being attended by teaching staff, school nurses and teaching support staff. The vision is for every school to have a 'Sleep Champion', a member of staff who has been appropriately trained about young people's sleep and can offer meaningful support to improve their sleep patterns as required. The training will also include materials for the Sleep Champion to share sleep information with colleagues and parents through the delivery of an accredited workshop.

Parental engagement

A key finding from the project was that the best results, in terms of improving sleep patterns, came when parents engaged with the sleep information and supported the young people.

As a former teacher I'm very aware of the pressure on staff to increase attainment. I do think that good quality sleep is absolutely fundamental. Sleep deprivation can have a profound effect on all aspects of well-being and a young person simply cannot meet their full potential if they are sleep deprived. Sleep needs to be on every school agenda and staff delivering sleep support must be appropriately trained. We are delighted that the schools we have worked alongside have allowed us to enhance our practice in order to develop innovative resources to support young people to achieve the very best they can.

Feedback

Pupils fed back that they are finding the sleep support both informative and helpful with a number seeing significant improvements in their sleeping patterns after only a couple of weeks of intervention. While providing the information to pupils is empowering, the findings also suggest that it is important to offer support to encourage pupils to make the necessary changes and to keep them motivated.

Educating school staff and parents was also highlighted as key to supporting young people to have a good night's sleep and therefore meet their full potential.

For more information about the project visit The Children's Sleep Charity website at <http://www.thechildrenssleepcharity.org.uk> or contact Lauren Slack on info@thechildrenssleepcharity.org.uk. The Children's Sleep Charity are very grateful to the Paul Hamlyn Foundation for funding this project.

Reference

Bossi, A.H. and Hopker, J. (2016). Twilight: filter the blue light of your device and sleep better. *British Journal of Sports Medicine* (Accessed: 27 November 2016). Available at: [http://www.academia.edu/download/45966013/2016 - Bossi - Twilight - filter the blue light of your device and sleep better.pdf](http://www.academia.edu/download/45966013/2016_-_Bossi_-_Twilight_-_filter_the_blue_light_of_your_device_and_sleep_better.pdf)

Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

Contributors (see a recent list) - Do you have up to 3000 words about a relevant issue that you would like to see published? Please contact the Editor

Education and Health Archive

Each issue of the journal, published since 1983, is available via the archive. There are several simple indices that help to identify articles by keywords; year/issue number; author surname and article title. It can be seen that some contributors have had a number of articles published and there are a range of topics that have been covered over the years. Sometimes a contributor will update their article or develop points raised by another contributor. The pages on the website, that have been provided for the Education and Health journal, usually have the highest number of 'reads' across all pages on this Internet site.

SHEU

Schools and Students Health Education Unit

The specialist provider of reliable local survey data for schools and colleges and recognised nationally since 1977

"The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards." Secondary School Head

For more details please visit <http://sheu.org.uk>

Stacey Williams is Head of Cut Films at the Roy Castle Lung Cancer Foundation. Dr Jo Cranwell is Assistant Professor in Public Health at the University of Bath and is a trustee of Cut Films.

For communication, please email: stacey@cutfilms.org and j.cranwell@bath.ac.uk

Stacey Williams and Jo Cranwell

Engaging young people with film to encourage them and their peers not to smoke – The *Cut Films* project

Although the uptake of smoking in the United Kingdom (UK) has fallen dramatically in recent years, the fact remains that an estimated 207,000 young people start smoking each year (ASH, 2015). Of these, around one-third to a half will go on to become established smokers within a few years of initiation and most smokers start before the age of 18 years (ASH, 2015). Risk factors for smoking vary from socio-demographic factors such as age, ethnicity and parent socio-economic status (Tyas and Pederson, 1998), individual behavioural factors such as self-esteem, stress and lifestyle (NHS, 1999) and media influences such as film, TV, computer games (Cranwell *et al.*, 2015, 2016a, 2016b; Lovatto, Watts and Stead, 2011; Morgernstern *et al.*, 2011; National Cancer Institute, 2008; Surgeon General, 2012). Importantly environmental factors such as parental smoking, peer smoking, peer attitudes and norms towards smoking also play a key role in youth experimentation with smoking (NHS, 1999; Tyas and Pederson, 1998).

The *Cut Films* Project

With a strong focus on environmental factors, particularly peer smoking and perceptions of peer attitudes towards smoking, *Cut Films* is a UK national charity that works with young people under the age of 25 years, training them to make films around the problems associated with smoking and tobacco. These films are then entered into an annual film competition judged by health professionals, academics working in health-related research, filmmakers, young people and *Cut Films* trustees. The aim of the project is to change young people's perceptions of smoking through the use of peer influence, and to deliver a strong and targeted tobacco education and social

and technical skills building programme to young people across the UK. The history of *Cut Films* has been previously reported in *Education and Health* (Shaw, 2010).

Since 2010, the charity and the project, under the direction of former *Cut Films* Director, Emma Wrafter, has introduced a team of specialist *Cut Films* filmmakers who are also experienced in working with young people. These specialists now deliver the filmmaking and tobacco education workshops. In 2013, Lewisham, Harrow & Barnet, Hackney, Buckinghamshire and Ealing Public Health commissioned *Cut Films* to provide workshops to schools, colleges and youth clubs in each respective area. As a result, over 4000 young people and 352 films made were entered into the competition during that first year. The specialist youth workers also lead on social media campaigning in their local areas; engaging young people through platforms such as *Twitter*, *Instagram*, *Facebook* and *Snapchat*. Since the recruitment of the youth workers, the project received a 'Highly Commended' award during the Charity Awards in 2014 managed by Civil Society Media's annual award programme, was shortlisted for the Guardian Charity Awards 2014 and was a finalist for the Third Sector Awards 2015 and won the GlaxoSmithKline (GSK) Impact Awards in 2015, managed by the King's Fund. Katie Pinnock, Director, UK & Ireland Charitable Partnerships at GSK said:

"It can be hard for young people to fully understand the dangers of smoking. This project shows real innovation in tackling this difficult issue, using film making to encourage young people to identify their own reasons not to smoke and explain it to their friends. The work it does in schools is particularly effective – it speaks a

language young people can understand and relate to. Its reach is impressive - what the charity achieves for its small size is fantastic!"

To expand the national reach of the project, *Cut Films* merged with The Roy Castle Lung Cancer Foundation (RCLF) in 2015, the UK's only lung cancer charity. Paula Chadwick, chief executive of RCLF, said this about the merger:

"*Cut Films* has done some incredible work educating young people about the harmful impact of smoking and the practices of the wider tobacco industry. As we mark our 25th anniversary, it's crucial that we continue to find new ways to engage audiences intuitively with impactful messages and this move will allow us to harness our collective strengths to that end. Not every lung cancer diagnosis is linked to smoking but the link cannot be disputed nevertheless. We look forward to working with the *Cut Films* team to prevent the next generation of potential lung cancer patients."

Since the merger *Cut Films* piloted a Cancer Research UK (CRUK) funded feasibility project titled: "*Cut Films*: Evaluating a filmmaking and social media peer education intervention to prevent the uptake of smoking among young people". The project was carried out with joint lead investigators: Adam Crosier and Dominic McVey (Word of Mouth) Professor Marcus Munafò (UK Centre for Tobacco and Alcohol Studies, University of Bristol) and with collaborators Karen Ford and Emma Wrafter (*Cut Films*). The study assessed the feasibility of recruiting schools and youth clubs onto the project, as well as cotinine testing (spit testing) of young people as part of proving the effectiveness of the intervention. Cotinine testing detects whether or not there has been exposure to tobacco smoke through measuring nicotine levels in the body. The delivery element of the study took part between November 2015 and June 2016, the results will be published in early 2017.

In 2016, *Cut Films* increased its scope internationally by joining the European Network for Smoking and Prevention, as well as delivering the first ever EU Smoke-Free Youth Network funded by Erasmus+, which is the European Union programme for education, training, youth and sport. The project was run in partnership with *No Excuse* and *Smart Ungdom*. *No Excuse* is a youth activist project based in Ljubljana, Slovenia, which works on promoting social engagement and

creating young activists in areas of public health. *Smart Ungdom* is based in Sweden and utilises activities to engage young people in tobacco and drug prevention work through local associations. In April 2016, eight participants aged 13-21 years from each country gathered in London to learn about tobacco, campaigning, filmmaking and attended a demonstration outside the British American Tobacco Annual General Meeting (BAT AGM). The purpose of the demonstration was to highlight the issues surrounding tobacco, from health aspects to child labour, to all shareholders in BAT. In July, the group gathered once again in Ljubljana, Slovenia, developing skills in campaigning, advocacy, presentation and debating. Ismael Sesay (13), who took part in the project, said: "It's been really good, we've been doing a lot of filmmaking, getting to know each other and I've been doing a lot of editing. Going to the BAT AGM Day of Action was something new, as I had never protested before or interviewed an MP. It's been very fun and educational!" Further, Kyra Morrison (17) said: "I feel the project has gone well because I've had the chance to work with new people, learn new skills and developed interaction skills."

The Intervention

The *Cut Films* project has been developed to work flexibly across a variety of settings and can be adapted for incorporation into various curricula. The project understands the demands placed on teachers and thus tries to reduce the barriers to uptake of the project by being flexible in its delivery offering weekly sessions, one-day workshops or after-school clubs. The implementation of specialist youth workers also reduces the demands placed on teachers. The project has been applied throughout Upper Key Stage 2, Key Stage 3 and Key Stage 4, after-school clubs as well as colleges. It has been applied in Personal, Social and Health Education (PSHE), Media, Internet and Communications Technology (ICT), Drama and English classes. The project also works well in youth group settings ranging from evening youth clubs, holiday clubs, and young carers' associations to special needs groups such as Mencap, a UK charity for people with a range of learning disabilities.

All workshops begin with a short quiz on tobacco issues ranging from the health dangers of smoking, shisha, and peer pressure to child

labour. The specialist youth workers then work with the young participants to develop their ideas into a two-minute advert, the brief being to "create a film that will convince your friends to not start smoking". Participants are taken through the filmmaking process beginning with research then scripting, storyboarding, filming and, finally, editing. The films are all entered into the *Cut Films* annual film competition resulting in local and national awards held every year.

The project follows an evidence-based approach utilising the Theory of Change Impact Model (Weiss, 1995). This model was developed in the 1990s as a way to model and evaluate comprehensive community initiatives. The model first identifies the problem and the goal, and then 'fills in the gaps' between identifying the target audience, the activities, assumptions, and outcomes. The problem addressed in the *Cut Films* project is that 207,000 young people start smoking every year, with the goal being a reduction in the smoking rate of young people leading to a world where no one smokes. Each session is evaluated through an entry quiz and through an exit evaluation administered and collected from every participant and teacher/youth worker involved. The average collection rate for evaluations is around 73% (3,329/4,500 based on year 2014/2015 workshops). The initial quiz is completed by all project participants and collected by the youth workers, the evaluations are completed during the final session.

Impact: changes in smoking attitudes and educational value

The results from the 2014/2015 workshops suggest that 95% (130/137) of teachers believed that young people learnt something new about tobacco/smoking, 84% (116/137) identified that they also learned something new, 66% (90/137) said students learned filmmaking skills and helped students think creatively, and 61% (84/137) saw an increase in teamwork. Further, 96% (1895/1973) of young participants said that the project was a good way to learn about smoking, 95% (1874/1973) said they identified that they had learned something new during a session, 90% (1776/1973) felt that the project had influenced them not to consider smoking in the future. Finally, 86% (1697/1973) said they felt 'a bit more' or 'much more' confident talking about smoking.

Impact: Teacher and Young People comments

Some of the comments from teachers involved in the project:

"*Cut Films* offers an excellent opportunity for young people to interact with each other whilst also being involved in a creative project. Film and media only continues to have an increasing impact on our lives, it's wonderful we are teaching young people how to use this positively through *Cut Films*." Ms Brocki (*Hackney New School*)

"This has been an extraordinary project combining a year 7 PSHE unit about smoking with film and editing skills. The students and staff involved were highly motivated and learnt so much more than if they had been sitting in a classroom. I cannot recommend it highly enough."

Gabriella Nocivelli (*Queen Elizabeth's Girls' School*)

Some of the comments from young people involved in the project:

"I always knew smoking is bad but the project made me realise that it's horrible and it ruins many lives. "

Female, 11 (*Rooks Heath College*)

"They have inspired me to spread the message to not smoke" Male, 17 (*NCS*)

"Winning a National Cut Films Award is so good because it has given me strength in believing in myself"

Jacob Gherson, 15 (*Barnet Mencap*)

"Winning a National Cut Film Award means more to me than just the achievement of winning, but being able to work with my peers in such an expressive and creative way is something we do not get to do often in school. It has helped me develop my film making skills as well as my ability to cooperate and listen to others."

Melisa Curri, 14, (*Hackney New School*)

"We want to make a difference to all ages and help them realise it is not cool or fashionable to smoke, as you are not just affecting

yourself."

Maddi Galloway (Harris Academy)

"Through this project we have learnt how smoking is harmful to the human body and why it is dangerous. We hope our video has a huge impact on young peoples' lives."

Rebekah Finney/Amelia Mason, 13, (Thistley Hough Academy)

The Competition and Awards

Each year the competition culminates with the local and national awards ceremonies to celebrate the young people's achievement and to recognise the contribution that they are making to a smoke-free society. All film submissions are judged by local and national professionals from health, filmmakers, academics working in health-related research, *Cut Films* trustees, as well as young people. The judging categories are based on age (Under 11s, 12-15, 16-19, 20-25) as well as a Young Judges' Choice, Popular Choice Winner and an Overall Judges' Choice Winner. The Popular Choice winner is the film that

has received the most votes through our bespoke voting website. The young participants can increase votes on their films by sharing it in their schools, online campaigning and through friends and family. This is a key part of the intervention. The winning films vary each year, in 2014 the film '[£55.90](#)' won the Overall Judges' Choice; a film on how much money the average person spends on cigarettes and how they could otherwise use this money (Figure 1 below).

The most recent winners of the 2016 competition was Harrington Primary School with their film '[Intelligent Life](#)' which features an alien coming to earth to discover what earth offers, stumbles upon a cigarette and leaves as soon as it learns about the dangers of smoking (Figure 2 below). Importantly, as a result of the skills learnt from engaging in the workshops, some of the young filmmakers have gone on to pursue a career in filmmaking. For example, Shanil Kawol, who entered in 2014 with his film '[Road to Hell](#)' (Figure 3 below) now runs his own film production company '[Kindsense](#)' and has since made other films that have also won awards.

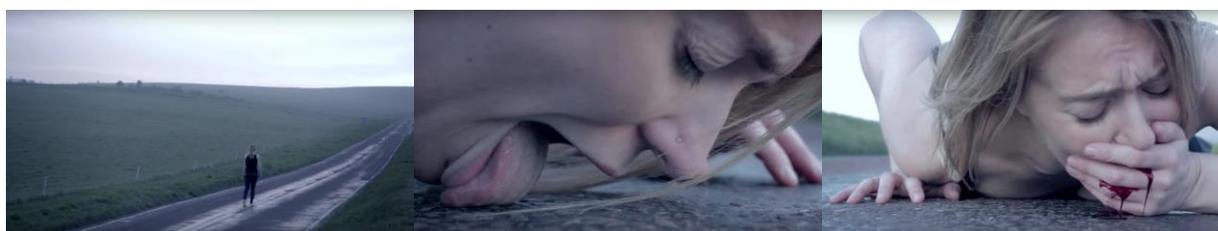
Figure 1: £55.90 by Arty Films (Screenshots from the stop motion animation film on the cost benefits of smoking, Overall Judges' Choice Winner 2014)



Figure 2: Intelligent Life by Harrington Hill School (Screenshots from the film exploring the health effects of smoking using an alien as the main character, Overall Judges' Choice Winner 2016)



Figure 3: Road to Hell by Shanil Kawol (Screenshots from the film exploring the chemicals in a cigarette and the power of addiction, National Winner 20-25 Age Category 2014)



Conclusion

The *Cut Films* project provides a multi-faceted intervention approach to educating young people in the UK not to smoke. The strengths of the intervention are such that it not only exploits the power of peer-to-peer influence but also reduces the demands placed on teachers in providing tobacco related education. Further, it is a valuable tool to support transferable social skills development; the intervention requires a high level of peer-to-peer participation, ideas generation, sharing and decision making. It also provides technical and creative skills training that are essential for the film-making process. The intervention has proven to be versatile and can easily be integrated within a range of curriculum topics and very useful for teachers to hang their session aims and objectives on.

Challenges and future work

The *Cut Films* project is a highly scalable model that centres on the power of peer-to-peer influence to help reduce the uptake of smoking in young people. The intervention is unique and highly engaging, creative and both young people and teachers find it to be both educational and fun. However, the main challenge, as with all charities, is maintaining the economic feasibility of the project. Future work will therefore focus on rolling out the project across more UK regions.

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Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

Contributors (see a recent list) - Do you have up to 3000 words about a relevant issue that you would like to see published? Please contact the Editor

Amanda McCloat is the Head of the Home Economics Department, St Angela's College, Sligo, Ireland. Martin Caraher is Professor of Food and Health Policy, Centre for Food Policy, City, University of London, EC1V0HB.

For communication, please email: amccloat@stangelas.nuigalway.ie and m.caraher@city.ac.uk

Amanda McCloat and Martin Caraher

Home Economics as a food education intervention: lessons from the Irish secondary education context

In this article, we start with a history of Home Economics followed by a discussion of Home Economics in the Irish curriculum, the development of the profession and its pedagogical base; finally, we make a case drawing on the existing literature for home economists as key catalysts in any 'whole of school' programme around food and health.

The Irish Context

In Ireland, similar to many other countries, levels of overweight, obesity and diet-related non-communicable diseases (DRNCDs) are on the increase among low-income groups (Safefood, 2016). However, for Ireland the picture is starker: the country is on course to top European league tables for the prevalence of overweight and obesity by 2020 (WHO, 2015). Currently, six in ten adults and one in four children are either overweight or obese in Ireland with only 40% of the population having a healthy weight (Department of Health, 2016; 2013; Layte and McCroy, 2011). It is widely recognised that obesity is a risk factor for chronic non-communicable diseases, including heart disease, type 2 diabetes, and cancer, and may have a negative impact on mental health. However, the distribution of the levels of obesity and DRNCDs are skewed and not distributed equally in society. Statistics show that the levels of overweight and obesity are higher in lower socio-economic groups and the more disadvantaged groups of society including certain ethnic minorities and people with disabilities (Department of Health, 2015). In schools in the most disadvantaged areas of Ireland, the prevalence of overweight and obesity in children is 6-7% higher than in other schools (Department of Health, 2016). Safefood (2012) have estimated that the financial burden (direct and indirect costs)

of adult obesity to be in the region of €1.13 billion annually, accounting for 2.3% of the total health expenditure.

Consequently, childhood obesity and diabetes, are widely regarded as a serious public health challenge requiring cross-sectoral attention. On the 22nd September 2016 the Department of Health (2016) in Ireland launched *A Healthy Weight for Ireland: Obesity Policy and Action Plan (2016-2025)*. *A Healthy Weight for Ireland* sets out, over a ten-year period, targets and actions to achieve which in turn aims to produce measurable outcomes in reducing the levels of overweight and obesity in Ireland and in assisting people to achieve better health. The policy outlines 'Ten Steps Forward' and twenty priority actions that will be taken to achieve the ambitious aims by 2025. Of the ten steps, and in the context of exploring the role of Home Economics education, the key priority action which this article will focus on relates to developing and implementing a 'whole of school' [sic] approach to healthy lifestyle programmes referencing curriculum, nutrition, physical activity, smoking, alcohol and mental wellbeing (Department of Health, 2016).

Why Home Economics is a sustainable and effective food education intervention

The discipline of Home Economics was initiated in 1908 as a world-wide response to social challenges of health, poverty, gender inequality and other social issues (International Federation for Home Economics (IFHE), 2008). According to the IFHE the discipline is a field of study and a profession, situated in the human sciences, that draws from a range of disciplines to achieve optimal and sustainable living for individuals, families and communities (IFHE, 2008, p.1). Home Economics is a problem-solving-oriented discipline

and addresses practical, real world, perennial problems or concerns of individuals and families in a socially responsible manner. Problems are deemed to be practical because they are problems experienced in everyday life and can impact on family health and wellbeing. Recurrent problems exist from generation to generation and include health, diet-related diseases; food security, food poverty etc. (Caraher and Reynolds, 2005).

As a curriculum area, Home Economics facilitates students to discover and further develop their own resources and capabilities to be used in their personal life (IFHE, 2008, p.2). Home Economics education aims to facilitate the empowerment of students to have a positive relationship with food. It is underpinned by a constructivist approach to teaching and learning where students are engaged in experiential learning. Consequently, students develop transferable skills and knowledge and an ability to be adaptive in order to address everyday food and health issues. The value of Home Economics, according to Pendergast (2001), is that it does not teach a skill for the sake of that skill, it teaches for application, it teaches informed decision-making in various scenarios, it teaches evaluative and critical thinking skills, and it empowers individuals – no matter what their circumstances (2001, p.8). McGowan *et al.* (2015) found that the integration of practical culinary skills, knowledge, attitudes and confidence are all essential elements of a programme which aims to enhance dietary quality.

This is further iterated by Condrasky and Hegler (2010) who state that programmes focusing on producing sustainable healthy eating behaviour through culinary confidence and nutrition alertness are a successful approach to begin the restoration of our nation's health (p.1). Home Economics education can add an element often missing in other subjects: by adding an active dimension of doing, which requires students to think critically and reflectively about the content and the process. It can increase their level and complexity of thinking about food and health issues. Consequently, Home Economics can play a key role in developing food literacy skills and competencies in young people. It is the application of theoretical knowledge and principles to practical situations, in a critical and reflective manner that is inherent in Home Economics, which ensures it has the capacity to

deliver clear and comprehensive food education.

The Home Economics Teaching Profession in Ireland

One of the strengths of Home Economics from an education perspective is the high degree of professional capacity and subject expertise of the Home Economics teachers. There is a coherence in terms of how they are educated, with the majority obtaining a Bachelor of Education (Home Economics). All Home Economists working in an education setting must have undertaken a comprehensive programme of initial teacher education (equivalent to 120 European Credit Transfers (ECTs)). In order to register as a Home Economics teacher in the Republic of Ireland an applicant must meet certain criteria as set out by the Teaching Council Ireland. This includes holding a degree-level equivalent (minimum 180ECTs), having studied Home Economics up to and including third-year level and the discipline Home Economics comprising at least 90 ECTs of the degree. Applicants are also required to demonstrate they have undertaken a post-primary initial teacher education programme of study (minimum 120 ECTs) which includes the theory, methodology and practice of teaching Home Economics.

Furthermore, the study of the discipline Home Economics during the degree must include theoretical and practical content in the areas of Food Studies; Family Resource Management; Textiles, Fashion and Design; Home Design and Management and Social Studies and importantly, the application of these areas to the individual, family and society (Teaching Council, 2013). There is one national Association of Teachers of Home Economics (ATHE), which has a strong membership base and plays an important role on a number of fronts including professional development, policy and curriculum development, and advocacy and promotion of and for Home Economics education.

Home Economics Education in the Republic of Ireland – an established subject

Home Economics, under various names, has had a place in Irish primary and post-primary schools long before the establishment of the Irish Free State (1921). At the turn of the 19th century domestic subjects including needlework, cookery, laundry and household management were seen as

important areas of study for girls not only for teaching lifeskills but also as vocational subjects. As post-primary education was the reserve of the elite classes the provision of study in domestic subjects was made at primary level. Under the Revised Programme for National Schools (1900) cookery was mandatory for all girls in primary schools. Sixty minutes once a week was recommended in the timetabling of cookery in schools. Interestingly, the limited diet of the time was evident in the outline areas of study on the course which included cooking potatoes and cabbage; slicing and frying potatoes; setting and lighting fires; boiling, frying and poaching eggs; making tea, coffee and cocoa; uses of milk; uses of meal including 'stirabout' or gruel and bread (Hyland and Milne, 1987).

In post-primary schools, cookery was mostly being taught in convent schools to girls and mainly to fourth standard or higher. In 1899, cookery was taught in 125 schools and 2887 pupils were examined. Domestic Economy and Hygiene was taught in 117 schools and 1302 pupils were examined (Durcan, 1972, p.96). Despite cookery being very popular among the students, the provision was restricted due to the underfunding of schools in equipment, materials and fuel for the fire. Teaching cookery was regarded as an important lifeskill for girls from a health, social and vocational perspective. However old-fashioned a notion this may seem now, it was regarded at the time as essential that young girls would have the skills necessary to manage a home and look after their family. By 1925, programmes in domestic science included practical cookery and were a popular choice for females. In 1925, out of a total of 1,062 girls at Intermediate level (Junior, aged 12-15), 29% (n=305) studied Domestic Science; by 1935, this had increased to 51% (n=1287), and by 1957, this had increased further so that 74% of all girls (n=5368) examined for the Intermediate certificate at the age of 15 years sat the Domestic Science exam (Department of Education, 1962, p.192). Initially, Domestic Science was offered in post-primary schools only to girls; however, in 1965, for the first time, seventeen boys undertook the Domestic Science Leaving Certificate examination which is the examination taken on completion of the final two years of senior cycle education. In 1967, the name changed to Home Economics and in 1969 a new syllabus was offered at senior level focusing on a

broader academic programme and including more scientific content. A further revised Senior Cycle syllabus was introduced in 2004, which aimed to enable students with the necessary lifeskills required for healthy, resourceful living.

In Ireland, students have a statutory requirement to complete the first three years of post-primary education. This is referred to as the Junior Cycle (lower secondary education) and normally students are 12-15 years old. They can then progress to Senior Cycle (upper secondary education) and this is normally for students aged 15-18 years.

At junior level the Junior Certificate Home Economics syllabus was introduced in 1991. The rationale for the Junior Certificate Home Economics (ages 11-15) curriculum (1991) is to develop important skills for living. It aims to provide students with the knowledge and practical skills for application to everyday life contexts (Department of Education, 1990). The curriculum comprises five core areas of study (Food Studies and Culinary Skills; Consumer Studies; Social and Health Studies; Resource Management and Home Studies; Textiles Studies) and an optional area of study from a choice of three (Childcare; Design and Craftwork; Textile Skills). In 2016, at Junior Certificate level, 60,247 students sat the examination in 2016, of which 36% (21,464) studied Home Economics (State Examinations Commission, 2016).

In recognition of the importance of teaching practical food lifeskills, a minimum of 40% of the programme is dedicated to Food Studies and Culinary Skills. The assessment comprises written examination, an optional area of study project and a practical food and culinary skills examination which accounts for 35% of total marks at higher level and 45% at ordinary level. For the purpose of this paper, the focus will primarily be on the Food Studies, Culinary Skills and the Health Studies component of the Junior Certificate Home Economics curriculum.

The Department of Education's Chief Inspector for Home Economics has identified examples of excellent practice in the teaching of practical food sessions with a focus on the development of students' practical skills and the integration of relevant theoretical knowledge. They noted that the development of students' practical skills was facilitated by a staged approach, where clear teacher instruction and the explanation and

demonstration of key processes and new skills occurred at appropriate stages in the lesson (Inspectorate, p.29). Additionally, the Chief Inspector for the DES identified teachers who delivered Home Economics were for the most part very experienced, dedicated and committed (Inspectorate, p.8). It was also acknowledged that the Home Economics departments in the schools were well established and well organised (p.14). It is essential to maintain and build on this excellent level of practice in order to ensure that food education and culinary skills do not become marginalized.

In 2011, a consultation took place with young people in Ireland relating to overall curricula reform at Junior Cycle (DoYCA, 2011). Students involved in the consultation noted that learning lifeskills in Home Economics, and in particular learning to prepare and cook food in Home Economics classes, was one of the most useful things ever learned and it was identified as one of the two most essential skills young people in junior secondary education should learn. One student commented, "Home Economics because it is something I'll have my whole life" (Junior Cycle Student, DoCYA, 2011, p.8). Furthermore, senior cycle students, on reflecting on their Junior Cycle experience acknowledged Home Economics as being most useful and enjoyable because it is a practical lifeskill (*ibid.*, p.18). Furthermore, cooking was one of the elements identified by this group of senior students as an essential requirement of a Junior Cycle programme. The practical, skill based orientation of the subject was identified as a key strength of the subject (National Council for Curriculum and Assessment (NCCA), 2004; Smyth *et al.*, 2006a and 2006b).

The NCCA (2016), in the Background Paper for Home Economics, identified four key interconnected societal factors that suggest an ongoing relevance and requirement for Home Economics education in the 21st century. These include changes to the family and social systems; education for sustainable development and responsible living; food and health literacy and home and resource management. Home Economics education can address these trends in order to achieve healthy and sustainable living for individuals, families and society. In particular, societal changes pertaining to food and health literacy continues to be of concern as the obesity rates continue to rise.

Discussion

Early intervention in young children is often regarded as more effective in facilitating improved lifelong health trajectories rather than corrective efforts in later life (Gillman and Ludwig, 2013; Lichenstein and Ludwig, 2010). There have been numerous calls in the US for the re-introduction of compulsory home economics for all students as a means of addressing chronic diseases through encouraging the choice of healthy options, more fruit and vegetable consumption and the use of healthy cooking options (Lichtenstein and Ludwig, 2010; Vileisis, 2008). In a study conducted by Worsley *et al.* (2015), results demonstrated that Home Economics education was associated with higher levels of food knowledge across several age groups. According to Lavelle *et al.* (2016b), learning cooking skills as a young person is positively related to cooking and food practices, cooking confidence, health and diet quality in later life. Stitt (1996) maintained that in countries like Iceland and Finland, where Home Economics is compulsory and is a high status subject, the health of these nations is "far superior" to other countries in the developed world (p.28). Lichenstein and Ludwig (2010) also note that an informed generation of young people may have a positive influence on their families and serve as role models for having a positive attitude towards food ultimately reversing the upward trend for obesity and diet related diseases. The edited volume by Pendergast, McGregor, and Turkki (2012) shows the profession developing and adapting to future trends including global changes in diet and the need for a globally conscious consumer. The profession of Home Economics is key in many countries to the development of healthy populations. In countries such as Ireland the changing food system and the changing habits of the population often make it seem like the teaching of Home Economics and cooking are old-fashioned and unnecessary. In contrast, we argue that such knowledge and skills are essential elements of an engaged citizen. The skills are necessary to understand modern food and food processes, necessary to take control of food and health and to participate in a food secure society (Caraher, Wu and Seeley, 2010). Furthermore, in line with the increasing evidence of success of school-based interventions around food and healthy eating (see Makeeva, 2015;

Owen, 2013; Ryland, 2014) we argue that the profession of home economics is trained and well placed to co-ordinate and link the education activities to practical food provision and skills training in the school context (Fordyce-Voorham, 2010; Pendergast and Dewhurst, 2012). Our only reservation is that teaching at a secondary school level may be too late and the focus should be on incorporating Home Economics in primary schools as well (Upton, Taylor and Upton, 2012)

The Irish National Council for Curriculum and Assessment (2016), in the Background Paper for Home Economics, has identified four interconnected societal factors that suggest an ongoing relevance and requirement for Home Economics education and appropriately trained professionals in the 21st century. These include changes to the family and social systems; education for sustainable development and responsible living; food and health literacy and home and resource management. Home Economics education can address these trends in order to achieve healthy and sustainable living for individuals, families and society.

In particular, societal changes pertaining to food and health literacy continues to be of concern as the obesity rates continue to rise (Department of Health, 2016). Allied to the concern over the health of the nation is a suggestion of a decline in culinary skills in the general population (Stitt, 2006; Condrasky and Hegler, 2010; Caraher and Seeley, 2010). Cooking from scratch in homes is no longer considered the norm and interventions should focus on developing practical skills to increase cooking self-efficacy (Lavelle *et al.*, 2016a, Safefood, 2014). A lack of cooking skills, often coupled with deficit in nutritional knowledge, can influence families to eat outside the home (Hersch *et al.*, 2014). Home Economics is the only school subject which primarily aims at preparing students for everyday life and teaches students nutritional knowledge and practical food skills with a focus on increasing cooking self-efficacy. Home Economics is unique in its systematic, integrative approach where problems of everyday life are addressed in a holistic manner (CHEA, 1996, p.169).

In a study conducted by McGowan *et al.* (2016), findings demonstrate the need for interventions which are multifactorial and integrate a range of knowledge and psychological related factors in their design. According to Lichenstein and

Ludwig (2010), a comprehensive curriculum such as Home Economics is required in schools for all students to teach young people the scientific and practical aspects of food and the basic skills of how to prepare food for themselves and their families. Consequently, it is hoped that students will develop a confidence in choosing, preparing and cooking food.

Conclusion

Home Economics in schools can be the linchpin for a comprehensive education programme which incorporates nutritional knowledge, scientific theory, and practical culinary and food skills in a sequential and integrated manner within a 'whole of school' approach. It maximises practical experiential learning for the student and teaches a sustainable healthy approach to, and relationship with, food. Lichenstein and Ludwig (2010) state that an investment in food education and 'bringing back' Home Economics may be among the best investments that a society can make. From an Irish perspective, Home Economics is already an established subject but ensuring all students have access at junior cycle is a worthwhile investment from a food education intervention perspective. This is important in the light of the societal and (ill)health changes occurring at a population level, as early intervention is cheaper than treating a problem once it has occurred.

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Education and Health

The journal, published by SHEU since 1983, is aimed at those involved with education and health who are concerned with the health and wellbeing of young people. Readership is worldwide and in the UK include: primary; secondary and further education teachers; university staff and health-care professionals working in education and health settings. The journal is online and open access, continues the proud tradition of independent publishing and offers an eclectic mix of articles.

Contributors (see a recent list) - Do you have up to 3000 words about a relevant issue that you would like to see published? Please contact the Editor

Education and Health Archive

Each issue of the journal, published since 1983, is available via the archive. There are several simple indices that help to identify articles by keywords; year/issue number; author surname and article title. It can be seen that some contributors have had a number of articles published and there are a range of topics that have been covered over the years. Sometimes a contributor will update their article or develop points raised by another contributor. The pages on the website, that have been provided for the Education and Health journal, usually have the highest number of 'reads' across all pages on this Internet site.

SHEU

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"The (SHEU survey) helped us to prioritise where we needed to be in terms of PSHE education. We delivered assemblies based on the evidence as well as curriculum development, and dealt with whole school issues – particularly in regard to pastoral care. The answers received to the question on the survey Who are you most likely to approach if you needed help worried staff as teacher was not a popular answer. Subsequently the staff asked themselves why this had happened and what needed to be done to address the issue. There was more emphasis on wider aspects of PSHE education delivery, which needed more attention. To summarise, the (SHEU survey) allows the PSHE department to assess the impact of teaching and learning and modify future lessons accordingly. It allows our school to look at whole school issues such as the extent to which the pastoral care system is meeting the needs of our pupils. It helps us to do need analysis of our pupils. It helps to provide important evidence for SEF / the extent to which we are meeting wellbeing indicators / National Healthy School standards." Secondary School Head

For more details please visit <http://sheu.org.uk>

SHEU [Schools Health Education Unit] provide a free resource that links to research on the Internet about children and young people's health and wellbeing.

For communication, please email: david.mcgeorge@sheu.org.uk

SHEU

Recent additions to the free research resource that supports those concerned with the health and wellbeing of children and young people

In January 2006, The Schools Health Education Unit [SHEU] began sending out a monthly email with links to research. The links were to information, chosen from the SHEU's databanks and the Internet, about the health and behaviour of young people aged 16+. The links were mainly to research papers and, where possible, to the complete paper or at least an abstract.

The development of the resource grew out of the SHEU's research work with schools and colleges across the country. It was clear that those working with children and young people did not have much time to search for relevant research that could support their work.

To join the thousands of colleagues who work with children and young people and who receive this free resource please contact [David McGeorge](#). To find more research please click on the following [link](#).

The resource is regularly updated and recent additions include:

[Four-year outcomes of an educational intervention in healthy habits in schoolchildren](#)

"The intervention promoted healthy eating habits and physical activity in the school setting through the investigation, vision, action and change educational methodology that involves children as active participants in healthy change." ... "The effect of the intervention was maintained 4 years after completion."

[E-cigarettes, a safer alternative for teenagers? A UK focus group study of teenagers' views](#)

"Teenagers support e-cigarettes as smoking cessation aids for established adult smokers. They

engage with these products in a different manner to traditional cigarettes. E-cigarettes are perceived as attractive to some teenagers and as offering a new product for experimentation, encouraged via online videos and social media."

[Physical activity may be a potent regulator of bone turnover biomarkers in healthy girls during preadolescence](#)

"Sixty prepubertal girls of similar chronological age, bone age, maturity level, and nutritional status were assigned to a low/moderate/high physical activity (PA) group." ... "The study investigated the effects of different levels of habitual physical activity assessed by pedometry on bone turnover markers measuring bone mineral density and content (BMD and BMC)." ... "PA increased the girls' BMD and BMC by favoring bone formation over bone resorption."

[A Systematic Review of Interventions to Enhance Healthy Lifestyle Behaviors in Adolescents Delivered via Mobile Phone Text Messaging](#)

"Interventions delivered using text messaging have the potential, under certain conditions, to improve healthy lifestyle behaviors in adolescents. However, the rigor of studies varies, and established theory and validated measures have been inconsistently incorporated."

[Does your empathy predict if you would stop and help an injured person?](#)

"Empathy Quotient scores were higher in those who had stopped to help the injured person ... age did not predict who stopped or not ... of those who stopped, 80% were female."