‘I didn’t think anyone could understand, miss’
Supporting Prisoners’ Children in School
Report edited by Liz Bibb
Federation of Prisoners’ Families Support Groups

This report is a significant step in ensuring the needs of a very vulnerable group of children and young people are met and addressed. It complements the research report ‘No One’s Ever Asked Me: Young people with a prisoner in the family’ from the Federation of Prisoners’ Families Support Groups. Children and young people who have a family member in prison are experiencing loss, family fragmentation, stigma and prejudice. At best their needs are addressed with care and respect; at worst they are ignored. Many feel marginalised, left out, embarrassed, ashamed, angry and lonely.

Children and young people learn best when they feel safe and respected by their fellow students, teachers and all those adults who participate in or contribute to a school community. Teachers teach best when they have confidence to address the complex needs of children, through effective resources, training and policy development. The National Healthy Schools Standard (NHSS) offers schools a mechanism and support for developing an ethos that supports children and young people to learn and promotes health and well-being. This report neatly fits into it, providing teachers with a range of approaches, models of good practice and ideas for training. It will help many teachers who want to support these children and young people deal with their current anxieties and concerns, and prevent marginalisation and potential exclusion. The report is based on the work of Liz Bibb and her colleagues. Liz is a former teacher and education adviser and it is evident that she understands about schools, teachers, children and young people. I welcome this resource and believe that, if we address these issues, we can make a difference to these children and young people’s learning and development.”

Gill Frances, Manager Children’s Personal Development Unit, National Children’s Bureau

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A new survey has provided a profile of the 2000/2001 Year 13, which suggests that A level students typically work long hours in part-time jobs, have vague career plans and are very likely to have experienced some non-academic problem since their courses started.

A level students are busy under pressure and want more support.

Bruce Harris
A profile of Year 13
An examination of the most common sources of stress during the main A level year.

Bruce Harris is an experienced teacher and researcher and new General Secretary of Exam Aid.
The report ‘Exam Aid Research Report’ is available from the registered charity Exam Aid - www.examaid.co.uk
Exam Aid can be also be contacted: Tel. 01530 415785

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Students were asked about how they divided their non-academic time. The results suggested that the average student has at least another two substantial non-academic demands on time apart from social life. Other demands include part-time jobs, sporting and non-sporting clubs and societies and family duties (baby-sitting and taking charge of

Results from 423 Year 13 students

Part-time work:
55% working more than 11 hours a week in Year 13
27% working more than 15 hours a week in Year 13
42% describe attitude of employers to exam work as ‘variable’ or ‘unsympathetic’
39% working to be able to afford university

Life Events
Since beginning of Year 12
19% have experienced the death of a parent or other relative
22% have lost time through illness
11% have moved house
7% have been through the divorce or separation of their parents
8% have experienced one parent coping with redundancy
3% have left home

A levels
31% have a specific career in mind
54% want good general qualifications
43% say A levels ‘harder than expected’
2% say A levels ‘easier than expected’

Help during Year 13
92% want training in time management
79% want drugs and health education advice
91% want advice about part-time work, e.g. employment rights, wages etc.
81% want advice about agencies dealing with relationship problems
Nearly 30% did not wish to go on to university if they achieved their A level qualifications. 57% named ‘getting the qualifications for well-paid jobs’ and only 31% actually had a career in mind when choosing their A levels. Just under a third identified the negative motives of ‘pressure from parents’ (17%) or ‘lack of job opportunities at 16’ (15%). In both of the ‘one third’ cases quoted, the group concerned was disproportionately male.

Those who design and deliver A level courses will be encouraged by the 31% who found the courses ‘as interesting as expected’ and a further 28% for whom they were ‘more interesting than expected’. Induction procedures seem to be less successful, with 43% responding that the A levels were ‘harder than expected’. Only 2% found the A levels ‘easier than expected’.

What help do students need?

This is an area where the questionnaire format chosen has its limitations, since students could only comment on the alternatives put to them.

However, the suggestions were based on previous research work and were generally approved by the majority. The criteria of approval was the answer ‘important’ or ‘very important’ to the question of ‘how important is it for each provision to be made available for A level students’.

In-school counsellors were highly supported, with ratings of 88% for them being members of the teaching staff and 71% for them being entirely counsellors. The highest single rate was 82% for line management training in line with the results on time demands.

Almost as many approved the availability of helpful advice concerning drugs and health education (79%), part-time work (81%) and relationship problems with parents, between sexes or about different kinds of sexuality (81%).

**Conclusion**

The whole picture is one of a highly pressured and demanding experience which seems to be about trying to live up to everyone else’s expectations at the same time as being unsure about your own. From the evidence of this survey it could be suggested that educationalists need to pay more attention to overcoming student stress. Many students pay a heavy price for success and some fail for entirely non-academic reasons.

**The prevalence of regular smoking among secondary school girls (11%) has shown little decrease since 1982.**

**Cardiovascular disease** is the leading cause of death in the UK, accounting for over 200,000 deaths each year.

Health experts now accept that cigarette smoking is one of the main modifiable risk factors for cardiovascular disease and it is estimated that smoking accounts for about one in five of these deaths. While the percentage of adult cigarette smokers continues to decline, the prevalence of regular smoking among secondary school girls (17%) has shown little decrease since 1982, although smoking in boys has fallen slightly (11% to 8%). Since many health-compromising habits have their origins in adolescence, identifying the psychological predictors of smoking in this age group may have significant implications for public health.

**Models**

Current health behaviour models propose that health-related decisions are determined by (i) perceptions of vulnerability to (i) health, (ii) the seriousness of disease, (iii) the benefits of preventive action in averting disease, and (iv) capacity to adopt preventive behaviour. Risky behaviour (such as smoking) is least probable when people believe that the danger is serious (severity), feel that they are personally at risk (vulnerability), believe that preventive action will effectively diminish the risk (benefit), and perceive few obstacles to or feel capable of taking preventive action (self-efficacy). Thus, people are least likely to smoke if they feel vulnerable to cardiovascular disease (or other risks), perceive the disease as life-threatening, believe that not smoking will reduce the risk, and feel able to perform these preventive behaviours.

Several studies focusing on adults have compared the predictive profiles of cognitive factors of cigarette use. By and large, this literature has shown strong relations between risk behaviours and cognitive factors (especially self-efficacy). Risk perceptions have fared relatively poorly as predictors, especially in an analysis accounting for self-efficacy, perceived benefits, and past behaviour. Predictive power has differed across risk behaviours. For example, some researchers have found that perceived susceptibility to serious illness predicts cigarette use, but not physical activity, or consumption of fried foods. By contrast, perception of health benefits predicted fried food intake and exercise, but not smoking. Self-efficacy predicted dietary fat consumption and smoking cessation but not physical exercise. A number of conditions may account for these differences. For instance, in behaviours where the benefits are widely understood, (such as smoking), risk perceptions may play a more crucial role.

Our own research in this area has explored the extent to which perceptions of risk, benefits, and self-efficacy, predict cardiovascular risk...