There is no reason why a child should not be able to learn from such a toy.

Maybe these toys are just a contemporary way of dealing with a society where people are becoming increasingly isolated from each other.

Dr Mark Griffiths may be contacted at the Department of Social Sciences, Trent University, Burton Street, Nottingham NG1 4BU (0115 941 8418).

A study suggests that many young people with asthma are unclear about the effect of air quality on their condition, and do not make the best use of information services.

Lesley Kendall, the project leader, is a Senior Research Officer with NEERI, where she has worked for over 15 years. During this period she has been involved in a wide variety of projects covering many aspects of education and training, from pre-school to higher education.

Something in the air — but what does it mean?

Asthma is the commonest long-term medical condition among children, and has increased in both incidence and prevalence over recent decades. One in seven children of school age in the UK is now diagnosed as having asthma.

Public perception links the increase in asthma with rising levels of air pollution, although a recent report commissioned by the Department of Health (Holgate, 1995) has concluded that other factors are much more important.

The study reported here concerned young people with asthma aged from 11 to 16, and had three main aims:

1. to investigate how these young people obtain information on air quality, and how they respond to such information;
2. to assess the role of parents and schools in providing this information, supporting pupils with asthma and helping them to make more informed choices;
3. to consider how information could be better targeted for this group of young people.

Questionnaires were completed by over 1,800 pupils with asthma, in Years 7 to 11 in a sample of schools in England. In addition, over 80 pupils took part in group discussions to explore some of the issues in more depth. The representatives of 157 secondary schools and 58 special schools also completed questionnaires. This report provides a brief review of some of the key findings from this study, which was funded by the Department of Health (Kendall, 1997).

Experience of asthma

Asthma was important to the pupils returning questionnaires, with over half experiencing symptoms of asthma at least once a week. Most felt that their families understood how asthma affected them, but only half were confident that they knew enough about asthma, how it affected them individually, and about how air quality can affect asthma.

Not all the young people carried their reliever inhaler at all times, either because it was inconvenient or because it made them feel 'different'. Information provided at times when young people are leaving home for the day may be more effective in reminding them to take their inhaler with them than would similar information provided in mid-evening.

Pupils were asked whether a number of factors made their asthma worse. The ten most important factors were:

- running around or doing sports;
- colds and illnesses;
- being in places where people smoke;
- hay fever or pollen;
- house dust mites;
- hot summer days with no wind;
- smoke from factories;
- cold weather;
- being near traffic;
- anxiety.

Clearly, many of these factors are related to indoor and outdoor air quality.

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Learning about air quality

Pupils were also asked about the sources of information about asthma and air quality that they found most useful. These were:
- family doctors and local asthma clinics;
- information leaflets;
- family, relations and friends;
- hospital doctors and asthma clinics;
- radio and television programmes.

However, it was not clear to all pupils how they should respond to this information. Only 39% said they had agreed an "asthma management plan" with their GP or nurse, while a further 27% were unsure.

Many pupils taking part in the group discussions commented that leaflets and similar information needed to be presented in a more lively and appealing format. While the majority of doctors and nurses were helpful and supportive, some found it more difficult to talk to health professionals. This group may have felt that they were under pressure not to take up too much time, or did not wish to show that they did not understand what they were being told.

Pupils and air quality

Weather forecasts and pollen counts were generally felt to be useful sources of information about air quality locally or for specific days.

When faced with poor air quality, pupils used their preventive medication, made sure they had their reliever inhalers with them, and avoided exercise. However, most pupils reported that asthma never or only occasionally affected what they and their families did. In the group discussions, many pupils said they did not want to let their asthma control their lives, and that they wanted to be able to make the same choices about where to go and what to do as their peers. A minority of pupils worried about having an asthma attack while at school. Many pupils felt that teachers did not understand enough about asthma generally, and felt the links between asthma and air quality. One 12-year-old girl said:

"I don't think the teachers know about it [asthma] unless they've got it... they don't know what you're going through."

Air quality affected the majority of the pupils, although "air quality" as such would be an unfamiliar concept for many of these pupils. Over half gave at least one aspect of outdoor air quality, such as smoke from factories, being near traffic, or pollen, as being among the three most important triggers of their asthma, while a further 40% were affected to a lesser extent, including air quality, for example being near pets or being exposed to cigarette smoke, was, however, rather more important. Over 60% gave at least one aspect of indoor air quality as a very important trigger, while more than 10% were unaffected by indoor air quality.

Air quality: information and forecasts

Pupils were asked to suggest ways of improving information about asthma and air quality. Among those pupils who responded, most made comments that were concerned more with environmental improvement than with information needs. Among those pupils who did make suggestions, the following were seen to be important:
- information on air quality provided routinely as part of radio and television weather forecasts;
- longer-term weather forecasts;
- public information being attractive, interesting and easy to read.

Comments from the pupils included the following:

"The television is the main source of information, especially for youth, so it would be useful if on all weather forecasts (and some radio) air quality and pollen counts could be included."

In leaflets, lots more illustrations would make them much more attractive and interesting, which would attract younger readers and help them to understand more about air quality and what they can do to improve it.

... make it more fun for asthmatics to learn about it like using cartoon characters and making colourful leaflets to read.

One girl said:
"At the moment I know almost nothing about how air quality does affect me, and what I do know is from myself learning about how I feel in different air qualities and where I am in relation to the countryside, factories, the sea, etc."

Only 7% of the pupils knew about the free DoE helpline on air quality.

A third of schools said that their unmet training needs with regard to asthma.

The following comments refer to three generally available daily sources of information:

Weather forecasts often include air quality information and pollen counts, but pupils noted a number of ways in which they felt they could be improved. They often contain a great deal of information in a relatively short time period; a common view was that young people wanted concise information that would be available every day, not just on some days. Against this must be balanced the loss of impact of information that is provided too often. Perhaps it is not always clear to young people whether lack of information about air quality can be taken as meaning that no problems are expected.

Research has shown that about 80% of younger managers are in households with access to at least one television with Teletext/Ceefax capability. About 40% of these pupils use the service at least once a week, yet only about 30% of the young people surveyed knew of air quality information available through these services, and about 20% found the information useful. There is clearly scope for ensuring that the availability of this information is more widely known, and consideration could be given to changing the format, or having additional information targeted at this age group.

Pupils' views on the usefulness of telephone helplines varied. There is clearly a difference between a helpline giving pre-recorded air quality data and one giving access to a trained staff available to answer questions and provide advice and information. Among the pupils surveyed, only 15% knew of the Asthma Helpline run by the National Asthma Campaign, and 95% were ignorant of the DoE air quality helpline, which is free. Making more pupils aware of these and other facilities could be an effective means of improving their understanding of asthma and air quality, although only half of the small proportion that knew about the DoE helpline found the information "helpful."

Schools and asthma

The schools responding to the survey took their responsibilities towards pupils with asthma seriously, ensuring that staff were aware of them, that pupils had easy access to inhalers, and that there was an effective procedure for dealing with emergencies.

Fewer than 30% of schools reported that any staff had had any recent training specifically related to asthma, though a further 40% reported staff training in general first aid. A third of schools said that there were unmet training needs with regard to asthma. Lack of suitable training was cited as an obstacle to reducing the cost of training and other training needs taking priority were cited as barriers to further asthma-related training by at least 20% of schools.

About a third of schools had, or were in the process of preparing, an asthma policy. Avoiding exposure to cigarette smoke is important for many people with asthma, and most schools had, or were preparing, a policy to eliminate or restrict smoking on school premises.

Although both asthma and air quality were addressed in the curriculum and in most schools, few schools specifically related these two topics. Typical comments included the following:

Air pollution is a topic which occurs in geography and science at various stages in the curriculum. Not directly related to asthma.

Some schools gave high priority to asthma and air quality issues, and viewed asthma as a topic of concern to all pupils:

Each year, we have a disability awareness week, during which asthma features prominently. We are also sensitive to the issue of air quality and in adverse weather, including hot summer days, some pupils are instructed to stay indoors.

A Health Day was organised last year by the school nurse and the head of year for all Year 7 pupils. It dealt with specific issues, including asthma, and was presented by members of the local health authority. It is intended to repeat it this year.

Here are some other measures that a few schools took to support its asthma sufferers and to raise awareness of the problem:
- ensuring that pupils knew that trained staff were available, and how to contact them;
- raising general understanding through Asthma Awareness sessions, assemblies, PSHE, and poster displays;
- setting up an Asthma Club;
- raising staff understanding and awareness by training, inviting the school nurse to attend a staff meeting, or making specific reference to asthma in a staff handbook;
- providing information to parents, using the
Pupils wanted more information, but many were not making use of the information that was already available.

The 83-page report on which this article is based, *Something in the Air*, costs £5.00 plus postage and is available from NFER, The Menc, Upton Park, Slough, Berks. SL1 2DQ (01753 574123, fax 691632).

Discovering if the children were 'able to articulate attitudes and behaviours which are consistent with the emphasis of DARE'.

Shaun Whelan & John Culver

Teaching young people how to say No

Drug Abuse Resistance Education (DARE) was developed by the Los Angeles Police Dept. in 1984; it is the most widely disseminated drug education programme in the USA, and has also been used in primary schools in the UK.

Nottinghamshire Constabulary has invested heavily in DARE, with the aim of implementing it in all the primary schools in the county. In 1995–6 an evaluation of the programme took place within a Mansfield middle school, the aim being to discover if the children were able to articulate attitudes and behaviours which are consistent with the emphasis of DARE. Nottinghamshire Health Promotion and North Nottinghamshire Training & Enterprise Council co-funded the research. This article summarises the report.

DARE and its aims

DARE has two basic aims:

1. To foster antipathy towards the use of drugs.
2. To help pupils resist pressure to use drugs against their will.

In this sense, DARE is not altogether different from a plethora of school-based drug education programmes within the UK. Where it is different, however, is that it is delivered within a classroom (not as groups) by a uniformed police officer. The input is spread over 17 weeks one-hour sessions.

The research plan

The evaluation took the following form:

1. Three Year 6 classes (10–11 year olds), totalling 100 children, were involved. No children from black or minority ethnic communities took part.
2. Before the course began, the children all completed a 'draw and write' questionnaire which had been used in a previous evaluation.
3. The same questionnaire was completed again after the week by 20% of the pupils.
4. Four months after the course ended, 83% of the children completed a structured attitude questionnaire.
5. Two weeks after that, 83% of the children were invited to take part in a series of group discussions.

Six months later, a stratified random sample of 12 pupils was selected and interviewed individually. The interviews were tape-recorded and lasted for about 25 minutes.

What is a drug?

To find out what the children included under the heading of 'drugs', the questionnaire asked them to write down the items they might expect to find inside a bag labelled 'drugs' that someone had dropped.

The pre- and post-test results showed some clear differences.

<table>
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<th>Drug</th>
<th>Pre (%)</th>
<th>Post (%)</th>
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<td>79</td>
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</tr>
<tr>
<td>(Nedules &amp; syringes)</td>
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<td>96</td>
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