



# Tobacco and Young Person Project 2013

Final Report

July 2014



Prepared for:

NHS Greater Glasgow & Clyde

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# Contents

<b>Executive Summary</b> .....	<b>1</b>
Introduction.....	1
Research Findings.....	1
Good practice.....	4
Recommendations.....	5
Proposed Model.....	7
<b>Introduction</b> .....	<b>8</b>
Background.....	8
Evaluation.....	9
<b>Summary of Tobacco Project 2012</b> .....	<b>11</b>
Research Findings.....	11
Recommendations.....	13
<b>Tobacco Training</b> .....	<b>15</b>
Survey.....	15
Qualitative research with staff.....	16
<b>Prevention and Education: Rangers</b> .....	<b>19</b>
Details of programme.....	19
Session Plan.....	19
Research with Rangers coaches and pupils.....	20
<b>Prevention and Education: Ultimate Soccer</b> .....	<b>27</b>
Details of Session.....	27
Good practice.....	29
Survey with young people.....	30
Impact.....	30
Age of young people.....	31
Barriers.....	32
Future directions.....	32
Underspend.....	33
<b>Prevention and Education: Gorbals</b> .....	<b>34</b>
Details of Activity.....	34
Session Plans.....	34
Teacher Evaluation.....	36

Pupil Evaluation .....	37
Good practice .....	37
Staff evaluation .....	38
Information gathered during the sessions .....	40
The Barn – Change to planned workshops .....	42
Plan for remainder of funding .....	43
<b>Prevention and Education: Castlemilk .....</b>	<b>44</b>
Embedding activity .....	44
Tobacco Awareness Workshops .....	44
Drama .....	45
<b>No Smoking Day .....</b>	<b>47</b>
Rangers .....	47
The Barn Youth Centre .....	49
Gorbals Youth Cafe .....	51
Castlemilk .....	54
<b>Barriers and Challenges .....</b>	<b>58</b>
Barriers relating to running of the programme .....	58
Difficulty justifying and demonstrating longer term impacts .....	59
Ensuring engagement from youth club .....	59
Accessing the least engaged young people, who are more likely to smoke .....	60
Accessing participants to take footage etc. ....	60
<b>Good Practice Model .....</b>	<b>61</b>
Health improvement rather than tobacco specific sessions .....	61
Longer term approach: Resilience model .....	63
Youth organisations delivering programme .....	64
Ensuring interventions are offered in both school and outwith school settings .....	65
External organisations delivering activity in schools .....	65
Using physical activity as method for conveying health messages .....	66
Increasing understanding rather than increasing knowledge .....	67
Early intervention .....	67
Innovative, fun and up-to-date methods .....	68
Assessing knowledge and tailoring programme .....	70
Embedding tobacco into everyday activity .....	70
Partnership approach .....	70
Peer led approaches .....	72
Incorporating more innovative methods of evaluation and social media .....	72
<b>Proposed Model .....</b>	<b>74</b>
Strand 1: Activity conducted within schools .....	74

Strand 2: Activity conducted outwith schools .....	74
Strand 3: Activity undertaken by new organisations.....	75
Strand 4: Activity undertaken by Health Promoting Youth Organisations (HPYO) .....	75
<b>References</b> .....	<b>77</b>

## Executive Summary

### Introduction

The Tobacco & Young People 2013 built on the success and key learning of the project in 2012, and had the overall aim of reducing the uptake of smoking in the South Sector of Glasgow CHP. The model involved commissioning youth organisations within the area to deliver the programme, given the skills and experience of staff and also their established relationships with young people.

Five youth organisations from the local area (two of which were working in partnership) were commissioned to deliver prevention and education work with young people, as well as staff attending a range of tobacco related training. The organisations were Castlemilk Youth Complex, Gorbals Youth Café and The Barn Youth Centre who were working in partnership (thereafter referred to as Gorbals), Rangers Football Club and Ultimate Soccer.

The evaluation involved a mixed method methodology including qualitative and quantitative research with staff and young people. Similar to 2012, conducting the evaluation was challenging due to the lack of engagement and co-operation of some of the organisations involved in the project. Thus, not all activity relating to the key research objectives was collected for each project.

### Research Findings

#### Training

Following key learning from the 2012 project, training was scheduled to take place over one full day. The training consisted of Tobacco and Young People; Cannabis; Alcohol and Tobacco; Licensing; and Illegal and Counterfeit Tobacco.

A staff survey indicated training needs, particularly in relation to cannabis, tobacco legislation and tobacco and fire safety issues. Staff appeared more knowledgeable in relation to the health effects of smoking and second hand smoke. The majority indicated that they lacked experience in conducting work with young people on tobacco related issues, although felt they had the skills and confidence to raise the issue of smoking with young people. All staff considered helping a young person quit

smoking to be relevant to their role, although many lacked awareness of how to refer a young person to local services.

The survey results confirmed the need for staff training on tobacco related issues, which was further supported by the qualitative research. Staff perceived the tobacco training to be a key benefit of the project, and were positive about the information provided and the interactive nature of the training. The training was said to aid staff to develop or refine their prevention interventions, and also arm staff with the knowledge and confidence to respond to young people's concerns, requests and questions on an ad hoc basis (which was said to be key to effective youth work).

### Prevention and Education

The organisations used a range of innovative methods to undertake their prevention and education activity. Details are outlined below.

**Rangers** conducted an 8 week programme (which was linked to the Trade Winds programme) in 7 schools (engaging with approximately 350 pupils from Primary 5 to Primary 7). Each session was 30 minutes of practical activity and a 30 minute workshop covering different issues related to smoking. The activity sessions consisted of basic football skills and fun games, and the practical workshops ranged from brief talks to fun, interactive tasks.

**Ultimate Soccer** provided one off sessions to approximately 150 young people aged between 12 and 18 years old in youth club settings. Young people completed an exercise circuit in pairs, with one completing the circuit wearing a mask (to restrict their breathing) and the other completing the circuit without the mask on. The aim was for the young people to realise how much more difficult and unpleasant it was to complete the circuits wearing the mask. Following the task, the young people had a short discussion with a member of staff about how smoking can restrict your breathing and thus your ability to exercise.

**Gorbals** undertook a 3 week programme with approximately 60 Primary 7 pupils in 2 local schools on tobacco awareness, peer pressure and resilience. The first two sessions were based on session plans created in 2012. The aims of the workshops were to increase knowledge on the physiological

effects of smoking, social influences on smoking, skills to manage peer pressure, and resilience. The organisations plan to conduct a drama later in the year with the remainder of the funding.

**Castlemilk** strongly embedded tobacco prevention into their everyday activity (particularly at their youth drop in). They are also in the process of producing a drama on tobacco related issues with pupils in S2 and S3, with the aim being to show the drama in local primary schools at the end of the 2014 term.

### No Smoking Day

Each organisation (other than Ultimate Soccer who were not funded to do so) ran an event for No Smoking Day.

**Rangers** held their No Smoking Day event at Murray Park, to 'reward' the pupils who had taken part in their tobacco and fitness programme. Approximately 100 young people from three schools attended the event. The event consisted of a series of activity stations for young people. The coaches also spoke to young people informally to gain a sense of what they had learned from the tobacco programme.

**The Barn Youth Centre** conducted an event to promote healthy lifestyles choices with young people, particularly around the issue of tobacco use. The event was attended by approximately 40 young people aged from 8-21 years old. The theme of the event was influenced by the sessions undertaken by Ultimate Soccer – to use physical activity to convey messages surrounding tobacco use. Young people took part in tobacco themed activities, and also completed an activity on a bouncy castle while wearing a paper mask.

**Gorbals Youth Café** ran a carnival themed event designed by young people. The event had various tobacco themed activities (such as information stands, Cigarette skittles, ball pits with tobacco questions and answers taped to the balls) with the young people then being rewarded with a silent disco for completing the activities.

**Castlemilk** ran their event at one of their Sub Zero discos which was attended by 89 young people. There were various tobacco related activities arranged for the young people in the 'chill out zone'

including the smoking resources, the straw assault course and the 'smoking wall' where young people were encouraged to share their thoughts on smoking. Big Cig was also in attendance.

### Barriers and Challenges

Many of the barriers faced were in relation to the management of the project and ensuring commitment, engagement, communication and participation from some of the projects. This required much effort from the steering group and the researcher, and has limited the impact and learning from the project. Other barriers included general problems demonstrating the impact of preventative activity, ensuring the activity engaged the most vulnerable and most in need and problems negotiating access and gaining permission to collate media evidence.

### **Good practice**

The operation of the project resulted in a number of instances of good practice which included the following.

- A focus on health improvement rather than topic specific interventions: This would involve undertaking consultation with staff, providing training as required and encouraging the delivery of interventions driven by the needs of the young people. Alongside this however, is the clear need to ensure that activity is focused on the Health Improvement and Scottish Government targets surrounding tobacco, alcohol and obesity.
- A longer term approach - Applying a resilience model: Undertaking preventative work with young people necessitates a longer term approach, with the resilience model being suggested as a means of equipping young people with the skills required to make positive choices in relation to a range of risky health behaviours.
- Physical activity, and more generally the use of fun and innovative methods, appeared to be particularly successful in ensuring positive engagement from young people.
- Ensuring objectives focus on increasing understanding rather than simply increasing knowledge.

- Providing interventions in both school and outwith school settings, to ensure engagement with as wide a range of young people as possible. Commissioning non-teaching staff to conduct interventions in schools.
- Early intervention: The need to begin work as early as possible (i.e. primary 4) and reinforce, particularly in primary 7 which was viewed as a key time of transition.
- Commissioning youth organisations to conduct activity with young people, allowing for their skills and experience to guide the activity, can help to ensure the effective delivery of interventions. This model of external organisations visiting schools to deliver activity has real merit. However, strict management of such organisations is also necessary.
- Embedding tobacco related activity into everyday practice is a key element of good practice, which appears to be possible due to the increased knowledge and confidence of staff gained from the tobacco training.
- Partnership working, particularly between the NHS and youth organisations, is key to the success of the project.
- Peer led approaches and the use of social media for the delivery and evaluation of interventions should be considered.

## Recommendations

Key recommendations included the following.

- The delivery of health improvement rather than specific tobacco sessions are considered, with young people being consulted on the health issues most pertinent to them, with future sessions being developed to meet their needs.
- Tobacco training which involves implications for practice continues to be offered to staff. Staff training needs are assessed, with staff then being directed to any training opportunities which address their needs.

- A long term approach is applied to the project, with increasing resilience among young people being a key aim.
- The objective of the project should focus on increasing understanding of tobacco related issues (using methods such as physical activity so young people can feel what it is like to be a smoker) rather than increasing knowledge
- Interventions are offered both in and out with school settings, with non-teaching staff being commissioned to conduct interventions in school settings.
- Preventative work begins as early as possible (e.g. Primary 4) but that interventions are definitely offered during Primary 7 before young people transition to high school.
- Innovative, up-to-date and fun methods of delivering interventions are considered.
- Commissioning youth organisations to undertake the project is continued as long as additional effort and monitoring is involved to ensure the organisations deliver on agreed activity and outcomes, communicate with the steering group, and participate fully in the evaluation.
- Payment to organisations is linked to key agreed outputs rather than full payment being made at the beginning of the project.
- The embedding of tobacco related activity into everyday practice is encouraged.
- Partnership work should continue to be an important element of the project, particularly the collaboration between the NHS and youth organisations.
- The sharing of good practice, and opportunities for joint working, are encouraged.
- Peer led approaches are encouraged and utilised whenever possible.
- The use of social media, both for the delivery and evaluation of interventions, is considered.

## Proposed Model

Going forward, to ensure the smooth running of the project and in order to utilise lessons learned and good practice, it is recommended that the project involves three different strands.

1. One organisation conducting a tobacco programme in schools consisting of physical activity and innovative workshop. This programme would link to existing tobacco programmes in schools such as Trade Winds.
2. One organisation conducting a 2 session programme with young people out with the school setting, using physical activity with apparatus to restrict breathing followed by an innovative workshop. This programme would focus on engaging with more hard to reach groups.
3. New organisations being provided with training and being given the challenge of developing innovative, up to date and fun methods of delivering interventions.
4. The continuation of tobacco prevention work delivered via the developing Health Promoting Youth Organisations (HPYO) model. The premise of the model is that applying a health promotion approach can support positive mental health and prevent risk-taking behaviours among young people. Youth organisations are commissioned to conduct work in the field of health promotion which best meets the needs of their young people.

## Introduction

### Background

The Scottish Government strategy on tobacco control (Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland) set a target of reducing smoking prevalence to 5% by 2034. In their Smoking Prevention Action Plan, the Scottish Government set a target of reducing the prevalence of regular smoking among 15 year old girls from 18% in 2006 to 14% in 2014, and among 15 year old boys from 12% to 9%. Recent SALSUS data indicates that approximately 13% of 15 year olds are smokers, which is the lowest rate of prevalence since current surveys began in 1982.

The Tobacco & Young People 2013 built on the success and key learning of the project in 2012, and had the overall aim of reducing the uptake of smoking in the South Sector of Glasgow CHP. The model involved commissioning youth organisations within the area to deliver the programme, given the skills and experience of staff and also their established relationships with young people.

The model for the project focused on partnership working, with youth organisations and the NHS working collaboratively to deliver effective prevention and education activity to young people. Partnership working and the third sector with their abilities to engage with and represent local communities are emphasised in Creating a Tobacco-Free Generation

The aim of the project was to be achieved by the following.

- 1) All staff participating in relevant tobacco training. This included training on: Tobacco and Young People; Cannabis; Alcohol and Tobacco; Licensing; and Illegal and Counterfeit Tobacco.
- 2) The youth organisations participating in No Smoking Day (NSD) 2014.
- 3) The youth organisations developing and delivering a tobacco prevention & education programme in line with the 'Tobacco & Young People Toolkit'; and
- 4) The youth organisations fostering and embedding wider strategic links.

Five youth organisations from the local area (two of which were working in partnership) were commissioned to deliver prevention and education work with young people, as well as staff attending a range of tobacco related training.

The youth organisations were as follows.

- 1) Castlemilk Youth Complex (referred to as Castlemilk throughout the report) is a youth arts facility which engages with young people in Castlemilk and the South side of Glasgow between the ages of 12 and 25.
- 2) Gorbals Youth Café and The Barn Youth Centre (referred to as Gorbals throughout the report) are both youth projects operating in the Gorbals area. The projects jointly delivered prevention and education sessions in school, and ran their own No Smoking Day Activity.
- 3) Rangers Football Club reach and engage with young people in communities using football as the delivery vehicle. The aim and approach used is in line with the City's strategic directive; "providing opportunities for young people to become involved in structured and positive activities that tackle social issues, healthy lifestyles, drug awareness, anti-social behaviour, crime reduction, and community development". The club acknowledges their social responsibility and aim to play a key role in the social regeneration of Glasgow at both an individual and community level.
- 4) Ultimate Soccer provide high energy, structured football and sport sessions to young people of all ages and abilities across Glasgow.

## Evaluation

The evaluation involved a mixed method methodology including qualitative interviews with project managers and staff, a staff survey on training, focus groups with staff at development days, development of evaluation and monitoring materials for projects, qualitative and quantitative research with young people involved in prevention activity, and a validation focus group with staff. The aim this year was to include more media evidence, with organisations providing photographs and other media evidence.

Similar to 2012, conducting the evaluation was challenging due to the lack of engagement and co-operation of some of the organisations involved. Thus, not all activity relating to the key research objectives was collected for each project. Due to delays in timescales, some of the organisations have not completed their planned activity, which will not now be captured in the evaluation. Details of this are included in the report.

The following chapter outlines key findings and learning from the 2012 project.

## Summary of Tobacco Project 2012

The 2012 project followed a very similar model to the current project, other than additional activity in relation to smoking cessation and development of smokefree guidelines for the organisations. This chapter outlines some of the key findings and recommendations that impacted on the development of the project in 2013.

### Research Findings

#### *Tobacco Training*

Research with staff indicated training needs in relation to tobacco, with the project being of value to staff both in terms of the training opportunities and the opportunity for staff to gain experience in tobacco related work with young people. In general, the training courses were perceived to be both relevant and beneficial, with staff feeling more confident and able to raise the issue of smoking with young people. In particular, the Tobacco and Young Person training was well received, with the delivery technique said to be excellent and youth work friendly, and the interaction and use of exercises said to provide useful examples and implications for practice. Project leads faced challenges scheduling training for staff. As such, changes were made to the training schedule for 2013, with training taking place over one day.

#### *No Smoking Day*

Organisations used a range of means to conduct their No Smoking Day Activity. In most cases, the event was tied in with one of the organisations' existing events (i.e. the project being incorporated into daily practice) which appeared to work well. Organisations used their skills and specialisms to convey important messages, using innovative methods to ensure the young people found the event enjoyable.

#### *Smoking Cessation*

Throughout the course of the project, both youth workers and steering group members recognised that undertaking smoking cessation groups with young people was not an achievable objective. Key learning from the 2012 project was that resources appear to be better spent on prevention and education activity than smoking cessation, with it being hoped that conducting prevention activity

would have the impact of encouraging young people to request a smoking cessation service in the future.

### *Prevention and Education*

Organisations used their expertise to conduct prevention activity using various methods. However, in certain organisations, work was delayed or work specified in the application was not undertaken, indicating areas for improvement in relation to the management of the project. A key result was the way in which smoking prevention activity was embedded into everyday activity which was a real strength of the project.

The success of prevention activity appeared to be reliant on good management by the organisation, consulting with young people as to the best methods, engaging young people in all aspects of the process, use of the smoking resources to capture interest, and using the skills and expertise of the youth organisation to develop innovative methods of engaging young people.

### *Strategic links and embedding tobacco into organisation*

Key benefits of the project were the coming together of youth organisations to share best practice, the partnership working between the NHS and youth organisations, and involvement in the project placing smoking prevention higher on the agenda within the organisation. The development sessions were viewed as good practice, where organisations could share their progress and also highlight effective pieces of work.

### *Barriers, Lessons Learned, and Positives*

As with the implementation of any new project, there were various barriers and challenges faced. These included: difficulties faced by project leads scheduling staff to attend training; time delays in terms of staff attending training, and session work being planned and undertaken; projects recognising the importance of evaluation and the effort required to stress the value of the evaluation and to gain engagement from staff; and barriers faced by the steering group in managing the project including commitment required to encourage projects to undertake the work they had committed to.

There have been a range of significant benefits and learning from the project. These included: the ethos of the project; that the youth organisations were given the time and space to use their skills and create their own ways of working with young people on tobacco related issues; the youth organisations using their established relationships with young people as a basis for raising the issue of tobacco; the flexibility of the steering group in terms of allowing the projects to change their outputs, based on their learning from training and feedback from young people; positive partnership working between the organisations and NHS staff; the information and knowledge gained by staff through training; the coming together of the different organisations in terms of sharing ideas and practice, recognising the different ethos of the organisations, learning from each other etc.; and changing the general culture towards smoking among staff.

## Recommendations

Recommendations included the following.

### *Tobacco Training*

- The training schedule is condensed to run over a one week period, with organisations being provided with training dates as far in advance as possible.
- The importance of attending training sessions is communicated to staff at an early stage.

### *No Smoking Day*

- Organisations use innovative methods to provide an enjoyable event for young people.

### *Prevention and Education*

- Projects are given more specific deadlines for their prevention and education activity.
- Where possible, such activity is embedded into the organisation.
- The importance of monitoring and evaluation is communicated to projects as early as possible, and that organisations are required to work closely with the research team to ensure all such activity is evaluated.

- If working in schools, the organisations should work alongside the CHP to ensure the activity fits alongside work already being conducted on tobacco.
- Organisations are required to provide monthly feedback on the development of such activity, including any examples, so any training or support needs within the organisation can be identified.

#### *Strategic links and embedding tobacco into organisation*

- The effectiveness of integrating and embedding tobacco activity into the organisation is encouraged and highlighted to organisations.
- Development sessions form a key part of the project in 2013.

#### *Barriers, Lessons Learned, and Positives*

- There is tighter management of the projects in 2013, to prevent slippages in timescales and a lack of activity by some organisations.
- The model of the project, that youth projects are commissioned to conduct tobacco related work with young people, is continued.
- Wherever possible, young people should be involved in driving the project.

## Tobacco Training

Following key learning from the 2012 project, training was scheduled to take place over one full day. The training consisted of Tobacco and Young People; Cannabis; Alcohol and Tobacco; Licensing; and Illegal and Counterfeit Tobacco.

Commitment to training, even at this early stage of the project, was variable and fairly representative of problems experienced by the steering group in terms of staff attending scheduled monitoring meetings and providing feedback.

Staff who had attended the training completed an evaluation questionnaire at the end of the session, and also took part in qualitative research.

### Survey

A total of 13 staff members who attended training completed an evaluation questionnaire (5 from Rangers, 4 from Ultimate Soccer, 2 from Castlemilk, 1 from Gorbals and 1 from Sunny Govan). Given the small number of responses, the results should be interpreted more qualitatively than quantitatively.

#### *Knowledge*

Staff were asked how knowledgeable they felt in relation to a number of smoking related issues. The results indicated training needs, particularly in relation to cannabis, tobacco legislation and tobacco and fire safety issues. Staff appeared more knowledgeable on the health effects of smoking and second hand smoke.

When asked if there were any particular areas where they would like more knowledge, responses included how to help a young person stop smoking and raise awareness of the dangers, how to deal with a young person that smokes, how to influence people to not smoke, and more general knowledge on smoking related issues.

#### *Experience and skills*

Staff undertaking training did not appear particularly experienced in conducting work with young people on tobacco issues, with the majority indicating that they were not very or not at all experienced.

However, staff were in general agreement that they had the skills and confidence to raise the issue of smoking with young people, perhaps as they are experienced youth workers. When asked what skills are necessary for engaging with young people on smoking issues, respondents provided the following responses: confidence; knowledge; communication and listening skills, ability to build rapport; ability to keep young people engaged and interested and convey certain points. Staff also considered it important to have patience, concern and be approachable.

#### *Awareness of services and resources*

Respondents were aware of Nicotine patches, mints and chewing gum, and electronic cigarettes. Respondents also mentioned smoking cessation groups, the NHS Smokefree Services team and the NHS helpline. However, the majority of staff were either not very or not at all aware of how to refer a young person to local services.

All staff considered helping a young person quit smoking to be relevant to their role.

The results confirm the need for staff training on tobacco related issues, to ensure they are well equipped to deliver tobacco sessions, answer questions that arise and provide support when required. This was further supported by the results of the qualitative research described below.

#### **Qualitative research with staff**

##### *Increased knowledge and confidence*

Overall, the training was perceived to a key benefit of the project as it 'armed' staff with the tobacco related knowledge they required. Staff were very positive about the training, and in particular, the interactive nature of the training.

*We want to give all the people that work with us the tools to work with young people. And now all our staff have the 'smoking' tool. It was a different class, it was excellent. We learned so much from it.*

*It's the arming us with knowledge that has been fantastic because as much as we try and keep up with the trends, it's good for us to have the facts because that's what the young people need, they need the knowledge so they can make the choices.*

There was varying levels of confidence and knowledge among staff in relation to tobacco before undertaking the training. For example, some had deliberately avoided the topic in any depth with young people as they lacked the confidence and knowledge to answer questions effectively, while others had spoken to young people in more general terms, and were actually unaware of how much knowledge they lacked in this topic:

*Before, you would almost shy away from it, because you knew you didn't have the knowledge to answer their questions.*

*I had done a bit of work before about helping people to make a positive decision...but the training definitely highlighted that I had knowledge gaps.*

The training was said to provide useful knowledge for staff to develop (or amend) their tobacco programmes and answer ad hoc questions posed by young people. Staff commonly spoke about the need to be reactive to the needs of young people, and answer questions honestly and accurately at any time, and so felt the training had equipped them with much needed knowledge in the area.

*It's great to get that type of training so that when we are speaking about smoking that we've got actual facts...so that part of it was really beneficial for us...*

*It gives us a much better understanding, because young people will always ask tough questions and try and catch you out so the training has armed us with information to respond to those questions.*

*I wouldn't have been able to do the sessions properly and get myself out of some tricky situations with the young people.*

The training was said to remove the need to call on specialist organisations to deliver smoking based sessions as staff were now able and equipped to do so, whereas they still needed partnership organisations to deliver sessions on e.g. alcohol and drugs:

*We still use other services to talk about alcohol or drugs or sexual health, whereas for smoking, we don't need to use anybody else.*

They also mentioned sharing the information gained through training with other staff in the organisation, to ensure all staff were well-equipped and that tobacco remained high on the agenda.

*We continually reinforce so during training, we'll run over some of the easier things that were covered during the training and we'll ask our staff to showcase maybe things they have developed themselves around smoking....*

Critically, staff spoke of feeling more confident and equipped to deal with the issue effectively.

*I definitely felt after it that I was in a better position to speak to young people about it. I felt more confident that I would know what to say and how to challenge them.*

As well as being more informed a key benefit was staff expanding their knowledge and approach to consider health improvement as an outcome:

*The difference from my staff has been huge because they're going into projects now, not just thinking about creating nice football, but more thinking about we need to try and change some lives here....so if they are smoking, let's make sure we're giving them the evidence...whereas my coaches would have never done that before because they hadn't had that training.*

#### *Implications for practice*

A key benefit for staff was the practical examples and implications for practice provided through the training (this is a significant improvement to 2012 when staff complained about this issue). Staff mentioned using specific examples provided during the training to develop their sessions, which were said to be heavily influenced by the training.

*There was a lot of information on different ways to pass the messages to young people, which was so useful. We wrote our programme right away, after being along at the training.*

*We did an exercise straight from the workshops, lifted right from it and it worked really well. It really helped the coaches think about the session. I thought the bit when they had the young people playing the silly games, I thought that was perfect. I thought that's the sort of stuff that could get done at a youth club...and would go down well, so the games bursting the balloons, role play stuff.*

Staff also liked the materials, including the information booklet they were provided with:

*The materials were really strong. So you got a booklet away with you which you could look at if you were unsure*

*That was really good for us, the information that we gained and then we get the wee resource packs to take away with us...It was great and when it came to constructing the programme or topics, you can just look back and go from there. The training was great.*

## Prevention and Education: Rangers

### Details of programme

Rangers ran an 8 week programme in schools from September 2013 – April 2014 which aimed to educate pupils on the dangers of tobacco using innovative methods. The programme made links to the Trade Winds programme where possible. The programme was delivered to approximately 350 children across 7 schools (Crookston, Cardonald, Darnley, Ibrox, Merrylee, Craigton and Mosspark), and undertaken with 14 primary classes, ranging from Primary 5 to Primary 7.

The programme consisted of weekly 1 hour sessions undertaken by a Rangers football coach. Each session was 30 minutes of practical activity and a 30 minute workshop covering different smoking related issues. The activity sessions consisted of basic football skills and fun games, and the practical workshops ranged from brief talks to fun, interactive tasks.

### Session Plan

The session plan is detailed below.

Week 1	Introduction outlining the purpose of the programme, questionnaire to assess current knowledge of tobacco related issues, discussion of myths and facts.
Week 2	Body map task which includes drawing outline of a body, naming body parts and detrimental effects of smoking on the body.
Week 3	Discussion of influences on smoking on older and younger people, and what a cigarette is made of.
Week 4	Discussion of sports role models and impact of smoking on fitness, money spent on cigarettes and drugs, and first impressions of smokers.
Week 5	Practical session
Week 6	Second hand smoke, how to quit smoking and how not to start smoking.
Week 7	Pupils making posters on different smoking topics to be displayed in their school.
Week 8	Question and answer session and evaluation questionnaire.

## Research with Rangers coaches and pupils

Qualitative interviews were conducted with two Rangers coaches on three separate occasions throughout the programme. The researcher attended sessions at 2 schools (Crookston and Craigton) to conduct focus groups with pupils to gain their impressions of the programme. Pupils also completed an evaluation questionnaire at the end of the programme. Pupils from one of the schools sent letters to Rangers about both the tobacco programme and the No Smoking Day event. Exerts from the letters are included in the discussion below.

### *Pupil survey*

The discussion below relates to a sample of 74 questionnaires completed after the end of the programme.

Participants were asked to indicate their agreement with a list of statements about their knowledge of tobacco and fitness related issues following the session. The results were resoundingly positive, with almost all pupils agreeing after the session that:

- I know the effect of smoking on the body
- I know what makes young people start and keep smoking
- I know what difference smoking makes to your fitness
- I know what cigarettes are made of
- I know the effects of second hand smoke on my body.

These results appear extremely positive in terms of short term outcomes of the session. However, such positive results need to be viewed with caution as it can be that surveys with young people can be overly positive as they are willing to please. However, the results of the qualitative research do support many of these findings, with young people indicating their knowledge on tobacco related issues and their negative attitudes towards smoking (as discussed throughout this chapter).

Participants were also asked the most important thing they learned about smoking.

- Just under half mentioned the negative impact of smoking on the body, such as the effect on the lungs and heart, the possibility of cancer and premature death.
- Around a third mentioned what cigarettes are made of, with young people mentioning that a cigarette has over 4000 chemicals and others mentioning rat poison.
- Around a quarter said they had learned never to smoke.
- Around a tenth said that smoking was addictive.

### *Overall opinions*

The coaches were extremely positive about the programme and felt that it had been effective in raising awareness of tobacco related issues among young people (based on their experience of running the programme and feedback from pupils and teachers). Young people were said to have engaged well, enjoyed the sessions and also retained important information.

*As soon as they come into the session, they're excited and they want to learn and even when you get to the workshop part of the session, they're all really engaged and asking lots of questions....I think no matter how much they knew, they picked up one or two wee points from the project. I think every person definitely took something away.*

### *Good practice*

The programme appears to comprise many elements of good practice in relation to delivering tobacco related work with young people (as discussed in more detail in the Good Practice chapter). These include:

- Using innovative approaches; specifically activity alongside the workshop element
- Ensuring the sessions are fun, and therefore memorable
- An external organisation delivering the project in schools
- Using the prestige of the club name to attract interest from pupils
- Establishing baseline knowledge of tobacco related issues

To summarise:

*We feel it has been successful, and we used the club as people recognise Rangers and they are engaged straight away, as soon as your coaches go in. The teachers have all enjoyed it, they thought the delivery has been a different class...and the kids have enjoyed it which is the main bit. If they enjoy it they should learn something. If they don't enjoy it, they will probably disengage and talk about something else...We've been delighted with the programme, it's worked really well....I think the schools have seen the benefit of us coming in and I think they would be delighted to have us back in....we are just hopeful that we can expand it or continue the programme.*

*Model: Activity then Workshop*

Key learning from the project appears to be the success of the model of using activity alongside a more traditional workshop to convey information to young people. This was supported by the research with staff and young people. Benefits included the young people enjoying the activity and having a chance to expend energy which meant they 'bought into' the education part of the session. This was a frequent comment mentioned by the young people. It also allowed for the young people to establish a relationship with the coach, and view him less as an authoritative figure.

*We are quite lucky that we have the physical activity side, fun games for the young people so we get that buy in and then we'll deliver the messages at the same time...we've offered the football coaching as a catch...The kids are responding to it really well, they've been fantastic.*

*You have fun and then you're learning as well. (Young person)*

*It's quite boring to be sitting in a classroom so it's more fun to run around first and then you don't mind sitting as much and you're more in the mood to listen. (Young person)*

The coach also mentioned that the activity element was useful to use as a 'reward'. That is, young people participated and engaged well in the workshop element because they enjoyed the activity, and wanted to do so again the next week.

*That is one of the main reasons why it has worked well...they work hard for you in the class and they give you a bit of respect because they know they're going to get football the next week and they're going to enjoy it and they are learning a lot from the football side of things as well and they won't get that if they're not behaving or not working well or not applying themselves fully.*

We thought it was an excellent idea to come to our school and talk about tobacco and learn football skills. Marc was a really fun coach and we learned lots with him. It is a really clever idea to teach us about the dangers of smoking but at the same time have fun. (Pupil letter)

We thought this was a really good idea. We thought that when Marc did the football first then the smoking activity, that was good so that we were not sitting in the classroom the whole time. (Pupil letter)

He was really fun but still taught us a lot. It was great that we got to play games and learn. (Pupil letter)

He taught us a lot about tobacco and he helped us with our physical health. When he came, we never had to do work and that was great! (Pupil letter)

A further key benefit is the link made between exercise/being fit and smoking. Young people commonly made the link between the two, and were aware that their ability to exercise would be negatively affected by smoking. They found this different approach towards teaching about tobacco interesting and relevant.

*We go outside and get our hearts pumping and our insides going and then it shows us, if we were to smoke, we wouldn't be able to do that as well. (Young person)*

*Earlier in school we have been taught about it, but it's not really been telling us much about how it affects you fitness. (Young person)*

*It teaches people like us who want to be good football players. It teaches us what the right choices are. If you want to be fit then you shouldn't smoke. (Young person)*

#### *Establishing baseline knowledge*

During the first session, young people completed a quiz on smoking to establish their knowledge and ensure that the sessions would be pitched at the correct level. A common theme running throughout the evaluation is the fact young people often have pre-existing knowledge of tobacco related issues, and thus the need for more creative and innovative methods to convey key messages. Thus, establishing baseline knowledge would appear to be a useful first step. Staff did highlight that there were always gaps in their knowledge, thus necessitating further awareness raising of the topic:

*For some of them it was a new subject and some can tell you everything you need to know, so it's just getting an idea of what we need to do with them and what not.*

We thought it was a good idea that they gave us a questionnaire on the first week, to know what we already knew about smoking. (Pupil letter)

### *Increasing knowledge*

As well as enjoying the activity, pupils also seemed to enjoy the workshop element of the session.

*We've learned a lot from this, and it's really interesting. (Young person)*

When asked what they had learned, pupils mentioned:

- The effects of smoking on the body (breathing, energy levels, heart, teeth and hair)
- That smoking can reduce your life expectancy by 16 years
- That cigarettes have over 4000 chemicals
- That nicotine is addictive
- Second hand smoke

To illustrate:

*We've been learning a lot about passive smoking and that if your family smoke, you've got a much better chance of smoking. (Young person)*

*It can damage your heart because it's not pumping blood around your body. It can turn your teeth yellow and hands yellow. (Young person)*

*Your lungs go all black and the tar stays in there and it can't get out...it will give you a shorter life. (Young person)*

*I've learned a lot because I didn't know that much...I've learned that it has nicotine and ash and over 4000 chemicals. It can affect your brain and your heart and your lungs. (Young person)*

### *Aspects of the session that worked best*

The coaches felt that the interactive and practical aspects of the sessions were well received, such as the human body task. Another important aspect was having a range of activities for the young people to take part in.

*The practical ones...They like the human body task...it was interactive and they really enjoyed it but they take in the information they are getting...I think those interactive ones definitely work best. The main feedback we got was how much they enjoyed the practical and how well the sessions were constructed.*

*I think it's got to be something different. If we go out and say what is inside a cigarette for 8 weeks they would tune out so we are making different things, the poster and body map to engage in different ways...Although they are learning, they are not really thinking about the learning.*

The sessions on second hand smoke and famous sports personalities appeared to particularly resonate with young people.

*The sports personality one worked really well...because obviously a lot of the kids look up to them so they are role models....that kept their attention as well.*

He showed us how it affects some famous sports people. He spoke about what would happen if Andy Murray and Usain Bolt smoked. We think this was a good way of showing us what could happen!  
(Pupil letter)

The poster task, as well as being enjoyable for pupils, also generated posters which were then displayed in the school in order to raise awareness among other pupils.

*One of the teachers...said they had put posters up around the school so it didn't just impact that specific class; it had an impact on the rest of the school because they obviously got to see all the messages which is really encouraging.*

### *Existing relationship with schools*

A significant enabler in terms of arranging sessions and gaining access was the already established relationship between Rangers and the local schools. The recognised Rangers brand aided this process, both as the pupils react well to the brand and the schools assume the programme is credible and will be well delivered.

*Having the existing relationship with schools...it fitted really well in terms of developing a programme.....I did wonder if the schools would be OK taking on the smoking message, but they've been really keen to get involved...Having a Rangers coach coming into the school and delivering the message certainly helped.*

#### *Age of pupils*

The sessions were delivered to pupils in Primary 5 – Primary 7, which was viewed to be the perfect age range for these types of sessions.

*Most of them were Primary 5's. I think that was about perfect, they weren't too young....any younger you might not have engaged or got a good reaction back.*

#### *Improvements*

The only suggested improvement from pupils was to extend the programme.

*It's been a pleasure. I would do it for the full year that we're at school. I'm not getting bored at all. I just love playing football and I'm sure there's much more to learn. (Young person)*

There is an article on the Rangers website on the tobacco and young person project:

<http://www.rangers.co.uk/news/club-news/item/6678-tobacco-project-benefits-youngsters>

## Prevention and Education: Ultimate Soccer

Ultimate Soccer delivered total of 31 one-off sessions to young people aged between 12 and 18 years old in youth club settings. Details of the organisations involved are in the table below.

Organisation/Location	Number of young people/adults	Number of groups (sessions delivered)
Govanhill Park	17	2 groups (4 sessions)
Larkfield Centre	16	1 group (1 session)
COJAC Centre	34	3 groups (6 sessions)
Saturday Cafe	12	4 groups (4 sessions)
Ozzy Youth Group	15	3 groups (6 sessions)
Way to Go Cafe	36	3 groups (6 sessions)
Girl Guides Cathcart Church	10	2 groups (2 sessions)
Darnley Youth Club	12	1 group (1 session)

Qualitative research was undertaken with two members of staff from Ultimate Soccer. The researcher also attended two of the sessions to interview young people. One of these sessions involved young people from the Roma community, with some of the interviews being conducted alongside a translator.

### Details of Session

The young people took part in warm up exercises and were then separated into pairs. In each pair, both young people completed an exercise circuit, one wearing a mask (to restrict their breathing) and one without the mask on ("the circuits are a good way to do it because everyone has different fitness levels and it's based on effort"). The circuits lasted for approximately 15-20 minutes. The aim was for the young people to realise how much more difficult and unpleasant it was to complete the circuits wearing the mask.

*They were working in twos, one had the mask on and one didn't...it was quite easy to see what they were struggling with.*

After the activity, the group had a 10 minute discussion about the purpose of the task and the impact of smoking on the ability to exercise.

*The chat is really about them leading the conversation, so asking them questions...How did they feel? Why did they take the mask off? So you're looking for them to say that they couldn't breathe because they couldn't get any air into their body and then you can link it to smoking.*

The session was purposively not introduced as being related to tobacco, partly to determine whether young people would guess the purpose of the exercise, and also as staff thought young people may have already received much tobacco education and did not want to discourage them from taking part. Interestingly, young people realised immediately that the purpose of the session was to recreate the feeling of exercising while being a smoker.

*It was not introduced as an activity based around smoking, partly due to the perception that young people undertake much education in relation to tobacco...I think they were quite clever...they obviously clicked straight away. They were turning round and saying 'obviously my lungs would be affected and that's why we used the mask'. The idea behind it was we wanted the young person to take the mask off and basically throw it away and say 'I'm not doing it with that on'.*

Staff described how they used the masks as a means of highlighting the negative impact of smoking on positive activities such as exercising. They also highlighted that alcohol and drugs were often raised spontaneously by young people through these discussions, and that they again used exercise as a deterrent to taking part in these harmful behaviours.

*We have a discussion about exercise and ask them how good you feel after they have exercised. We then explain that the harder you work, the more oxygen you need, so you need to breathe deeper. We then explain that by putting the mask on, the extent to which you can breathe deeply is restricted, so your lungs were working harder so you get more tired. Then we ask who might face this problem? They all know it is a smoker, so it introduces the topic of smoking really well. And then if they mention alcohol, it's all health issues at the end of the day. So we tell them if we're doing things like smoking or drinking, is it going to make us feel any better when we exercise? So what we need to think about when we're doing exercise is that we need to leave all the other stuff behind. Because it gives us a great feeling when we exercise.*

Staff decided on an exercise rather than football theme to encourage both sexes to be involved (although during further development of the session, staff realised that any team activity could potentially be dangerous when wearing masks and so decided on individual activity).

## Good practice

The sessions include many instances of good practice including:

- Innovative methods which increase the impact of the session by making it more memorable and a 'talking point'

*It's all very well lecturing young people and showing them PowerPoint slides but...if it can leave a lasting impression, they can feel themselves how smoking can have an impact on them and their health...the practical stuff, that's what sticks, that's what you remember. Something you carry out, that's what you understand and that's how you learn. I think the more people we can get involved, the message spreads...and it's attractive because it's a wee bit different so people talk about it, it's a talking point.*

- Finding a different method of conveying messages to young people. Both staff and young people emphasised that by the time young people are aged 12 years and above, they will more than likely have received tobacco education through schools, youth clubs etc.

*There are so many great youth organisations out there who are getting the message across so we felt there wasn't much left for us that we had to say, so it was more about showing them. To do something different.*

*Most of us already know. We're taught about smoking all the time. I don't smoke because it's pointless and disgusting. But this made me realise how it would feel, so that was different. It made me pay attention. (Young person)*

*We've learned a lot about it in school. They tell you it's bad for you and you shouldn't do it. They also showed us these wee lungs and they were covered with tar and they had these wee monitors to check our breathing and they told you what can happen to your lungs, and what can happen inside you. So we've kind of heard it all. But this was so different, it was a nice change. (Young person)*

- Fun methods

*Its fun...they're coming in, they're doing something active, they're getting a benefit out of it, they're getting a feel good factor out of it and obviously they're getting information.*

*We thought we would make it a bit more innovative and a bit more fun, so put a twist on the traditional exercise class.*

## Survey with young people

Participants were asked to complete an evaluation questionnaire at the end of the session. A total of 33 young people completed the questionnaire, with the results being described below,

- Around four in five respondents agreed that the session made them know more about what smoking does to the body
- Around two thirds agreed that the session made them think differently about smoking. Around a third said it made them think smoking is bad, and around a third said it made them think about what smoking does to the body.
- Almost all said the training aspect of the session such as doing press ups, running and the ladder activities was the best thing about the session. This is perhaps unsurprising as the significant majority of the task comprised the physical activity.
- Participants were then asked the most important thing they had learned. Around two thirds said they had learned that fitness is important and that smoking can have a detrimental impact on their health and fitness.

## Impact

Staff were very satisfied with the sessions, both in terms of the young people's reaction and engagement in the activity and also in terms of the apparent impact on the young people.

*The mask was just really there for the impact and straight away it got the impact I was looking for. It's been great. The reaction from the kids and the impact that it's had was exactly as we hoped. The effects worked the way I thought it was going to work, a couple of kids taking the mask off and said 'I can't do it with that on' but they still wanted to do the circuit which was quite encouraging.*

*One of the quotes we got from one of the kids was 'big man I'll tell you what I've tried that smoking but I'm not going to do it now if it's going to make me feel like that when I'm playing football or running around' which is the whole point.*

Young people spoke about how they were more out of breath and how much harder they found it to complete the circuits. This had made them consider how it would feel to be a smoker, which they had not appreciated before.

*Once you slowed down and tried to take a big breath, it got caught at the back of your throat so that was hard. You run out of breath easily and you feel tired. It felt horrible actually. I wouldn't want to live like that. (Young person)*

Both staff and young people considered the sessions to have had an impact, as they involved showing rather than telling young people about the harmful impacts of smoking.

*There is a lot of information out there already. We kept getting feedback from young people that we've been told a lot about it, but that's the first time we've felt what it would be like.*

*This actually showed us how it felt. I mean we've been showed before how it looks, but this actually showed us how it feels so this taught us more, and we'll remember it more. I would keep teaching us it like that. (Young person)*

Below are two case study examples of 15 year old boys who currently smoke who took part in the session.

*It wasn't disgusting wearing the mask but it was something new to us. It was difficult to run about. I didn't like it at all. I smoke sometimes. I started when I was 12. A lot of my friends smoke. It does affect my fitness as I need to work harder to be fit enough. I'm trying to stop now because I heard George saying it was bad for you and because of how it felt with the mask on. I felt like an old man. It makes your lungs get black. It has made me think I need to stop.*

*It was so hard with the snorkel. It was much easier when I took it off. I didn't smoke today because I was going to football today. It made me think maybe I should stop smoking, cause I would find it so much easier to play and I want to be good at football. George explained that was what it was like to exercise when you have the snorkel on and you smoke. It was a good idea, cause it shows you how it feels and how you could be. And I really don't want to be like that in the future. They should keep doing it. It's much better than just showing you a worksheet or lecturing you – we get enough of that.*

### Age of young people

The sessions were undertaken in youth club settings with young people aged between 12 and 18 years old. Staff did not perceive there to be a difference in impact between younger or older individuals, and suggested that the sessions would also work with a younger age group:

*I do think it would work with younger kids... I think it would be funnier. They wouldn't be scared to try anything out ....probably P6s and P7s I think would be perfect.*

## Barriers

The organisation faced barriers in terms of securing buy in and engagement from local youth clubs where they could run the sessions, and spent considerable time contacting youth clubs, many of which did not respond. This problem was perceived to be partly due to the fact that Ultimate Soccer are a commercial organisation who were perhaps viewed as “touting for business” rather than providing a free session on tobacco prevention. Suggestions for overcoming these barriers including increasing the presence of the NHS funding, such as an initial email from the NHS explaining about the programme or pop up banners are other resources having the NHS logo.

## Future directions

Staff suggested that an obvious way to extend the session would be to develop the discussion at the end into a workshop, where more information is provided on tobacco using innovative methods. However, due to the youth work setting and the fact that these young people are not as captive an audience as in schools, the need to keep this element of the session brief and focused was highlighted.

*I think you could extend the session...create a session based on the learning from the tobacco training...I think that would definitely be a way to evolve the programme.*

Another improvement would be to make the session into a programme running over 2 or 3 weeks. This would mean that all young people would have the opportunity to try the activity wearing the masks (as it is considered important to run the session in pairs with one wearing and not wearing the mask to provide a comparison).

*I wanted to get the point across of some people doing it with the masks on and some without so you could compare. So you would need double the masks if you wanted to do it with all the class, which is definitely something that could be invested in.*

Similarly to sessions conducted by other organisations, development of the workshop element to include resisting peer pressure and building resilience was a further suggestion, particularly for females.

*In the settings where we work, smoking seems to be more of an issue with females than males. And the males can avoid smoking by making the excuse of 'I'm playing football. I can't smoke'*

*whereas females don't have that excuse so the peer pressure is even harder for them so building in resisting peer pressure would be a great logical next step.*

A further suggestion (which again is a common theme in the report) is extending the session to cover general health and wellbeing rather than tobacco specifically.

*I would love it to be more than just about tobacco but also bring in other health issues such as alcohol and healthy eating so really link them in a bit more, especially if you're in a youth club for 4 or 5 weeks, you're as well covering a range of health issues.*

### **Underspend**

Ultimate Soccer had an underspend which equates to approximately 18 hours of activity. They plan to spend this by conducting sessions with young people at events they have planned over the summer.

## Prevention and Education: Gorbals

### Details of Activity

Gorbals ran a 3 session programme with Primary 7 pupils in 2 schools (Blackfriars Primary and St Francis Primary) in January/February 2014. Across the 2 schools, 62 pupils (34 male and 28 female) took part in the programme. The majority were white (n = 50) with the remaining 12 pupils being from BME groups.

The Barn also outlined their approach to embedding tobacco related education into their general delivery style.

Within the timescales, Gorbals were unable to use their allocated budget, and so plans for how to use this budget are outlined at the end of this chapter.

### Session Plans

The first two sessions were the same as those run in 2012. The third session on resilience was developed this year, although staff admitted that they lacked time to properly prepare for the session, and so the session plan was not ideal.

*Session 1*

Aims	Increase knowledge of the physiological effects of smoking
	Increase knowledge on the social influences on smoking
Outcome indicators included	I can describe the long term and short term effects of smoking on the body (as demonstrated by the Body Map)
	I know what influences other young people to start and continue smoking (Who, What, Where, When, Why)
Activities	Ice breaker: A fun way of kick starting discussion, using games "The sun shines on" and "Clever catch ball".
	Activity 1: True and False: Young people use their body to state whether they think the information is True or False in relation to smoking and its effects
	Activity 2: CSI School: To highlight both physical and social/environmental long and short term effects of smoking on the body.
	Activity 3: Who, what, when, where, why activity: To highlight the social influences on smoking and second hand smoke.
	Recap and Final Questions

*Session 2*

Aims	Provide opportunities to learn about peer pressure and skills to manage
Outcome indicators included	I know what peer pressure is (as demonstrated by the Scaled Sticker Evaluation)
	I know techniques to use to say no (i.e. decision making techniques) (as demonstrated by the flipchart task)
Activities	Introduction to peer pressure
	Balloon task: Young people work together to burst balloons which have good and bad scenarios of dealing with peer pressure inside
	Role play task: Create a role play scenario regarding peer pressure
	Feedback of good and bad ways of dealing with peer pressure
	Recap and Final Questions

### Session 3

The definition of resilience used for the sessions was as follows:

*Resilience is about 'bouncing back' from what life throws at us. It is about being strong inside and able to adapt well to changes and difficulties. It is about flourishing in life, despite our circumstances.*

*For the purpose of this programme we've defined "resilience" as the ability to do well despite stressful life challenges, and to recognise the strengths needed that will allow us to achieve our goals without being influenced to do things that we may know could affect our future.*

Activities	Recap on learning from previous sessions
	What does resilience mean? (indicate on 1-10 scale)
	Reach for the Stars! Pupils consider their future aspirations or personal goals
	Barriers to achieving goals: Write barriers on flipchart, followed by ways to overcome barriers
	What's Your Problem? Pupils presented with a list of problem scenarios and have to work together to work out how they would deal with the issue and who they could turn to for support

In terms of the evaluation, qualitative interviews were undertaken with staff involved in undertaking the sessions. The staff conducted their own evaluations of the session which are discussed below.

#### Teacher Evaluation

Both teachers felt the worker had prepared well for the session, that the workers' relationship with the pupils was very good, that they were satisfied with the service, and that the content was relevant for the pupils. They would both use the service again:

*Both workers worked well with the children and were well prepared for the sessions.*

However, one teacher did appear confused about the purpose of the resilience session (as discussed in more detail in the Barriers chapter). To illustrate:

*Really enjoyed session 3 about resilience – not too sure about the connection with smoking but thought it was really worthwhile.*

## Pupil Evaluation

Pupils were asked to complete an evaluation at the end of the programme which asked what went well, what wasn't useful and if they had any suggestions for improvement. The discussion below relates to the questionnaires completed by one class.

In terms of what went well, respondents most commonly mentioned the acting and role play activity. Other comments were the discussions (particularly on peer pressure skills), the Shoot for the Stars task and generally 'working together and having fun'. When asked what wasn't useful, many respondents said that they liked it all. However, the most common criticism was the aspects of the session which simply included talking. Other comments were that they didn't like the smoking resources, the body map task and the impact of smoking on the body.

In terms of what could be done differently, the most common suggestion was for more interactive tasks, games, acting and role play. Again, some respondents said they would like less talking and more fun!

## Good practice

- Making the session relevant for the young person and tackling the subject of tobacco using different methods.

*They know smoking is bad, but being a young person, they won't not do something because it is bad for them so it's thinking about how to make it relevant to their beliefs at that time.*

- Making the sessions fun and thus more memorable

*If you make it fun and engaging, it will be more memorable for the young person. There's more chance they'll retain the information and use it in the future.*

- Early intervention, particularly at the time for transition to secondary school
- Staff delivering the sessions having established relationships with young people, which had an additional benefit of increasing attendance at the youth project.

*It helps tremendously, there is a buzz in the classroom as the kids we know recognise us and introduce us to the other pupils. It also has a knock on effect as we get an increase in the number of pupils using our service.*

*Just to focus on one school in your community, it made it easier for us, because you know your audience, and for those you didn't know, you were trying to build relationships so that they do come to the club...whenever they need it...it helped it become more fluent, because we were able to talk about it again in the club....To get them to open up, it was easier that way as there was already relationships formed.*

### Staff evaluation

Staff felt the sessions to have gone well in that young people were engaged and appeared to retain much of the information. Again, staff felt that young people already had undertaken education sessions in school on tobacco (in particular, Glasgow Rocks had delivered a tobacco session in one school). However, introducing discussions on the social implications of smoking and peer pressure were perceived to be valuable.

*They have heard a lot of it before, so it's finding something that they're interested in and can relate to.*

Running the sessions in one school, where youth staff had pre-existing relationships with young people was perceived to increase the effectiveness of the sessions.

The third session on resilience (which was introduced this year) was not perceived to be as effective or as well received as the other two sessions. Staff felt this was the most difficult session in terms of keeping young people engaged and maintaining their interest, perhaps as not enough time had been spent developing the session.

*We need further clarity on that session, because it was very much a last minute thing so going in and delivering a session that had just been developed the day before was a bit difficult because the more you put in to it, the easier it is to go in and deliver it and promote it and sell it...*

The problem scenarios used within the sessions were viewed as too 'wordy' and not tailored enough to young people. Developing further scenarios in consultation with young people was a suggested improvement.

*The session that we delivered was good, but the scenarios we were giving the young people (such as the agony aunt) were just far too long for a young person to read out, and too wordy...so the young people seemed to lose interest right away, so keeping it shorter and sweeter and asking them what scenarios they would want.*

Redefining the term resilience was another suggestion, as most were said to be unaware of the term and concept.

*We need to try and put it into their words, in their terms.*

As such, the term 'bouncebackability' was used by some staff when discussing resilience. Other strategies included asking young people who they would turn to if things became difficult, and providing examples of e.g. football players such as 'What is it that keeps Ronaldo coming back again and again?'. Thus, it was considered useful to have a resilience session, but there was a perceived need to adapt the session.

In terms of developing the programme, staff suggested that the programme could run for a further few weeks to allow for more discussion on the social implications, the cost of smoking, where cigarettes come from and who makes them etc.,.

#### *Age of pupils*

Primary 7 pupils were considered to be the ideal age to receive the session, given their imminent transition to secondary school and the associated new challenges and risks. The concept of early intervention and preparing young people for future risky situations is another common theme in the report.

*When they are in Primary 7 and go to secondary, that is when they are most vulnerable. They are meeting new friends and want to fit in so that was one of the things that the staff have highlighted. We have to build on that peer pressure and resilience because they might have had an organisation giving them all the information about all that's in cigarettes but in terms of them actually feeling confident enough to say no...or to speak up to their parents and say 'you shouldn't be smoking in the same room as me'? I think that is where the issue is with them at that age.*

*I think Primary 7 is the right age, as there is a lot of nerves and excitement about moving to high school, so they're quite open to learning more about things that they think will be relevant for them. They're in that period of transition and will be a lot more exposed to risk factors such as smoking so it's good to get them prepared.*

## Information gathered during the sessions

### *What? Where? Who? Why?*

Young people described a range of 'products' that can be smoked including cigarettes, cigars, hash, tobacco, pipe, weed, coke, buckets, roll ups, and pot. Their responses to when people smoke included 'all day everyday', 'when they feel like it' and 'outside of work'. Young people mentioned a range of locations where people smoke including the house, pub, outside, parks, streets, garden, school, and kitchen.

In terms of why people smoke, many of the responses related to peer pressure, fitting in with friends or presenting a certain image. To illustrate:

*Because they are dared to*

*To fit in with friends*

*To look cool*

*Showing off*

Interestingly, young people also linked smoking to mental health issues such as depression and stress. Others said that people smoked to enjoy themselves, 'just because they felt like it' and because they became addicted.

### *Body Map Task*

Young people were asked to draw a body on flipchart paper and detail which areas of the body were negatively impacted by smoking and in which ways. Young people appeared to be knowledgeable about the harmful impact of alcohol on the body with pictures indicating brain damage, black lungs, heart disease, and clogged arteries. However, perhaps the most commonly mentioned effects were in relation to appearance such as rotten teeth and yellow fingernails. This confirms the opinions of staff that young people are less interested in long term health impacts and more interested in effects that they consider to be relevant (e.g. impacts on their appearance).

### *Shoot for the Stars Task*

Pupils were asked to write their aspirations for the future on stars. Many of the aspirations related to material gains or career accomplishments such as living in a big house, having a lot of money, and having a successful career. However, young people also outlined more health and social aspirations including not smoking or drinking, being fit and healthy, not 'doing' peer pressure, making good choices and 'being all that you can be'.

Barriers to achieving their goals included smoking and drinking, drugs, peer pressure, and lack of resources.

### *Confidence in and Tactics for Dealing with Peer Pressure*

Pupils were to indicate on a chart (by placing a sticker by the corresponding number) how confident they felt dealing with peer pressure, both before and after the session. The average rating rose from 6.8 before the session to 8.1 after the session, indicating a slight rise in confidence. It is recognised that this is very much a short term outcome.

However, young people were also asked to indicate what new ways they had learned to deal with peer pressure. Responses were varied and included 'saying no and walking away', 'say no and stay confident and be relaxed', 'keep firm eye contact', 'state your reason' and 'tell them the facts and how bad it is'.

### *Barriers to Resilience*

Young people indicated barriers which included:

*Don't have enough money*

*Hanging around with bad influences*

*Dogging school*

*Break the law, get a criminal record*

*Having kids at young age*

*Bad choices*

### *Lifestyle = smoking/drugs*

Ways of overcoming barriers included 'keep trying, don't give up', 'make good choices', 'say no to drugs', 'stay focused on job/school', and 'be happy and healthy'. People to turn to for help were said to be someone you can trust, family support (parents), 'positive friends', youth workers, doctors, the Police and Child line.

### *Explaining what is meant by resilience*

Pupils indicated on a scale of 1-10 whether they could explain what they meant by resilience both before and after the session. The session did appear to increase their understanding, with one of the classes having an average rating of 3.4 before the session and 8.2 after the session, and the other class rising from 2.6 to 8.5. This indicates the need for such programmes which increase awareness and understanding of resilience.

### **The Barn – Change to planned workshops**

The Barn proposed conducting workshops with young people on tobacco related issues. However, after consideration and consultation with the young people, the decision was made to instead embed tobacco related activity to their general approach. The rationale for this approach is outlined below.

The Barn's approach to youth work is young person centred, collaborative and adopts an informal educational style. The bedrock of this approach is that young people have a say and can make decisions on matters that affect them through a democratic process. To this end, The Barn have an established youth committee and hold regular youth forums to discuss a range of matters which includes how well the youth service is delivered from the young peoples' perspective.

It was through this process of listening to the young people that over the past year or so we have developed an approach that has moved away from workshop style delivery to one that embeds the learning through conversations, dialogue and discussions throughout the whole youth work program. The young people made it clear they did not enjoy, and therefore did not engage well with, a workshop style of learning while they did enjoy debating, discussing and getting involved in improvised or spontaneous activities.

Therefore, rather than deliver a traditional workshop on the topics of resilience and peer pressure we incorporated them into the outcomes for our sessions and used elements from the workshops at appropriate times over the course of a few weeks. For example, one of our seniors came to a session and gave an account of an incident she had at the weekend where she had some missing hours when she cannot remember any details of what happened to her between a house party ending and finding herself in her own room at home a few hours later. The staff used this real life incident to begin a conversation about support networks and what role they play in the lives of the young people (i.e. from friends and family to reliable services) and used a visual technique called 'circles of support' on the flipchart. At the end of the discussion/activity, staff used a quick 'evaluation continuum' to gauge the groups understanding of resilience resulting from the support of other people or agencies.

Improvised work like this now forms the backbone our approach now. It is our belief that this style is more in tune with what young people look for from their youth workers and that it has a good set of learning outcomes.

#### **Plan for remainder of funding**

Gorbals have not used part of their allocated funding which they had intended to use on a peer led drama. Their plan is to use the allocated budget to have a mobile booth in schools where young people will be asked evaluation questions about the tobacco workshops, and also to have a week long drama academy for young people in the Citizen's Theatre in August 2014.

## Prevention and Education: Castlemilk

### Embedding activity

A key element of the prevention and education activity conducted by Castlemilk has involved embedding tobacco related issues and messages into their general practice, and using tobacco related issues as a vehicle for the discussion of a range of relevant topics for young people attending their service. In particular, prevention and education is integrated into the drop in programme.

It should be noted that almost all young people attending the youth project are non-smokers, meaning that much of the discussions and activity have focused on second hand smoke and its effects.

*We've learned over the last few years that approaching second hand smoke is effective, because if we go in and talk to them about the health effects of smoking, they're just not as interested.*

Staff highlighted that involvement in the project has allowed for the integration of tobacco related issues into their general practice, as staff have acquired knowledge and confidence to respond to questions and requests from young people as they arise.

*Acquiring the training and knowledge that we have, from being part of this 2 year project, has allowed us to respond with up to date/factual/relevant information, when young people are highlight tobacco as a topic of interest....The training, alongside the partnership working has been invaluable.*

### Tobacco Awareness Workshops

Castlemilk ran tobacco awareness workshops at their after school club with Primary 7 pupils. The workshops were promoted in 2 local schools, and out of a possible 127 pupils, 85 pupils attended. The young people were split into 4 groups, and each group attended 2 workshops on second hand smoke. Young people were also presented with scenarios and asked how they would respond, i.e. if their friends began smoking when attending secondary school.

As mentioned in relation to good practice later in the report, staff highlighted that although the purpose of the sessions were tobacco awareness, the discussion often led to a range of issues raised by the young people.

*The subject starts of as 'tobacco awareness', and at times it's difficult to keep it so insular. They divert!*

The sessions were ran purposely in the youth complex rather than schools, based on learning from 2012 that pupils were perhaps more refrained in their responses and engagement due to the nature of the school environment. However, it was acknowledged that the youth club setting does not provide as much of a 'captive audience' as the school environment.

*The schools based work last year didn't work so well .....doing it in the Primary 7 classroom, they were a bit like 'we can't say that in school' so we deliberately held it out with school. It was much more youth work friendly doing it in a youth work environment. Obviously you don't capture all pupils that way as there are some who just do not want to engage with a youth club, but for the 80+ who did come, they were a bit more free in their speech.*

The interactive activities utilised in the workshops were as follows:

- 1) The agree/disagree task involves young people running to each side of the room. For example, they are asked 'is it OK for your mum to smoke?' The young person could run to the 'agree' station and say 'yes she can make the rules' and then others can agree or disagree, so it encourages the discussion of different opinions
- 2) Ladder of risk: The young people make a physical ladder using their legs while sitting on the floor. They are then presented with risk statements, with the bottom of the ladder being low risk and the top being high risk. The young people decide the appropriate level of risk and move accordingly.
- 3) Smoking resources (e.g. tar in the jar). Staff noted that young people took photos of other young people holding the resources and posted them on Facebook, which led to discussions around whether this was appropriate without seeking the young person's permission.

## Drama

As mentioned in the next chapter, Castlemilk had a 'story wall' as part of their No Smoking Day event where young people wrote their personal stories relating to tobacco. Four of these stories were chosen to form the basis for the drama production.

Castlemilk originally proposed to conduct the drama workshops during summer 2013 but faced barriers in terms of scheduling young people to take part and as such there were delays to the timescales.

*Within the application, the timing was unrealistic in that the young people had exams/supported study/school show rehearsals already in place, so these were hurdles we had to overcome before agreeing a rehearsal pattern/performance date.*

The drama group have been meeting on a weekly basis for a two hour session (and will meet for a total of 14 weeks) with an external drama teacher. The aim is for the young people to perform their drama to the Primary 7 pupils in all 4 local schools by the end of term, either in the school setting or the youth club.

*The drama consists of 4 small improvised stories which each consist of around 2 or 3 scenes, performed by pupils in S2 and S3 followed by a discussion point per story. There are 4 volunteers aged 16 who are supporting the drama. The original aim was to have the drama as 'forum theatre' with the young people answering questions in character and being able to act out suggestions by the audience but this may not be possible due to the age of the young people.*

## No Smoking Day

### Rangers

Rangers held their event at Murray Park, to 'reward' the pupils who had taken part in their tobacco and fitness programme.

*They've done all their practical and all their learning. It was more a day for them just to come to Murray Park and experience the facility but also just to come and have fun....We spoke to them again just briefly on things that they had learned over the 8 weeks.*

All 7 schools that had been involved in the programme were invited to attend, with 3 being able to do so (Moss Park, Merrylee and Ibrox). The pupils from the different schools were mixed together to encourage them to meet new people. There were approximately 100 young people in attendance.



The event consisted of a series of activity stations for young people. The activity stations consisted of one v one games, overhead kicks, diving headers, penalty kicks and a crossbar challenge.

The coaches also spoke to young people informally to gain a sense of what they had learned from the tobacco programme. Feedback from the pupils was positive, indicating they had retained much information from the sessions.

*It was really encouraging when you were speaking to the kids about smoking and the answers that they could basically give you over that short period of time.*



### *Pupils' letters*

The Rangers coaches received thank you letters from pupils who had attended the event. Example comments are provided below.

We learned new football skills and got to be able to make friends from another school.

It helped us improve our football skills in a fun way.

Murray Park was so fun and I loved it!

There were lots of different activities like football games and diving on a mat to kick the ball into a net and some people were trying to hit it with their heads. All the coaches were very, very nice and so much fun.

## The Barn Youth Centre

The aim of the event at the Barn was to promote healthy lifestyles choices with young people, particularly around the issue of tobacco use. The theme of the event was influenced by the sessions undertaken by Ultimate Soccer – to use physical activity to convey messages surrounding tobacco use. The objectives were as follows:

- To increase young people's knowledge and understanding of the effects of smoking on the body
- To map young people's attitudes towards smoking, to aid and inform the future development of the service

The event was attended by approximately 40 young people aged between 8-21 years old.

The session plan is detailed below.

Table Talks (10 mins)	Young people have an opportunity to see, touch and discuss the tobacco resources. Staff provide insight and generate discussions with the young people around the topic
Facts and Quiz (10 mins)	Facts, points of interest and multiple choice questions are displayed on the walls. Staff support young people to indicate their answers on the sheets of paper.
Bouncy Castle (30+ mins)	Young people wear a paper mask while completing the obstacle task. Staff emphasise the point that this will simulate the breathing difficulties faced by people who suffer from lung disease through smoking. A short discussion with each young person who completes the course, once again reinforcing the key messages.
Attitude Questionnaire (30 mins)	Healthy pizza, fruit kebabs and health drinks provided. While young people eat and rest, the staff will ask them to complete a questionnaire on their personal feelings and attitudes towards smoking. The results of the questionnaires will be used to develop the health choices programme.
Conclusion (30+ mins)	Young people will have free time on the bouncy castle and other resources. Staff will follow up by making tobacco the centre of discussions of the remainder of the week's sessions.



The bouncy castle was regarded by staff as a success at conveying the negative impact of smoking:

*Staff constantly reinforced the message to young people when they had their masks on, and they were told to take them off so they could see the difference. They really struggled with it, with many of them pulling the masks off in disgust! I think it's a really good way of getting the message across and it's something different. One the walk home, the young people were keen to chat about tobacco in more detail, asking more about the impact on your health. And quite a few wanted to take the masks back to show their parents who were smokers, so think we definitely got the message across.*



### Gorbals Youth Cafe

Gorbals ran an event on their 'TGI Friday' designated time, designed by the young people. The event had a carnival theme with various tobacco related activities for young people to complete. The young people who completed the activities were then rewarded with a silent disco.

Activities were as follows:

**Snakes & Ladders Game:** This large scale board game was modified so that when the young person landed on a snake, they were asked a true/false smoking related question which if they answered correctly, meant they could continue rather than having to go down the snake.



**Clever Catch Ball:** This can be played either in pairs or in a group. The ball is thrown and wherever your thumb on your right hand lands reveals the smoking related question.

**Hoop Game:** The aim of this game is for your hoop to land on the blocks. Each of the blocks had prizes such as mini shampoos, deodorants, mint and chewing gum. Each prize related to smoking, with staff making young people aware why the prizes were relevant (e.g. shampoo because smoking makes your hair smell, chewing gum and mints because smoking makes your breath smell).



Straws and Lung Damage Cigarettes: Young People were asked to complete either several laps of the hall or 10 star jumps, i.e. physical activity to get them out of breath. After this, they were given the straw or cigarette and staff explained the effects that smoking has on your lungs.

Hook a Duck: A small scale replica of a fairground game. The aim was to avoid the ducks with the toxins marked by an X and get the ducks with the no smoking signs on them. Young people aimed to get 3 ducks. Staff were provided with a fact sheet on toxins and provided information to young people.

Ciggie Skittles: A bowling game where the skittles are large cigarettes. Young people were given 3 shots to knock down as many 'skittles' as possible.

Information Table: Resources such as the 'smell tin', tar in a jar, phlegm jar, tainted teeth, blood vessels, and the CO2 monitor (which young people were given the opportunity to use and check their results).



Ball Pits: A member of staff read out a smoking related question and the young people raced to find the correct answer which was taped to a ball. Ball pits also had larger inflatables to make it more fun for the young person to scramble through the balls to find the answers. Points were deducted for any balls or inflatables outside of the pits on completion of the task.



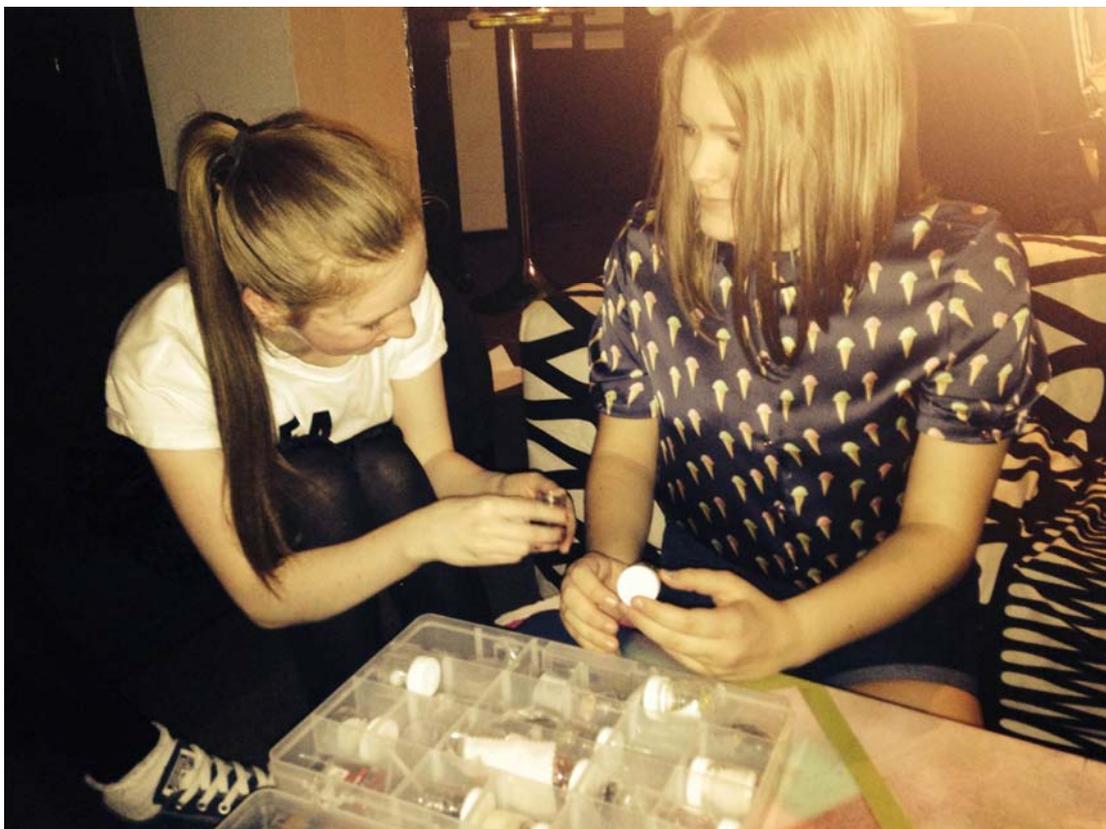
### Castlemilk

Castlemilk ran their event through one of their Sub Zero discos which was attended by 89 young people. Staff highlighted the need to deliver tobacco related prevention and education using innovative methods, and to 'tag' No Smoking Day onto other events which are more attractive for young people in order to encourage attendance:

*If we constantly just went on about smoking, they're fed up with it, so you need to be a bit more innovative. We know that the disco works to bring people in so we use that to our advantage in that it's a captive audience*

*No Smoking Day always works best for us if we're tagging it on to something else. So if we're having a No Smoking Day event, there's not a queue of young people wanting to join in. So we promote another event, with the No Smoking Day being an undercurrent to that and it works best. So it's on the poster and that's it, so they don't know much else till we get there. We wouldn't have Sub Zeros just to get young people off the street; it's not enough as there has to be a youth work element to it so we always have something tagged on. So the young people do expect it as we're not just there to provide discos.*

As well as the disco, there were various tobacco related activities arranged for the young people in the 'chill out zone'. This included the smoking resources (e.g. tar in the jar, phlegm jar and chemical case) and the straw assault course.



Big Cig was also in attendance, and spent most of his time on the dance floor being photographed with young people.



*Everybody was dying to get their photo taken with the Big Cig! He was on everybody's Facebook.*

There was also a 'smoking wall' where young people were encouraged to write their thoughts and comments on smoking and why people smoke. These comments have been used to generate scenarios being used in the drama production (as discussed in previous chapter).

*The four most vibrant stories were chosen from the story wall to be the basis of the drama.*

Volunteers (17 young people aged between 15 and 17 years old) were trained by staff so they would be able to undertake tobacco related discussions with young people. Including this peer element was viewed as good practice.

*We had trained the volunteers to talk about tobacco such as the resources and activities, and explained what we wanted them to talk to young people about, so they practised on each other.*

The young people decided to donate the takings and gather donations on the night for a local young person (an ex member of the Complex) who was killed falling from a bus in Glasgow City Centre. The £450 raised was donated to his family.

*Josh was an ex member of the Complex and well known to the young people attending the event, so as well as the educational elements we set out to deliver, there were other issues that cropped up that we discussed/dealt with on the night (drug awareness/decision making process/bereavement).*

Again, this highlights the need to allow the discussion of both health related and other issues to be led by the young people.

## Barriers and Challenges

The project faced a number of barriers and challenges to achieving its outcomes with young people. However, most of these challenges related to the organisations conducting the work they had committed to and providing regular feedback to the steering group about their progress. There were similar problems faced in 2012 which led to a change in the monitoring process for 2013, with projects being funded to attend monitoring and evaluation meetings etc. However, monitoring continues to be a clear issue. It should be noted that this was not the case for all organisations, with one organisation in particular demonstrating good practice in terms of regular feedback and engagement with the steering group and completing their agreed activity within timescales.

### Barriers relating to running of the programme

The steering group faced many challenges in 2013 related to engagement with the projects. It should be noted that this was not the case with all projects. Problems included the lack of commitment from organisations to attend training and development sessions, and to provide feedback in terms of the evaluation. There was a general reluctance on the part of some organisations to engage with the researcher in terms of the evaluation, or use suggested evaluation materials.

This led to difficulties in terms of managing the projects and required continuous effort on the part of the steering group and researcher to keep up to date with the status of the project in the organisation. At times, this led to wasted opportunities in terms of evaluating sessions that were being undertaken.

Lack of communication surrounding timescales was another issue, meaning that a significant proportion of work to be undertaken by some of the organisations cannot be included in the current report. It is understood that when working with young people, it is not always possible to keep to projected timescales, but the lack of communication regarding timescales is a significant problem.

Given the range of problems in terms of management of the organisations over the last 2 years, this would perhaps suggest the need for a significant change in the way the project is run. Perhaps an obvious change would be to theme payment based on work undertaken, rather than paying the organisations up front. In addition, continuous monitoring of the organisations is required, with penalties attached to failures to undertake work committed to (such as attending training and

monitoring and evaluation sessions). This would also make it fairer for the organisations that do commit the time to such activity, and provide feedback when requested.

This is a significant limitation of the project in its current format which means that valuable work is not being undertaken on time, and evaluated properly.

### **Difficulty justifying and demonstrating longer term impacts**

The nature of preventative activity is that it is difficult to demonstrate outcomes, as benefits may be realised by young people in the considerable future. This was highlighted by respondents who faced difficulty in terms of evidencing the impact of their sessions.

*The impact longer term, you just don't capture. And that can make it difficult and frustrating to justify what you are achieving with the project.*

*We'll not know for a wee while. It's when these P7s reach 5th or 6th year, that's when we'll know if we're having an impact.*

Some respondents suggested that this project should be considered in terms of a much longer term approach, and "one piece in a big puzzle of preventative activity". This is discussed in more detail in the next chapter on good practice.

A related issue was the perception among some stakeholders of the value of such preventative work, meaning they were not able to fully support the project or continue to reinforce key messages.

*She couldn't understand why we were covering resilience....so I explained that we've covered issues that can affect young people (i.e. smoking) we know the dangers, we know the health implications, the social factors but how are we going to deal with that?*

*It can be a barrier if people don't understand the value of working preventatively.*

### **Ensuring engagement from youth club**

Ultimate Soccer faced barriers in relation to securing engagement from youth clubs and organisations where they could run their sessions. They also faced barriers in terms of youth clubs failing to provide the monitoring and evaluation information they had agreed to. This suggests the need for greater NHS support in terms of promoting the sessions and the fact they are NHS funded and link to key health improvement outcomes.

### **Accessing the least engaged young people, who are more likely to smoke**

A key challenge is the project managing to reach those least engaged with services, and perhaps those who are most in need of the prevention messages. Firstly, this relates to the most vulnerable young people who are unlikely to attend a youth organisation. Secondly, staff highlighted that when young people are approximately 16 years of age, they often begin to disengage with youth organisations and spend more time socialising with their friends (often drinking on the street etc.). This is often when they begin smoking.

*I think young people who engage in activity are less likely to smoke....so the young people who don't access facilities like this, they're the people with more issues around smoking but we're still not managing to get to those people.*

### **Accessing participants to take footage etc.**

A barrier faced has been restrictions in terms of taking footage and photographs of young people for the evaluation. The aim in 2013 was to collect much more media evidence, but this was not always possible. This has represented a challenge in terms of conveying the true value of the project, and reflecting the work in the current report.

*It's been difficult conducting a thorough evaluation as Glasgow City Council have policies on videoing and photography...so that is one of the biggest barriers.*

## Good Practice Model

During the last 2 years of the project, despite the challenges faced in terms of ensuring the organisations manage to conduct effective preventative work with young people, many common themes have emerged in terms of a good practice 'model' of undertaking prevention and education work in the field of tobacco. This section outlines the elements of good practice and provides recommendations for the future running of the project.

### Health improvement rather than tobacco specific sessions

A common issue raised by staff in terms of conducting work for this project, and more generally when working with young people is the need to be reactive and flexible to meet their needs. That is, young people may ask questions or raise particular issues at unexpected times as they often do not consider interventions as being topic specific. So for example, they often raise questions on alcohol and drugs when discussing tobacco.

*It's interesting when you start the smoking topic; it crosses over to so many other things as well, so the youth workers have to be really malleable to jumping between different issues.*

*Youth work is about the young person. So you'll have a set of outcomes, but you'll come away with a whole set of other outcomes that are just as important, and can be more important to the young person at that time than the thing you are there to do.*

*When you're talking about tobacco, drugs come up all the time, at every session. There's a very strong link to cannabis and heroin so you have to be able to answer those questions as well. So you might need to cover a lot of different health issues in the one session, you can't predict what the young person will come out with and it has to be driven by them.*

The case study below provides an example of the range of topics which can arise in a discussion with a young person.

In one of the workshops, it came out that one of the young boys had stolen a cigarette out of his gran's pack and him and his friend had tried it, and for as much as they didn't like it, his gran didn't notice. So then the conversation went on to theft and respect...he then said 'I did it first and then I said to my pal, if I do it, you better do it'. So then peer pressure came into it....so that's the power of youth work and the spontaneous things that can come out of a conversation with a young person.

Staff emphasised the importance of engaging with young people on their terms and being able to provide up-to-date and accurate information and advice in response to their queries and concerns, rather than providing specific workshops. The tobacco training was viewed as an excellent resource to aid in this process, to 'arm' staff with the correct answers to particular questions.

*You're going to deal with a list of issues with the young people, and it's important not to focus on that specific thing, or that box you need ticked...if you don't listen to their needs then they won't be interested in you either....you can't have a closed ear...it's not always about smoking.*

*We don't now necessarily do workshops, but it [tobacco] is now part of our everyday discussions and dialogue with young people, part of those ongoing conversations. Because if we said we were going to do a specific workshop; nobody would turn up....So non-formal conversations with young people, that what makes the difference as you're not telling them something as such; you're discussing issues with them. And the training has made that possible, because the staff are equipped with knowledge.*

Taken together, this would perhaps indicate the need for more general health and wellbeing sessions delivered for young people, with prior consultation with young people with regards to what health issues they are most interested in. This also indicates the need for training for youth workers on a range of health issues (i.e. tobacco, alcohol, drugs, sexual health) which provides useful implications for practice in terms of delivering interventions to young people. Alongside this however, is the clear need to ensure that activity is focused on the Health Improvement and Scottish Government targets surrounding tobacco, alcohol and obesity.

*It is recommended that the delivery of health improvement rather than specific tobacco sessions is considered.*

*It is recommended that young people are consulted on the health issues most pertinent to them, with future sessions being developed to meet their needs.*

*It is recommended that tobacco training which provides implications for practice continues to be offered to staff.*

*It is recommended that the training needs of staff are assessed, with staff then being directed to any training opportunities which address their needs.*

*It is recommended that Health Improvement and Scottish Government targets in relation to tobacco, alcohol and obesity are considered when deciding on interventions.*

### Longer term approach: Resilience model

As with many early intervention and prevention strategies, ensuring the programme applies a long term approach is important. Staff frequently discussed that the programme running for two years in their organisation, and embedding tobacco related work into their general activity, is providing the opportunity to reinforce key messages and increase the chance that young people will take the messages on board.

*It's good we've had a second year to go back and reinforce the issues and learning, because that's what's needed with young people to really have an impact and embed the knowledge...Running a one off workshop will never be effective in that sense.*

A longer term approach was also viewed as critical for work on building resilience and resisting peer pressure. It was suggested that a resilience model may be more effective than more health specific models, with staff emphasising that building resilience has always been a critical aim of youth work.

*It's a slow burner, teaching them how to be resilient and how to resist peer pressure is a long process that has to be reinforced. Resilience is the basis of youth work and it always has been ...we are putting a name to it now but that's what youth work has always been doing. You build up these strong relationships, you are building up trust...so young folk will listen to a significant adult.*

*Resilience is a long term development for a young person that is going to start from almost nothing and it doesn't stop right through adulthood....So it's a huge subject and that's the base for everything and all the other subjects like tobacco and alcohol can feed into that but that's got to be consistent from as early as we possibly catch them*

Perhaps the way in which this current programme and other health improvement interventions will have the most impact, if they are part of a package of general prevention approaches, where messages are continually reinforced to young people at regular intervals, leading to a change in culture.

*Triggers have an impact, constant triggers. They are getting stuff at nursery and Primary 1, they are getting information in Primary 4 or 5, they are maybe doing something else in Primary 7, they are doing something if they go to the youth club so all of those triggers are the things*

*that will bring down the prevalence of youths smoking...the combination of all those things will have an impact.*

*It is recommended that the project applies a long term approach, and that it is considered as one of many interventions which have the overall aim of changing the culture of smoking.*

*It is recommended that the project applies a resilience approach, with increasing resilience among young people being a key aim.*

*It is recommended that prevention and education interventions in relation to tobacco (and other health issues) are provided throughout a young person's life, in order to reinforce messages.*

### **Youth organisations delivering programme**

Commissioning youth organisations to deliver health improvement interventions to young people has appeared to work extremely well in terms of staff having the necessary skills and experience to both develop and deliver sessions using innovative methods. Throughout the evaluation, staff outlined the range of skills necessary to conduct such work with young people including have patience, concern, understanding, knowledge of the subject area, and knowledge of areas where people are from to ensure the interventions meet the needs of young people. For example, developing alternative, more innovative methods of delivery to ensure engagement.

*As youth workers, I think we've got a good understanding of where the young people are and we've got a nice way of putting that message across.*

*Engaging with young people from an area or a background similar to themselves so they can relate to you and respect you and take on board what you are telling them.*

This model had the additional benefit of the organisations having established relationships and continued engagement with young people in the local area after the sessions, helping to ensure the interventions have a longer term impact.

*A lot of the young people that we were delivering to were our service users, so they came and spoke to us about what they had learned and how they had processed it afterwards.*

*You've already got pre-established relationships with them so they're like a captive audience, so we've been fortunate that we've done this work in our own community. We have that relationship already; we have already built up their respect and trust.*

*It's down to the youth organisation knowing the area and the client group.....to ensure the impact is there for longer than the length of the session.*

However, challenges faced such as issues with communication, delayed timescales and lack of co-operation from certain youth organisations would need to be resolved to ensure the smooth running of this type of project. A key improvement would be linking payment to agreed outputs rather than paying organisations up front.

*It is recommended that the model of commissioning youth organisations to undertake the project is continued as long as additional effort and monitoring is involved to ensure the organisations deliver on agreed activity and outcomes, communicate with the steering group, and participate fully in the evaluation.*

*It is recommended that payment to organisations is linked to key outputs rather than full payment being made up front. This should help with the management of the project.*

### **Ensuring interventions are offered in both school and outwith school settings**

In order to engage with as wide a range of young people as possible, it would appear critical that interventions are offered both in and out with the school setting as both settings have significant advantages. The school setting offers a captive audience where it is possible to engage with a large number of pupils through a programmed approach, although this obviously necessitates positive engagement between the school and organisations offering the intervention. Outwith school settings offer an additional opportunity for young people to engage in a less structured environment where they perhaps feel more comfortable and able to express their true opinions.

*It is recommended that interventions are offered both in and out with school settings.*

### **External organisations delivering activity in schools**

A key benefit of the project was the delivery of sessions in schools by external organisations, particularly youth organisations with which some young people were already engaged. The benefits of this approach included: young people reacting positively and enjoying the change of a 'different face' meaning they are more willing to engage and learn; external staff being viewed as experts in the field;

pupils enjoying undertaking work out with the standard curriculum; and young people preferring the range of methods used to deliver sessions. There appears to be real merit in commissioning non-teaching staff to deliver activity in schools (<http://www.youngscot.net/news/young-scots-call-for-smoke-free-scotland-by-2034.aspx>).

*Kids look forward to it - an outsider coming in. I think everybody learns something different if it's a different face, if somebody keeps saying the same thing all the time kids turn off. And many of them don't like their teacher talking to them about things like smoking and alcohol.*

*They get excited straight away to do something different from the standard curriculum. I think they look at teachers in a certain way, and they look at us differently. I think sometimes they think we're experts when it comes to issues like tobacco. And they also like the different way of doing things, because it's more interactive and fun and you're trying to pry information from them and get them to come up with the answers*

Rangers appeared to have further appeal, as young people were aware of the brand and reacted positively and had respect for a Rangers coach delivering a session.

*As soon as you walk into a school and you've got the tracksuit on, it's got that appeal straight away and they're absolutely tuned in to what the coaches are saying and the teachers even say that the fact a Rangers coach is coming in, they see a huge difference in their pupils.*

*Recommendation: It is recommended that non-teaching staff are commissioned to conduct health improvement interventions in schools.*

### **Using physical activity as method for conveying health messages**

Using physical activity as a method of engaging with young people on health related topics appeared to be particularly successful. Using the different methods had the benefits of making the sessions fun and interactive for young people, 'rewarding' pupils which helped positive engagement in relation to the workshop element, allowing for the discussion of the impact of smoking on physical fitness etc. (which was seen to resonate with young people), and providing young people with the opportunity to 'feel' the effects of smoking on the body.

*It is recommended that physical activity is used as a method of engaging with young people in relation to tobacco.*

## Increasing understanding rather than increasing knowledge

Throughout the project and evaluation, staff commonly raised the issue that young people undertake a range of health improvement interventions (including work on tobacco) through schools and youth organisations etc. As such, many young people already have a basic knowledge of the harmful impacts of tobacco, indicating the need to present the topic and engage with young people in a different way. Increasing understanding rather than simply increasing knowledge was the preferred objective. In particular, the activity involving the masks appeared effective in showing rather than telling people the effects of smoking.

*Having all the information is one thing and understanding what to do with that information is the important thing. So we need to show them how to better understand the issue, such as giving them the chance to feel what it's like to be a smoker. Kids have said to me, I've been told all about smoking before and I know it all, but this is the first time I've felt it.*

*It's a move from knowledge of what's out there to understanding of what's out there. There's lots of information out there for young people, they're inundated with knowledge, they do know an awful lot about it so what we try and do is something different with those facts to deeper their understanding.*

*Often you're telling people things they already know...so you need to find something to capture their interest.*

Staff noted that the extent to which young people had received input on tobacco did vary quite considerably by area, and by school. It would be useful to map current tobacco and other health related interventions taking place in schools to identify gaps and reduce duplication.

*It is recommended that the objective of the project should focus on increasing understanding of tobacco related issues (using methods such as physical activity so young people can feel what it is like to be a smoker) rather than increasing knowledge*

*It is recommended that a mapping exercise of tobacco (and other health related) interventions in schools is undertaken.*

## Early intervention

The 2012 project indicated the better success of preventative work with young people, rather than more of a focus on cessation. The need for prevention and early intervention was further supported by

the project in 2013, with staff emphasising the need to begin the process as early as possible, i.e. Primary 4 onwards.

*I think early intervention is definitely the way forward...The earlier we get in there to promote good habits and discourage them from making bad choices, the better.*

*When they're younger, they've got the enthusiasm and the will to take on that information...but we also need to keep working with them.*

*It's all about early intervention. Getting a message across to a specific age group rather than working with an older age group, where it has maybe been missed and they've already started smoking...so we can potentially give them information that may defer them from doing it in the future. So the earlier the better, maybe Primary 4 or 5? If its primary 7 upwards you might be too late.*

However, Primary 7 was also perceived to be a critical phase for young people, due to the impending change of attending secondary school and the various challenges that entails. Thus, it was suggested that preventative work should be reinforced in Primary 7, before pupils move on.

*It is recommended that preventative work begins as early as possible (e.g. Primary 4) but that interventions are definitely offered during Primary 7 before young people transition to high school.*

### **Innovative, fun and up-to-date methods**

A clear finding from the evaluation was the success of innovative and fun methods of engagement with young people. There was a sense that young people have almost become desensitised to health messages and so developing novel methods of providing health improvement messages and information is a necessity.

*Just to keep it relevant to young people. The health approach doesn't work so well because they're young, and they think they'll never get old and sick from chronically smoking.*

Ensuring the young people find the activity fun and enjoyable (and thus memorable), making the sessions relevant so the messages resonate with young people, and ensuring a range of activity and approaches to meet the needs of different young people was considered good practice. Making the session interactive is perhaps the most critical element.

*It's about having serious fun, so no matter what the topic is, you have to have that engaging element...You need to provide an enjoyable experience even though it's a serious subject especially with the age of the young people,*

*Making it interactive so that they feel part of it and its fun, but they're undertaking key pieces of work at the same time...you're striking a balance between the workshop element and the fun side.*

*It needs to be interactive. We know that just standing up talking to young people doesn't work, but getting them down on the ground to write things and draw things and hold things, it's the physical interaction. They remember things better if they physically do things with it. The young people remember the activities so that goes hand in hand with the facts that they get.*

Staff also highlighted the need to continually develop methods and resources to make them relevant for young people, including using media approaches

*We're in the 21st Century, so we need to be up-to-date and interactive. We need to look at the tools we're using.*

*We need to keep looking at the way we're doing things, and keep thinking outside the box and developing things.*

This would also involve developing up-to-date evaluation methods, such as conducting surveys on iPads, posting comments on Twitter etc.

The smoking resources continue to be useful as a means of engaging with younger people in particular.

*They really liked the smoking resources. You always get a good reaction from the new generation of young people who haven't seen them. They're immediately drawn to it.*

*It is recommended that innovative, up-to-date and fun methods of delivering interventions are considered.*

*It is recommended that consideration is given to the use of media approaches, including in relation to the evaluation.*

*It is recommended that a range of approaches and activities are used, to meet the needs of differing young people.*

### Assessing knowledge and tailoring programme

In a related vein, suggested good practice also involves assessing young people's baseline knowledge of tobacco related issues at the start of the programme (e.g. in the form of a questionnaire) and then tailoring the programme accordingly. This is obviously more relevant for programmes rather than one-off sessions.

*For some of them it was a new subject and some can tell you everything you need to know so it's just getting an idea of what we need to do with them and what not.*

*It is recommended that baseline knowledge is measured at the beginning of the programme so that sessions can be tailored accordingly.*

### Embedding tobacco into everyday activity

A key benefit and legacy of the project is organisations having embedded tobacco prevention into their everyday work, with staff frequently raising the issue of tobacco and also using this as a vehicle to demonstrate other issues (e.g. such as peer pressure). Increased knowledge and confidence gained from the tobacco training appears to have made this possible.

*The biggest benefit for us is that tobacco work is now part of the everyday. Nobody shies away from talking to a young person about smoking; all the staff use the resources...Before if staff were doing a smoking workshop, they would be running about looking for stuff, they would be unprepared but that's so different now.*

*It is recommended that the embedding of tobacco related activity into everyday practice is encouraged.*

*It is recommended that staff continue to be provided with training in order to equip them with the knowledge and confidence to address tobacco related issues.*

### Partnership approach

Given the complexity of delivering tobacco related interventions to young people, a partnership approach is suggested as good practice.

*Everything that we do is around partnerships and using each other's specialisms to make sure we get the best out of the programme.*

*It's been a great project for us. It's great to link in with the NHS and schools, and it's good for us as an organisation to explain to other funders that we have worked in collaboration in this way.*

Partnerships between the NHS, youth organisations (including among youth organisations) and schools have worked effectively. In particular, establishing lines of communication and support between the organisations and NHS has been a significant enabler:

*Working hand in hand with the health team has been brilliant...the good working relationship with the steering group, so we know we can lift the phone or call on support if we need it.*

The project has also been beneficial for individual organisations, in terms of providing the experience of working in schools and establishing relationships with certain schools which could be further developed in the future.

*It's good to link in with the schools and establish relationships which will provide a foundation for other work we want to do in schools. The teachers have been really positive.*

*Trying to build a relationship with schools, and looking at what else we can offer the schools....so it's not just about doing two sessions on smoking and then away again, so we can cover a list of different things. So it's not just about smoking or drugs.*

It was suggested that a collaborative approach between the NHS and youth organisations would be optimal; to ensure the delivery of interventions involves the input of staff with expertise both in health related issues and also in working with young people.

*The youth workers have expertise but you also need the deeper knowledge, understanding from the NHS so I think the combination is a good thing....to have the confidence that you can refer to a health worker that does have all the answers so to find a combination of both types of expertise in the room, so how do you work with young people and also deeper knowledge of the subject would be the best thing.*

*It is recommended that partnership work should continue to be at the centre of the project, particularly the collaboration between the NHS and youth organisations.*

*It is recommended that the sharing of good practice, and opportunities for joint working, are encouraged.*

## Peer led approaches

Given that tobacco work has become embedded in some of the organisations in particular, this has led naturally to the use of peer led approaches with young people who have been involved in tobacco sessions or viewed the tobacco resources previously, helping to raise awareness among other young people.

*We're finding the young people who have been through the workshops with the tobacco resources are coming and saying 'I know what this is for'...the P7s, if they've got any questions, rather than asking us we're finding that the older age group is talking to them, it's more peer led than youth worker led. And we're there to back them up if they need any additional information...so it shows that they're taking it in and whatever's happening in the workshops is obviously working because they're retaining that information*

*It is recommended that peer led approaches are encouraged and utilised whenever possible.*

## Incorporating more innovative methods of evaluation and social media

When working with young people, interventions using social media appears to be an obvious and necessary development.

*We do everything on Facebook...but I know there are barriers in terms of the NHS which is a big problem, because it's the cheapest, fastest and most effective way of reaching young people.*

Social media was also suggested as a means of gathering media evidence of the interventions, e.g. offering a prize for the best photo posted on Facebook (e.g. using the tobacco resources, with the Big Cig etc.). There are obvious security issues to be considered such as the page being private and well managed, but there was a strong feeling that any complexities surrounding social media should not prevent these approaches from being considered.

*It has to be thought about, even if it is difficult, it's definitely the way to go.*

A further suggestion was using tablets to gather evaluation information from young people, rather than paper based questionnaires.

*It is recommended that the use of social media and other media approaches, both for the delivery and evaluation of interventions, is considered.*



## Proposed Model

Learning and good practice from the Tobacco and Young People Project 2012 and 2013 has led to the development of a proposed model of activity for tobacco interventions with young people. This proposed model should allow for the effective running of interventions with young people both within and outwith school settings, and ensure the smooth management of the project.

The model involves four different strands of work.

### **Strand 1: Activity conducted within schools**

It is recommended that one organisation is commissioned to undertake a tobacco programme with young people in schools, akin to the sessions conducted by Rangers in 2013. The sessions should be delivered to pupils from Primary 5 – Primary 7, with sessions with Primary 4 pupils being piloted for acceptability. It is recommended that the programme consists of a number of sessions which use a mix of physical activity and innovative, interactive workshops. Introducing peer pressure or resilience to the programme should be considered. It is critical that this programme would link to existing tobacco programmes conducted in schools (such as Trade Winds) so it could be considered as a complementary programme rather than duplicating current activity.

### **Strand 2: Activity conducted outwith schools**

It is recommended that one organisation is commissioned to undertake either a tobacco programme or one off sessions with young people in non-school settings, such as youth clubs. It is difficult to be as prescriptive about the nature of the interventions and the age range, as it will be dependent on the youth clubs operational in the local area, but there is a possibility of working with young people from 10-18 years old. The programme/one off sessions could use a similar format to that used by Ultimate Soccer, although further developing the information aspect of the session. The ideal method would be to conduct 2 sessions with young people: the first involving young people completing the physical activity wearing masks and the second which uses innovative and interactive methods to provide information and generate discussion in the area.

This programme would be focused on engaging with harder to reach groups, who perhaps do not attend mainstream education or who do not engage effectively in the school setting.

### **Strand 3: Activity undertaken by new organisations**

Although the project has provided instances of good practice which can be taken forward, the need to continually allow new organisations to benefit from training on tobacco and provide interventions using different methods with young people is still recognised. Thus, it is recommended that new organisations continue to be encouraged to engage with the project and receive tobacco training. However, given problems faced in the past in relation to delayed timescales and management of the projects, it is suggested that the project provides the organisations with a structure within which to conduct their activity. Despite this, new organisations would be asked to develop innovative, up to date and fun methods of delivering interventions. The advantage of including this strand of work is that it ensures that the project continues to develop and grow, and that new organisations with different specialisms can add new methods of engaging with young people.

Each organisation involved in the project will be required to provide monitoring reports using standard report templates, and also provide media evidence of their activity to allow for the continuing development of the project.

### **Strand 4: Activity undertaken by Health Promoting Youth Organisations (HPYO)**

Glasgow CHP South Sector is piloting the Health Promoting Youth Organisations (HPYO) model. This model involves the NHS working with frontline youth providers to develop organisations in which young people can thrive and develop capacity to realise their own abilities, make a contribution to society and learn how to take control of their own lives, and make healthier choices. The premise of the model is that applying a health promotion approach can support positive mental health and prevent risk-taking behaviours among young people.

The HPYO model links to many aspects of good practice highlighted by the evaluation of the current project including a focus on general health promotion rather than subject specific interventions, tailoring interventions to the needs of young people, the NHS and youth organisations working in collaboration, a longer term approach and early intervention. Within the model, young people and staff

undertake a needs assessment to indicate which health topics are most relevant within their organisation, meaning that tobacco specific interventions can continue to be delivered by youth organisations within this model.

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