

Update Number 5: 12–16 Years Part 2

1. Introduction

This issue examines the risk and protective factors, issues and interventions for young people aged 12-16 years in education-based settings.

1.1 School Activities

Young people will be required to take on an increasing amount of homework during this period, will have to choose subject options and take GCSE examinations. They will require advice and support from parents/carers regarding these choices and will also need encouragement to study for examinations. Carer’s attendance at parents’ evenings is also important in order to gain an understanding of the young person’s educational progress and ability and also to be aware of any potential problems in other areas of their life that may manifest themselves in the school environment. Young people at this age will be undergoing puberty changes as outlined in Update 5: Part 1.

During this age range, young people also have the opportunity to become involved in school-organised activities that take place out of school hours, such as after school sporting activities, residential school trips and schemes such as the Duke of Edinburgh scheme.

Poor academic performance at this age becomes more visible amongst peers and can influence the young person’s self worth and future plans. Truancy may also become an issue during this period and, in addition to affecting academic performance, may itself contribute to problematic behaviour. A number of health checks and immunisations take place at school and may be missed through non-attendance.

Research indicates that transition periods can be particularly stressful and that children and adults are more vulnerable to problematic behaviour during such times. Puberty and the start of secondary school can make this a particularly difficult transition period and this should be taken into consideration in terms of providing extra support and when planning appropriate interventions, particularly as this is the time when substance use is likely to first appear to any significant degree. In the short term, the most serious threats to young people are from alcohol and volatile substances. Statistically, in the long term the greatest threat is from tobacco, although long-term interventions will more likely focus on increased and more problematic substance use.

1.2 Risk & Protective Factors

Risk and protective factors are increasingly individually focused at this stage and the school environment can be particularly influential due to the amount of time spent there, related activities, and relationships with staff and other pupils.

RISK	<ul style="list-style-type: none"> Early substance use Poor academic performance School exclusion/non-attendance Behavioural problems Lack of educational support Bullying
-------------	--

PROTECTIVE	<ul style="list-style-type: none"> Regular school attendance Perceptive, vigilant teachers Substance use education Out of school activities Positive adult relationship Education, training & employment
-------------------	--

2. Issues & Interventions

The main school-based issues for this group are the provision of substance use education and schools responses to substance use related incidents, whether young people are attending mainstream schools or some form of complementary education.

2.1 Issues

2.1.1 Substance Use Education

Secondary schools have a statutory duty to deliver substance use education, in addition to sex and relationship education that includes information on sexually transmitted infections.

Within this statutory framework, schools can decide for themselves how best to organise substance use education for their pupils. Content is prescribed for each of the Key Stages; this can be provided through science subjects or as part of a broader programme of personal, social and health education (PSHE).

Guidance suggests that substance use education is more effective when it is delivered through a broad PSHE programme that actively promotes a healthy lifestyle, this method also prevents the singling out of substance use, which may result in increasing its appeal. The most successful substance education programmes do not use factual content alone, but emphasise information and social skills approaches such as peer resistance, in addition to improving self-esteem and self-awareness. Schools may also involve outside speakers in substance use education, such as the police, drug agencies and reformed users, however they should not use this method to abdicate responsibility for provision of substance use education.

Those delivering substance use education need to be sensitive to class members, particularly where family members may have substance misuse problems and also where religious or minority ethnic communities have particular sensitivities. There are also issues in delivering substance use education to young people who have special educational needs; some of who may require different support, such as peer resistance skills, to help them feel confident in resisting drugs and to make informed choices.

There is no statutory requirement that schools have a written policy on substance related incidents although it is good practice. The management of substance related incidents should normally be co-ordinated through a designated, named school drugs co-ordinator. Guidance also suggests that school staff should not over-react to incidents and that pupils should not be automatically labelled as drug misusers, as this can lead to stigmatisation and an escalation in drug misuse.

2.1.2 School exclusion and substance use education

The experience of being excluded from school is often accompanied by a loss in self esteem and increases in risk taking, so there is a real danger that excluded pupils are more at risk of developing substance misuse behaviours. Research has shown that substance use education for excluded young people is considered an important issue by those workers directly involved, but that it is not a high priority for others and suggests that where the provision and knowledge of substance use education for excludees is concerned, there is a tendency for professionals to rely on informal contacts due to a lack of formal structures and procedures

2.2 Interventions

It is important that any interventions aimed at this age group should still be age and developmentally focused, rather than adapted from adult services.

- . Universal school based interventions that focus on health in general with component on substance use with opportunities for discussion and interaction delivered by staff trained in substance use education.
- . Universal school based interventions focusing on substance use with opportunities for discussion and interaction delivered by independent agency in addition to teachers.
- . Training of school based staff in drug awareness to recognise early signs of drug and alcohol misuse
- . Target specific screening and interventions at vulnerable young people including truants, those in the criminal justice system and children of substance misusing parents.
- . Access to services across all four tiers as appropriate

3. Healthy Schools Programme

The Healthy Schools Programme is a key part of the Government's drive to improve standards of health and education and to tackle health inequalities. Its aim is to make children, teachers, parents and communities more aware of the opportunities that exist in schools for improving health and is aimed at both primary and secondary schools. The main component of the programme is the National Healthy School Standard. In June 1998, eight pilot sites were announced. The sites - one in each of the previous NHS regions - received £150,000 to develop local education and health partnerships, with a view to setting up or refining healthy school initiatives. The intention was to support developments that reflected local priorities and build on examples of best practice, as well as existing local programmes.

Work planned includes:

- Developing leadership and management skills in PSHE
- Tackling social exclusion issues
- Identifying pupil indicators to demonstrate effectiveness
- Clarifying the role of the school nurse
- The sustainability of healthy school initiatives
- Supporting schools to develop self-review strategies
- Disseminating good practice

Externally evaluated and initial findings suggest:

- The need for clear priorities and responsibilities with respect to local and national partnerships
- Local strategic planning must engage with current initiatives such as education development plans, health improvement programmes, and health and education action zones
- The importance of involving young people at all levels, including those from minority ethnic groups
- A clear role for the national healthy schools team in disseminating best practice and encouraging networking
- A national standard must be adaptable enough to reflect local best practice and meet local needs
- A well-defined school recruitment strategy in local areas must take account of those schools in most need

4. Youth Inclusion Programme

The Youth Inclusion Programme aims to reduce offending, truancy and exclusion in disadvantaged areas by providing targeted assistance and support to 13-16 year olds at most risk of offending, truancy or exclusion. There are over 70 projects running, with funding from 1999 until 2003 of £20 million, half of which is provided by the Crime Reduction Programme.

Each project receives £68,500 from the Youth Justice Board for each year and a further £6,500 is paid direct to local evaluators. In return, projects must match grant funding with minimum local (partnership) funding in cash or in-kind of £75,000 per year.

Targets

- To reduce arrest rates among the target group by 60%
- To reduce crime in the neighbourhood by 30%
- To achieve at least one third reduction in truancy and exclusions by the young people concerned by 2002.

Interventions

- Family link centres in schools using computing equipment to provide support from parents and community volunteers
- Skill centres aimed at providing excluded young people with training to improve their educational standards and employment prospects.
- Mentoring
- Environmental, sports and art work

CASE STUDY: MAKING IT BACK, STOCKPORT

The Making It Back Service is an early intervention service, which responds to drug related incidents and concerns within secondary schools, special schools and pupil referral units within Stockport. The Service provides a range of support for schools, young people and families in developing a response to drug concerns, including smoking and alcohol, and drug related incidents, which result in disruption, disaffection, non-attendance and exclusion from school.

The service provides:

- one-to-one work with young people and/or families to raise awareness and provide support
- 'drop-in' facilities for young people within the school. (These are held on a weekly basis)
- work with headteachers and senior school staff to raise awareness of the service in school
- visits to PSHE lessons to inform pupils of the service
- operational plans agreed with headteachers and senior school staff.
- links with school staff, education welfare officers and youth workers
- liaison with the police, and other agencies involved in drug prevention activity

The values underpinning Making It Back include that drugs cannot be tolerated in school, that the welfare of the young person is of paramount importance and that young people involved in drugs may require information, support or possibly counselling and treatment. If a young person has been temporarily excluded for a drug related incident, one of the conditions of returning to school is that they agree to work with the service. At present the service operates a buy back scheme at a cost of £2,000 to Secondary schools who choose to purchase the service from their Standards Fund. Special schools and Pupil Referral Units receive the service for free. Hopefully from 2002 the service will become joint funded between the DAT and the LEA so all schools and PRU's will receive a core service.

**It is the intention of the case studies simply to illustrate current work. Additional case studies will be used for the final project report & suggestions for these are welcomed. Please contact Paul or Karen at the address below.*

5 Conclusion

As we noted in the last Update, this is an important age for young people, marking the changes of puberty, the move to secondary school and the gradual approach to adulthood. School itself plays a vital role in preparing young people for, and supporting them in, these developments. The provision of broad substance use education allows young people to make informed choices about use (it is unwise to think that education can prevent all young people from using) and can equip them with the necessary social skills and esteem to carry out those choices. The impact of substance related incident policies will be explored in more depth in the Risk & Response final report.

Further Reading

DfEE (98) Protecting Young People: Good practice in drug education in schools and the youth service.

6. Update Number Six

The next Update will be sent out in June and will focus upon risk and protective factors and interventions for young people aged 17 to 19 years . If you have any comments to make in relation to these or any other issues, please contact us, we would be happy to hear from you.

7. Contact Details

Risk and Response is being carried out by the Research Department of Lifeline Projects. The key staff currently working on the project are:

Paul Keeling
Research Manager
Lifeline Project Ltd
39—41 Thomas Street
Manchester
Tel: 0161 214 0913
Email: paulk@lifeline.org.uk

Karen Kibblewhite
Senior Research Officer
Lifeline Project Ltd
39—41 Thomas Street
Manchester
Tel: 0161 214 0916
Email: karen@lifeline.org.uk