

NICE guidance on school based prevention of smoking in children

Consultation with Young People

September 2009



Final Report

The National Youth Agency

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Summary Report

The National Institute of Health and Clinical Excellence (NICE) recognise the significance and relevance of the participation of young people in the development of the draft guidance on school based prevention of smoking by children. Through the participation of young people the guidance will better respond to the needs of the young people it aims to serve. The effective engagement of the target population in the development of the NICE guidance will improve the quality of the guidance and help refine and validate the recommendations.

The National Youth Agency (The NYA) worked in partnership with four schools and 37 young people aged 11 to 17 years, living and attending school in Leeds, Leicestershire, Norfolk and Gloucestershire. This report presents the findings of the small-scale consultation project with young people on the acceptability and relevance of the draft guidance.

Overall, young people welcomed the publication of the guidance on school-based prevention of smoking by children. All four groups stated that they felt it was very important for young people to contribute to the guidance and in the longer term to be part of its implementation.

NICE Draft Recommendations – young people’s issues for consideration

In order to support the Public Health Interventions Advisory Committee (PHIAC) in the further development and enhancement of the draft guidance on school based prevention of smoking by children, The NYA offer the following recommendations for consideration by PHIAC on behalf of the young people involved:

Key considerations:

- Young people advocate a **joined up approach** across the school to both prevent smoking and to encourage smokers to quit.
- Young people strongly encourage the view that, although they are the target group for interventions, **adults** should also be part of a whole school approach and be encouraged to lead by example.
- Young people wished information to be provided in an **advisory** style to avoid the pitfalls of being ‘told’ what to do or think.
- Young people advocate an approach that enables them to discuss issues relating to smoking in the **context of their own lives and experiences**.
- Young people wished to be **listened to and included in the decision making processes** that would shape the provision to encourage the prevention of smoking in children.
- Young people wished to be **directly involved** in enhancing the design, delivery and evaluation of PSHE interventions.
- Young people recognise the **breadth of adults** that can work with them and bring about positive influence to promote the prevention of smoking in children.
- Young people highlighted the importance of support workers in school that are not currently highlighted, i.e. Connexions Personal Advisors and Youth Workers. These types of staff have a different type of relationship with young people and can positively contribute to a whole-school approach.

Conclusion

Young People engaged positively with the discussion activities and were pleased to be given a chance to offer a young person's perspective on the guidance. In general, they support the content of the guidance and have given additional insight into practice guidelines that could help schools to design and implement interventions and approaches that would have an impact on young people and be a positive step toward achieving the aim of delivering successful, school based smoking prevention programmes with children and young people.

Context

Background

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance on school-based interventions to prevent the uptake of smoking among children and young people.

The guidance is for those who have a direct or indirect role in, and responsibility for, preventing the uptake of smoking by children and young people. This includes national policy makers, teachers, support staff, governors and professionals with public health as part of their remit working in education (including the independent sector), local authorities, the NHS and the wider public, voluntary and community sectors. It may also be of interest to school-aged children and young people, their parents and other members of the public.

The NICE Public Health Interventions Advisory Committee (PHIAC) has drafted recommendations for the guidance based on a review of the published literature. NICE wished to test this guidance with a number of young people through a consultation process facilitated by The National Youth Agency (The NYA). NICE commissioned The NYA to undertake a small-scale consultation with selected groups of young people to ascertain their views on the draft guidance on school based prevention of smoking by children. The NYA worked with young people aged 11 to 17 to gain their specific views and ideas on the appropriateness and relevance of the draft guidance.

The NYA works to ensure that children and young people are better informed to influence and challenge decision making on issues affecting them (in line with Article 12 of the United Nations Convention on the Rights of the Child ,UNCRC¹) to bring about positive change in their lived lives. The recommendations offered are anticipated to inform PHIAC in their considerations of the final guidance.

Aims of the consultation

The objectives of the young people's consultation as agreed with NICE were:

- To assess the acceptability and relevance of the draft guidance to young people and inform the PHIAC of their views
- To engage the target population in the development of NICE guidance and to understand their views in order to improve the quality of the guidance.

This report includes comments from young people and offers recommendations that might refine and validate the draft guidance, for consideration by PHIAC.

¹ UNCRC United Nations Convention on the Rights of the Child, UN, 1989

Policy Context

The active involvement and participation of young people is supported throughout Government policy and guidelines, and supports Article 12 of the UNCRC², that states that children and young people have the right to participate in decision-making that is relevant in their lives and to influence decisions taken within the family, the school or the community that affect them.

The NYA strives to ensure that young people's lives are improved and supported through the promotion of the Every Child Matters Outcomes³ within which this consultation has been framed as follows:

Being healthy

- Physically healthy
- Mentally and emotionally healthy
- Sexually healthy
- Healthy lifestyles
- Choose not to take illegal drugs

Staying safe

- Safe from maltreatment, neglect, violence and sexual exploitation
- Safe from accidental injury and death
- Safe from bullying and discrimination
- Safe from crime and anti-social behaviour in and out of school
- Have security, stability and are cared for

Enjoying and achieving

- Attend and enjoy school
- Achieve stretching national educational standards at primary and secondary school
- Achieve personal and social development and enjoy recreation

Making a positive contribution

- Engage in decision-making and support the community and the environment
- Engage in law-abiding and positive behaviour in and out of school
- Develop positive relationships and choose not to bully and discriminate
- Develop self-confidence and successfully deal with significant life changes and challenges

Achieve economic well-being

- Engage in further education, employment or training on leaving school
- Ready for employment
- Live in decent homes and sustainable communities
- Access to transport and material goods
- Live in households free from low income

The main theme used within this consultation was **Being healthy** although the activity itself involved young people in the **Making a positive contribution** theme.

² UNICEF (1989), United Nations Convention on the Rights of the Child, UNICEF

³ DfES (2004), Adapted from Every Child Matters: Change for Children, Crown

Consultation Groups

The NYA consulted with a range of young people to consider and explore the relevance and appropriateness of the draft guidance. A total of 37 young people were involved.

Age	11 yrs	12	13	14	15	16	17
No.s	9	1	9	7	1	8	2

A total of four groups of young people were consulted:

- Year 7 (11-12 year olds) – Cockburn School, Leeds
- Year 9 ((13-14 year olds) – Smithdon School, Norfolk
- Year 10 (14-15year olds) – Groby Community College, Leicestershire
- Year 12 (16-17 year olds) – Tewkesbury School, Gloucestershire

The NYA, where possible, worked with groups that comprised of a mix of gender, ethnicity, ability/disability and socio-economic status. The young people were asked to complete a monitoring form (Appendix A) in order to ascertain the background and ethnicity of those involved. The young people that were selected or volunteered to be part of the consultation were predominately White British (25), White Other (1), Chinese (1), White Asian (1), Asian (2), Indian (1) Did not complete (6). The gender representation was 19 male and 18 female. It should be noted that no young person chose to list themselves as having a disability.

Outline of Process

The consultation process worked with young people creatively to encourage them to consider the recommendations content. The approach did not directly use the detailed guidance, but took the content and structured activities that would be engaging and active for young people and would be accessible whatever a young person's literacy level. When constructing the activity it was considered how they would link to the recommendations and help young people consider –

- What's **good** about the guidance?
- How **useful** is the recommendation to young people?
- Is there **anything missing** from the recommendation?
- What **impact** might the draft recommendation have on the way the school supports young people?
- What are the **barriers** to making the guidance work?
- What are the **solutions** to these barriers?

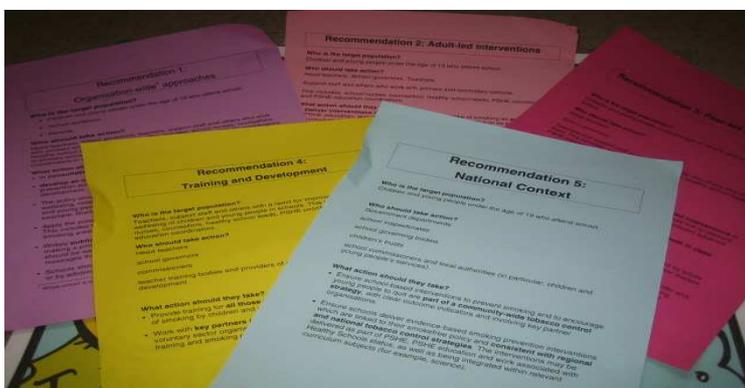
The activities were designed so that young people recorded their thoughts directly onto flipcharts, drawings and post-its so their views could be accurately captured. Copies of a young person friendly set of recommendations was available to the groups and acted as a back-up activity for higher ability groups if they completed the main activities in a shorter time-frame (appendix C). Additional notes were taken by the consultation facilitator to ensure additional comments and thoughts were also fed into the findings. The facilitator used a detailed lesson plan, facilitator notes and a checklist of all the recommendations to ensure they were fully covered across activities during the sessions.

Due to restrictions on time in school to work with young people, the session was designed to fit in a double lesson slot and take 2 hours.

At the start of the sessions young people were given a short presentation that gave an overview of NICE and the NYA, the purpose of the session and what would happen to their work. They were also asked to agree positive ways to work together and were made aware of the confidentiality of the process. To help young people engage with the process and consider why this guidance was needed, they took part in a short “True or False?” quiz based on research evidence on smoking (NICE Scope document).

The process was facilitated by The NYA staff team – Amanda Fearn, Development Officer, supported and guided by Richard McKie, National Programme Manager for Quality and Standards. Young people have been recognised for their achievement with a financial reward (a £20 Bonus Bonds voucher) and a certificate of achievement.

The full session plan can be found in Appendix D and shows which of the recommendations each of the activities relate to.



Young people worked in small groups to discuss and record their views on the draft guidance recommendations. They were led through a series of activities that helped them to consider the influences on their knowledge, attitudes and feelings about healthy lifestyles which acted as baseline on thinking about health issues. They then explored PSHE as the main vehicle for their health learning and considered their experiences of this and what they felt made learning successful or not. They then articulated what they felt they wanted to know about smoking which helped to focus in on the type of learning interventions that would be useful and how this linked to the previous activity on how they liked to learn. The young people then considered who should be involved in the planning, designing and delivery of their learning interventions and discussion highlighted why the people listed should be involved in a school approach to the prevention of smoking in children. Having established the groupings of these people the young people were asked to write around a template of a person what the people involved in their direct learning activity should be like and in each session half the group did this for adult-led interventions and the other group for peer-led interventions. The final activity was designed to get young people to consider the whole school approach and how this could be made to work and have impact.

At the close of the session young people were thanked for their contributions and asked to complete a monitoring form and a sign-in sheet to record their attendance and acceptance of vouchers.

- PSHE should be delivered by teachers that are trained and want to teach the subject
- More use of external professionals
- Methods that are not like teaching
- Having off timetable days to spend a day exploring issues around smoking
- Have theme weeks when all lessons use smoking as a basis for learning
- More discussions to allow them to consider information in relation to their own lives and experiences.

Outcomes relating to the draft guidance

NICE Recommendation 1: Organisation-wide approaches

- Young people support a whole-school approach and feel that this should be underpinned by policies that guide the behaviour and approaches of everyone in the school, not just young people.
- Young people felt that policy documents are often 'adult' documents and that the messages of the policy should be shared in different ways to make the messages heard, for example on information screens, posters, in all lessons.
- Young people recognise the relationship of smoking within wider health learning and support the recommendation that the two should be linked.
- Young people fully supported the notion that schools should offer help to staff and young people to quit smoking. To fail to do so would be to ignore the reality that a significant minority of underage children and young people do start smoking.

NICE Recommendation 2: Adult-led interventions

- Young people recognised that activity to learn about issues relating to smoking would in most cases sit within their Personal, Social and Health Education curriculum. However, most young people had limited positive experiences of these programmes and felt that if learning about smoking was to have an impact the PSHE interventions would need to be more engaging.
- Young people strongly supported that such interventions should be innovative, factual and interactive. Young people suggested using the same graphic anti-smoking approaches that are seen in adverts and cigarette packs, as they feel this is an effective way to communicate a strong message to young people.
- Young people agreed that self-esteem and confidence can help them to resist pressure from others to start smoking, as they would be more self-assured to say no. They support the belief that a programme of PSHE should help develop self-esteem and confidence and that this would help them in their decision-making.
- Young people gave clear lists of information that they would want to receive about smoking, which included health implications, cosmetic issues – how it affects your skin and teeth - the law in relation to smoking, the economics of smoking and time scales for body recovery if people do quit smoking.
- Young people felt strongly that adults involved in interventions should not be limited to non-smokers. They would welcome an opportunity to discuss the realities of smoking with people with experience of smoking. Young people wanted to see and hear the reality of the consequences of smoking.
- Young people strongly support the use of external professionals to deliver sessions in school, as this would make the advice more credible. They wanted those people to be trained to be able to work effectively with young people but clearly stated that the input should not be teacher - like or scripted.

- Young people felt that the learning that had made the most impact on them was that outside of normal lessons, i.e. off timetable and learning in different ways. They were keen to see themed approaches where issues around smoking were highlighted across all learning for a week so the same messages could be heard, explored and embedded in different ways.
- Young people agree that they should be involved in the design of interventions as they felt that this would ensure “buy in” to the activities and felt that they should be able to highlight what they feel they **need** to know as well as what adults think they **should** know.
- Young people agreed that parents should be involved in a supporting role but thought materials to be used at home should be designed to encourage the whole family to consider their smoking habits and not be focused on the young person. This was especially important to young people that had parents who smoked.

NICE Recommendation 3: Peer-led interventions

- Young people are supportive of approaches that involve peers, although they felt that the peers should be a few years older than the young people they would be working with.
- Young people expressed strongly that they wanted to be able to explore their own thoughts, experiences and pressures around smoking in an informal way with peers who enabled them to speak openly and not be judged.
- Young people agreed that peer educators should get training and if possible recognition/accreditation if they run sessions and work with other young people. As articulated in relation to adult-led interventions, they do not want training to produce “scripted” approaches but training that enables people to have a good knowledge of the subject area and that will support young people to think through issues.
- Young people agreed that peers should be fully supported if they have a role in young people’s learning.
- Young people stated that they did not want teachers selecting peer representatives. They felt they would like a role in deciding who would be involved in their learning.
- Young people felt that it would help to speak with older peers who had faced pressures, had smoked and then given up or who still smoked and were finding it hard to quit; they felt they could benefit from the reality and learning of someone else’s experiences.

NICE Recommendation 4: Training and development

- Young people agreed that people working with them should be trained so they can answer questions and support learning. They also stated that they would want them to be “safe” and that security checks are important. However they felt strongly that the personal attributes of the person are really important, i.e. that they are open and honest, non-judgemental, will respect confidentiality and have a background in health or relevant life experience.
- Young people support the view that people should be trained to be able to work with groups but that the approach should feel different to lessons and “teaching”.

NICE Recommendation 5: National Context

- Young people support the positioning of a whole school approach in a wider context.
- Young people feel they would pay more attention to learning that was clearly linked to “wider than school” priorities.

- Young people believe guidance should be clear from the top (national government) and cascade down.
- Young people fully supported regional and local partnership working to add credibility and to bring in different people and organisations into their learning.
- Young people support learning about smoking being within related subjects, i.e. Science and PE, as well as within PSHE.

Evaluation

Young people were asked to complete an evaluation sheet (Appendix B) at the end of each session, 36 of 37 young people chose to complete the evaluation. Most young people enjoyed the experience and particularly recorded that they considered it a very positive experience to have had their voice heard. Full details of the responses can be found in (Appendix F).

Summary of responses:

Please tick the appropriate box	Very Happy ☺	Quite Happy	Not Very Happy	Grumpy ☹
How enjoyable was the session?	22	12	0	0
We had our voice heard	28	6	0	0
We learned new things	19	13	2	0
We worked well together	19	13	2	0
Overall, how do you feel about the day?	28	5	1	0

Appendix A: Monitoring Form



Getting it right for young people

MONITORING PROCESS FOR YOUNG PEOPLE'S CONSULTATION

(NICE: guidance on school based prevention of smoking by children – young people's consultation)

Monitoring

To make sure that we record who we have spoken with during this project we are asking you to fill in the form below. You will notice that we do not want to know your name, but would like to record some details about you. This means that no one will know who has written each sheet. The information gathered is for statistical purposes only and only a summary of the data collected will be used in the reporting process. Once the data has been recorded electronically, all sheets will be destroyed. At all times, these monitoring sheets will be treated as confidential.

This monitoring process is in accordance with the Sex Discrimination Act 1975, the Race Relations Act 1976, Race Relations (Amendment) Act 1999, The Disability Discrimination Act 1995, the Equality Act 2006 and the Age Discrimination Act 2006.

Age:

Gender Male / Female (delete as appropriate)

Ethnic Origin: Please circle the description which portrays your ethnic origin most closely (categories based on the 2001 Census categories as recommended by the Commission for Racial Equality)

White	Mixed	Asian or Asian British	Black or Black British	Chinese or other ethnic group
British	White & Black Caribbean	Indian	Caribbean	Chinese
Irish	White & Black African	Pakistani	African	Other Ethnic Group (please specify)
Other White (please specify)	White & Asian	Bangladeshi	Other Black (please specify)	
	Other Mixed (please specify)	Other Asian (please specify)		

The Disability Discrimination Act (DDA) 1995 defines a person with a disability as someone who has 'a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day-to-day activities'.

Under this definition, do you consider yourself to be disabled? Yes / No (delete as appropriate)

NICE project: guidance on school based prevention of smoking by children– monitoring form Sep 09 CONFIDENTIAL, for research purposes only

Appendix B: Evaluation Form



The National Youth Agency

Getting it right for young people

EVALUATION FORM

NICE: guidance on school based prevention of smoking by children – young people’s consultation

Date of Event:

Venue:

I am proud to have achieved:

I enjoyed....

I was bored by...

I was surprised by...

I was most interested in...

I felt inspired by...

Please tick the appropriate box	Very Happy ☺	Quite Happy	Not Very Happy	Grumpy ☹
How enjoyable was the session?				
We had our voice heard				
We learned new things				
We worked well together				
Overall, how do you feel about the day?				

Thanks for completing!

Recommendation 1: Organisation-wide⁴ approaches

Who is the target population?

- Children and young people under the age of 19 who attend school.
- School workforce.
- Parents.

Who should take action?

Head teachers, school governors, teachers, support staff and others who work with primary and secondary schools. This includes: school nurses, counsellors, healthy school leads, personal, social and health education (PSHE) coordinators in primary schools and personal, social, health and economic (PSHE) education coordinators in secondary schools.

⁴ 'Whole-school' is commonly used to refer to organisation-wide approaches in schools.

What action should they take?

In **consultation** with young people and staff,

- **develop an organisation-wide smoke-free policy** which includes smoking prevention activities (led by adults or young people) and staff training and development.
- The policy should sit within a **wider healthy school policy** incorporating wellbeing, relationships and behaviour. It should also take account of children and young people's cultural, special education or physical needs. (For example, Braille versions of information may be needed.)
- Apply the policy to **everyone using the school premises**, for any purpose. This includes the school grounds as well as buildings. (Any designated smoking areas should be removed from the school grounds.)
- Widely **publicise the policy** and ensure it is **easily accessible** (this includes making a printed version available). Everyone using the school facilities should be aware of its content, by providing clear reminders of its key messages throughout school buildings and grounds.
- Schools should offer **staff and pupils help to quit smoking**, either in-house or by advising them about local NHS Stop Smoking Services.

Recommendation 2: Adult-led interventions

Who is the target population?

Children and young people under the age of 19 who attend school.

Who should take action?

Head teachers

School governors,

Teachers

Support staff and others who work with primary and secondary schools.

This includes: school nurses, counsellors, healthy school leads, PSHE coordinators and PSHE education coordinators.

What action should they take?

- **Deliver interventions** that aim to prevent the uptake of smoking as **part of PSHE**, PSHE education, activities related to Healthy Schools status or as part of the core curriculum (for example, science). They should be linked to the school's organisation-wide, smokefree policy. Interventions should be **innovative, factual and interactive**. They should:

- be tailored to **age and ability**
- be **ethnically, culturally and gender-sensitive** and non-judgmental about individual children or young people
- aim to **develop decision-making skills** and include **strategies for enhancing self-esteem** and **resisting the pressure** to smoke from the media, family members, peers and the tobacco industry (this could involve role-play)
- include **accurate information** about smoking including its prevalence and its consequences: tobacco use by adults and family members should be considered and challenged
- be delivered by **trained external professionals** such as school nurses, doctors and teachers or support staff who do not smoke and who are confident about dealing with the subject.

- Children and young people should be **involved in the design** of the interventions.
- **Parents should be encouraged to help**, for example, by providing them with support materials to use at home.
- Two or more sessions should be delivered over the course of an academic year, supported by additional 'booster' activities throughout every academic year.
- **Schools should link with partners** involved in smoking prevention and cessation activities in the wider community, such as NHS Stop Smoking Services or regional tobacco policy leads, to deliver the interventions.

Recommendation 3: Peer-led interventions

Who is the target population?

Children and young people under the age of 19 who attend secondary school.

Who should take action?

Head teachers

School governors

Teachers and support staff in secondary schools and others who work with them. This includes: school nurses, counsellors, healthy school leads, PSHE education coordinators.

Young people

What action should they take?

- Secondary schools should **consider offering peer-led interventions** to support their smokefree policy. The interventions should link to relevant PSHE education programme activities and any other relevant adult-led interventions.
- They should ensure the interventions can be **delivered both in class and informally**, outside the classroom.
- Young people should **nominate the peer** leaders.
- Peer leaders should **receive training** outside school delivered by adults who are experts. They should be in regular contact with the peer leaders while they are performing this role.
- The interventions should be set up to ensure young people consider and, if necessary, challenge peer and family norms in relation to smoking, discuss the risks associated with it and the benefits of not smoking (environmental and economic).

Recommendation 4 Training and development

Who is the target population?

Teachers, support staff and others with a remit for improving the health and wellbeing of children and young people in schools. This includes school nurses, counsellors, healthy school leads, PSHE coordinators and PSHE education coordinators.

Who should take action?

Head teachers

school governors

commissioners

teacher training bodies and providers of continuing professional development

What action should they take?

- Provide training for **all those working in schools** to prevent the uptake of smoking by children and young people.
- Work with **key partners** (for example, the school nursing service, voluntary sector organisations and universities) to design and deliver training and smoking prevention interventions.

Recommendation 5 National context

Who is the target population?

Children and young people under the age of 19 who attend school.

Who should take action?

Government departments

school inspectorates

school governing bodies

children's trusts

school commissioners and local authorities (in particular, children and young people's services).

What action should they take?

- Ensure school-based interventions to prevent smoking and to encourage young people to quit are **part of a community-wide tobacco control strategy**, with clear outcome indicators and involving key partner organisations.
- Ensure schools deliver evidence-based smoking prevention interventions which are linked to their smokefree policy and **consistent with regional and national tobacco control strategies**. The interventions may be delivered as part of PSHE, PSHE education and work associated with Healthy Schools status, as well as being integrated within relevant curriculum subjects (for example, science).

Session Plan for NICE guidance on school based prevention of smoking by children – Consultation with young people

This document lays out the process of consultation and dialogue undertaken by four individual groups of young people across England to ascertain the views of young people on the acceptability and relevance of the draft NICE guidance through dialogue, discussion and activities. The work will be facilitated by a Development Officer at The National Youth Agency during September 2009. A resulting report of the consultation will be forwarded to NICE in draft form 9th October 2009 and be presented in its final form at the PHIAC meeting on 6th November 2009.

The young people involved will be rewarded for their involvement, and accredited where possible. They will receive a ‘young person friendly’ summary of the report and will be kept informed of the progression of the guidance and recommendations.

The objectives of the young people’s consultation:

- To assess the acceptability and relevance of the draft guidance to young people and inform the Public Health Interventions Advisory Committee (PHIAC) of their views
- Effective engagement of the target population in the development of NICE guidance and understanding their views will help improve the quality of the guidance. The findings from the consultation will refine and validate the recommendations.

Specific questions for consultation process:

- **How relevant** are the draft recommendations to young people’s experiences of the schools’ efforts to stop children and young people from starting to smoke?
- **What impact** might the draft recommendations have on the way the school encourages children and young people to avoid taking up smoking? Will the draft recommendations have an **impact on young people**?
- Will the draft recommendations have an **impact on heads, teachers and other adults** working in the school?
- What factors do children and young people think could act as **barriers** to these recommendations delivering change? What might be the **solutions** to these barriers? *i.e.: How can we make it work best? What might get in the way? How can we help make sure it works?*

- How might **young people** themselves be involved in **delivering and promoting** this guidance?

Additional discussion point

- Young people will be encouraged to consider ***What works? What doesn't work?*** currently within schools to reduce smoking

Consultation Groups

The NYA will work with four groups of young people from across England:

- 11-12 year olds – with recent experience of transition from primary education to secondary education
- 14-15 year olds - approaching school leaving age
- 17 -18 year olds in further education
- Vulnerable children, such as those with a history of truancy, alcohol or drug use

The workshops will be recorded using flip charts, post-its and a written record kept by the adult researcher. Young people be made aware of the confidentiality of the work – that the views of individuals will not be recorded against names, that the group will be asked to agree to confidentiality of working and not share the views of others beyond the session and that first names will be given in the report to recognise the contribution of students within the schools.

The activities are designed to be engaging and active for young people that will facilitate open and detailed debate. The activities and the discussions that are structured with them will produce evidence to support/query the guidance recommendations. The facilitator will have a checklist of all the recommendations to ensure that they are fully covered across activities (mapped in the session plan) and to use as a prompt as necessary.

This approach ensures that all young people can participate in the sessions regardless of their literacy ability, as the full set of recommendations will be overwhelming for some young people. This approach also ensures a range of approaches can be used across the session.

The evidence will be used to write a report that clearly links findings to the draft recommendations.

Due to restrictions on time in school to work with young people, the session is designed to fit in a double lesson slot and take 2 hours.

This project is underpinned by the Convention of the Rights of the Child – and in particular:

Article 3

All organisations concerned with children and young people should work towards what is best for each person.

Article 12

Children and young people have the right to say what they think should happen, when adults are making decisions that affect them and to have their opinions taken into account.

Article 13

Children and young people have the right to get and to share information as long as the information is not damaging to them or to others.

Resources

- A laptop and projector
- PowerPoint presentation
- Juggling balls
- Quiz sheet
- Flip chart paper
- Post its
- Flip chart pens
- Recommendation facilitator checklists
- Lining paper – pre-drawn outlines of adult
- Vouchers & voucher sign sheet
- Recommendation posters
- Copies of recommendations (optional activity)
- Monitoring forms for YP participation
- Evaluation forms

Time	Activity and Content	Resources	Recording method	Links to guidance recommendations 1-5
10	<p>Welcome and quick overview Getting to know you Who we are Here for 2 hours We will doing activities and facilitating discussions to find out your thoughts on proposed national guidance that aims to help schools work to prevent young people taking up smoking. Will explain in more detail shortly. Need to find out who you are and remember names so quick activity to help us do that Juggling names activity – group stand in circle. Have to throw the ball to someone they know the name of and say it as they throw the ball. Do until all group had a ball thrown to them. Then do again a little faster in the same sequence. When got the hang, throw in another ball and another etc until lots of name calling and balls flying.</p>	<p>Slides Juggling balls Stickers – ask to write names</p>	N/A	Introduction only
15	<p>Who’s who and what’s it all about Over view of NYA, NICE</p> <ul style="list-style-type: none"> • Explain the role of NICE and how guidance comes about – the process of agreement and publishing guidance • Explain the role of The NYA in relation to this project <p>Young people will gain an understanding of: NICE and how it works An overview and introduction to the NICE SPBS guidance and how the process of development and publication works How and why young people are involved and the significance of this</p> <ul style="list-style-type: none"> • Quiz to make YP think about reality of smoking and why doing guidance (do verbal to front if lower literacy group) 	<p>Slides Quiz sheets</p>	<p>Quiz sheets Facilitator notes from discussion when debriefing answers</p>	Contextual session – some views on awareness/attitudes on smoking through quiz feedback

	<ul style="list-style-type: none"> • Introduce the Draft Recommendations – “NICE guidance on school based interventions for the prevention of smoking’ (hereafter known as SBPS) – 5 recommendations we need to cover • Set out aims and tasks of the day – what are we aiming for by the end of the session? • Explain process and timescales – including ‘car park’ sheet • Ways of working agreement • Confidentiality & what happens to work • Say will do monitoring form at end 			
15	<p>Staying Healthy ECM – Feelings about health Activity to understand the YP experiences of health – influences, learning, experiences, attitudes. Key prompts for activity (write up on flipchart): Who helps you think about health? What influences your activity/thoughts about health? Where do you get health information? Think about Home, Community, School and the wider world</p>	<p>1 large sheets titled with ECM outcome for staying healthy – graffiti cartoons version post its red / green pens & markers Blu Tak</p>	<p>Record views and statements on post-its – red for negative things, green for positive things – attach to the statements on the wall poster All statements to be recorded by facilitators from post-its</p>	<p>Context for understanding influences on young peoples feelings, awareness and attitudes about health.</p>
10	<p>Learning about health – PSHE My feelings line exercise – put up two statements “I think PSHE is great” and “I think PSHE is rubbish” at either end of room. YP position themselves on imaginary line to show how they feel about PSHE. Ask YP why they are there on the line – what has made PSHE good/bad, interesting/boring, relevant/irrelevant etc What makes for a good session? What would make PSHE better and make you move up the</p>	<p>Flip charts for statements & recording thoughts</p>	<p>Flip chart</p>	<p>1 2 3 5</p>

	line? Where else could you have interventions about smoking? What skills should be developed in PSHE?			
10	What do you want to know about smoking? Split group into 2 smaller groups. Give them post-its and ask them to write what they would want to know about smoking? What information? Experiences? Stick onto a flipchart at the front and ask about their ideas.	Post-its Flip chart	Post-its Flip chart	Contextual exercise to build on 2
10	Who needs to be working with you? Brain Blast Give each group a brain blast sheet with the word WHO on it. Ask YP to think about everybody that could and /or should plan, design, work with them on smoking related activities, education, supply information? Put at front and help group see the range of people, type of adults and peers - discuss why chosen these people.	2 x Flipchart with WHO In centre	Flipchart work	1 2 3 4 5
25	Adult and peer workers – what should they look like, what do they need? Gingerbread person Give each group a pre-drawn outline of a person (life-size). Ask one to think about adult worker and the other a peer. Ask them to write all the things on the person that would be needed to equip them to be good at working with YP on smoking related activity. Knowledge , skills, behaviours, attitudes, experiences Debrief – what are overlaps, what are differences, what are positives and negatives of each person? Should they be trained? If so, what kind of training? Any differences for adults and peers?	Pre-prepared lining paper, life-size people x 2	Person diagrams Facilitator notes from debrief	2 3 4
15	Whole school approach –Getting a balloon to fly The group work together to build a balloon that represents getting a whole school approach to work. They imagine they are a head teacher.	Flip chart and pens	Balloon diagram Flip chart notes	1 5

	<p>Ask group what they think we mean by whole school approach.</p> <p>Step one: who needs to be in the balloon basket, i.e. involved in, aware of, working on school approach to smoking prevent?</p> <p>Step two: what is the rope tying the basket to the balloon? i.e. policy on health, policy on smoking?</p> <p>Step three: The balloon - What will make the policies work? i.e. the balloon fly – shared, accessible, YP involved, everyone follows it etc</p> <p>Who should be flying with you – links to broader local and regional and national strategies? How would this help?</p> <p>What will keep it tied to the ground? Barriers?</p>			
10	<p>Ending</p> <p>Celebrate the volume of input made by young people</p> <p>Present certificates of attendance and reward participation with vouchers</p> <p>Explain next steps</p> <p>Evaluation sheet</p>	<p>Certificates</p> <p>Voucher</p> <p>Voucher sign sheet</p> <p>Monitoring form</p>		
	<p>Evaluation</p> <p>To evaluate the event young people will be asked to complete the attached evaluation sheet. This will help define the success or otherwise of the process; identify personal development; help identify any additional training or information requirements.</p>	<p>Evaluation form</p>		

OPTIONAL FOR QUICKER WORKING/HIGHER ABILITY GROUPS

Present recommendations and link how their work has fitted with these.

Appendix E Collated responses to activities linked to recommendations (young peoples words)

Staying Healthy ECM – Feelings about health	Positive Influences/learning	Negative Influences/learning
Purpose/links to recommendation: Activity to understand young peoples experiences of health – influences, learning, experiences, attitudes.	Youth workers Youth clubs x 3 Adverts x 2 School – PE, science x 7 Coaches (football, rugby etc) PE Teacher TV chefs/prgogrammes x 4 Internet Rugby – keeping fit Being shown junk food in a gross way so it puts you off Outdoor events in the community Watching sport Healthy food Physical activity at school Access to sport facilities Media Playing and watching sport x 2 Sport – being occupied and keeping fit Out of school activities x 2 Positive role models – teachers, celebrities NHS adverts and leaflets Family Healthy choice meals at school PE teachers Teachers People in the NHS and hospitals Fag packet pictures x 2 Mum and dad Sports heros Doctors Posters Cross country running	Adverts x 5 Adverts about cosmetic surgery as though its good Friends Celebrities x 3 Parents School – see teachers smoking Football crowds Music TV programmes x 4 Peer pressure Parties Older friends and family Living on a rough estate Fast food places x 10 Fat people Family – what they make you eat No fruit and veg My nan died School x 10 School – not enough sport Bullies x 2 Movies x 2 Unhealthy diet Media Stress Passive smoking Junk food being cheaper Brothers and sisters The news Peer pressure Severe diet – anorexia (seeing models) Skins and TV programmes like that

	Swimming for free x 2 Skate parks	Pubs Nana People taking steroids Druggies Brothers Uncle						
Learning about health – PSHE My feelings line exercise Links to rec. 1,2,3,5	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="width: 33%;">Poor</th> <th style="width: 33%;">Okay</th> <th style="width: 33%;">Good</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; width: 100px; height: 40px; vertical-align: middle;">16</td> <td style="border: 1px solid black; width: 100px; height: 40px; vertical-align: middle;">12</td> <td style="border: 1px solid black; width: 100px; height: 40px; vertical-align: middle;">9</td> </tr> </tbody> </table> <p>Why are you where you are on the line?</p> <p>Poor</p> <p>Nobody comes in – just teachers using text book Just given a sheet to work on PSHE session often used for other things – not focused We don't do things about confidence, we should do team things No one listens Lack of proper issues – not what we want to discuss Teacher doesn't want to teach it Too many sheets People muck about and cant concentrate Don't like talking about things already covered Too much talking, just talk at us Need relevant things to us, don't learn anything new All writing – copied out of books Depends on the teacher Teachers find it difficult to teach some stuff – don't relax Same people always teaching it Teacher doesn't find it interesting so nor do we Teachers done know what they are on about</p> <p>Good</p> <p>It was good when people came in Interesting stuff that important for young people to know Helps you with your confidence Learn new stuff, play games You can say your opinion, not all about what other people think</p>		Poor	Okay	Good	16	12	9
Poor	Okay	Good						
16	12	9						

<p>Additional activity – 2 groups Extra sentences read out and re-positioned on the line, now a True or False response</p>	<p>Can discuss feelings with people Learning is useful Visitors came in from Connexions How can it be made better to help you learn about smoking? Suspended timetable sessions – real focus on a theme Have same message re-enforced in different ways Involve young people in designing sessions Use PE and Science Outside school activity to learn Proper trained teacher that knows what they are talking about More discussions Cover subject properly More activities More interactive Group work Let us talk about own experiences and pressures Have people that know what they are talking about and want to do it – not some random teacher. Less writing, more important information Outside people with experience – different faces make it more interesting People coming into school who know what they are talking about Advisory messages – not telling you not to Bad pictures that turn you off smoking – lung cancer Shocking but truthful in approach Graphic pictures Where else should you learn about smoking? Science PE Community activity Youth club Less formal Suspended timetable activity day Talking to other young people</p> <p>A learning activity on smoking should be ethically, culturally and gender sensitive, i.e. include everyone and make them feel comfortable <i>Majority agreed “need to think about who is in group”</i></p> <p>A learning activity on smoking should develop decision making skills</p>
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	<p><i>Majority agreed, some within the younger group struggled to see the relationship between not smoking and decision making.</i></p> <p>A learning activity on smoking should help build our confidence and self-esteem <i>Majority agreed “more likely to resist pressure if you feel confident to stand up and say no” “if you feel rubbish about yourself may smoke to fit in”</i></p>
<p>What do you want to know about smoking? Contextual Links to rec 2</p>	<p>Health implications Why people smoke? Why is it legal when it is so bad? Legal side of smoking How much it costs to smoke Addiction How you can stop, who are the support people (not tell them off but help them) What are the ingredients in cigs? Long term effects on health and your body (need shock tactics – pictures and statistics like the quiz) Passive smoking – how does it effect you Everything needs to be hard hitting otherwise it doesn't get to us Consequences of smoking Cancer and other diseases related to smoking What is in the cigs that make them addictive What is nicotine and why is it addictive Money for smoking – how much it costs How old you need to be to buy and where can you smoke? What is the recovery times once you stop smoking Rules and regulations Smoking when pregnant – what does it do? Where you can get help to stop Shock pictures Laws – age, where can and cant smoke Dangers How it effects your life – what you cant do if it effects your health</p>

<p>Who needs to be working with you? Brain Blast activity Links to rec 1,2,3,4,5 Put in categories during the exercise and collated here fully for report</p>	<p>Health Care Professionals</p> <p>NHS people, health workers x 11 Heart surgeons Dentist x 3 (Cosmetic side – what it does to your teeth and mouth) Scientists Doctor x 7 Therapists (help people stop) Counsellors x 2 Nurses x 7 Ambulance crews (who see people that ill from smoking related stuff)</p> <p>Why? Lots of knowledge, have qualifications, know all about the subject, listen to them more than teachers, can give you hard facts on why smoking is bad, they are different so have more authority because we're not used to them.</p> <p>Community/Support links & local services Council (see it is about community) Counsellors (local gov) Firefighters x 2 (Dangers of smoking, cause fires) Youth workers x 8 Youth bus Connexions personal adviser x 2 Police (legal side of smoking) x 6 D-Side Sports coaches x 5 (see how impacts on your fitness) Social worker Care worker Community worker, Support group people</p>	<p>Smokers, reformed smokers, Affected by smoking People that have health problems because of smoking Old people that have smoked Previous smokers x 6 (how they gave up, how they feel), (how giving up changed their lives) Cancer survivors Smokers our age People that smoke x 3 People who have been effected by smoking (ill, lost family etc) x 4</p> <p>Why? People that quit can give hope that others can too, have experience and can tell you how bad it is, the reality hits you harder, when see people makes it real – not just being told information,</p> <p>National links Politicians x 4 (they should make it clear that this is important for everyone), (top down messages) Celebrities x 6 (<i>in adverts, leaflets acting as good role model</i>) Media x 4 (<i>group meant how wider messages of a national focus would support school activity</i>) – articles, magazines, the news, posters, adverts, internet links, radio NICE x 2</p>
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	<p>Why Youth workers/Connexions – see you informally and can talk to you about this stuff, don't put pressure on you, not going to judge you Sports people – can help you stay fit and encourage not to smoke</p> <p>Young people Peers Older siblings 6th formers Older students x 2 Friends x 6 School Council</p> <p>Why Listen to people more when they are like you, they understand the pressures, bullying,</p>	<p>Why? Not just doing what the school thinks but bigger, been nationally proven need something to stop kids smoking, listen more because not just us being told,</p> <p>School/Home Experienced teachers x 9 Headmaster Concerned parents Family x 8 Parents x 3 Governors x 2 School nurse x 3</p> <p>Why? Parents/Family – they should be involved in concerned about child, need to help them stop and think about their smoking habits, they should be educated like us, get their thoughts and ideas, shouldn't be involved in sessions cause wouldn't open up, unsure would be confidential, they need to be educated to support us</p>
<p>Adult and peer workers – what should they look like, what do they need? Gingerbread person Links to rec.2,3,4</p>	<p style="text-align: center;">Adult</p> <p>Know what they are talking about Tell stories/case studies that you can relate to Experience of the subject Interesting to listen to Treat us like adults not kids Laid back in approach but serious about the learning Had safety checks Needs to know about smoking and what it does Helpful</p>	<p style="text-align: center;">Peer</p> <p>Believable Treat you as a friend People person Be able to communicate Had experiences with smoking Knowledge about smoking – statistics, information If same age has same ideas Selected by us Friendly and understanding</p>

	<p>Be able to communicate Someone with experience Easy to talk to Explains things well Good explainer Be healthy Talk about own experiences Play games, be active in session Some on experienced Brings chocolate Someone you trust Know everything about smoking Friendly and does team work Relaxed Lets you speak and be heard Understands different opinions Trained to work with young people Trained but not so they are like a teacher About what it means to us not just scientific facts</p>	<p>Had safety checks Informal Fun Has experience – knows what its like being young Sociable so you don't feel awkward Good listener Can talk to groups of people Not teacher attitude Engaging Understands addiction Laid back Has experience of smoking Not a know it all goody two shoes Talks facts Knows what they are talking about Knows the effects Friendly and kind Understanding Can take even the worst pupils Doesn't over react about stuff Down with the kids (understanding and fun)</p>
<p>Whole school approach –Getting a balloon to fly Links to rec 1 and 5</p>	<p>Basket - Who needs to be on board – whole school approach? Young people, head, governors, county council, teachers, health care professionals, parents, partners, support staff, school nurse, school council</p> <p>Additional quotes: Needs everyone to show togetherness Young people need to design lessons, give our view on what we think we need to know as well as what they think we should</p> <p>Ropes to secure them to the balloon – policy (holding it together) Policy tells you the dos and don'ts, good thing to have this so know what's what, adult document, should apply to everyone, annoying when teachers seen smoking then tell you off, important to have one so everyone knows about it, good if it shows how it is bigger than school – see other schools learning it, one set of rules for everyone, adults and parents cant smoke at school either, it should apply to everyone – if teachers smoke the kids will be pissed off, schools job to see that it's done</p>	

	<p>properly,</p> <p>How can we make people aware of the policy? In students planners, assembly, news going to parents, on TV screens on the loop information, through the school council, website, posters, leaflets, in lessons</p> <p>Balloon (getting it ready to fly) <i>What will keep it tied to the ground?</i> Parents that don't care, resources, funding, attitudes of adults, attitudes of young people, bad PSHE, need to make PSHE learning better,</p>
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Appendix F: Collated Evaluation Forms (36 received)

The National Youth Agency

Getting it right for young people

EVALUATION FORM

NICE: guidance on promoting the social and emotional wellbeing of
young people in secondary education

<p>I am proud to have achieved:</p> <ul style="list-style-type: none">▪ A certificate▪ Good knowledge and discussion skills▪ Good discussion▪ Good knowledge▪ Giving my opinion x 2▪ Having my views heard x 2▪ Giving useful information x 2▪ My involvement in the session about smoking▪ My involvement in a school project▪ My involvement	
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<p>I enjoyed</p> <ul style="list-style-type: none">▪ Working together▪ Working as a team▪ Ball throwing▪ Sharing my opinion▪ Name ball being chucked around▪ Group work▪ The discussions▪ Talking to others▪ Drawing and writing on the figure of a person x 2▪ Playing games and sharing knowledge▪ The activities x 2▪ Listening to others views▪ Everything▪ Being listened to	<ul style="list-style-type: none">▪ Being part of a team▪ Participating▪ Drawing the person and saying what we wanted▪ Giving useful information▪ Drawing▪ The discussions and different activities▪ Taking part and knowing that I was helping out▪ Having to speak freely and saying what we feel▪ Talking▪ Everything x 3▪ The activities▪ The game x 3▪ The whole thing x 2▪ Drawing the people
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<p>I was bored by</p> <ul style="list-style-type: none"> • Nothing x 20 • Drawing on body • The talking x 2 • The balloon and writing on it • The balloon thing • The paperwork • Writing on sheets 	
<p>I was surprised by</p> <ul style="list-style-type: none"> • Some facts • How boring it was • The results of the true/false test • Getting £20 in vouchers for doing this x 4 • Writing on the sticky notes • How much I could think of • The facts that I never knew • The deaths of smoking per year x 2 • How nice the coffee was • The fact that more girls smoke at an early age • Some statistics x 2 	<ul style="list-style-type: none"> • How quickly the day went • How many people die of smoking x 8 • 80,000 people a year dying of smoking • The ball game • The people • We got heard not got told • The dedication Amanda and Richard have to smoking in teens • The statistic that 86,500 people die prematurely due to smoking x 2
<p>I was interested in</p> <ul style="list-style-type: none"> • Some facts • Nothing • The smoking parts • Writing on the adult • Having a voice • The true/false test • Hearing other people's views • Ways of educating about smoking • Ham sandwiches • The activities • How our views would make a difference • The smoking facts • The statistics x 2 	<ul style="list-style-type: none"> • Why young people smoke and who can help x 2 • Why people choose to smoke • Talking about smoking • Smoking subject • Talking about smoking • The lining up • Writing • Smoking • All the facts • The people • Smoking facts • Everything
<p>I was inspired by</p> <ul style="list-style-type: none"> • Some people • Amanda x 6 • Speaking up • Learning how to say no! • Everything 	<ul style="list-style-type: none"> • Amanda and Richard • The conversations x 2 • Everything • The information • Amanda/Jenny • How we learned

Please tick the appropriate box	Very Happy ☺	Quite Happy	Not Very Happy	Grumpy ☹
How enjoyable was the session?	22	12	0	0
We had our voice heard	28	6	0	0
We learned new things	19	13	2	0
We worked well together	19	13	2	0
Overall, how do you feel about the day?	28	5	1	0

Appendix G: The National Youth Agency

The National Youth Agency

The mission of The NYA is to support young people to achieve their full potential. The NYA works with organisations and services to improve the life chances of young people and also works directly with young people themselves to develop their voice and influence in shaping policy and securing social justice.

The NYA works in partnership with young people and with organisations and services to ensure better outcomes for young people. The NYA is an independent organisation, with its own Board of Trustees, responding to and influencing local and national government policy, representing the rights and needs of young people and promoting best youth work practice. The NYA strives to ensure that services and organisations are relevant to young people, responsive to policy, effective, efficient and successful in securing the best outcomes for young people.

The NYA's Information and Research Team undertakes research across a wide range of areas to share learning and disseminate knowledge to promote effective policy and practice in work with young people.

The NYA's Participation Team promotes the effective participation of children and young people in the services they use and the communities in which they live. The NYA believes that young people are more likely to achieve these outcomes if they can shape policies and influence programmes. The Hear by Right⁵ participation standards are used extensively across national and local statutory and third sector organisations and partnerships. The Participation Team is experienced in the delivery and assessment of consultation processes, particularly those directly involving children and young people.

The NYA's underpinning principles

The NYA holds the following principles and beliefs:

- All people have rights and liberties including the right to be heard and be free from oppression
- All people have skills, knowledge and experience that they can use for the benefit of themselves and others
- Young people should be valued for who they are and not only for who they will become
- Young people are agents of change and a resource to be developed
- The needs of young people are often different from those of children and distinct from those of adults
- Services for young people should be responsive to changing needs, interests and aspirations
- The principal values and approaches of youth work should be sustained and refashioned for new times and settings
- Continuous improvement in the quality of youth work and youth services helps secure better outcomes for young people
- Communication of ideas and information has to be clear, accurate and timely and speak to a broad audience, including young people themselves
- Development is based on shared learning between The NYA and the wider world.

⁵ Badham B & Wade H (revised 2008), Hear by Right: standards framework for the participation of children and young people, The NYA, Leicester

