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Working with young smokers: The development and implementation of a tailored behavioral support intervention model within Upper Schools in North Bedfordshire

The Department of Health's 'Smoking Kills' white paper (1998) was the first comprehensive UK government policy that highlighted the effects of smoking. One of the key targets was to reduce smoking rates amongst under 16 year olds from 13% to 9% or less by 2010; with a fall of 11% by 2005.

The majority of young people will attempt smoking during the 11-24 years age period, with a minority going on to become regular smokers (a regular smoker in the 11-15 year age range is defined as smoking one or more cigarettes a week). Around 15% of 15 year olds will continue to become regular smokers, with this rising to 31% among 20-24 year olds (Robinson and Lader, 2008).

In the last 25 years, adult prevalence has declined significantly but the decline in 11-15 year olds has been less marked with regular smoking declining by only 1% between 2001 and 2006 (Fuller, 2008).

Fuller's (2007) report asked 11-15 year old smokers how addicted they were to tobacco. Nearly 70% of regular smokers stating that they would find it 'fairly' or 'very' difficult to give up smoking for a week, this rising to 77% when asked to quit all together. 67% of regular smokers in this age range had made a quit attempt at some point since they started smoking. 6% of the cohort reported that they had successfully quit smoking. Of concern is that under 50% of those who had made a quit attempt, or had quit, requested some form of support to stop smoking.

Another finding from the Fuller (2007) report was that 43% of 11-15 year old regular smokers stated that they would like to give up smoking; providing evidence that there is a demand for cessation services in

this age range and that just relying on a 'trickle down approach' to youth smoking is not enough.

Stop Smoking Services

In the Bedfordshire area, only 2% of people who accessed the NHS Stop Smoking Services were under 18 year olds in 2008/2009, which was significantly the lowest uptake across all age groups. Pound et al. (2005) support this finding based on research across national NHS Stop Smoking Services. MacDonald et al. (2007) found that young smokers did not think that a smoking cessation service was something that would be available to them. The research concluded that the current model of cessation services, such as that used by the NHS Stop Smoking Services, did not fit with the preferences and values of young smokers. The authors also concluded that an intervention should be designed with young people at the core. Molyneux (2006) suggests that school-based interventions may act as the most suitable setting for young smokers to access support services. The Stop Smoking Service and Healthy School teams within NHS Bedfordshire targeted services to young people within schools in order to develop best practice. Three project proposals were put forward in May 2008 by the Healthy Schools team based on the then current evidence base and other examples of good practice across schools in the UK including:

- Parrenthorn High School (Parrenthorn)
- Hookergate School, Gateshead (Miller et al.)
- Berkshire PCT (Berkshire Healthy Schools)

- A Stop Smoking in Schools Trial (ASSIST) (Campbell et al., 2008)

Pilot project

The overall aim of the pilot project, chosen because of its sustainability credentials, was to develop and implement a tailored behavioral support intervention model within Upper Schools in North Bedfordshire. From a Healthy Schools Bedfordshire (HSB) perspective, this project would help school colleagues overcome historically problematic issues for some Upper Schools. Here, active smoking on site by the older students, had been identified as being a barrier to self validation and to achieving National Healthy School Status.

Training

Historically in Bedfordshire, school nurses and teachers had been trained to a generic Level 2 Smoking Cessation Advisor status. The training lasts 1 full day and provides the delegate with the skills and knowledge to deliver a 1 to 1 or group support intervention to support a quit attempt. However, the pilot project was aimed specifically at tailoring the training protocol and changing the target audience to the school setting. The training was expanded to a 2 day course, with one session delivered by an external consultant, (fees were paid by the local NHS Stop Smoking Service), who specialised with working with young smokers. This approach was supported by research, for example, Amos et al. (2006) concluded that cessation services should be based on a young smoker's understanding of smoking and the social factors which influence and support their smoking behaviour. As such, a 2-day tailored training provided delegates with:

- an in-depth understanding of young smokers awareness of addiction / smoking
- an ability to maintain young smokers interest
- address the issue of smoking from a young person's perspective
- address the wider perspective of the world in

which they are growing up

- address young people's understanding of smoking rather than smoking itself
- address the social factors which influence and support their smoking behaviour
- an ability to provide information and education on the effects of smoking from a wider perspective
- focus on the benefits of stopping smoking
- provide up to date advice on NRT
- assist students to understand their smoking habits

The training was delivered to student support workers/learning support advisors within local schools. This group were deemed more suitable candidates to deliver a smoking cessation intervention, compared to teachers/school nurses, based on:

- not being viewed as a figure of authority, which is the disadvantage of a teacher/ nurse
- having the capacity and flexibility to work with students at times other than during "social times"
- student/learning support centres act as private and confidential areas within schools
- the relationship between the expert facilitator and student is different to that between the teacher and pupil making it easier to promote non-judgemental support
- the client group were more likely to access student/learning support centres regularly
- anecdotal evidence suggested that the client group were more likely to have poor educational attainment and disengagement from school - all factors likely to influence smoking prevalence

The student support workers/learning support advisers role also supports student's self-efficacy and the capacity to listen reflectively. Both of these factors are among the principles of motivational interviewing and can be utilised during a behaviour change such as quitting smoking.

All advisors from the 7 Upper Schools were invited to attend the 2-day training session in December 2008. A financial incentive for the schools was included in the project, with a fee of £25.00 achieved at point of four week follow-up; and £2 per appropriate referral.

Pilot project delivery

In April 2009; the trained schools commenced delivery of the project, with 3 of the 5 Upper Schools (one of the remaining six schools decided not to proceed at the onset) actively completing the smoking cessation intervention.

The total number of under-18 year olds who accessed the Stop Smoking Service during this intervention period was 57 with 17 students across the three schools being part of this group. This was a significant increase of 58.3% in activity compared to the same period in 2008/2009 (n = 36). Of the 17 students engaging with the project, 13 completed the cessation programme (76%) with a further 2 (12%) actually quitting (April - September 2009).

This evidence provided the pilot project with a quantitative measure of success against its original aim.

In July 2009, all 10 delegates who were trained were invited to a pilot project evaluation session. Issues were discussed and emerging themes included: the benefits of the intervention to the school; the promotion of the service available to students; the monitoring of the intervention; the barriers to the delivery of the intervention and ideas for further development. This evaluation session provided the project with a qualitative measure of success against its original aim.

Based on the evaluation evidence, it was agreed by all delegates who delivered the intervention that overall the pilot project had been a "success" within their Upper Schools. Delegate comments included:

"A unique intervention that was rewarding for the pupils" - "We were the appropriate staff to deliver the project" - "The sessions were well received by

pupils" - "I felt we were the right people to run the sessions as our relationship with pupils is less formal than that they have with the teachers. This allows them to open up and be more honest with us" - "The fact that the group was scheduled in the school day made them more willing to attend"

These comments, in line with the quantitative data from the delivery of the intervention, provided the conclusion that we achieved our aim of developing an intervention that is tailored to suit the needs of the target population.

Project development

With the outcome achieved, it was agreed to offer the remaining 12 upper schools the opportunity to implement this intervention within their schools and to provide a greater cohort of evidence. This second project would include the improvements to the intervention outlined at the pilot evaluation session:

- the need for an introduction session prior to the training - managerial support on the project within schools - a shorter time frame between the two training sessions - the need for more student specific resources

In October 2009, the introduction session was delivered; with 8 of the 12 remaining county-wide Upper Schools invited attending the session. This session provided schools with an overview of the intervention, informed management of the financial incentives in place to participate, and the opportunity to discuss how the project would fit in line with their Healthy School status and the OFSTED guidelines. The session also included a presentation from two student support workers/learning support advisors from an upper school, who participated in the pilot project, on how the intervention was implemented successfully within their school.

In December 2009; the 2-day training session was delivered to 17 delegates (The external consultancy fees were paid for by the Healthy Schools team). This provided a total of 27 student support workers

/learning support advisors trained to deliver a tailored smoking cessation intervention in 12 Upper Schools in Bedfordshire.

In December 2009, a resource pack titled 'Young and Smokefree' was developed for the 12 Upper Schools. The pack provided the student support workers/learning support advisors with a selection of games, exercises, quizzes and ideas for keeping young smokers interested in smoking cessation. The pack was designed to make sessions interactive, stimulating, and most importantly fun. The aim is to keep the young smoker engaged, encouraging them to come back for more sessions and inform other young smokers about the sessions. The activities are aimed at being able to raise the subject of smoking in a way that is different from standard school lessons, and can lead to open discussions with young smokers.

A popular choice with both the students and support workers is the "board game" where the students have to design a board game for at least two people where the focus is on the health benefits of quitting smoking together with the health risks associated with smoking utilising a multiple choice quiz (designed as part of the task) as the operation of the game.

Conclusion

Offering NHS Stop Smoking Services to young smokers is most effective if it involves partnership working with organisations that have established links into school settings (i.e. Healthy Schools). Schools are an appropriate context for supporting young smokers providing they are tailored to engage pupils and address the correct issues. This involves developing a specific training protocol that differs from the generic cessation model used in adult population and the selection of appropriate delegates within schools to train and deliver the intervention (i.e. student support workers/learning support advisors).

The success to date supports the

development and implementation of an appropriate stop smoking support intervention model to young smokers in Bedfordshire. The intervention will be monitored throughout the remaining 2009/10 academic year, with the aim of gathering further data to provide a more robust evaluation of the project. A more detailed report will be available later in the year.

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