



## Principles and examples of evidence-informed practice

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## Principles of evidence-informed practice

Healthy Schools aims to encourage schools to use evidence-informed practice when selecting activities/interventions during the 'Plan' phase. The following practice principles derive from an evidence review conducted by Edcoms, a communications and research agency, in 2010 on behalf of the Department of Health, to identify what works in the school setting to improve the health behaviour of 5-19 year olds.

When planning an activity/intervention, you may wish to consider the following principles:

Practice principles:
<b>Adopt a 'whole school approach' – one that addresses:</b> <ul style="list-style-type: none"><li>- leadership, management and managing change</li><li>- policy development</li><li>- learning and teaching, curriculum planning and resourcing</li><li>- school culture and environment</li><li>- giving children and young people a voice</li><li>- provision of support services for children and young people</li><li>- staff continuing professional development needs, health and wellbeing</li><li>- partnerships with parents/carers and local communities</li><li>- assessing, recording and reporting the achievement of children and young people</li></ul>
<b>Adopt normative education approaches</b> – those which compare perception and beliefs about behavioural trends with the reality of how children and young people are behaving, i.e. dispelling myths amongst children and young people about their behaviour
<b>Develop approaches which address life skills</b> , as well as information giving
<b>Adopt an interactive approach</b> – use of interactive, practical teaching approaches which are fun, enjoyable and include, for example: discussion, group work, role plays
<b>Ensure sustainability</b> – embed and integrate interventions ensuring that they run over a period of time with booster sessions and not as one-off events
<b>Start at a young age/intervene early</b>
<b>Use trained and credible individuals</b> to deliver interventions
<b>Ensure interventions are relevant</b> – base interventions on an initial assessment of student attitude, knowledge, behaviour and needs and tailor to ensure intervention is age-appropriate and personally relevant

The review also drew out some other key evidence around how to support health behaviour change with 5-19 year olds and you may find it helpful to consider these when planning an activity/intervention in school.

**Alcohol:**

- Include both behavioural and harm reduction objectives in alcohol education.
- Provide teachers with opportunities for observation of more experienced colleagues delivering alcohol education as this is significant in improving confidence to teach alcohol education.
- See drugs above.

**Drugs:**

- Take care when presenting and handling messages linked to data.
- Interventions should include evaluations to assess impact and improve practice.

**Healthy eating:**

- Physical activity and healthy eating should be promoted together to generate a beneficial impact for children and young people.
- Focus on informing children and young people about short term gains associated with eating healthily, such as increased concentration, rather than a focus on long term impact such as reduction in the chance of heart disease.

**Physical activity:**

- Physical activity and healthy eating should be promoted together to generate a beneficial impact for children and young people.
- Address the motivational aspects behind physical activity as this is effective in encouraging participation.
- Verbal encouragement from teachers and other staff, rewards or highlighting personal outcomes play a role in influencing children's motivation to participate in physical activities.
- Offer a wider selection of choice of physical activities as this can increase uptake.
- Cater for teenage girls separately in respect to engaging them in physical activity as this can prove to be more effective.

**Sexual health:**

- Develop young people's 'life skills' and attitudes to sex and relationships by upholding values of love, care and mutual respect, and avoid just focusing on information-giving alone.
- Teach sex and relationship education consistently across subjects, particularly science.

**Tobacco:**

- Encourage behavioural techniques such as practising how to say no.
- Raise awareness of advertising techniques used to promote tobacco products, formulating counter-arguments to the messages, problem-solving, decision-making assertiveness, self-control and coping skills.



## Evidence-informed practice

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**Name of initiative:** Strengthening Families Programme 10–14 (UK) (SFP 10–14 UK)

**School type:** Secondary mixed comprehensive

**Date:** 2010

**Participants involved:** Experienced facilitators trained to deliver the SFP 10–14 (UK), young people and their parents/carers

**School name:** Holgate School, Barnsley, Yorkshire in partnership with SFP 10–14 (UK), Oxford Brookes University and the Child Adolescent Mental Health Service (CAMHS) in Barnsley

**Theme:** Alcohol

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## The activity/intervention

### Strengthening Families Programme 10-14 (UK) at Holgate School

Holgate School and CAMHS-Barnsley worked together to integrate family services in the area. CAMHS researched programmes that targeted children as well as their parents and became interested in the SFP 10–14 in Iowa, US. Oxford Brookes University (OBU) was funded by the Alcohol Education Research Council in the UK to adapt the US programme materials to meet the needs of a UK audience, and to trial the revised materials in the UK. Barnsley (Holgate School) was one of the pilot sites selected to test the revised materials. Holgate School, CAMHS, pastoral leaders and other agencies in Barnsley collaborated to identify parents or young people who would benefit from participating in this programme.

Since 2004, Holgate School has hosted several sessions of SFP 10–14 (UK) on its premises, both during school hours and in the evenings, so that working parents could also participate. Alcohol and drugs were only specifically addressed in two of the young people's sessions. The concepts of stress and anger were discussed, and positive alternatives to dealing with stress suggested, to avoid the trend already common at this age to drink or smoke to release stress or frustration. Peer pressure was also explored in these two sessions. Through the use of role play, the children developed and practised skills to help them to avoid situations that could get them into trouble or that may be dangerous.

Although alcohol and drugs only featured briefly in the programme, each session had the aim of building protective factors and reducing risk factors. Families developed their relationships, and improved communication helped the young people to make healthier choices and decisions.



## Who was involved?

In the last two years, around 40 students have participated in this programme with their parents. The majority of children were students at Holgate, but sometimes children from other schools took part in the SFP 10–14 (UK), as they were referred, together with their parents, by other agencies in Barnsley.

## What is the Strengthening Families Programme 10–14 (UK)?

The SFP 10–14 (UK) was adapted from the original Strengthening Families Programme developed at the University of Iowa in the US. It is an alcohol and drug misuse prevention programme for families that include young people aged 10 to 14 years. The long-term aim of the SFP 10–14 is to reduce alcohol and drug use and behaviour problems during adolescence. This is achieved through improving parental skills in nurturing and child management, and improving interpersonal and personal competencies among young people.

The SFP 10–14 is a seven-week DVD-based family skills training programme designed to increase resilience and reduce risk factors for alcohol and substance misuse. Each session begins with two separate groups, one for parents/carers and the other for young people; this is followed by a family session where parents/carers and young people work together. Each session is highly interactive and includes role play, DVD clips of typical family scenarios, and group discussions. Parents and young people also learn how to negotiate boundaries, and practical agreements are reached with the help of the facilitators.

Several reviews of alcohol prevention interventions for young people have singled this programme out as one of the very few that has been proved to create long-term behavioural change in terms of reduced alcohol consumption<sup>1</sup>. Research has also shown that the programme reduces aggressive and hostile behaviour, improves parent–child interaction and increases school attendance and attainment.

For more information, go to: <http://www.mystrongfamily.org/>

## What were the objectives?

With this intervention, Holgate School and CAMHS-Barnsley intended to:

- help children who were experiencing crisis and whose parents were struggling to cope with difficult situations;
- motivate children who were struggling in school and were at risk of drop-out by involving their parents in the process;
- improve behaviour in school for those children who had few or no boundaries set at home; and

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<sup>1</sup> A Cochrane Collaboration Systematic Review, commissioned by the World Health Organisation reported that the SFP10-14 was an effective and promising prevention intervention. The effectiveness of the SFP seemed to increase over time, rather than decay, as with other prevention programmes (Foxcroft, 2003)



- teach peer resistance skills that would help young people to deal with pressure to engage in risky behaviour, particularly use and abuse of alcohol and drugs.

### **What knowledge did it draw on?**

In Barnsley, different agencies were working to improve the wellbeing of children and families and to reduce risk-taking behaviours. None of the initiatives were evidence-based, however, and co-ordination between the different centres was poor. School interventions are usually aimed at children, but the teachers at Holgate felt that several of the issues experienced in school had to be dealt with holistically, as they always reflected family problems. CAMHS researched examples of programmes that could be adapted to Barnsley's situation and found SFP 10–14. A teacher at Holgate School involved in wider children's services, started collaborating with CAMHS to deliver this programme in school settings.

### **Were any partners involved?**

The creators of the SFP 10–14 programme came from Iowa State University (ISU) to train several individuals to run the programme and to train others to do so. Subsequently, Oxford Brookes University collaborated with ISU, and holds the UK licence to adapt and produce the SFP 10–14 (UK) programme materials. OBU has delivered training to over 30 local authorities across the UK, with funding from the Home Office, Department for Children, Schools and Families and the National Academy of Parenting Practitioners. The programme in Holgate School was delivered by teachers and other trained individuals, including a primary mental health care assistant, the school nurse, CAMHS workers, social workers and learning mentors.

### **How were the outcomes monitored?**

After each session, children and parents completed a short survey, indicating their level of enjoyment of the session, the usefulness of the messages delivered and whether they worked well with their parent or child. The facilitators also rated each parent and child on participation and attitude, and progress was monitored over time. At the beginning and end of the intervention, longer questionnaires were circulated for more detailed feedback.

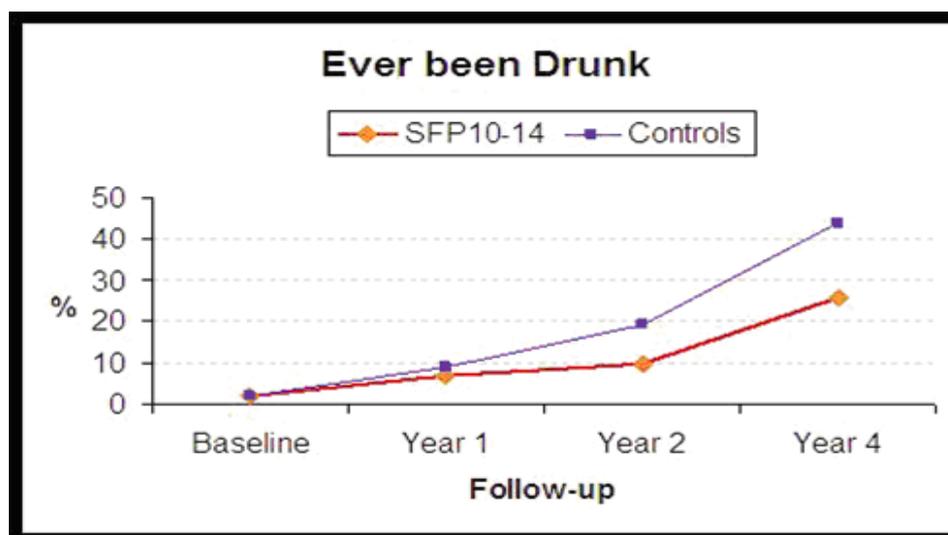
## **Outcomes**

### **What were the outcomes?**

#### **Overall outcomes**

The results from the programme in the US were encouraging: young people attending the programme had significantly lower rates of alcohol use compared with young people

who did not attend the programme. The differences between the children and young people having experienced the programme and the control group actually increased over time, indicating that the skills learned, and the strong parent-child relationships that were established, continue to have an increasing influence.<sup>2</sup> Research conducted by Oxford Brookes University suggests similar results in the UK.



## Outcomes at Holgate School

Primary research has shown that a key outcome of the programme has been increased engagement with difficult-to-reach parents: *'Just them coming through the door is an outcome for me, as they are agreeing to go through what is basically family therapy for their child's sake.'* – Teacher

Both young people and parents were empowered, and at the same time Holgate School has gained prestige. Ofsted and the NCLCS (National College of Leadership of Schools and Children's Services) encouraged the schools' multi-agency partnerships and work, extending school service provision, engaging parents and adopting holistic approaches.

## What was learnt?

*'There is research here and in the US that the effects of this programme increase over time and this is because the message is reinforced both to young people and parents. We haven't got hard data to prove this has worked locally, but this is what we see and what we hear in Barnsley.'* – Mental health nurse for the CAMHS

*'We've learnt to work cooperatively with other agencies. The school is not afraid now to go out and be a leader in the community.'* – Teacher and SFP coordinator

<sup>2</sup> See: [www.mystrongfamily.org/academic/academic\\_evidence.html](http://www.mystrongfamily.org/academic/academic_evidence.html)

## Advice for others addressing this health need

It was a well-structured programme that was not difficult to run. It needed more than one teacher to get involved, and it took a while to organise, but once the programme was started it was easy to deliver and the results were remarkable.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach
- develops behavioural approaches which life skills
- adopts an interactive approach
- delivers over time, not a one off

*'This programme would not have worked if we had started on day one to talk about how alcohol is bad for you. It's the progressive reinforcement of key notions and the development of skills that make it effective.'* Teacher

- starts at a young age
- led by trained individuals

*'We've been trained to lead the programme and we've been trained to train others. Not only teachers, but the school nurse and members of the wider community have been trained to deliver the SFP.'* – Teacher



## Evidence-informed practice

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**Name of initiative:** How to drug proof your kids

**School type:** Secondary school

**Date:** 2008- 2010

**Participants involved:** Parents

**School name:** Poynton High School, Cheshire

**Theme:** Drugs

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## The activity/intervention

### How to drug proof your kids at Poynton High School

The school invited outside agents to run the intervention on its premises. The aim was to run it primarily as a preventative course, although parents of children already experimenting with drugs and alcohol also attended.

The course had two components: 40 per cent was drugs information and 60 per cent was on parenting.

*'The course provides parents and other carers with a variety of tools which can be used whilst parenting teenagers. We offer leaflets, books and access to local resources to support parents handling situations that involve drugs and alcohol'*

Programme deliverer

The course was run two or three times a year, depending on interest from parents. The school promoted it at parents' evenings through a display and a representative speaking directly to parents. The course was also advertised in feeder primary schools and local doctors' surgeries, libraries and information centres.

### What is How to drug proof your kids (DPYK)?

The intervention was a Care for the Family course ([www.dpyk.org.uk/pages/](http://www.dpyk.org.uk/pages/)) that was originally developed in Australia and was subsequently run in Canada and France as well as in the UK. It was run over six, two-hour sessions at the end of the school day, either at the school or at community centres, churches and doctors surgeries. The intervention was delivered by trained local people, who might work locally as, for example, drugs professionals, community workers, police, and for Surestart.



The first four sessions focused on prevention, while session five focused on intervention and session six on relapse protection. Together they provided information, advice and support to parents about:

- why and how drugs are used and the reality of drug use in their area;
- how to communicate effectively with their children about drugs;
- how to develop plans to use at home to help their children make informed choices; and
- their own beliefs, attitudes, and behaviour regarding drug use.

### **What were the objectives?**

The aim of the programme was to educate parents, and other carers, about drugs and give them the information and skills they need to help their children make informed healthy lifestyle choices. The school hoped that the programme would provide an environment where drug related issues could be openly discussed.

### **What knowledge did it draw on?**

The intervention drew on the knowledge of local trained people such as drug professionals, community workers and the police, and often of parents who had experience of drugs being part of their children's lives.

### **Who was involved?**

Parents and three accredited presenters who are teachers working in primary and secondary schools were involved in the intervention. So, too, were local community workers – the local police support and a Connexions drug intervention youth worker for the local area.

## **Outcomes**

### **How were the outcomes monitored?**

Exeter University was commissioned to conduct the first of a long-term evaluation of the course in general in 2006.

## What were the outcomes?

### Outcomes at Poynton High School<sup>3</sup>:

Primary research identified the following perceived outcomes:

- improved parents' understanding and awareness of drugs

*'The programme has been extremely informative on all aspects of drug/drink addiction and has made me realise how little I knew. The manual will be particularly useful for reference in the future'. Course participant*

- improved parent-child relationships

*'We had one family who came back after session 2 who said they had to tell us that the programme has revolutionised the household and that they didn't realise how far removed they were from their child as a teenager'. Programme deliverer*

*'We've had one family who has come back after session two and said that they had started eating meals together as a family. Throughout the course we spend time talking about the best time for parents to communicate with their teenagers, and we also share ideas about setting up support networks of family and friends'. Programme deliverer*

- increased school staff skills

*'We've had a school nurse, school care assistant, local primary school, high school and F.E. college staff on the course as they either wanted training about drugs to use in their workplace, or because they have teenagers within their own families'. Programme deliverer*

- developed the schools' information and drug support network

*'There was a boy at the school involved in regular cannabis use and, through his mother participating on the course, we put him in contact with the drug intervention worker from Connexions. We also arranged for him to visit an ex-drug user so that he had first-hand experience of how long-term drug use had affected someone's life'. Programme deliverer*

*'We also have a wide variety of parenting books available for loan while parents are on the course. (School staff have also taken advantage of this resource). We were also able, via funding from the school, to donate a duplicate set of these books to the local library'. Programme deliverer*

### Overall outcomes:

The evaluation reported that 'overall, the current evaluation provides strong reasons for believing that Care for Family's Drug Proof Your Kids course makes a real difference to

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<sup>3</sup> From primary research conducted by EdComs 2010



parents' ability to help their children stay clear of drugs. This raises the challenge of extending the programme to reach more parents, through a range of different avenues, so that more children can benefit from it'<sup>4</sup>

## What was learnt?

### Advice for others addressing this health need:

*'A course like this really does have to be run independently from the school because for school staff to invite people to come on a course doesn't have the same impact as someone coming from a neutral background'.*

## Why it works

Evidence shows that the intervention may have worked well because it:

- adopts a whole school approach
- adopts an interactive and varied approach  
*'The room is set up in an informal and friendly way with drinks readily available. I think bringing in relevant experts is something that works extremely well – meeting the local police enables an open path to communication, as well as using someone who is working day to day with those actively involved in the local drugs scene. We also use DVD clips of family scenarios which parents can relate to, use the role play and small group discussion without pressure. Parents find themselves opening up and supporting each other'.* Programme deliverer
- develops behavioural approaches which address life skills  
*'Parenting skills are often improved as a direct result of attending. In one session we look in depth at setting boundaries and appropriate consequences. These are discussed around drug and alcohol scenarios, but we make it clear that these principles can be also related to almost any situation'*  
  
*'It's a relationship thing – we get people phoning up at later dates to ask for advice. Parents have become our biggest advocates; those who have been on the course often recommend it highly to other parents'.* Programme deliverer
- uses trained and credible individuals

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<sup>4</sup> Pridham, P. (2008) 'How to drug proof your kids: Steering children away from the harmful use of drugs', *Education and Health*, Vol. 26 (2)

## Evidence-informed practice

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**Name of initiative:** The World of Drugs

**Date:** 10 February 2010

**School name:** St Wilfrid's CofE Primary School, Northenden, Manchester

**School type:** Primary school

**Participants involved:** Tacade, an organisation which promotes the health and wellbeing of children and young people, teachers, Police Community Safety Officer

**Theme:** Drugs (including alcohol and tobacco)

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## The activity/intervention

### The World of Drugs at St Wilfrid's Primary School

St Wilfrids used The World of Drugs with years 5 and 6. The school wanted an approach that was pupil-led and which was very interactive involving group work, discussion, interactive whiteboard activities, DVDs and games. It focused particularly on types of peer pressure, decisions and choices. Other influences and situations that the children might experience were also explored. Parents were informed of the content of all drugs education and kept updated through a newsletter. The school wanted to involve parents as fully as possible in the intervention. The Police Community Safety Officer also visited the school to provide support.

### What was The World of Drugs?

The World of Drugs is a TACADE resource ([www.tacade.co.uk](http://www.tacade.co.uk)) for use with primary school children aged 5+ and consists of 15 lessons, which include the following elements:

- what is a drug?; keeping safe; pressures, influences, situations; drugs and the law; decisions and choices; staying out of harm's way; and first aid;
- five training workshops for teachers, support staff, parents and school governors; and
- appropriate materials that can be easily photocopied.

### What were the objectives?

The objectives of The World of Drugs were to:



- prevent drug use;
- explore children's attitudes and behaviours;
- develop their personal and social skills;
- develop children's understanding of what peer pressure is; and
- teach children how to take responsibility for themselves and how to value themselves

## Outcomes

### How were the outcomes monitored?

Outcomes at the school were monitored through self-evaluation questionnaires; these were used both before and after the intervention.

### Outcomes at St Wilfrid's Primary School

The questionnaires indicated that, of the 74 children surveyed:

- 70 said they knew more about drugs than they did before the unit began;
- 68 enjoyed the lessons because they were so interactive;
- 74 said the intervention helped them to make healthy choices; and
- 65 said the intervention would help them stay safe.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach including working with parents;
- develops behavioural approaches which address life skills;  
*'We explore pressures, influences and situations they might find themselves in, and try to do that as practically as possible using the interactive whiteboard, and videos as well.'* – Deputy head teacher
- adopts an interactive and varied approach; and
- delivered over time, not just as a one off.



## Evidence-informed practice

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<b>Name of initiative:</b> Drugs in School resource materials	Advice) Team and Sandwell Healthy Schools
<b>Date:</b> 2005-10	<b>School type:</b> Catholic primary school
<b>School name:</b> St Gregory's Catholic Primary School, Sandwell with DECCA (Drug Education, Counselling and Confidential	<b>Participants involved:</b> Whole school
	<b>Theme:</b> Drugs

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## The activity/intervention

### Drugs in School resource materials at St Gregory's Catholic Primary School

The school used the Drugs in School resource materials to support drugs education, to reinforce knowledge and broaden understanding of social and health issues associated with drugs. The materials were used throughout the school in lessons that focused on drugs and in other contexts. Parents were made aware of the drugs programme.

The materials were developed to be appropriate for different year groups and used a range of activities, such as de-personalised stories, DVD video clips, role play, pictures, facts and PowerPoint presentations. DECCA also ran staff meetings on the subject.

In Year 6, the children looked at the topic area in more depth and DECCA visited the school to speak to them. *'By Year 6 children have often seen things. Discussing drugs openly clarified the children's thinking and stops them building up preconceived ideas and misunderstandings.'* – Head teacher

### What are Drugs in School resource materials?

The Drugs in School resource materials covered teaching about drugs in a broad sense, including alcohol and tobacco, and all sessions were tailored to be age appropriate. A non-sensationalist approach was adopted and standard teaching techniques were used to ground young people's perceptions of drug use in the facts. The issues looked at were part of everyday life in many cases. All materials were made available online and were password protected. For more information, go to: [www.trustdecca.com](http://www.trustdecca.com).

The programme aimed to:

- develop an understanding of appropriate use of medication;

- develop an understanding of appropriate reason and setting for the use of alcohol;
- highlight the effects and dangers of smoking, alcohol and drugs;
- demonstrate the principles of friendship;
- equip young people with coping skills and refusal skills;
- increase self-esteem and the ability to make an informed decision about issues relating directly to themselves; and
- educate staff on drug-related issues.

## Outcomes

### How were the outcomes monitored?

At the school the Healthy Schools agenda was evaluated at the end of each year, with staff, parents and children involved in consultation. Staff observed improvement in the knowledge and awareness of drugs.

### Outcomes at St Gregory's

The outcomes of the programme were to:

- raise awareness of drugs in school  
*'The children build on their previous year's learning about drugs; we've found the benchmark of knowledge is getting higher.'* – Head teacher
- increase children's coping, decision-making skills and confidence
- improve the school's practice and pedagogy  
*'We've done a lot of sharing and talking about ideas. We also have a strong focus on pupil voice and ask them about their education. This all feeds back into the drugs education programme we provide.'* – Head teacher

## Why it works

Evidence shows that this intervention may have worked well because it:

- adopts a whole-school approach  
*'The fact that we ran the programme across the whole school meant that it had lots of impact. All teachers teach about drugs at the same time and that raises the profile. Often we have displays around the school and an assembly so it raises the profile and keeps the agenda high.'* – Head teacher
- adopts normative education principles
- develops behavioural approaches which address life skills
- adopts an interactive and varied approach
- uses trained and credible individuals
- delivered over time, not as a one off



## Evidence-informed practice

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**Name of initiative:** Wobbly Street

**Date:** 2007-2008

**School name:** Farne Primary Schools, Cheviot Primary School, Newcastle

**School type:** Primary schools

**Participants involved:** Years 1 and 5; Newcastle Arts Development Team, Newcastle Nutrition Leisure Services, Newcastle School Health Team; Wild Boar Productions and Foundry Media

**Theme:** Drugs

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## The activity/intervention

### Wobbly Street at Farne School

Farne Primary school is in a socio-economically deprived area of Newcastle and wanted to target the rise in obesity. Wobbly Street was seen as a good initiative to help raise awareness of obesity among parents and the school community.

The school introduced the project using a puppet show called 'Funky Monkey', which was about eating five portions of fruit and vegetables a day and subsequent puppet workshops were held for children in Years 1 and 5 and their parents. The school helped develop a DVD and teachers pack by making puppets and animations, all based on five main characters.

### What is Wobbly Street?

Wobbly Street was an arts-based project looking at healthy eating and exercise with a creative approach, using the skills and expertise of local artists to raise awareness and tackle the issues of childhood obesity and healthy living.

A series of interactive workshops were delivered using five fun characters and five stories to promote the healthy living message. Cook and Eat in Wobbly street sessions were also fun for families by Newcastle Nutrition, the Eagles Hoops for health and Newcastle Leisure Fusion. A DVD and teaching pack were produced for all the schools involved which included lesson plans, activities and a recipe book. Teachers and school nurses participated in training using the resource.

## Outcomes

### How were the outcomes monitored?

The Wobbly Street initiative was evaluated in 2008 by Busy Ape.

In spring 2009 the phase 2 evaluation was conducted by Newcastle Nutrition. The evaluation involved a pupil quiz to measure change in knowledge, a dietary record to measure change in behaviour, and qualitative children and young people/parent/teacher evaluations that involved interviews/mini groups in collecting feedback and quotes.

Analysis of the pupil quiz showed that pupils' knowledge had increased regarding:

- foods providing energy;
- the need for five portions of fruit and vegetables a day; and
- how different foods affect growth.

The main change in dietary behaviour was the increase in the number of children having breakfast in a breakfast club.

- The proportion of children and young people who ate three or more portions of fruit and vegetables a day increased by 14 per cent.
- 89 per cent of children and young people thought that they had learnt lots about food and health.
- 69 per cent of children and young people had tried lots of new foods during the programme

### Outcomes at Farne Primary School

Primary research identified the following outcomes:

- long-term impacts due to repeating healthy eating messages;
- changed parents attitudes/behaviours at home;
- extra energy for other healthy eating initiatives/policies; and
- supported curriculum work.

### Why it works?

Evidence shows that this intervention may have worked well because it:

- adopts a whole school approach;
- develops behavioural approaches which address life skills; and
- adopts an interactive and varied approach.



## Evidence-informed practice

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**Name of initiative:** Lancashire Healthy Schools Cookery Club project

Central and East Lancashire and local primary schools.

**Date:** Ongoing from 2008

**School type:** Primary school

**School name:** St James the Less RC Primary School, Rossendale, Lancashire with Lancashire Healthy Schools, NHS North,

**Participants involved:** Children from year 3 and parents/family members

**Theme:** Healthy eating

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## The activity/intervention

### Lancashire Healthy Schools Cookery Club at St James the Less RC Primary School

Two teaching assistants attended the cookery club training run by Lancashire Healthy Schools. They then set up the cookery club programme in their school in January 2010.

The club was run over a five week course (usually a six week course) with year 3 children after school for approximately one and a half to two hours.

They chose to target year 3 children because it was felt that they had fewer Extended Services club opportunities. A letter was sent home to parents to recruit participants. There was a charge of £10 to cover the costs of ingredients. Twenty children replied and so they split the groups into two, each running with ten children, over a five week block.

The teaching assistants developed the club activities using information and resources obtained via the Lancashire Healthy Schools cookery club training. This included a wide range of recipes, the Eatwell plate and Change4life resources. Activities involved food preparation, cooking, tasting foods, hygiene and safety, healthy eating, quizzes and word searches.

The final session included a celebration event which parents/family members were invited to. During this session, all food dishes were made for visitors to sit down together at a set table to taste. Certificates and Lancashire Healthy Schools recipe books were also presented to the children and families involved.

It was hoped that it would be rolled out to the whole school in the future.



## **What is the Lancashire Healthy Schools Cookery Club project?**

Lancashire Healthy Schools, with supportive funding from NHS North, Central and East Lancashire, provided Food Partnership and cookery club training for primary schools in Lancashire. By 2010 over 170 primary schools had been involved in the project, which was very well received and popular. It also proved to be sustainable, with many schools continuing to run their cookery clubs beyond the life of the project period.

Once signed up to the initiative, a member of staff from the school attended Lancashire Food Partnership training for two days and cookery club training for one day. They then received £370 funding towards their project and went back into their own school to set up and run a healthy eating cookery club over a six week period.

## **What were the objectives?**

The school's objectives were not only to develop people's skills in cooking healthy foods but also to give their families an idea of what was involved.

The initiative was developed after public concern was expressed about children's diets, increased rates of childhood obesity and diet-related diseases in the local area. This highlighted the importance of training and support for schools so they could provide the opportunity for children to experience working with food as part of a healthy lifestyle. The initiative also aimed to provide more effective and better attended 'cook and taste sessions' for family members.

## **What knowledge did it draw on?**

The programme drew on Healthy Schools National Food Partnership training (now called Food in Schools), as well as professional local area diet and nutrition skills and knowledge.

## **Who was involved?**

Two teaching assistants, children from year 3 and their parent/carers were involved.

## **Outcomes**

### **How were the outcomes monitored?**

An evaluation<sup>5</sup> was conducted by Lancashire Healthy Schools where children were asked to complete a short questionnaire prior to and after the sessions, and a family member was asked to complete a feedback questionnaire at the end of the session. Each school co-ordinator was also asked to complete an evaluation feedback form and an overview of how the funding was used.

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<sup>5</sup> Unpublished



## Outcomes at St James the Less school<sup>6</sup>

Primary research identified that the initiative:

- increased children's life skills
- got children to try new foods  
*'We used all the recipes from the Lancashire Healthy Schools recipe book, like the fruit kebabs and the Caribbean fruit salads. It was really easy to use and the children tasted limes and pineapples that many hadn't tasted before. When we made the rice salad that had celery in, children hadn't taste that.'* - Head teacher
- developed understanding of healthy eating
- increased family involvement in school life
- enthused children to cook more at home
- strengthened links in the local community by using fresh local ingredients

## Overall outcomes

This evaluation was carried out for each project delivered. All evaluations had very similar findings. For example, in North Lancashire a total of 37 schools had run at least one six week block of cookery club sessions that involved 432 children (across the primary age range and some secondary-age children from a special school) and their families.

The overall programme had an impact on the food work and skills being taught in primary schools. The evidence suggested that the initiative proved to be a sustainable activity beyond the life of the project in the vast majority of the schools.

Staff who attended the training sessions went back into schools feeling more confident and enthusiastic about running their cookery clubs.

Feedback from school staff who attended the training was positive. The elements they found to be useful were:

- putting theory into practice;
- watching demonstrations, which increased confidence;
- talking about comparisons and discussing the raw ingredients before using them; and
- getting advice on how to plan and deliver the lessons.

They believed the cookery clubs were an effective way of encouraging children to try new foods and cook more at home with their families. Like parents and children, they noticed that children had been much more likely to try new foods as a result of attending the cookery clubs.

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<sup>6</sup> From primary research conducted by EdComs, 2010

*'I've tried lots of new things!'- Child*

*'I didn't think I liked mango!'- Child*

Many also reported that more cooking was taking place between children and parents/carers at home due to the clubs.

*'We made salad nicoise at home and I did most of it.'- Child*

The cookery club celebration event was an effective way of engaging parents/carers and families with this agenda. It enabled parents/carers to be part of the cookery club, to see what had been made over the five or six weekly sessions and to reinforce the values taught to their children about the importance of healthy eating.

Involvement in the project resulted in food and cooking receiving a higher profile in the schools. It is likely that most of the schools involved would not have explored and delivered this extra curricular opportunity without this intervention, due to the number of obstacles which can stand in the way of promoting practical food skills.

## **Advice for others addressing this health need**

*'Don't take for granted that all children and parents/carers know what they should be eating.'- Head teacher*

*'Running a cookery club after doing some training and getting resources is really good fun. The children love it and we plan everything in our own time. It's really rewarding.'*  
- Head teacher

*'We've made it up as we've gone along and learnt along the way for what to do next time.'- Head teacher*

## **Why it works**

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach  
*'We've had people coming up to us asking when they can take part. The children have been talking about it in the playground. When they see me they ask about the cookery club.'*
- develops behavioural approaches which address life skills  
*'The children had to help with the cleaning up and the washing up, cooking, etc. They were learning all the different life skills.'* -Head teacher
- adopts an interactive and varied approach
- delivered over time, not just as a one off

## Evidence-informed practice

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**Name of initiative:** The Cooking Bus\*

**Date:** 2005-2010

**School name:** Boroughbridge High School, North Yorkshire

**School type:** Secondary school

**Participants involved:** Primary and secondary aged children and young people, teachers and community group staff. Focus on Food and other partners

and sponsors. Different organisations sponsored and championed each Cooking Bus. These were:

- Food Standards Agency (England)
- Yorkshire Forward (a regional development agency for Yorkshire and the Humber)
- Welsh Assembly Government
- Big Lottery
- Healthier Scotland

**Theme:** Healthy eating

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## The activity/intervention

### The Cooking Bus at Boroughbridge High School

From 2006 the school had three visits. The aim of the first two visits was to improve the cooking skills of students in all year groups and to provide training sessions for teachers. The third visit was set up because the school was a 'Food for Life Partnership flagship school', which meant that they received support to help grow their own food and cook it. The school wanted to raise the profile of cooking and growing in the local area, as well as in the school environment.

### What was the Cooking Bus?

The Cooking Bus was a mobile classroom that visited schools and local communities across the UK. It provided professional food preparation and cooking facilities. Each session was run by trained food teachers, who provided practical lessons and training to children/young people and teachers/community staff.

The sessions covered key aspects of food education: food preparation, nutrition, food safety and hygiene, and practical cookery. These sessions linked in with the national curriculum and government health messages.

## Outcomes

### How were the outcomes monitored?

In 2007 the Food Standards Agency commissioned a research evaluation of the Cooking Bus. The evaluation used quantitative and qualitative methods, with a variety of audiences involved in the initiative, to provide evidence to evaluate its long-term effectiveness and to inform future development.

### Outcomes at Boroughbridge High School<sup>7</sup>

The initiative had the following outcomes for children and young people:

- The Cooking Bus was successful in teaching cooking skills, and providing knowledge about foods and healthier eating (around 70 per cent of children and young people recalled learning cooking skills and gaining knowledge about food).
- New tastes were experienced whilst on board the Cooking Bus, which they mainly liked (72 per cent of primary and 53 per cent of secondary students, liked the taste of the food).
- 84 per cent of primary participants said they wanted to do more cooking after the lesson.

The initiative had the following outcomes for the school and the wider community:

- teachers and school staff increased their knowledge, skills and confidence;
- involvement in healthy eating and cooking initiatives increased; and
- 40 per cent of primary and 42 per cent of secondary students reported that either they themselves, or an adult at home, had cooked more frequently since the visit by the Cooking Bus.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach including working with parents and the whole community;
- develops behavioural approaches which address life skills; and
- adopts an interactive and varied approach.

*Note: The Cooking Bus funding is no longer available\**

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<sup>7</sup> From primary research conducted by EdComs, 2010

## Evidence-informed practice

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**Name of initiative:** Beauty and the Bike

**Date:** 2009–2010

**School type:** A large secondary school

**School name:** Exmouth Community College with Sustrans (a sustainable transport charity) and Devon County Council's Cycle Exeter Team

**Participants involved:** Secondary school year 7, 8 and 9 female students.

**Theme:** Physical activity

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## The activity/intervention

### Beauty and the Bike at Exmouth Community College

Exmouth Community College's key objective was to increase the number of children and young people cycling to and from school. The school had already built secure bike sheds and had been running after-school bike clubs when Sustrans, a sustainable transport charity, asked if they would like to be a Bike It school.

As a Bike It school, Exmouth Community College received lots of support to encourage their children and young people to cycle more often; for example, a stunt cyclist performed to year 7 students and year 6 students from feeder primary schools were invited to cycle or walk to the secondary school as part of a transition activity. The school also ran a bike forum, with year 7 children being invited to talk about cycling and work with the local authority and Sustrans to extend the cycle pathway network.

Beauty and the Bike was launched at a school assembly. 42 girls expressed an interest in attending, and three two-hour workshops were subsequently run by a female Bike It officer, which catered for groups of 18 girls at a time. In these workshops the group discussed the health benefits of cycling, and talked about any concerns they had. The instructor offered practical solutions to these problems which included:

- the practicalities of maintaining a bike (how to repair a puncture, for example); and
- fashion and health advice (how to manage hair under a helmet, what to wear when cycling, and how to manage sweating when cycling, for example).

The Bike It officer acted as a positive female role model who cycled, and this meant the girls could ask her questions about her personal experiences of cycling. The Bike It officer also talked to them about cycling through history, and in other countries, to illustrate how



common cycling is. After the first workshops the group completed an evaluation questionnaire. Based on these results they decided as a group what they would like to do next. They could, for example, decide to book another workshop to discuss other cycling-related topics, set up an after-school cycling club, or book cycling sessions into their Physical Education lessons. At Exmouth Community College the girls chose to have some follow-up cycle training.

## **What is Bike It and Beauty and the Bike?**

Bike It was a Sustrans project funded by Cycling England and Cycle Exeter. The project worked nationwide to encourage children to cycle more, particularly to and from school. The majority of schools involved with Bike It committed to encouraging their students to use more environmentally friendly travel methods in their School Travel Plans (STP).

Beauty and the Bike was one of the activities offered within the Bike It project, and in this case, was aimed at secondary school aged girls. It offered a series of workshops aimed at overcoming the negative perceptions girls may have had of cycling.

For more information, go to:

<http://www.sustrans.org.uk/assets/files/Bike%20It/Beauty%20and%20the%20Bike%20Information%20Sheet.pdf>

## **What were the objectives?**

The objectives for Beauty and the Bike were to encourage girls to cycle and be more physically active in general.

## **What knowledge did it draw on?**

The Bike It officers who regularly visited schools observed that fewer secondary-aged school girls participated in physical activity than boys. This was confirmed by research findings from the 2006 National Travel Survey that revealed six times as many boys (six per cent) cycle to secondary school than girls (one per cent).<sup>8</sup>

## **Who was involved?**

Secondary school girls in years 7, 8 and 9 and a female Bike It officer.

## **Were any partners involved?**

The partners involved in the initiative were Sustrans and Devon County Council's Cycle Exeter Team.

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<sup>8</sup> National Travel Survey 2006

## Outcomes

### How were the outcomes monitored?

The school undertook surveys with year 7 students at the beginning of their Bike It year to check baseline cycling levels, the Bike It officer counted participants during every organised activity, and a teacher undertook regular bike shed counts. Follow-up surveys with students were to be undertaken in summer 2010. Beauty and the Bike was evaluated by the students after each session through a self-completion questionnaire.

### Outcomes at Exmouth Community College

Levels of regular cycling of both male and female students (cycling once a week or more) increased at Exmouth Community College from nine per cent of students to 24 per cent of students during the academic year 2008–2009.

Of the 42 girls who attended the Beauty and the Bike workshops 30 (71 per cent) said they would consider cycling more; and 10 out of 42 (24 per cent) said they would maybe consider doing this. Out of these 42 girls, 18 (43 per cent) also stated that they would consider cycling to school.<sup>9</sup>

*'I think it's helped them to develop a sense of what they can do to promote their own fitness and their own health, and, if they are cycling, how they should stay safe.'* – Deputy head teacher, Exmouth Community College

### What was learnt?

Sustrans learnt that it is important to be very flexible when supporting schools, and overcome challenges such as timetabling issues, or health and safety concerns.<sup>10</sup>

### Advice for others addressing this health need

Exmouth Community College advised other schools running a similar activity to be aware of the issues at their school, and to target sessions carefully to ensure that participants get the most benefit from them; for example, targeting girls or year 7 students. The college also feels it can be very beneficial to work with external partners, because of their expertise, and to invite guests into school who can act as role models for the students.<sup>11</sup>

## Why it works

Evidence suggests that this intervention may have worked well because it:

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<sup>9</sup> Self-completion survey distributed by the Bike It officers after each session

<sup>10</sup> Primary research undertaken by EdComs, 2010

<sup>11</sup> Sourced from a telephone interview evaluation undertaken by EdComs



- adopts a whole school approach
- adopts an interactive approach  
*'It was very inclusive. Having only the girls together made them feel that their ideas were taken seriously, I think they enjoy that. They felt that they were encouraged to be open with each other about the issues without feeling under pressure from others.'* – Bike It officer
- starts at a young age
- ensures interventions are relevant
  - Secondary school girls catered for separately
  - Addresses psychological motivation to take part.

## Evidence-informed practice

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**Name of initiative:** Humana Horsepower Challenge

Humana Europe, NHS Warwickshire and Warwickshire County Council

**Date:** 2009

**Participants involved:** Primary school children and teachers

**School type:** Stockingford Juniors and two other primary schools in Warwickshire with

**Theme:** Physical activity

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## The activity/intervention

### The Humana Horsepower Challenge at Stockingford Juniors

The Humana Horsepower Challenge was run as a pilot with 90 children from three primary schools in Warwickshire to encourage children to participate in more physical activity. Schools competed with each other over four weeks. At Stockingford Juniors, one class of 30 took part in the pilot. The children were split into two groups of 15. Each child had a web-enabled pedometer, called an ActiPed, attached to one of their shoes. These devices were wireless and recorded each step they took as they ran and walked throughout the day. The data was uploaded to a remote access point at the school, which sent it on to the Humana Horsepower Challenge website.

The number of steps that the children took was converted into virtual 'horsepower' on the Humana Horsepower Challenge website to drive a cartoon school bus in a virtual race around the world. The passengers on the bus were cartoon horses, and each child had their own horse. They could buy items to personalise their horse with the credit they had accrued from their steps. Viewing the website enabled the children to see how much activity they had generated, and this motivated them to work together to accumulate more. At the end of the Challenge all the participants received certificates acknowledging their achievements, and winners were announced for the school, team and child who had taken the greatest number of steps.

### What is the Horsepower Challenge?

The Humana Horsepower Challenge was a school-based activity that used wireless pedometers to encourage children to increase their levels of physical activity as they were having fun. The school took part in an online game to drive a cartoon school bus around the world and the bus was powered by the actual number of steps they took.



For more information, go to: <http://www.horsepowergame.com/#game>

## Outcomes

### How were the outcomes monitored?

The Actiped device was connected to the children's shoes and recorded the number of steps that they took each day. This data was automatically uploaded using a remote access point at the school, which sent the data on to the Humana Horsepower Challenge website. A baseline measure was taken a week before the challenge. The children and their parents completed a paper-based survey to give feedback about the challenge.

### What were the outcomes?<sup>12</sup>

The Humana Horsepower Challenge both enhanced the school's public image and enabled pupils to monitor their fitness levels in a fun way.

- 90 per cent thought the Horsepower Challenge was a lot of fun.
- One school improved their collective activity levels by 89 per cent, and one child had an increased activity level of 196 per cent.
- Families benefited as many children had undertaken additional physical activity outside school hours, in order to increase the number of steps they collected; they stated that their parents had joined in.
  - 72 per cent of children stated they were motivating others to get active and to be healthy.
  - 37 per cent of children agreed that since the Challenge they exercised more with their family.
  - 47 per cent of parents agreed that their child's participation influenced their family.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach and engages the whole family
- adopts an interactive approach  
*'It worked well because it was fun, it was promoted by the school and children could see the impact of their activities. The competition element worked well because the kids really wanted to win.'* – Head teacher, Stockingford Juniors
- starts at a young age.

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<sup>12</sup> Humana paper-based survey

## Evidence-informed practice

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**Name of initiative:** Liverpool Sporting Playgrounds Project

**Date:** 2003–2004

**School name:** St Anne’s Catholic Primary School in Liverpool with Sport Action Zone, Liverpool City Council, Liverpool John Moores University, and four Liverpool School Sports Colleges

**School type:** Primary schools in areas of deprivation across Liverpool

**Participants involved:** Primary school children

**Theme:** Physical activity

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## The activity/intervention

### The Liverpool Sporting Playgrounds project at St Anne’s Catholic Primary School

Twenty-one schools in socially economically deprived areas of Liverpool were given new markings in their playground as part of a project to assess the effectiveness of redesigning playgrounds on children’s levels of physical activity and on their behaviour. Fifteen of these schools were involved in the longitudinal research project. Playgrounds had to include three colour-coded areas.

- A red zone: a sports area, where active games like football or basketball were played. In addition, this area included equipment to play these games, such as football goal posts and hoop baskets.
- A blue zone: a multi-activity and skills area, where the children played running and jumping games such as hopscotch. This area contained playground markings for hopscotch, number snakes, clocks and jump lines, among others.
- A yellow zone: a quiet area where quieter games were played, such as board games and clapping games. Seating was provided in this area.

### What is the Liverpool Sporting Playgrounds Project?

The Liverpool Sporting Playgrounds project aimed to assess the effectiveness of redesigning playgrounds on children’s levels of physical activity, and on their behaviour during playtime. It also aimed to investigate the use of the playground as an educational



and motivational tool in primary schools and as a way of tackling social exclusion and playground issues at school.

Twenty-one schools in Liverpool each received £20,000 to redesign their playgrounds through their local education authorities. The funding was a grant from the Department for Education and Skills (now the Department for Education) and Nike. Liverpool Sporting Playgrounds Project was developed by the Liverpool Sport Action Zone and Liverpool John Moores University. For more information, go to:

<http://www.sheu.org.uk/publications/eh/eh234nr.pdf>

## Outcomes

### How were the outcomes monitored?

In addition, school staff were interviewed about the impact of the redesign on the children's behaviour. Each school was monitored before their playground was redesigned, and then six weeks, six months and 12 months afterwards, to evaluate the short and medium-term effects. 11 schools that did not receive any physical works or training acted as controls and were visited by researchers throughout the project.

### What were the outcomes?

In the participating schools, the outcomes were monitored by using heart rate monitors and accelerometers on the children before and after their playgrounds were marked; their playtime activities and behaviours were observed throughout the transition; and their attitudes to playtime were assessed using interviews and questionnaires.

The evaluation undertaken by Liverpool John Moores University showed that the children who participated in the Liverpool Sporting Playgrounds Project became more physically active compared with the children from the control group whose schools did not receive new playground markings.

The amount of physical activity undertaken by the children increased for the first six months. It decreased slightly between six and 12 months, although this was still a greater amount of physical activity than before they had the redesigned playground.<sup>13</sup> Younger children were more active than the older children, possibly because they were encouraged to use the playground more. In addition, some schools reported less disruptive behaviour from children at lunchtime than before the playground redesign.<sup>14</sup>

*'Children were learning to play at playtimes, particularly the younger ones. We've recently been back in the schools, and they still use the markings now.'* – Researcher, Liverpool John Moores University

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<sup>13</sup> Research undertaken by Liverpool John Moores University, available at: <http://www.sheu.org.uk/publications/eh/eh234nr.pdf>

<sup>14</sup> Primary research undertaken by EdComs, 2010



## Outcomes at St Anne's Catholic Primary School

Teachers at St Anne's Catholic Primary School felt that the playground markings worked as part of a whole-school approach to a healthy lifestyle at school. They noticed that some children become more interested in a wider variety of physical activities and games because of the markings.<sup>15</sup>

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach  
*'The types of games they played on the markings was very dependent on what the pupils could do, and did not exclude them because they were not good at a particular sport or activity.'* Researcher, – Liverpool John Moores University
- adopts an interactive approach
- starts at a young age
- addresses the psychological motivation to take part

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<sup>15</sup> Primary research by EdComs, 2010



## Evidence-informed practice

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**Name of initiative:** MEND (Mind, Exercise, Nutrition...Do it!)

**School type:** Secondary school

**Date:** 2007–2010

**Participants involved:** Children and young people aged 7–13 and their parents from the local community

**School name:** Harlington Community School, London with MEND (Mind, Exercise, Nutrition...Do it!), Hillingdon Primary Care Trust and Harlington Community School

**Theme:** Physical Activity and Healthy Eating

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## The activity/intervention

### MEND at Harlington Community School

MEND's mission was to enable a significant, measurable and sustainable reduction in overweight and obesity levels. The programme at Harlington Community School covered 19 sessions and was run twice a week. The programme was open to any child/young person in the community who had been referred by their local GP. Children and young people aged 7–13 and their parents/carers, dieticians and nurses from Hillingdon PCT, the school's Healthy Schools co-ordinator and MEND programme regional deliverers were all involved.

### What was MEND?

MEND was established in 2004 with support from Great Ormond Street Hospital and the University College London Institute of Child Health. It was a social enterprise whose aim was to reduce overweight and obesity levels by offering free healthy living programmes in the local community.

There were three different programmes which families could join:

- MEND 2–4, an early years healthy lifestyle programme, for children aged 2–4 and their families, whatever the child's weight;
- MEND 7–13 for overweight children aged 7–13 and their parents/carers; and
- MEND 5–7 for children, who were overweight or at risk of being overweight, aged 5–7 and their parents/carers.



In addition to its healthy lifestyle programmes for children and their families, MEND offered classroom resources, provided obesity management training for front-line staff and facilitated self-help programmes for adults. All programmes were run in out-of-school time using community facilities. All sessions used behavioural change techniques including SMART goals, rewards and group star charts. Role modelling, positive parenting and techniques to raise self-esteem and confidence were also used.

## Outcomes

### Outcomes at Harlington Community School<sup>16</sup>

Primary research identified the following outcomes:

- increased confidence;  
*'We have lots of children who come to us who are very shy and timid, with not a lot of confidence. After the sessions, they are so happy and so much more confident. They have lost weight around the circumference of their tummies, but their self esteem and confidence has been gained too.'* Healthy Schools co-ordinator
- improved relationships with different aged children and young people.  
*'They often make friends and we give them the contact details of the other children and young people on the course and they stay in touch.'* Healthy Schools co-ordinator

### Overall outcomes

Evaluation and research were key aspects of the MEND programme. Research conducted by Sacher P. M, et al (2005)<sup>17</sup> found that participants' weight circumference, when measured after six months, was significantly reduced in the intervention group (those who took part in the MEND programme) compared with the controls (those who did not take part). Measurements of BMI and weight circumference were also taken and compared at 12 months, and the difference between the intervention and control groups had been maintained.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach  
*'Parents are key to changing their children's behaviour so that they are the healthy people we want them to be. The parents need to be behind the programme.'* Healthy Schools co-ordinator
- adopts an interactive approach

<sup>16</sup> From primary research conducted by EdComs, 2010

<sup>17</sup> Sacher, P. M., Chadwick P., Wells, J. C. K., Williams, J., Cole, T. J., Lawson, M. (2005) 'Assessing the acceptability and feasibility of the MEND Programme in a small group of obese 7-11 year old children', *Journal of Human Nutrition and Dietetics*, 18: 3-5



- delivered over time and not just as a one off
- promotes healthy eating alongside physical activity



## Evidence-informed practice

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**Name of initiative:** Healthy Heroes

**Date:** 2009

**School name:** Fulwood and Cadley School, Lancashire with Lancashire County Council, NHS North, Central and East Lancashire and University of Bradford

**School type:** Primary school

**Participants involved:** Key Stage 1 and 2 children, teachers, parents and families

**Theme:** Physical Activity and Healthy Eating

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## The activity/intervention

### Description of the initiative at Fulwood and Cadley School

Fulwood and Cadley School wanted to raise awareness of healthy eating and physical activity for the children and their families in a fun and interactive way, to encourage them to undertake healthy activities and to provide knowledge and skills to make positive behaviour changes in relation to food and activity. For six weeks Years 1 and 6 worked through the Healthy Heroes resource.

The resource consisted of challenges and the school sent two challenge cards home each week: one focusing on healthy eating and one on physical activity. These challenges had to be completed with as many members of their family as possible. An example of a challenge was: 'to try and walk to school as many times a week as possible'.

*'It was about making that link between what they had learnt at school with the home. The idea was that if you got the family involved, after the six weeks, the activities would become part of a family's normal practice.'* – Primary teacher

The children had to record their findings and any details about the challenge in the Healthy Heroes passport. They also had to complete activities associated with some of the challenges, for example, 'to draw what they had seen on their walk to school'.

All children had a postcard with a Healthy Hero character on it. At the beginning the character was just an ordinary everyday child and it was their aim to collect clothing and accessory stickers that would turn their character (and in turn themselves) into a 'Healthy



Hero'. Stickers were awarded each week following the successful completion of a healthy eating or physical activity challenge.

*'Gradually week by week the children and anyone who came into the classroom could see the Heroes getting healthier. By the end of it, most of the Heroes were healthier. Most children achieved being healthier.'* – Primary teacher

## What is Healthy Heroes?

'The Healthy Heroes project' was part of Lancashire Healthy Schools; by 2010 it had been used by approximately 75 primary schools and community groups across Lancashire with a wide range of year groups across the primary age range.

To become 'a Healthy Hero', a participant needed to complete ten healthy eating and physical activity challenges with the help of a family member. Each time they completed a challenge, individuals awarded themselves an item of clothing to add to their character.

Free training, advice and support materials were available to targeted Lancashire primary schools through the loaning out of resources provided on a termly basis. For more information, go to: [www.lhsp.org.uk/healthyheroes](http://www.lhsp.org.uk/healthyheroes)

## Outcomes

### How were the outcomes monitored?

An evaluation of the programme was conducted by the University of Bradford<sup>18</sup>. Semi-structured interviews and discussions were conducted with teachers and parents about the initiative in the pilot schools, and questionnaires were completed by teachers, parents and children. A total of 137 children from 12 schools and 285 parents completed the questionnaires. The Healthy Heroes resource also offers evaluation support to encourage participating schools and community groups to evaluate the initiative in their setting.

### Outcomes at Fulwood and Cadley school<sup>19</sup>

Primary research identified the following outcomes:

- *'We had loads of positive comments from parents about how the initiative had made them think about the kinds of things they ate as a family and the activities they did. They said that they would continue with the lifestyle changes they had made.'* – Primary teacher
- *'As a school, we achieved the healthy eating strand of Lancashire Healthy Schools.'* Primary teacher

<sup>18</sup> Report unpublished

<sup>19</sup> From primary research conducted by EdComs, 2010



- *'Every year, at school we will use the Healthy Heroes resource with year 1 and year 6. It's giving them the right messages in those areas.'* – Primary teacher
- *'It made the children and their families aware of the healthy eating and physical activity benefits and how it was important to do it as a family.'* – Primary teacher

## Overall outcomes

The evaluation conducted by the University of Bradford showed that the following key outcomes were achieved:

- 59 per cent of children had increased their scores in terms of healthy eating.
- 43 per cent of children had increased their levels of physical activity.
- 80 per cent of parents had been encouraged to spend more fun time together.
- 74 per cent of parents felt that the initiative had encouraged them and their children to have less sugary snacks and drinks between meals.
- 31 per cent thought that the initiative had encouraged their children to have a school lunch.
- 47 per cent of parents felt that the initiative had encouraged their child to walk to school more often.
- Activities meant that parents felt that they were spending quality time together as a family and many commented that they appreciated having 'new direction' through the bank of ideas, starting points for establishing habits, sharing of practical opportunities, and the ability to involve younger siblings.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach
- adopts an interactive and varied approach  
*'The children wanted to do well in the challenges and they had something at the end of it where they could see what they had achieved. At the end we looked at all the Healthy Heroes displayed and had a dressing up and physical activity session to celebrate what they had achieved. It's a lot more interesting than how these things would usually be taught.'*
- delivered over time, not just as a one off  
*'The display helped because we would have a talk about the challenges and then everyone could see what people had done visually. Over the six weeks we were constantly referring to it in other lessons.'*
- promotes healthy eating alongside physical activity



## Evidence-informed practice

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**Name of initiative:** Something to Chew On

**Date:** 2008

**School:** Summerville Primary School, Salford with the Manchester United Foundation, Premier League/ PFA Community, the Department of Health, Salford City Council, Healthy Schools and North and South Salford School Sports Partnerships

**School type:** Primary school in social-economic deprived area

**Participants involved:** Year 3 pupils, teachers, and Manchester United coaches

**Theme:** Physical activity and healthy eating

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## The activity/intervention

### Something to Chew On at Summerville Primary (year 1 pilot school)

Summerville Primary School wanted to improve their children's understanding of healthy eating and increase uptake of physical activity. Schools in the area worked with the Manchester United Foundation to produce a cross-curricular resource that related to physical activity and healthy eating and helping children to become more aware of how they can avoid making unhealthy lifestyle choices when they were older.

The school received a Something to Chew On resource pack and workbooks and the teachers set up the ten week sessions. As part of the programme, coaches from the Manchester United Foundation visited the school on a regular basis to run sessions on healthy eating and physical activity. The healthy eating sessions were practical activities based in the classroom and the physical activities were held in the hall or an outdoor space. The Foundation wanted to engage children at all levels of fitness, so when developing the programme they reviewed the year 3 school curriculum and identified body movement activities that would be appropriate for that age group.

*'The physical sessions catered for individuals of all levels. Some children don't like football, but they know who Manchester United are so we covered different kinds of physical activities that they could join in, with football as an add on.'* Something to Chew On Project Manager, Manchester United Foundation



Summerville Primary School invited parents to be involved or watch the physical activity sessions. Other schools invited parents to attend the celebration event at the end of the programme.

## What was Something to Chew On?

Something to Chew On was a programme designed for children in year 3 and year 4 to give them a better understanding of how to maintain a healthy lifestyle.

More information is available at: [www.mufoundation.org/Education/SocialEducation.aspx](http://www.mufoundation.org/Education/SocialEducation.aspx)

The Manchester United Foundation received the funding to develop the project over three years, working in partnership with the Department of Health, local/regional Healthy Schools teams, and local authorities. Year 3 children at Summerville Primary School participated, along with children from 15 other primary schools in Salford, in the first-year pilot. It was planned that children from a further 40 schools from Salford, Manchester and Trafford would participate in the second year, and children from a further 16 schools would participate in the third year.

## Outcomes

### How were the outcomes monitored?

The Something to Chew On programme was monitored through an independent evaluation, which included case study visits to schools while the sessions were delivered, telephone interviews with school staff and local authority representatives, and paper-based questionnaires.

The school did not undertake any formal evaluation of the programme, apart from the external evaluation, but instead monitored activity informally.

### Outcomes at Summerville Primary

The head teacher reported that the Year 3 children enjoyed the programme and gained knowledge and understanding about healthy eating and physical activity skills from taking part. The children produced a wall display of work and ran an assembly to communicate what they had learnt to the whole school.

- Overall the teachers were very happy with the activities the children participated in.
- The pupils' understanding of how to keep healthy through nutrition and physical activity increased.
- *'They're more aware of what they need to be eating to be healthy and what they need to do in order to stay fit.'* Teacher, Manchester



- Throughout the sessions, children tasted foods that they hadn't eaten before and some had asked their parents to start buying these new foods.
- The children increased their fitness levels throughout the programme.
  - After participating in the programme a greater proportion felt they were 'very active':
  - 78 per cent felt they were 'very active' before and;
  - 87 per cent stated they were 'very active' after the programme.
- The sessions also provided new opportunities for pupils who were disengaged from physical activities to take part.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach;
- develops behavioural approaches which address life skills;
- adopts an interactive approach;
- delivers over time, not just as a one off;
- offers opportunity to promote physical activity and healthy activity together; and
- uses the power of sport as a way of engaging children in learning.

## Evidence-informed practice

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**Name of initiative:** Speakeasy

**Date:** March 2010

**School name:** Pencoys Primary School, Cornwall with fpa Sexual Health Charity, Cornwall and Isles of Scilly Primary Care Trust (CIOSPCT) Health Promotion Service (HPS) incorporating Speakeasy and Cornwall Healthy Schools.

**School type:** Primary school

**Participants involved:** Parents, Speakeasy development worker and Speakeasy facilitator

**Theme:** Sexual health

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## The activity/intervention

### Speakeasy at Pencoys Primary School

From 2007 Pencoys Primary School incorporated the Speakeasy course into the school's relationships and sexual health programme. Parents with children of any age attended the course, and even parents with babies participated in preparation for their children's future needs.

Originally the programme was facilitated by an external Speakeasy facilitator from Cornwall Healthy Schools. This led to the school's learning mentor and parent governor training as Speakeasy facilitators and delivering the next parent/carer course at Pencoys. The Parent Governor was then employed by the Health Promotion Service (HPS) as Speakeasy Development Worker for Cornwall. Two more parents from Pencoys subsequently became facilitators, ensuring the sustainability of Speakeasy within the school.

There was an emphasis in the intervention on learning accurate information but parents also explored a wide range of skills to enable them to communicate more effectively with their children. These included being able to talk comfortably and openly with their children, using the scientific language, alongside family and slang terms, for sexual parts and activities.

The Speakeasy intervention was adapted by the school's facilitators to include additional creative and interactive learning tools such as discussion, role plays and games.

*'Parents are getting an idea of how to talk to their children while realising that you can actually make it good fun to learn.'* Speakeasy Development Worker for Cornwall



Through the course, parents were encouraged to use a timeline to think about when they feel it is appropriate to speak to their children about a wide range of issues.

*'It's about getting them to realise that it's a whole host of conversations that you have through the child's life, not one little session that you have and you give them a book and send them away.'* Head teacher

Parents provided peer support within the group for each other and were also constantly supported by the school's open-door policy. They could call the learning mentor at any time for advice or support. Additionally, parents were fully informed of the school's teaching on relationships and sexual health. Prior to children receiving sex and relationship education (SRE), parents were encouraged to watch the Channel Four DVD *Living and Growing*. They could do this either in the school or at home with their children. Parents were also involved in writing the school's SRE policy.

The Speakeasy intervention supported the school's wider sexual health programme with pupils. From nursery age, the school provided relationships education.

## **What was Speakeasy?**<sup>20</sup>

Speakeasy ([www.fpa.org.uk/Inthecommunity/Speakeasy](http://www.fpa.org.uk/Inthecommunity/Speakeasy)) was an educational programme for parents established by the sexual health charity fpa in schools and community settings. It supported and encouraged parents to communicate with their children about sex, relationships and growing up. The course was run over a number of weeks and was delivered directly by fpa Speakeasy trained facilitators.

Speakeasy offered an inclusive and non-threatening group-based opportunity for parents to gain the knowledge, skills and confidence they needed to enable them to communicate with their children about relationships and within that, sexual health. It was designed to be fun and relaxed, providing an atmosphere where parents could learn together from their experiences. Parents were encouraged to gain greater confidence when talking about issues that were often considered taboo or embarrassing.

Creative methods were used within groups, including collage and artwork, role play and games, as well as more traditional written work where wanted.

Each session lasted approximately two hours and the Speakeasy course was registered for accreditation with the Open College Network (OCN). For parents who wished to do so, the course and the portfolio work arising from it could be used to gain OCN credits at level 1 or 2 (equivalent to an NVQ level 1 or 2). The Speakeasy project was nominated for the Children and Young People Now Awards 2009 in the Health and Well-being Award

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<sup>20</sup> This section draws heavily on: Ramm, J. and Coleman, L. (2009) *Understanding the effects of the Speakeasy course -- a control group comparison*, London: fpa



category. Speakeasy was targeted in areas of multiple deprivation and where high teenage pregnancy rates occur.

## What were the objectives?

The five main aims of the fpa Speakeasy course were to:

- increase parents' confidence and communication skills with their children;
- help parents show a more positive and open approach to discussions of sex, sexuality and sexual health;
- increase parents' factual knowledge around sex and sexual health;
- provide a step towards further learning or professional development for traditionally excluded groups of parents; and
- enable health and educational professionals to give higher priority to work with parents and carers, with the backing of accredited Speakeasy training so that large numbers of parents throughout England will have access to a Speakeasy course.

## What knowledge did it draw on?

The Speakeasy course was developed on the basis of evidence that many young people do not have conversations about sex and relationships with their parents or carers. Consequently, the course addressed the needs expressed by parents who felt ill equipped to support their children and answer their questions about sex, relationships and growing up.

## Who was involved?

The whole school, children and young people, parents, teachers, Speakeasy facilitators (fpa), Cornwall HPS, incorporating CHSP, the sex and relationships adviser for Cornwall and Christopher Winter Project (CWP) facilitators were all involved.

## Outcomes

### How were the outcomes monitored?

There have been a number of evaluations of Speakeasy.<sup>21</sup> They included:

- qualitative interviews with 16 parents who had not attended the Speakeasy course and 16 parents who had attended a Speakeasy course in Bradford<sup>22</sup>;
- qualitative interviews at four time points between 2005 and 2008 with parents who attended Speakeasy during 2005;
- qualitative interviews with male attendees;
- interviews with parents and children; and

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<sup>21</sup> Coleman, L. (2009) *Evaluation of Speakeasy: an update*, fpa

<sup>22</sup> The two groups were matched on demographic characteristics.

- an analysis of surveys administered before and after each course.

At Pencoys Primary School the outcomes were monitored through:

- a survey administered before and after the course; and
- informal observation from school staff.

## What were the outcomes?

### Outcomes at Pencoys Primary School

The school identified the following outcomes:

- parents were more trusting of the school's delivery of SRE;
- parents were more willing to come to the school to speak about their concerns;
- secondary schools reported that children from Pencoys were a lot more informed than other children in their year groups;
- parents became more involved in the school generally; and
- parents' confidence improved through the course and for some this led to employment and further training.

## Overall outcomes

Evaluations of Speakeasy in general reported the following:<sup>23</sup>

- The course achieved its aim across all groups, including children.
- Most parents responded that they knew less than they thought they did prior to the course and learnt a great deal through attendance.
- Qualitative data measuring outcomes before and after the course across groups since 2002 found that parents who had taken the course felt they had greater knowledge of sexual issues, were more confident, proactive and open in their discussions with their children in discussing issues of sexual health.<sup>24</sup> After the course more parents also felt aware of opportunities to raise issues with their children.

## What was learnt?

The following is advice for others addressing this health need.

- Find out who is able and willing to offer support in your area.
- Gather together enthusiastic people who recognise the value of SRE.
- Communicate your aims to all and gather stakeholder views to address policy and curriculum content.

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<sup>23</sup> Coleman, L. (2009) *Evaluation of Speakeasy: an update*, fpa

<sup>24</sup> Ramm, and Coleman, L. (2009) *Understanding the effects of the Speakeasy course – a control group comparison*, London: fpa

- Plan to access training for teachers and support staff.
- Ideally arrange free child care for parents/carers attending any related parent course.
- Keep communication open and regular, be transparent and make opportunities for debate and discussion.
- Respect others' views.
- Review and adapt.
- Make it a normal everyday learning experience for children with clear learning outcomes.
- Make it fun and accessible for parents/carers to break down the barriers and engage those parents who are harder to engage with.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach  
*'The earlier we engage parents, the better equipped they are to support the work of the school and any issues arising. Children may come home with a variety of questions and the aim of Speakeasy is to help prepare parents and carers to feel comfortable and relaxed talking to children about growing up.'* - Learning mentor
- adopts an interactive approach  
*'We have a vast array of learning styles within any group. Children always respond better to a more personal approach and discussion and active learning other than pencil and paper, and this applies to adults as well.'* - Head teacher
- develops behavioural approaches which address life skills and information giving  
*'We aim to develop skills so that children are able to go out and make better life choices. Because our children have the opportunity to re-visit, share, debate, and challenge, they ultimately have a greater understanding so that they are much more capable of dealing with peer pressure positively.'* - Head teacher  
  
*'Children have the knowledge they need to manage themselves more appropriately. Things are often misunderstood and that's where young people get it wrong. The playground gossip can often get children into trouble.'* Learning mentor
- delivers over time, not just as a one off
- intervenes early/starts at a young age  
*'We are finding that not all primary and secondary schools are delivering this level of SRE until much later and we feel that it's too late, it needs to start much earlier.'*



*We believe that we have a responsibility to teach good quality SRE so that children are better prepared to take care of themselves, feel good about themselves and others and develop an ability to make informed and positive choices. In doing so, we also have a responsibility to support their parents and carers.' - Head teacher*

- is led by trained individuals
- carries out interventions that are relevant  
*'We use the SHEU survey and other local health data to tailor programmes and as a basis to be more specific to children's individual needs. ' - Head teacher*



## Evidence-informed practice

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**Name of initiative:** Apause (added power and understanding in sex education)

**School type:** Secondary school

**Date:** 2008-2010

**Participants involved:** Apause Year 9 and 11 students

**School name:** Dawlish Community College, with Apause community practice

**Theme:** Sexual health

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## The activity/intervention

### Apause at Dawlish Community College

Year 9 students participated in the Apause programme, which was run over seven sessions (three teacher led and four peer led) during the autumn term as an essential part of students sexual education. During the first three weeks, a PSHE teacher delivered the sessions and the following four weeks were run by students from Year 11 who had been trained to deliver the programme.

The school hoped that a community and peer-led programme would help open up discussions about sex, and increase knowledge and awareness about sexual health and relationships issues and how to deal with them.

### What is Apause?

Apause ([www.sreproject.org](http://www.sreproject.org)) was a community practice involving health and educational commissioners, teenage pregnancy coordinators, education advisers and specialists, school heads and managers, teachers, health professionals and young people who were involved with the delivery of relationships education. The programme was based on a peer-assisted learning programme about human development and understanding healthy relationships.

Training was provided for all stakeholders, from peer educators, through adult facilitators including teachers and professionals, to school PSHE specialists and school managers.

## Outcomes

### How were the outcomes monitored?

A 2004 evaluation of Apause in general was commissioned by the Department of Health<sup>25</sup> used mixed methodology involving:

- exploratory interviews;
- a questionnaire survey of all 135 Apause schools (77 per cent response rate);
- in-depth case study research in six Apause schools; and
- an analysis of data from the Year 11 questionnaire previously collected by the Apause team.

### Outcomes at Dawlish Community College<sup>26</sup>

Primary research identified the following outcomes at the college:

- increased young people's skills
- a trusted advice, support and guidance service for students  
*'Because some of the sessions are run by year 11 students, it provides young people with a person that they can contact in school if need be. Because that person has had training they can offer advice. Head of PSHE*
- raised awareness
- involvement of the whole school community
- increased staff skills  
*For teachers, you don't normally get a chance to stand back and let students deliver sessions. Teachers are there to support and help and they let the students take control. It's good for teachers' own learning to see that students can shine in such a situation and see how well they can do. There was one girl two years ago who was such a natural teacher. Head of PSHE*

### Overall outcomes of Apause<sup>27</sup>

- The Apause programme was found to have a positive effect on knowledge (e.g. of contraception and sexually transmitted infections (STIs)). Students involved in the programme had less immature and more responsible attitudes towards sex than students in comparison schools.
- Girls in Apause schools had more positive attitudes towards Sex and Relationships Education (SRE) than did girls in comparison schools, and overall, Apause students found SRE more helpful than comparison students did.

<sup>25</sup> Blenkinsop, S., Wade, P., Benton, T., Gnaldi, M. and Schagen, S., (2004) Evaluation of the Apause Sex and Relationships Education Programme, Department of Health: UK

<sup>26</sup> From primary research conducted by EdComs 2010

<sup>27</sup> Blenkinsop, S., Wade, P., Benton, T., Gnaldi, M. and Schagen, S., (2004) Evaluation of the Apause Sex and Relationships Education Programme, Department of Health: UK

- The involvement of peer educators and health professionals was valued highly, although some aspects were criticised.
- There was a lack of understanding regarding the scope for flexibility of the programme, with some respondents (particularly national representatives) criticising it for being too 'scripted'
- The majority of schools using Apause thought it was better than other SRE provision and wanted to continue with their involvement. Case-study schools were concerned that they would be unable to sustain the programme if they had to fund it themselves.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts whole school approach  
*Apause is about trying to put sex education into the hands of the student so that they have more ownership of it. With peer-led education, children are more likely to take it on board because it's being delivered by someone on their level, someone closer to their own age.* Head of PSHE
- develops behavioural approaches which address life skills  
*'The whole programme is based around communication, listening to people and giving people the right answers. It's about being to speak out and talk about things.'* – Head of PSHE
- is led by trained and credible individuals
- delivers over time, not as a one off
- ensures interventions are relevant  
*Questions will come out from the students because they are given a forum to able to speak about things; this directs the content of the session.* Head of PSHE



## Evidence-informed practice

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**Name of initiative:** Resource for sex, drugs and alcohol awareness teaching

**Date:** May 2009 and ongoing

**School name:** The Dearne High School, with Barnsley Council and the school's local PCT clinic

**School type:** Mixed ability comprehensive secondary school

**Participants involved:** Students aged 11-16, the school nurse, trained teachers, senior youth worker, The Special Educational Needs Coordinator

**Theme:** Sexual health

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## The activity/intervention

### Resource for sex, drugs and alcohol awareness teaching at the Dearne High School

The 'Resource for sex, drugs and alcohol awareness teaching' programme was developed by Barnsley Council to equip teachers and other practitioners with the best tools to educate local young people. Dearne High School used the resource as a key tool in its sexual health programme. This programme was tailored to the specific needs of the school's students using advice from a number of sources, including the local PCT clinic, the school nurse, a senior youth worker and the students themselves.

The school based its programme on questions on sexual health that students wanted answers to and the findings of a survey of Year 10 students conducted by Barnsley Council on sexual health, drugs and alcohol. In the development stages, Sex and Relationships Education and Science teachers worked together to ensure that there was no overlap of information and that messages were consistent between the subjects. The school held a parents' evening to inform them about the sexual health programme and to encourage their engagement. Sexual health education staff received specific training.

The school aimed to build students' knowledge and understanding of sexual health, and develop their skills and attitudes in communication, confidence, self-esteem, awareness of and respect for others, and general personal learning and thinking skills.



The school took a realistic approach to sexual health, stressing the importance of safer sex and healthy relationships. ' *We are giving the students the tools and the awareness to make informed decisions about their lifestyles*'. PSHE coordinator

The programme was divided in to three sections:

- Relationships
- 'The next steps' – Sex and relationship education
- Healthy Lifestyles

The school has also introduced a number of other interesting schemes. The coordinator worked with a group of girls in the school to create a sexual health information booklet which the girls entitled ' *The Sex Busters*'. A copy of this was given to every student in the school. A 'question box' was provided by the SRE classrooms where pupils could place questions in the box anonymously and a teacher answered them when appropriate.

Sexual health lessons have been generally mixed gender; however the school has been piloting a scheme where boys and girls have some separate lessons as well as lessons together. So far the students have found this useful. Trained staff work with young people who have special needs in a separate group. This is being evaluated through student feedback as part of ongoing assessment.

### **What is the Resource for sex, drugs and alcohol awareness teaching?**

The 'Resource for sex, drugs and alcohol awareness teaching' was developed, along with multi-agency training, by Barnsley Council to equip teachers and other practitioners with the best tools to educate local young people.

The resource targeted the 12-18 age groups. It contained 16 interactive session plans and resources, in hard and soft copy, and up-to-date local film materials – such as a tour of young people's sexual health services, and a teenage pregnancy production by Edward Sheerien School pupils. The 'Whatdoyouknow' website ([www.whatdoyouknow.org.uk](http://www.whatdoyouknow.org.uk)) accompanied the resource. This was developed on the basis of work done with young people. It contains information on sexual health and other issues, along with sources of help and support.

## **Outcomes**

### **How were the outcomes monitored?**

As yet, no data has been available from the school on the impact of the initiative among the students. However some information has been provided by the local health clinic (see below). In 2009 Barnsley Council provided training for the resource; the



outcomes of this training were assessed through a questionnaire of those attending the training day.

## Outcomes at The Dearne High School

The school reported unpublished evidence from the local PCT clinic that there has been an increase in pupils going to the clinic to get condoms and STI testing. After SRE workshops for KS4, there was a 50 per cent increase in the numbers of students visiting the clinic advice.

## Why it works

Evidence shows that this intervention may have worked well because it:

- adopts a whole school approach
- develops behavioural approaches which addresses life skills  
*'We're not telling them, "Don't have sex", because there is no point. We are telling them, "If you are thinking of doing this, go to the clinic".'*
- adopts an interactive approach
- delivers over time, not a one off
- led by trained and credible individuals
- ensures interventions are relevant  
*'There is no point doing it unless you find out what students need in your area. The needs of our students might be different o the needs of students in inner city London' PSHE coordinator*



## Evidence-informed practice

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**Name of initiative:** The World of Tobacco

**Date:** 2010

**School name:** Moor Nook Community Primary School, Lancashire

**School type:** Primary school

**Participants involved:** TACADE, an organisation that promotes the health and well-being of young people, Teachers, Year 4, 5 and 6 children, parents, a smoking cessation advisor

**Theme:** Tobacco education

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## The activity/intervention

### The World of Tobacco at Moor Nook Primary School

Moor Nook Primary School used 'The World of Tobacco' with children in years 4, 5 and 6. The intervention was adapted by the school and tailored to their specific needs. The intervention examined the impact of tobacco and passive smoking on the body. There was a strong focus on choices and decision making, and young people were encouraged to respect others regardless of whether they choose to smoke or not. The course encouraged children to develop self-esteem and self-respect as well as polite and respectful refusal skills. Additionally there was an emphasis on evaluating and understanding the consequences of actions.

Much learning took place through discussion that was guided by the teachers but led by the children; it also involved role plays where they practised polite refusal skills. Pupils made posters and displays about the issue of tobacco and wrote information sheets to share. This provided a form of peer education. In addition, young people fed back what they learnt to their peers at an assembly.

A TACADE conference on the issue of tobacco education provided teachers with information to support them using the resource and a forum for asking questions. A smoking cessation advisor visited years 5 and 6, and also provided education and support to parents during an assembly. Parents were also informed through a newsletter of all tobacco education their children were receiving, and were informed of smoking cessation services available to parents. The school developed strong links with partner



organisations, and work in this area was highlighted in an article published in the Primary Care Trust's *Community Engagement Magazine*. All children and parents were made aware of this article, which again helped to promote discussion in the community about smoking cessation.

The school had a 'whole school approach' to the issue. In order to 'de-normalise' smoking, the school adopted a no smoking policy throughout the school. The community worked with the school meaning that staff, parents and visitors agreed not to smoke on the premises or in the grounds. Parents and staff understood and supported the idea behind the policy of not being seen to be smoking by children in the vicinity of the school. Staff were briefed on the issue of smoking, and the children were encouraged to discuss it at any time.

### **What is The World of Tobacco?**

'The World of Tobacco' was jointly developed by TACADE ([www.tacade.com](http://www.tacade.com)) and the Roy Castle Lung Cancer Foundation. It was a learning resource pack for use with the 5–11 year olds. It included lesson plans and extension activities, photocopiable classroom materials, a series of workshop activities for use with the whole school community and background information for teachers. The resource provided young people with an opportunity to increase their knowledge and understanding of tobacco-related issues, to explore attitudes, feelings and values, and learn practical life skills in relation to cigarettes and tobacco. The resource contained:

- 23 lessons including extension activities that encourage the involvement of family and carers.
- Photocopiable classroom materials.
- A series of workshop activities for use with the whole school community.
- Background papers and information sheets to enable teachers to address this sensitive issue with confidence.

### **What were the objectives?**

The objective were to:

- increase young people's knowledge and understanding of tobacco-related issues;
- explore attitudes, feeling and values surrounding tobacco; and
- learn practical life skills in relation to cigarettes and tobacco.

### **What knowledge did it draw on?**

The World of Tobacco intervention was developed by TACADE in partnership with the Roy Castle Lung Cancer Foundation. It drew on the knowledge of these organisations



as well as best practice literature in the area, and was developed in consultation with young people, parents and teachers.

### **Who was involved?**

Children, teachers, parents and a smoking cessation expert.

## **Outcomes**

### **How were the outcomes monitored?**

The intervention was formally evaluated in this school using Lancashire Primary Pupil Attitude Questionnaires.

### **What were the outcomes?**

After the intervention both year 4 and year 6 had negative feelings towards smoking; this was especially true of the girls. The school appeared in the upper five per cent in Lancashire in terms of the percentage of children reporting negative feelings towards smoking.

The school also noted that:

- Some parents and staff gave up smoking. This may not have been directly attributable to the work done in school, but this work supports the decision to quit.
- There have been improvements in young people's refusal skills and attitudes.

### **What was learnt?**

#### **Advice for others addressing this health need**

Make the issue lively and interactive.

- Bring in outside expertise.
- Emphasise respect regardless of choice.
- Tailor materials to your own young people.

## Why it works

Evidence suggests that this intervention may have worked well because it:

- adopts a whole school approach  
*'Children are prompted to bring up discussions with people. The whole school was made fully aware of what was going on [the intervention].'* – Extended schools contact
- links with the community  
*'[Inviting an external expert] kind of perks the children up. It makes them think this is important even outside the realms of this school.'* – Extended schools contact
- incorporates a peer-led approach  
*'Peer to peer learning has a powerful impact.'* – Extended schools contact
- develops life skills  
*'They learn polite refusal skills... respect regardless of people's choices so that the children could feel like they could be part of a group without adopting all its behaviours. That's creating a cohesive but diverse peer group. It's developing respect for yourself and respect for others, and self-esteem.'* – Extended schools contact
- adopts an interactive approach  
*'Mainly at that age it's about discussion, led by, initially, a teacher but then children work it out themselves... They have to come to that learning themselves ...that's the strongest kind.'* – Extended schools contact
- delivered over time, not as a one off
- starts at a young age  
*'There is less impact in talking about smoking and personal choice when children have already made a choice. If we can get in at a very young age when lifestyles and choices are not set there is more chance of making a positive choice.'* – Extended schools contact
- led by trained and credible individuals



## Evidence-informed practice

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**Name of initiative:** ASSIST

**Date:** 2009-2010

**School name:** Bristol Cathedral Choir School with ASSIST team

**School type:** Academy

**Participants involved:** ASSIST team, two school staff, year 8 students studying PSHE education

**Theme:** Tobacco education

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## The activity/intervention

### ASSIST at Bristol Cathedral Choir School

The school wished to address the issue of smoking within the school through dedicated PSHE education time. Limitations of staffing and time had meant that the school could only provide ad hoc PSHE education workshops and presentations for their year 8 students instead of weekly PSHE education lessons. The teachers also recognised that, while tobacco usage was covered in PSHE education, it was included within discussions about drugs, rather than having a specific focus. The school chose the ASSIST initiative because it targeted year 8 students.

Participating students filled in an anonymous questionnaire to identify the most socially influential students in the year group. The group identified 23 girls and boys (mainly those who were good at sport or theatre, or who were funny or academically gifted). These 23 students went on a two-day offsite course to be trained as peer supporters, accompanied by a member of staff.

### What is ASSIST?

ASSIST (A Stop Smoking In Schools Trial) was adapted from the 'Popular Opinion Leader' initiative for the promotion of sexual health. It targeted students aged 12 to 13 years (year 8) and aimed to spread and sustain new norms of non-smoking behaviour through social networks in schools. The programme focused on both smoking prevention and cessation. Peer supporters were identified by their peers through a



questionnaire, and invited to a two-day out-of-school training programme facilitated by external trainers and health promotion specialists.

Following training, peer supporters engaged in a 10 week intervention during which they had informal conversations about smoking with their peers – when travelling to and from school, in breaks, at lunchtime, and after school in their free time. They logged these conversations in a simple pro forma diary. The programme included four follow-up school visits by trainers to meet with peer supporters to provide support, trouble shooting, and monitoring of peer supporters' diaries.

### **What were the objectives?**

The programme aimed to spread and sustain new norms of non-smoking behaviour through social networks in schools.

The objectives of the training of peer supporters were to:

- provide information about the short-term risks to young people of smoking;
- emphasise the environmental and economic benefits of not smoking;
- develop verbal and non-verbal communication skills, listening skills, the expression of feelings and ideas, group work, team building, co-operation and negotiation, ways of giving and receiving information, and conflict resolution; and
- enhance students' personal development, including their confidence and self-esteem, empathy and sensitivity to others, assertiveness, decision making and prioritising skills, attitudes to risk-taking, and exploration of personal values.

The methods used to achieve these objectives included participatory learning activities with students such as role plays, student-led research, games, small group work and discussion.

## **Outcomes**

### **How were the outcomes monitored?**

The teacher at Bristol City Cathedral Choir School did not conduct any formal evaluation, but instead monitored students' progress informally.

In 2008 the results of a large-scale evaluation of the ASSIST programme (which was at the time a trial) were published. This evaluation involved a large-scale Randomised Control Trial (RCT) involving 59 schools and 10,730 pupils aged 12–13 years in a number of areas (West of England and South East Wales). Twenty schools (5,372 students) were



randomly assigned to the control group to continue their usual smoking education and 30 (5,358 students) to the intervention group.<sup>28</sup>

The evaluation showed that there was a 22 per cent reduction in the odds of being a regular smoker in the intervention schools compared with control schools two years after the intervention.<sup>29</sup>

## Why it works

Evidence suggests that this intervention may have worked well because it contained the following principles.

- adopts a whole school approach  
*'Handing over the responsibility over to a class of students is much more effective than teachers telling kids what they are going to learn today. If they take ownership of something that will always be more effective. That is the key element.'* – Teacher
- adopts normative education approaches
- develops behavioural approaches which address life skills
- adopts an interactive approach
- delivered over time, not a one off
- intervenes early/starts at a young age
- led by trained and credible individuals

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<sup>28</sup> Campbell, R. et al. (2008)

<sup>3</sup> Campbell, R. et al. (2008).