

Education and Health

Published by SHEU since 1983

Volume 28 Number 2, 2010

ISSN 0265-1602

An analysis of the drinking trends of school age children in Sunderland

Alison McInnes and David Blackwell

Collaborative working between colleges and health in Kirklees

Kate Birch

***Cut Films*: challenging young people to make films to help discourage their peers from taking up smoking**

Lucinda Shaw

Lincoln College: promoting health with young men

Barbra Plunkett

Leeds College of Building: promoting health with young men

Julie Theakston

Trends in technological advance: Implications for sedentary behaviour and obesity in screenagers

Mark D. Griffiths

Western Trust school-based health improvement interventions prevent smoking and other unhealthy lifestyle behaviours

Mary Campbell, Kathleen McManus, Maura O'Neill and Michelle Friel

Education and Health

Editor

David McGeorge (e-mail: david.mcgeorge@sheu.org.uk)

Subscriptions

e-mail: admin@sheu.org.uk

Welcome to the second issue for 2010. This issue retains a variety of articles for those concerned with the healthy development of young people. Articles cover: binge drinking, emotional health and wellbeing in an FE setting, making films to discourage smoking, promoting health with young men in FE colleges, the health effects relating to sedentary behaviours like video game playing and school-based health improvement interventions.

Please visit the website for more free downloads of old and new articles including two special editions that contained articles about education and health in FE and 6th Form Colleges :-

www.sheu.org.uk/publications/educationandhealth.htm

Do you have 500 words about a relevant issue that you would like to see published? Please send a draft article by email.

Once again we appeal for your money. Our subscription costs are low but we still need to pay for printing and postage so please encourage others, who read the journal, to take out their own subscription.

The subscription cost for 2010 continues to be £20 for four issues including postage and packing. We provide very generous discounts on orders for multiple subscriptions.

I look forward to your company in the next issue.

Health Related Behaviour Research via Email

SHEU provides three HRBR resources
each month...

HRBR about 5-11 year olds

HRBR about 11-16 year olds

HRBR about 16+ year olds

and they're free...

visit www.sheu.org.uk

SHEU publications

'Education and Health' is published by SHEU, an independent organisation, providing research, survey and publishing services to those concerned with the health and social development of young people.

SHEU incorporates the Schools Health Education Unit, founded in 1977 by John Balding.

The address for all correspondence is:
SHEU, 3 Manaton Court, Manaton
Close, Matford Park, Exeter EX2 8PF
Tel: 01392 667272
Email: sheu@sheu.org.uk
www.sheu.org.uk

The following titles are a selection from the website and can be ordered online:-
www.sheu.org.uk/publications/orderpublicationsonline.htm

Trends from 1983

A series of reports showing trends from 1983. Recent reports are 'Young People's Food Choices', 'Young People and Smoking' and 'Young People and Illegal Drugs'. Latest data come from a sample of over 629,000 young people mostly between the ages of 10-15 from across the UK. Report are priced from £10-£15 including post and packaging (comb bound or saddle-stitched stapled).

Titles include:

Young People's and...

Food Choices (updated 2009), Smoking (updated 2009), Alcohol, Emotional Health and Well-Being incorporating Bullying, Physical Activity, Illegal Drugs (updated 2010), Money, Leisure, Sex and Relationships.

The Young People series

(visit www.sheu.org.uk/publications)
Large numbers of young people, between the ages of 10 and 15 years, respond to over 100 questions about their health-related behaviour.

Dr Alison McInnes is a senior lecturer in Social Work in the School of Health and Social Care, Teesside University. Dr David Blackwell is Associate Dean of the School of Health, Natural and Social Sciences at the University of Sunderland. This article is extracted from, "Saints not sinners? Young people bucking the trend of binge drinking. An analysis of the drinking trends of school age children in Sunderland", *Drugs: Education, Prevention & Policy*, 11 Aug 2009. For communication please email: a.mcinnnes@tees.ac.uk

Alison McInnes and David Blackwell

An analysis of the drinking trends of school age children in Sunderland

It has been reported that young people in the UK exhibit high levels of alcohol consumption and binge drinking (Ranzetta et al, 2003). Within England, Northerners, are reported as being the heaviest drinkers (Office for National Statistics, 2005, Bellis et al, 2007). Young people often start drinking alcohol when they are of school age (Jefferis et al, 2005).

Concern has been expressed within the European Union about changes in drinking patterns among young people especially related to an increase in the occurrence of binge drinking (Ranzetta et al, 2003). Binge drinking is defined as 'drinking a lot of alcohol in a single session' (Wright 1999, p.27). However, the term 'binge drinking' has become a highly politicised concept, but is rarely defined with any accuracy (Hammersley, 2005).

Sunderland study

This paper reports on a study, the main aim of which was to determine the self reported drinking behaviours of school age children in Sunderland in the North East of England. The results presented were derived from data collected by a Health Related Behaviour Survey, which was administered by the Schools Health Education Unit. Sunderland is one of the districts involved in this on-going project. The questionnaire included questions on knowledge and experience of alcohol, cigarette and drug consumption, amongst

other health related topics. The reported behaviours of schoolchildren of different ages and genders were elicited. This allowed comparisons to be made and trends identified over a defined period of time.

The questionnaire was administered to two age groups (Year 8 and Year 10) of secondary schoolchildren over a period of ten years, at two yearly intervals. A total of 8,008 schoolchildren (comprising 3,839 males and 4,178 females in Year 8 and Year 10), completed the questionnaire in 1996, 1998, 2000, 2002, 2004 and 2006. Year 8 schoolchildren include 12 and 13 year olds and Year 10 schoolchildren, include 14 and 15 year olds. A total of nine secondary schools were sampled biennially. The data from the questionnaires were analysed using SPSS Version 15.

Results and discussion

Alcohol consumption

There has been a steady increase in the percentage of pupils, in every age group and for both genders, who reported that they do not consume alcohol. This trend reached a peak in the 2004 survey, with the majority of the young people surveyed (66%) stating that they had not consumed any alcohol in the last seven days. The trend can also be seen in both the male and the female schoolchildren for both school years.

Data from the early 1980s onwards suggest a peak in the mid-1990s in the

numbers of UK schoolchildren reporting drinking alcohol (Department of Health, 2005; SHEU, 2009). However, it is suggested that, since the mid-1990s, fewer schoolchildren are drinking alcohol but, for example, 14-15 year old male beer or lager 'drinkers' are consuming more (SHEU, 2009). In previous studies the North and North West of England, showed the highest levels of male and female weekly alcohol consumption amongst young people (Hollands, 1995; Balding, 1997). Overall, respondents in Sunderland report a decrease over the study period in the numbers of schoolchildren actually consuming alcohol and the amount consumed.

Numbers of units of alcohol consumed

The number of pupils stating that they do not drink alcohol has increased steadily over the study period. For Year 8 males it rose from 62% in 1996, to 84% in 2006, a 36% increase. For Year 10 males this increase was 59% and Year 10 females exhibited the greatest percentage increase of 74% over the 10 year period. In general the quantities of units consumed are not large. In 2006, only 3% of school age children reported drinking 28 units or more, in the last seven days. Overall, during the six survey periods an average of only 2% of all the schoolchildren drank 28 units or more. Indeed those 'binge drinking', or drinking between 7 and 10 units a week, has decreased from 9% in 1996 to 5% in 2006. The trend towards a decrease in the numbers of units consumed can also be found in both the males and females sampled and in both cohorts.

Drinks consumed

The respondents identified that the most popular drink until 2006, for both Year 8 and 10 males, was beer, or lager. However, alcopops were the most popular drinks reported by females, over the same period. In 2006, cider was the most popular drink

for males and wine for females, over the two age groups. For Year 10 males beer or lager consumption dropped from 41% in 1996, to 5% in 2006. This trend was similar for Year 8 males and for females of both cohorts. The reported consumption of beer, lager and cider has decreased every year since 1996, for both sexes and both age groups. For Year 10 males and females with regard to alcopops, again a decrease can be seen from 1996. In that year there was a high of 34% for females and 30% for males. This has dropped to 15% for females and 7% for males in 2006.

With reference to alcopops, Roberts et al (1999) indicate that in Wales, 17% of 11 to 16 year olds reported consuming alcopops at least weekly. However, the consumption of alcopops by males and females in Sunderland continues to remain steady and even though lager and cider are the most popular drinks the number consuming these drinks has also decreased.

Location of consumption

The most frequently reported place for the consumption of alcohol was at home, or at the home of a friend, or relative. For Year 10 males this was 45% in 2006 and for females of the same age group it was 42%. Consuming alcohol in a public place was reported by 16% of Year 10 males in 2006 and 25% of Year 10 females. Moreover, 14% of male and 15% of female Year 10 schoolchildren, stated that they consumed alcohol on licensed premises in 2006.

The most frequently reported place for consuming alcohol for all age groups is the home and in keeping with previous studies (Wright, 1999; Currie et al, 2003) the Sunderland survey findings supported this. Indeed HM Government (2007, p.1) reiterate that 'most under 16s have their first taste of alcohol with parents, at home'. This can be viewed in a positive light in that parents are 'policing' responsible use and thereby encouraging more accountable behaviour amongst young people.

Parental knowledge and protection

In 2006, of the Year 10 schoolchildren, 73% of males and 71% of females stated that their parents had knowledge of their drinking at home. For Year 8, 53% of males and 56% of females reported parental knowledge. The World Health Organization's European Charter on Alcohol states that: 'All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and to the extent possible, from the promotion of alcoholic beverages' (cited in Institute of Alcohol Studies, 2004; p1). Some of this protection must be placed as the responsibility of parents, or other caregivers.

Illegal purchasing of alcohol

Year 10 pupils were more likely to purchase alcohol than those from Year 8. The most popular place for the purchase of alcohol was an off-licence, reported by 14% of Year 10 males and 15% of females. Although those under 18 years of age cannot buy alcohol legally, Currie et al, (2003) found that 10% of 12 to 15 year olds who had consumed alcohol in the last year had bought the alcohol themselves.

Moreover, only a third of under 18s who had tried to buy alcohol reported that retailers had refused to sell it to them (Currie et al, 2003).

What is clear from the research in Sunderland is that schoolchildren have no difficulty in obtaining alcohol and in many cases gaining access to licensed premises. Moreover, the regulation at point of sale in off-licenses is difficult, with strangers, older relatives and friends often assisting in the purchasing of alcohol for schoolchildren. In a survey carried out in Sunderland almost a third of 58 off-licenses, offered to sell alcohol to underage drinkers (Environmental Health & Trading Standards, 2003).

Recommendations

Overall, the findings in Sunderland can be viewed in an optimistic light, in that they contrast with the trend of increased binge drinking by schoolchildren in the rest of the UK. It can be argued that the sensible drinking message related to drinking has had an impact in Sunderland. Indeed specific measures have been put into place in Sunderland including the setting up of a health promotion project specifically aimed at young people. This initiative was taken in response to the perception of the North East being a problematic area where heavy drinking was common. Although there is a correlation between the implementation of these interventions and the decrease in alcohol consumption this study cannot verify whether a causal relationship between the two exists.

However, a small proportion of school age children in Sunderland still consume alcohol, often at home and with their parents' knowledge. The Alcohol Harm Reduction Strategy for England (Cabinet Office, 2004) does not include recommendations for the age at which alcohol education should begin. McInnes and Barrett (2007) recommend that this should begin as early as primary school reception level, i.e. five years of age, if good habits are to be built up across the lifespan.

The results of the study depend upon self reporting of alcohol related behaviour as the basis of the data collected. However, the completion of the survey was independently supervised and assurances of complete confidentiality and anonymity were given to respondents. It may have been supposed that schoolchildren would exaggerate their drinking habits as a form of bravado. This may or may not have happened, although if this had been the case it would have been expected that their results would match, or been higher than the previous published data.

Conversely the respondents may have found the situation such, that they felt secure in reporting their true behaviours and therefore the results are an accurate reflection of the true situation.

The trends identified by the analysis of the data in this study are encouraging in terms of the reduction in both the amount of alcohol consumed and the number of schoolchildren who do not consume alcohol. These findings do appear to contradict those described in the published literature. There is a need to identify whether or not, the current trend of reduction in alcohol consumption in Sunderland is becoming universal among schoolchildren in the UK. Paradoxically it may be that the behaviour of schoolchildren in Sunderland acts against the norm and they are as a group indeed 'saints and not sinners,' when it comes to increased alcohol consumption.

References

- Balding, J. (1997). *Young People and Illegal Drugs in 1996*. Exeter: Schools Health Education Unit.
- Bellis, M.A. et al (2007). Predictors of risky alcohol consumption in schoolchildren and their implications for preventing alcohol-related harm. *Substance Abuse. Treatment, Prevention, Policy*. 10, 2, pp. 15.
- Brain, K; & Parker, H. (1997). *Drinking with Design. Alcopops, Designer Drinks and Youth Culture*. London: Portman Group.
- Cabinet Office (2004). *Alcohol Harm Reduction Strategy for England*. London: HMSO.
- Currie, C. et al (2003). *Scottish Schools Adolescent Lifestyle Substance Use Survey (SALSUS) National Report: Smoking, Drinking and Drug Use Among 13 and 15 Year Olds in Scotland in 2002*. Edinburgh: Scottish Executive.
- Department of Health (2005). *Smoking, drinking and drug use among young people in England in 2004*. London: DoH and Office for National Statistics.
- Environmental Health & Trading Standards (2003). *Age Restricted Sales. Sunderland: Environmental Health and Trading Standards*.
- Hammersley, R. (2005). *Unthinking drinking*. Scottish Journal of Criminal Justice Studies. 11, pp.64-69.
- HM Government (2007). *Safe. Sensible. Social. The next steps in the National Alcohol Strategy*. London: DoH.
- Hollands, R. (1995). *Friday Night, Saturday Night: Youth Cultural Identification and the Post-industrial City*. Newcastle-Upon-Tyne: University of Newcastle-Upon-Tyne.
- Institute of Alcohol Studies (2004). *Young People and Alcohol*. Cambridge: Institute of Alcohol Studies.
- Jefferis, B.J. et al (2005). Adolescent Drinking Level and Adult Binge Drinking in a National Cohort. *Addiction*. 100, 4, pp.543-549.
- McInnes, A; & Barrett, A. (2007). 'Drugs Education', in: M. Simpson, T. Shildrick & R. MacDonald. *Drugs in Britain: Supply, Consumption and Control*. Hampshire: Palgrave.
- Office for National Statistics (2005). *General Household Survey 2003*. London: HMSO.
- Ranzetta, L; Fitzpatrick, J; & Seljmani, F. (2003). *Megapoles: Young People and Alcohol*. London: Greater London Authority.
- Roberts, C. et al (1999). The Impact of 'Alcopops' on Regular Drinking by Young People in Wales. *Drugs: education, prevention and policy*. 6,1, pp.5-15.
- SHEU (2009). *Young People into 2009*. Exeter: Schools Health Education Unit.
- Wright, L. (1999). *Young People and Alcohol: What 11 to 24 Year Olds Know, Think and Do*. London: Health Education Authority.

Health Related Behaviour Research via Email

SHEU provides three HRBR resources each month...

HRBR about 5-11 year olds...about 11-16 year olds...and about 16+ year olds
and they're free...

visit www.sheu.org.uk

Dr. Kate Birch is the Healthy College Coordinator at Huddersfield New College. This article is included as a case study in the NIACE Mental Health Matters for FE Teachers Toolkit March 2010.

For communication please email: K.Birch@huddnewcoll.ac.uk and visit the website: www.kirkleeshealthyschools.org.uk

Kate Birch

Collaborative working between colleges and health in Kirklees

In 2001, Huddersfield New College and the Kirklees Healthy Schools Team joined forces with college staff and students to produce the Kirklees Healthy College Standard which was published in October 2003. At this time there was no national work on healthy colleges and the Kirklees partnership set up a National Healthy College Network to raise the profile of health in colleges and to share good practice through the Kirklees Healthy College Standard.

This work went from strength to strength and following two successful National Healthy College Network conferences in 2007 and 2008, the then Minister for Further Education, Bill Rammell, announced the intention to produce a Department of Health and DCSF backed Healthy FE Framework in July 2008. The Kirklees Healthy College Standard received the Yorkshire & Humber Teaching Public Health Network Innovations in Health Award in May 2009.

I am the college lead for this work and have been seconded for two days a week to the Kirklees Healthy Schools Team since September 2004. This has enabled me to promote healthy college work nationally while at the same time gathering insight on health issues in the three Kirklees Colleges and involving them with strategic and operational links to NHS Kirklees.

Child and Adolescent Mental Health Service (CAMHS) funding for this secondment resulted in a local conference

for senior college managers in June 2006 based on the Every Child Matters theme. The results of interviews with learners, college pastoral staff and CAMHS staff were presented at the conference.

It was clear that colleges felt a sense of frustration that they were funding both pastoral and counselling support, thereby easing pressure on hard-pressed NHS services, but lines of communication were ad hoc and unclear when they needed to refer learners into health services. CAMHS services felt overwhelmed by the number of sometimes inappropriate referrals being made, resulting in long waiting times, because some young people found life in college stressful and a very big contrast to school, impacting on their ability to cope with college life.

The formation of the Task Group

Promotion of emotional health and wellbeing and enabling learners to access mental health services were seen as the highest priorities following the conference and the Task Group was formed to try and establish an emotional health and wellbeing care pathway with supporting materials. Task Group members said that they did not want a 'talking shop' but something which would have real impact.

The group has met regularly since its inception and has made remarkable progress, demonstrated by the *Emotional*

Health and Wellbeing Toolkit available online since December 2009 at www.kirkleeshealthyschools.org.uk

The Task Group in action

Development of the emotional health and wellbeing care pathway and toolkit

The main challenge was to establish links with CAMHS and Adult Mental Health Service (AMHS), since young people and staff in colleges may qualify for either service depending on age. Transition from one service to another can also be difficult for younger learners with a pre existing condition.

The Primary Mental Health Workers have proved to be an important link with CAMHS services, being available for advice but also being willing to come into colleges to make initial assessments of learners. The colleges have also benefitted from Primary Mental Health Workers' documentation which enable them to make effective contact with the service.

The Early Intervention team which deals with possible psychosis has also been keen to work with colleges and will not only answer queries but also take direct referrals instead of working through the GP route.

Links with AMHS have proved more challenging but bridges are being built through the task group at a strategic level, particularly with commissioners for adult and children and young people's mental health services as well as promotion of the adult service's bid for foundation status. Experiences with the group indicate the importance of understanding the bigger strategic picture.

Local changes and the Improving Access to Psychological Therapies (IAPT) agenda mean that the toolkit will have to be regularly updated by the task group. The pathway was launched in September 2008 and further additions made available as the *Emotional Health and Wellbeing (EHWB)*

Toolkit through the Kirklees Healthy Schools website in December 2009.

The contents of the *Emotional Health and Wellbeing Toolkit* are:

- Introduction
- Pathways
- Support groups/services
- Referral & feedback forms
- Glossary
- Training & information (in production)

Key learning in the formation and operation of the group

- The group exists because the members want it to; it will cease to operate when its function is completed
- The group has a clearly identified purpose
- The group might well change its purpose and composition over time
- It has provided an opportunity for collaborative working, building positive, personal relationships between education and health
- It has provided an opportunity to share information about other aspects of health and colleges' involvement in it
- As part of her secondment, Kate Birch (Chair) has the opportunity to meet with representatives from colleges and NHS Kirklees, Kirklees Local Authority, CAMHS & AMHS as well as attend additional strategic groups such as the EHWP Partnership Board. Contacts and information can then be fed into the group as appropriate
- The group is able to discuss both operational and strategic issues as they may affect learners and also to influence insight and service commissioning
- The group meets for two hours once or twice a term
- Venues alternate around the three

colleges

- Sub groups have been set up to deal with specific issues such as design of the EHWB Care Pathway feedback sheet

Task Group members currently (2010) include:

- Kate Birch (Chair), Huddersfield New College Healthy College Coordinator
- Vice Principal, Greenhead College
- Student Support staff, Greenhead College
- Director of Student Support, Kirklees College*
- Occupational Health Nurse, Kirklees College
- Senior Counsellor, Kirklees College
- Pastoral Support, Kirklees College
- Sexual Health Nurse, Kirklees College
- CAMHS Primary Mental Health Worker
- Representative of the Early Intervention team
- Representative of SWYMT
- Health Improvement Specialist (Mental health) NHS Kirklees
- Teenage Pregnancy Coordinator
- Kirklees Healthy Schools Team, Task Group administrator

A range of other people has also attended meetings by invitation including:

- NIACE
- Connexions

- Adult and Children & Young People's commissioners for mental health services
- Members of NHS Kirklees Public Health team
- Northorpe Hall Counselling Service

* Kirklees College was formed from the amalgamation of Huddersfield Technical College & Dewsbury College in August 2008

Future work of the Task Group

As well as monitoring and upgrading the EHWB care pathway and toolkit, the group will be working on other areas such as challenging the stigma around mental health with staff and learners, staff training, mental health promotion and initiatives such as Mental Health Aid First Aid courses in the college setting.

In June 2009, NHS Kirklees funded further work into school-college transitions at the three Kirklees colleges. Information was sought to determine whether additional help, through group support, may be useful for (thus far) untargeted learners. The support would help them cope with school-college transitions, bereavement and a range of other life events affecting their emotional health and wellbeing and academic performance.

It is hoped that this information will be used to look at novel ways of reaching young people who may not currently access existing pastoral and counselling services in colleges.

Education and Health

Do you have 500 words about a relevant issue that you would like to see published?

Please send a draft article by email to:

david.mcgeorge@sheu.org.uk

E&H has been published since 1983 and is widely read by those concerned with the healthy development of young people.

Lucinda Shaw is the Director of The Deborah Hutton Campaign and the website is: www.deborahhuttoncampaign.org
 For communication please email: lucinda.shaw@deborahhuttoncampaign.org and visit the *Cut Films* website www.cutfilms.org

Lucinda Shaw

Cut Films: challenging young people to make films to help discourage their peers from taking up smoking

A national anti-smoking charity, The Deborah Hutton Campaign, is commending a series of young film makers and their schools for their innovative short films created as part of the groundbreaking new *Cut Films* competition, to help discourage their peers from taking up smoking.

The Deborah Hutton Campaign is a registered charity working in harmony with existing government and charitable initiatives to reduce the prevalence of smoking among young people.

Deborah Hutton

The charity has roots in very personal events. It was recently set up after Deborah Hutton, who was health editor of *Vogue* fashion magazine for more than twenty years, died of lung cancer, aged 49, as a result of smoking in her teens and twenties.

Her husband, Charlie Stebbings, a leading UK film director, and eldest daughter, Romilly, are now spearheading The Deborah Hutton Campaign and *Cut Films* competition to help ensure that her message encouraging young people not to smoke lives on.

Charlie Stebbings says, "The number of people who smoke has come down significantly, but there are still too many teenagers starting smoking and getting addicted. I want to give young people a voice to explore and convey the messages that they think will stop other young people from smoking."

In England today, there are over 2 million fewer adult smokers than there were a decade ago, yet this year alone, it is estimated that thousands more people in England will start smoking. The majority of these will be under the age of 18.

The launch of *Cut Film* coincides with the Department of Health's new Tobacco Control Strategy (published February 2010) which highlights the need 'to stop the inflow of young people recruited as smokers' as the first of its three key objectives, including a specific focus on reducing the smoking rate among 11-15-year-olds to 1% or less, and the rate among 16-17-year-olds to 8% by 2020.

Cut Films closely supports this Government ambition, providing an extremely timely, creative and cost-effective initiative which empowers young people to choose a smokefree future, and to encourage their peers to do the same.

Cut Films pilot

The project was piloted in nine schools and one Youth Club between September and November 2009, the project challenges young people to research, write and produce a short film about the dangers of smoking, and then to publish them for other young people to view on YouTube and Facebook via the *Cut Films* website: www.cutfilms.org.

A number of different approaches were used to deliver the project within schools - it was offered both within the curriculum as part of a range of key stage 3 core subjects,

as part of GCSE and BTEC media studies courses, and as an extra curricular school club.

Evaluation

Karen Ford is a Trustee of the Deborah Hutton Campaign, and an independent consultant in health research and policy.

Karen says, "I originally got involved in the project on a personal level because I was friends with Deborah and wanted to support her family after she died, as well as through a professional interest in the project".

Karen was a scientific advisor to the Department of Health with more than 25 years experience. She oversaw an external evaluation of the pilot phase of *Cut Films* based upon research with teachers and students from each of the participating pilot schools and youth groups.

She comments, "We know that 14% of 15 years olds in this country smoke, and of the estimated further 250,000 people who will start smoking in the next year, most of these will be teenagers. Today there's a stronger argument for developing youth targeted campaigns as part of a wider tobacco control strategy, and our findings from the film project underline again the need for a youth-centred approach."

Karen explains, "Young people who took part in the film project felt the approach created a strong environment for them to find their own voice on the issue of smoking, and get the message about the consequences of smoking out to their peers. Some young participants who were reportedly non-smokers also suggested that the film making process did help persuade them not to take up smoking."

"One of the most positive aspects to emerge from the pilot was the enthusiasm of the young people for the project, with a high level of satisfaction and sense of achievement being expressed amongst both teachers and students. The competitive aspect was a real incentive to participate."

"Research already suggests a link between low aspiration and motivation, and increased smoking and other risk taking behaviours amongst young people. Feedback from the project showed that it provided a platform for learning new skills, raising esteem and building confidence in some of those students, which is a great spin off benefit."

"Measuring whether *Cut Films* actually impacts directly upon smoking rates amongst young people is a much longer term question. However, what we do know from the evaluation is that it positively engaged young people, enabled them to find their own voice on the issue and empowered them to get their views across to their peers - so in that respect, it achieved its main objective very effectively."

Karen adds, "Smoking prevention requires a multi-faceted intervention approach and there has been a gap in the direct targeting of young people until now. I think that working in synergy with other policy measures, *Cut Films* can help to plug that gap and provide part of the solution."

Young people comment

Some comments from young people involved in the project:

"Making the video put us off the idea of smoking, discovering others' views on it took the appeal away". (Male, yr. 10)

"Usually it's adults telling you about smoking, but this is your own ideas." (Female, yr. 12)

"It's important to have our own voice. It made it easier to know we just had to say what we thought. We don't know what adults want to see but we do know what we want." (Female, yr. 9)

"We learnt a great number of new facts when researching; obviously the cost shocked us the most (Female, yr. 10)

"Our aim was to get young teenagers to

see the effects of smoking and all the harmful chemicals involved, to try and help them understand that it's not a good idea to smoke because of the dangers - most don't know what's happening when they smoke." (Female, yr. 9)

"It made me think beyond the fact that cigarettes are bad for you. I went home and told my parents the things in a cigarette." (Female, yr. 9)

Teachers involved in the project reported that it provided them with a flexible, effective and user-friendly teaching resource for educating students on the issue of smoking, and without lecturing them, closely supporting their PSHE delivery.

In addition, many teachers found that the project improved the self-esteem and self-confidence of participants and promoted a high level of engagement from disaffected students.

Winning films

The winning films were premiered as

part of a special Awards Ceremony in March to an invited audience of the charity's key supporters and stakeholders, during which each of the young film makers and their schools received an award for their film presented by Film Director, Kevin MacDonald. Winning schools included: Wirral Grammar School, Elizabeth Garrett Anderson School and Highbury Grove School, both in London.

The Deborah Hutton Campaign is delighted by the quality, diversity and creativity of the films that have been produced as part of the project and most of all, by the energy, enthusiasm and dedication with which all of the young people have taken part in the campaign and embraced its messages.

Building on the learning and results from this successful pilot, we are now working towards rolling out *Cut Films* as an annual competition for all schools from Autumn 2010, with the aim of inspiring many more young people to communicate with their peers on this important message about not smoking.

Barbra Plunkett is the Director of Student Services at Lincoln College. For communication please email: BPlunkett@lincolncollege.ac.uk

Barbra Plunkett

Lincoln College: promoting health with young men

Lincoln College has run a sexual health services clinic for students for several years and this has now been expanded with the addition of a male health adviser who runs a male-only clinic.

When the college runs its successful 'Pee in a Pot' Chlamydia screening days, the advertising was aimed at men and when the screenings take place, more men than women take part. It is usually hard to attract this age group and young males of all ages

are less likely to seek medical advice. To target them specifically, Lincoln College's male-only clinic, staffed by a male nurse in addition to the regular weekly clinic, has been established. Although the college offers a clinic at all 3 of its centres in Lincoln, Gainsborough and Newark, the male only clinic runs at the Lincoln site. Advertising is themed around the strap-line 'Real Male' showing a stereotypical male image of a pint glass and beer pump.

Julie Theakston is the Student Services Manager at Leeds College of Building. For communication please email: jtheakston@lcb.ac.uk

Julie Theakston

Leeds College of Building: promoting health with young men

Leeds College of Building is a medium sized General Further Education College that specialises in construction education and training. The College is the only specialist construction college in England. There are some 7,000 learners aged 16-18, the majority studying at the city centre site. In excess of 90% of these learners are young men.

The Student Services team delivers a comprehensive induction programme which is compulsory for all students. Follow up activities are delivered by the Student Liaison Officer giving greater detail on the general and sexual health services and the exercise and sports programme by visiting tutorials and other classes. The students have a good relationship with the liaison officer so he has been successful in promoting the Chlamydia testing service which is now very well used. The college promotes the services of the designated Connexions Personal Adviser who is

available to help with unplanned pregnancy avoidance and potential father support. However they have found that a "sexual health event" is not well received. Young men do not like to be seen worrying about their health or needing information on sexual matters. They are more receptive to tutorials and small group activities so long as this does not repeat what has already been delivered in schools and deals with the subject in an impersonal way.

Communicating the service

It is acknowledged throughout the sector that young men are reluctant to come forward for health and wellbeing support and the college has planned its service with this in mind. The services offered on a daily basis include condom distribution through the C-card system, Chlamydia testing, and pregnancy testing. [Male students take the pregnancy testing kits for their partners]. These are well used by the students as they

are seen as "macho" health needs.

Other services such as counselling, help with physical, emotional and mental health, dealing with sleeplessness, sexual preferences and low self esteem have to be promoted in a low key manner allowing students to take their own time and choose their own route to accessing the support they need. These are promoted through leaflets, news items, health promotion events and via the college intranet.

One of the successful promotions is via the canteen menu board. Every table in the canteen has a menu stand carrying health and wellbeing information. These are updated very regularly to maintain interest but mostly to help address current issues, to give students advice on how to deal with problems, and to signpost further help.

Personal Advisers

Because young men are so reluctant to present health problems until it is too late, or to access centralised help, the college has developed a system of Personal Advisers (PAs). These have been in place for 5 years and represent a big investment. Their success is proven by the very positive student feedback, the value the teaching staff place on their input, and the college analysis of their contribution to the retention of students in danger of leaving.

The PAs screen all applications to try to identify any student likely to be at risk. They also do all interviewing to get to know the student and to check for any signs of support need.

Each adviser is allocated a case load of 1st year groups with whom they hold pastoral reviews, prioritising those deemed to be at greatest need of support. Every student has a pastoral care review in the first term to ensure that they have settled into college life, and therefore there is no way that students who need early support can be identified by other students.

Students really value the work of the PAs. This makes early intervention possible

to prevent problems developing into crises. Their frontline support has saved many a student in difficulties and they now have the experience to recognise the early signs of trouble. Our PAs are instrumental in developing our services to students. They have informal conversations with students and can spot gaps in our provision.

The teaching staff welcome the use of personal advisers and value their ability to work with groups and individuals to improve their attitude to work. They refer students to the PAs and use them to help with disruptive behaviour, absenteeism and poor academic performance. The PAs are able to build a good relationship with each student in their case load, and can act as advocate and support for the student if needed. Whilst a student may be reluctant to tell teaching staff about private problems that inhibit their learning, the PA is able to pass messages on and even suggest ways of managing the students learning programme to help deal with the problem.

The PAs are also very successful in promoting college services and enrichment activities, encouraging students to go along in groups if that is their preference, and taking part themselves on occasion. They promote the healthy living displays and follow them up with individual help and support when and where it is needed.

Next Steps

The Student Services office is in the main site and this is where most of the 16-19 year olds study. Although services are offered at the other site this needs to be developed further to give equal access for all students.

The college has already started to build relationships with outside agencies and has a particular wish for greater collaboration with the PCT. The students would benefit from the services of a professional sexual health worker confident in providing information and advice to young males.

They would also welcome access to professional mental health support both to

support individual students and also to deliver the mental and emotional health and wellbeing tutorial. Experience has shown that the teaching staff are not all confident in delivering these tutorials and that students would be more engaged and comfortable if the content were delivered by an impartial professional.

The college is developing a cross-site One Lan TV service for all sites. The Student Services team plan to ensure that all health and wellbeing information is promoted to all sites by this system and are developing TV-suitable messaging.