

GUIDELINES FOR PILOT INTERVENTIONS



**Working with Communities to Reduce Health Inequalities:
Protecting Children and Young People from Tobacco**

(CHI-CY-TOBACCO)

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1. Introduction

1.1 Purpose of the Document

1.1.1 This document provides guidance for the pilot interventions being developed and implemented within the CHI-CY-TOBACCO project. It supports the development of comparable approaches and provides a template for similar interventions that may be promoted in future. Specifically, this guidance document sets out:

- The objectives of the pilot interventions
- Key elements of the interventions
- Intervention work plans for the individual pilots
- Timing

1.2 Overview of the Pilot Interventions

1.2.1 Whilst the precise details of each pilot intervention will vary to reflect different traditions and specific socio-economic, political and cultural contexts, they will have a series of key elements in common.

1.2.2 In total, six partners are responsible for delivering one of two types of pilot intervention within the project.

1.2.3 **ACTIF/OFT, Liverpool PCT and PHAL have pilots that will focus on peer-to-peer interventions to raise awareness about tobacco-related issues and reduce smoking prevalence amongst young people aged 11 to 15 years old.**

1.2.4 **Romtens, Veneto Region and Manchester PCT/Barnardo's have pilots that will focus on engaging communities in protecting children from exposure to second-hand smoke.**

1.2.5 For the purposes of this guidance document, the former will be referred to as Group A peer-to-peer pilots and the latter will be referred to as Group B community engagement pilots.

2 Characteristics of the Pilots

2.1 Key Elements

2.1.1 The key elements that will characterise the Group A and Group B pilot interventions relate to:

- Aims of the intervention
- Purpose of engaging stakeholders and their identity
- Focus of activity
- Training
- Use of materials
- Numerical targets
- Analysis of interventions
- Sharing experience

2.1.2 The following sections set out the guidance framework, in relation to these aspects, for the Group A and Group B pilots.

2.2 Group A peer-to-peer pilots

Aims of the intervention

2.2.1 The aim of each Group A pilot intervention is to:

- (a) increase awareness amongst children and young people about the dangers of exposure to second-hand smoke;
- (b) change attitudes to smoking and exposing children and young people to second-hand smoke
- (c) increase attempts to quit smoking amongst young smokers.

Purpose of engaging stakeholders and their identity

2.2.2 Young people will be engaged to act as peer advocates for tobacco control.

Focus of activity

2.2.3 Key staff will engage with young people to generate peer-to-peer activities. They will identify and train young people to engage with their peers to:

- influence attitudes to smoking;
- raise awareness of the dangers of smoking and exposure to second-hand smoke;
- encourage non-smokers not to start smoking and current smokers to quit;
- challenge positive images of smoking.

Training

2.2.4 Training will be carried out with peer-to-peer advocates to enable them to engage with their peers on the tobacco control agenda that is the focus of this pilot.

Materials

2.2.5 Partners will develop promotional materials to support the intervention.

Numerical targets

2.2.6 Each Group A pilot will aim to train **15-20 young people**, aged 11 to 15 years old, **to raise awareness to 500 children**, in the same age range, about smoking and second-hand smoke.

Analysis of pilot interventions

2.2.7 Independent analysts will assess each pilot. To support this process, pilot partners will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct “evaluation” focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants. The details of the analysis process is contained in the accompanying document – *Analytic Framework Model*.

Sharing experience

2.2.8 Pilot partners will attend an interim progress seminar involving all group pilot partners to report on progress and to share initial experiences that could improve the final outcomes. Experience will also be shared at the final project conference.

2.3 Group B community engagement pilots

Aims of the intervention

- 2.3.1 The aim of each Group B pilot intervention is to:
- (a) increase awareness amongst the target groups (local communities, families and parents) about the dangers of exposure to second-hand smoke;
 - (b) change attitudes to smoking and exposing children and young people to second-hand smoke;
 - (c) decrease the numbers of homes where children and young people are exposed to second-hand smoke;
 - (d) decrease the number of private vehicles where children and young people are exposed to second-hand smoke.

Purpose of engaging stakeholders and their identity

- 2.3.2 Members of local communities will be engaged to act as community advocates to protect children from exposure to second-hand smoke.

Focus of activity

- 2.3.3 Key staff will engage with members of local communities to develop interventions to protect children from exposure to second-hand smoke. They will identify and train community-based people to:
- raise community awareness of the dangers of exposing children to second-hand smoke;
 - encourage smokers who live with children and young people to make their homes and vehicles smoke-free;
 - develop local campaigns to protect children from exposure to second-hand smoke.

Training

- 2.3.4 Training will be carried out with community advocates to enable them to engage with their communities on the tobacco control agenda that is the focus of this pilot.

Materials

- 2.3.5 Partners will develop promotional materials to support the intervention.

Numerical targets

- 2.3.6 Each Group B pilot will aim to engage in the pilot intervention **1500 households and 2000 children from homes with people who smoke** to protect children from exposure to second-hand smoke.

Analysis of pilot interventions

- 2.3.7 Independent analysts will assess each pilot. To support this process, pilot partners will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct “evaluation” focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants. The details of the analysis process is contained in the accompanying document – *Analytic Framework Model*.

Sharing experience

- 2.3.8 Pilot partners will attend an interim progress seminar involving all group pilot partners to report on progress and to share initial experiences that could improve the final outcomes. Experience will also be shared at the final project conference.

3. Pilot Intervention Work Plans

- 3.1 Section 2 has set out the framework guidelines for the two types of pilot interventions that are central to the CHI-CY-TOBACCO project. The remainder of this document outlines the specific work plans for the individual pilot projects, namely:

Group A – Peer-to-peer pilots

- (1) Liverpool PCT, UK
- (2) ACTIF/OFT, France
- (3) PHAL, Latvia

Group B – Community engagement pilots

- (4) Romtens Foundation, Romania
- (5) Manchester PCT and Barnardo's, UK
- (6) Veneto Region, Italy

- 3.2 For each pilot, the following work plans set out:

- overview of the pilot
- key actors involved
- engagement process
- training
- development of pilot resources and materials
- actions with target groups
- pilot analysis
- key phases

3.3 Liverpool PCT Pilot Work Plan

Overview

The Liverpool PCT pilot will develop a peer-to-peer intervention, to be delivered in school settings, to raise awareness of tobacco-related issues and reduce smoking prevalence amongst 11 to 15 year olds.

Key actors to be involved:

- 20-25 young people who will be trained as peer advocates;
- 4 Year Head Teachers per school (between 2 and 4 senior schools);
- Other professionals:
 - DMyst Co-ordinator¹
 - Schools' Prevention Co-ordinator
 - Schools' Stop Smoking Advisor
 - Tobacco Control Unit
 - Healthy Schools
 - Youth Service
 - School Health
- Parents (for parental consent)

Engagement process

Schools, classes and peer-advocates will all need to be engaged in the pilot.

Participating schools will be selected on the basis that:

- (1) There is no similar programme in place in the school
- (2) The schools is willing to co-operate - participating schools will not be just those within 'deprived areas', as there will be a mixed intake of deprived and "better off" students in each school.

Participating classes will be selected in consultation with Head teachers – who will also be consulted about the most appropriate way to advertise the project within each school.

Head of Year teachers will support young people and the Schools Prevention Co-ordinator to develop an action plan for their school.

¹ DMyst is a young persons tobacco control advocacy group

Peer advocates will be engaged by:

Advertising the project to potential peer advocates through:

- PSHE (social studies) classes
- Learning Mentors
- SIREN Project
- Schools Prevention Co-ordinator
- Schools Stop Smoking Advisor

NB. Each partner needs to ensure they have relevant, local ethical approval. Moreover, some potential actions, such as CO2 testing, may require parental consent

Training of Peer Advocates

The training of peer advocates is central to this pilot. Training will follow a structured programme. Peer advocates will be trained as a group. Teachers will also be trained.

The Schools' Prevention Co-ordinator and the Schools' Stop Smoking Advisor will develop the training programme with support from the DMyst young people's advocacy group.

The Schools' Prevention Co-ordinator will deliver the training. It will comprise 3 x 2-hour training sessions spread over not more than 1 month. The training will enable the peer advocates to deliver information sessions and engage with their peers on tobacco control issues.

Content of training programme (training around "sessions with classes" outlined below)

Development of Pilot Resources and Materials

The Schools' Prevention Co-ordinator and the Schools' Stop Smoking Advisor will develop the pilot materials with support from the DMyst young people's advocacy group.

Actions with target groups

The primary actions will involve:

Information sessions to be delivered by two peer advocates with support of another professional in the room (this may not be the teacher, but could, for example, be the Schools Prevention Worker). It is intended that this approach will provide support to the peer advocates, whilst promoting trust and enabling young people to ask questions openly.

The sessions should be interactive and workshop based.

There will be four sessions with each class. These will include:

- An introductory session during which the baseline questionnaire survey will be administered;
- Two interactive sessions – incorporating (a) the development of posters and artwork to illustrate key messages, (b) competitions, (c) the use of supporting materials;
- A follow-up session during which the baseline update questionnaire survey will be administered – this may also include an award and evaluation session.

The sessions with the classes will explore the following themes:

- What is tobacco?
- What is the effect of smoking on health?
- What does a cigarette contain?
- Effects of second-hand smoke
- How youth are targeted to take up smoking by tobacco industries
- Smoking and the movies and tobacco advertising
- Poverty and tobacco
- Giving up smoking
- Where to get advice and support to stop smoking

Peer advocates and supporting professionals will also have information about other services to provide to students, for example in relation to substance misuse and alcohol support services.

Pilot Analysis

The *analysis framework* document details the analysis process for the Liverpool PCT pilot.

The Polish Health Promotion Foundation will independently assess the pilot. To support this process, LPCT will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct “evaluation” focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants.

Key Phases

Set-up phase	Service development phase	Implementation phase	Follow-up and analysis phase
Set up steering group	Develop training programme	Conduct introductory session and baseline survey	Conduct baseline update
Recruit Schools Prevention Co-ordinator to lead training and programme in schools	Develop project materials	Conduct interactive sessions Promote materials Run competitions	Conduct focus groups (see analysis framework document)
Secure ethical approval, if required	Recruit schools and head teachers to project Identify co-operative teachers Inform parents – obtain parental approval, if required	Participate in workshop review session with Latvian and French partners	Support Polish partner to conduct independent analysis
	Selection and training of peer advocates Training of teachers	Continue actions in schools	Feed-back results to schools and peer advocates
	Prepare schedule/plan for peer advocates to engage with young people and for control groups		

3.4 OFT Pilot Work Plan

Overview

The OFT pilot will develop a peer-to-peer intervention, to be delivered in school settings in Paris, to raise awareness of tobacco-related issues and reduce smoking prevalence amongst 11 to 15 year olds.

Key actors to be involved:

- 20-25 young people who will be trained as peer advocates;
- Head Teachers
- Teachers
- Tobaccologists
- Parents

Engagement process

Schools, classes, peer-advocates and parents will all be engaged in the French pilot.

Participating schools will be selected on the basis that:

- (1) There is no similar programme in place in the school
- (2) The schools is willing to co-operate - participating schools will not be just those within 'deprived areas', as there will be a mixed intake of deprived and "better off" students in each school.

Participating classes will be selected in consultation with Head teachers – who will also be consulted about the most appropriate way to advertise the project within each school.

Peer advocates will be engaged by:

identifying them through relationships with a network of teachers that already exists within the schools. One or two advocates will be selected at different ages.

Parents will be engaged through their children. Pupils will ask parents if they wish to support the project.

NB. Each partner needs to ensure they have relevant, local ethical approval. Moreover, some potential actions, such as CO2 testing, may require parental consent.

Training of Peer Advocates

The training of peer advocates is central to this pilot. Training will follow a structured programme. Peer advocates will be trained as a group.

Tabacologists will develop the training to peer advocates.

A tabacologist will also deliver the training. It will comprise 3 x 2-hour training sessions spread over not more than 1 month. The training will enable the peer advocates to deliver information sessions and engage with their peers on tobacco control issues.

Content will include:

- Stage 1 “The Health: what is it?”
- Stage 2 “To be in good health: Why?”
- Stage 3 “The smoke of tobacco: The threat to our health?”
- Stage 4 “Why some people smoke and the others do not?”
- Stage 5 “Why are the cigarettes sold?”
- Stage 6 “To whom to ask for help?”

Development of Pilot Resources and Materials

The tobaccologists will develop the pilot materials.

Actions with target groups

The primary actions will involve:

Information sessions to be delivered by two peer advocates with support of the tobaccologist. It is intended that this approach will provide support to the peer advocates, whilst promoting trust and enabling young people to ask questions openly.

The sessions should be interactive and workshop based.

There will be four sessions with each class. These will include:

- An introductory session during which the baseline questionnaire survey will be administered;

- Two interactive sessions – incorporating the development of posters, songs, CDs, theatre and poems to illustrate key messages;
- A follow-up session during which the baseline update questionnaire survey will be administered – this may also include an award and evaluation session.

The sessions with the classes will explore the following themes:

- What is health?
- What is tobacco?
- How to behave with tobacco
- What is behind tobacco? – second hand smoke, dependency, the tobacco industry
- Peer pressure – why do you smoke? What attracts you to smoking?

Peer advocates and supporting professionals will also have information about other services to provide to students, for example in relation to substance misuse and alcohol support services.

Parents may also become involved in no smoking classes in Paris.

Pilot Analysis

The *analysis framework* document details the analysis process for the OFT pilot.

The Lithuanian Drug Addiction Centre (Kaunas) will independently assess the pilot. To support this process, OFT will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct “evaluation” focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants.

Key Phases

Set-up phase	Service development phase	Implementation phase	Follow-up and analysis phase
Set up steering group	Develop training programme	Conduct introductory session and baseline survey	Conduct baseline update
Appoint tabacologist to lead training and programme in schools	Develop project materials	Conduct interactive sessions Promote materials	Conduct focus groups (see analysis framework document)
Secure ethical approval, if required	Recruit schools and head teachers to project Identify co-operative teachers Inform parents - obtain parental consent, if required.	Participate in workshop review session with Latvian and UK (Liverpool) partners	Support Lithuanian partner to conduct independent analysis
	Selection and training of peer advocates Training of teachers	Continue actions in schools	Feed-back results to schools and peer advocates
	Prepare schedule/plan for peer advocates to engage with young people and for control groups		

3.5 PHAL Pilot Work Plan

Overview

The PHAL pilot will develop a peer-to-peer intervention, to be delivered in school settings in Riga, to raise awareness of tobacco-related issues and reduce smoking prevalence amongst 11 to 15 year olds.

Key actors to be involved:

- 20-25 young people who will be trained as peer advocates;
- Head Teachers;
- Social Studies leads
- Other professionals:
 - Riga City Council of Welfare Health Care Administration Staff
 - Schools' Stop Smoking Advisor
 - Project Co-ordinator
 - School Health
- Parents

Engagement process

Schools, classes and peer-advocates will all need to be engaged in the pilot.

Participating schools will be selected on the basis that:

- (1) There is no similar programme in place in the school
- (2) The schools is willing to co-operate - participating schools will not be just those within 'deprived areas', as there will be a mixed intake of deprived and "better off" students in each school.

Participating classes will be selected in consultation with Head teachers – who will also be consulted about the most appropriate way to advertise the project within each school.

Peer advocates will be engaged through:

- recommendations from Head Teachers and Social Studies leads
- advertising the project to young people in the school

NB. Each partner needs to ensure they have relevant, local ethical approval. Moreover, some potential actions, such as CO2 testing, may require parental consent.

Training of Peer Advocates

The training of peer advocates is central to this pilot. Training will follow a structured programme. Peer advocates will be trained as a group. Teachers will also be trained.

Staff from the Riga City Council Department of Welfare Health Care Administration will develop the training programme.

The Riga City Council Department of Welfare Health Care Administration staff will also deliver the training. It will comprise 3 x 2-hour training sessions spread over not more than 1 month. The training will enable the peer advocates to deliver information sessions and engage with their peers on tobacco control issues.

Content will include:

- Stage 1: “Health: what is it?”
- Stage 2: “To be in good health: Why?”
- Stage 3: “The smoke of tobacco: The threat to our health?”
- Stage 4: “Why some people smoke and the others do not?”
- Stage 5: “Why are the cigarettes sold?”
- Stage 6: “To whom to ask for help?”

Development of Pilot Resources and Materials

The Staff from the Riga City Council Department of Welfare Health Care Administration will develop the pilot materials.

Actions with target groups

The primary actions will involve:

Information sessions to be delivered by two peer advocates with support of the staff from the Riga City Council Department of Welfare Health Care Administration. It is intended that this approach will provide support to the peer advocates, whilst promoting trust and enabling young people to ask questions openly.

The sessions should be interactive and workshop based.

There will be four sessions with each class. These will include:

- An introductory session during which the baseline questionnaire survey will be administered;
- Two interactive sessions – incorporating (a) court trials for cigarettes, (b) “smoking and me” letters, (c) competitions between classes;
- A follow-up session during which the baseline update questionnaire survey will be administered – this may also include an award and evaluation session.

The sessions with the classes will explore the following themes:

- What is health?
- What is tobacco?
- How to behave with tobacco
- What is behind tobacco? – second hand smoke, dependency, the tobacco industry
- Peer pressure – why do you smoke? What attracts you to smoking?

Peer advocates and supporting professionals will also have information about other services to provide to students, for example in relation to substance misuse and alcohol support services.

Pilot Analysis

The *analysis framework* document details the analysis process for the PHAL pilot.

The Czech Coalition Against Tobacco will independently assess the pilot. To support this process, PHAL will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct “evaluation” focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants.

Key Phases

Set-up phase	Service development phase	Implementation phase	Follow-up and analysis phase
Set up steering group	Develop training programme	Conduct introductory session and baseline survey	Conduct baseline update
Recruit Schools Prevention Co-ordinator to lead training and programme in schools	Develop project materials	Conduct interactive sessions Promote materials Run competitions	Conduct focus groups (see analysis framework document)
Secure ethical approval, if required	Recruit schools and head teachers to project Identify co-operative teachers Inform parents – obtain parental approval, if required	Participate in workshop review session with French and UK (Liverpool) partners	Support Czech partner to conduct independent analysis
	Selection and training of peer advocates Training of teachers	Continue actions in schools	Feed-back results to schools and peer advocates
	Prepare schedule/plan for peer advocates to engage with young people and for control groups		

3.6 Romtens Foundation Pilot Work Plan

Overview

The Romtens pilot will develop and implement a pilot intervention that focuses on engaging communities in Manastirea in protecting children from exposure to second-hand smoke.

Key actors to be involved:

- Local expert
- Local community group (includes parents)
- Mayor and Vice-Mayor
- School warden
- General Practitioners

Engagement process

An existing local community group in Manastirea will be key to delivering this pilot project. The project lead and local expert will mobilise the group.

Teachers will also be engaged, through the school warden, to deliver health education sessions to children.

Households in Manastirea will be engaged by the local expert and community group through community meetings and household visits (see also actions below)

Training of Community Advocates and professionals

The training of community advocates is central to this pilot. Training will follow a structured programme. Community advocates will be trained by the local expert.

The training will cover:

- increase their knowledge and their self-confidence towards approaching other members of the community;
- impact of smoking on the human body;
- the benefits of adopting a healthy lifestyle;

- the benefits of living in a smoke free environment (including homes and cars).

Teachers will also be trained. Their training will focus on (1) the effects of smoking and (2) how school-related activities can be developed.

Development of Pilot Resources and Materials

The project team will develop the pilot materials – in consultation with local community partners. These will include:

- training materials for the community group
- training materials and guidance for training session with teachers
- training materials for 100 community members
- information materials for 700-800 individual sessions with households (guide for discussion and leaflets)
- information leaflets for postal campaign to 700 households

Actions with target groups

The primary actions will involve:

- Collective health education sessions led by family doctors and local expert – there will be 10 health education sessions for about 100 community members.
- Individual health counselling – this will take place with 200-300 ethnic Romanian households and 500-600 Roma households.
- Postal campaign targeting 700 households
- Public meetings with local communities
- Health education, painting sessions and painting contests within schools with about 100 children.

Pilot Analysis

The *analysis framework* document details the analysis process for the Romtens pilot.

The ASPB will independently assess the pilot. To support this process, Romtens will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct “evaluation” focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants.

Key Phases

Set-up phase	Service development phase	Implementation phase	Follow-up and analysis phase
Set up steering group	Develop training programme	Conduct baseline survey	Conduct baseline update
Mobilise local team and brief local expert	Develop project materials	<p>Launch project actions</p> <p>Promote and disseminate materials</p> <p>Engage households</p> <p>Initiate school-based activities with children</p>	Conduct focus groups (see analysis framework document)
Gather data on local community	Develop guidance, formats for specific events (education sessions, drawing contest, public meetings)	Participate in workshop review session with Italian and UK (Manchester) partners	Support Barcelona partner to conduct independent analysis
	<p>Training of community advocates</p> <p>Training of teachers</p>	Continue actions in community	Feed-back results to local community, community advocates and engaged professionals

3.7 Manchester PCT and Barnardo's Pilot Work Plan

Overview

The Manchester PCT/Barnardo's pilot will develop and implement a pilot intervention in the Wythenshawe area of Manchester that focuses on engaging communities in protecting children from exposure to second-hand smoke.

Key actors to be involved:

- Community advocates – local parents recruited from Children's Centres in Wythenshawe
- Barnardo's national charity workers
- Manchester PCT Senior Public Health Development Advisor
- Community engagement worker;
- Sure Start Children's Centre Staff
- Other professionals:
 - Midwives
 - Health Visitors
 - Teachers
 - Specialist Stop Smoking Advisors

Engagement process

Parents and children will be engaged in the project

Parents will primarily be engaged by the Community Engagement Worker through informal links and semi-formal sessions, groups and events at five Children's Centres.

Children will be engaged through a design competition and other events at local schools and Children's Centres.

Training of Community Advocates and Professionals

The training of community advocates and local staff is central to this pilot. Training will follow a structured programme. Community advocates will be trained in groups. Community-based health and other professionals will also be trained. It is recognised that these groups overlap in the area as local people have taken up volunteer roles and routes into employment in the children's centres.

The project lead with support from the Community Engagement Worker will develop and deliver a rolling programme of 12 x 90 minute sessions for 100 recipients – primarily for health and other professionals.

For community advocates, there will also be a less formal rolling training programme – led by the Community Engagement Worker.

The training will enable the community advocates and professionals to contribute to the achievement of the project’s goals. Specifically, the training will cover:

- Background to the project
- What’s in a cigarette with a focus on CO, tar, nicotine, additives
- Dangers of breathing second hand smoke
- Solution focused approaches to talking about the issue
- Key messages
- Smoke-free homes scheme
- Smoke-free vehicles
- An invitation to contribute ideas/action to the project

Development of Pilot Resources and Materials

The project team (Manchester PCT and Barnardo’s) will develop the pilot materials – in consultation with local parents. Incorporating the message “protect children from tobacco smoke”, these will include:

- Branded T shirts
- Posters
- Pull-up banners
- New smoke-free home registration leaflets – to be developed from local children’s art competition.

Branding will be developed from the local children’s art competition.

Actions with target groups

The primary actions will involve raising awareness of the dangers of second-hand smoke and increasing the numbers of smoke-free homes and cars. The project will do this through:

- Building on actions that already work – including smoke-free homes scheme
- Consulting with local parents about appropriate events and activities
- Special events
- “Mainstreaming” the dissemination of messages into routine appointments and conversations
- Ensuring a high level of visibility of the campaign – on walls, at events, on t shirts

Pilot Analysis

The *analysis framework* document details the analysis process for the Manchester PCT/Barnardo’s pilot.

The Polish Health Promotion Foundation will independently assess the pilot. To support this process, MPCT/Barnardo’s will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct “evaluation” focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants.

Key Phases

Set-up phase	Service development phase	Implementation phase	Follow-up and analysis phase
Set up steering group	Develop training programme	Conduct baseline survey	Conduct baseline update
Recruit Community Engagement Worker to lead engagement of local people and project delivery	Run design competition with children in local schools and Children Centres Develop project materials	Launch project actions Promote materials Engage parents	Conduct focus groups (see analysis framework document)
Recruit Youth and Community Student on placement to run design competition with children	Recruit community advocates Identify health care and other professionals	Participate in workshop review session with Italian and Romanian partners	Support Polish partner to conduct independent analysis
	Training of community advocates Training of professionals	Continue actions in community	Feed-back results to local community, community advocates and engaged professionals

3.8 Veneto Region Pilot Work Plan

Overview

The Veneto Region pilot will develop and implement a pilot intervention in Adria that focuses on engaging communities in protecting children from exposure to second-hand smoke.

Key actors to be involved:

- Parents
- School directors and teachers
- Health professionals

Engagement process

Teachers, parents, and children will be engaged in the project

Project health professionals will recruit schools to participate in the project and engage with the teachers and families within the schools. This will be achieved through presentations to the various groups.

Children will be engaged by health professionals and teachers in class room settings.

Training of Community Advocates and Professionals

Health professionals and teachers are the primary community advocates for the Veneto project. The health professionals and teachers will receive training to enable them to deliver the pilot interventions.

Specifically, the training will cover informational and practical issues:

Informational issues:

- Health promotion and prevention of risk behaviors (tobacco, alcohol, diet, etc.)
- Health promotion in the primary school context
- The teacher as health promoter
- Life skills in schools
- Tobacco and young people (statistics, initiation, risks, etc.)
- Tobacco prevention
- Project scheme

Practical issues:

- Developing life skills in the primary school context
- Using creative writing techniques
- Using the fable and reading it using a life skills model
- Using dramatization techniques
- Using theatre of oppressed by Boal
- Using photo-language techniques
- Using the circle time technique
- Developing the project in the classroom
- Involving parents and the community in the project

Development of Pilot Resources and Materials

The local health unit for Adria will develop the pilot materials.

Materials include:

- Articles and documents to promote project locally in the schools.
- Web site to disseminate tools for the project and results.
- Designs, pictures and postcards made by children.

Actions with target groups

The primary actions will involve raising awareness of the dangers of second-hand smoke and increasing the numbers of smoke-free homes and cars. The project will do this through generating active group involvement including children and parents.

The health professionals will carry out the activities directly with children, parents and teachers. The role of the teachers is to be observers during the activities in classes and to monitor children's reactions and feedback. They can also carry out other reinforcing activities related to the project.

Where health professionals have trained teachers to deliver the activities in classes, the teachers can carry out project in classes, whilst the health professionals will engage with parents and supervise teachers project actions.

Specific activities include:

- in classes: for each class involved - 5 activities, 1 per week, for a total of 5 weeks
- activities with parents – 3 meetings during the school year including support to stop smoking
- involvement of teachers – 3 meetings during the school year including support to stop smoking
- wider community engagement – campaigning activity through public meetings and engaging with households

The activities directly with children vary for every project year taking into consideration the mental and emotional developmental phases of the children. The activities include:

- Creative writing (use of fables and fairy tales)
- Dramatisation
- Drawing
- Information Games
- Circle time

Pilot Analysis

The *analysis framework* document details the analysis process for the Veneto Region's pilot.

The Romtens Foundation will independently assess the pilot. To support this process, Veneto Region will conduct baseline studies at the outset and at the conclusion of the pilots. They will also conduct "evaluation" focus groups at the conclusion of the pilots and support the independent analysts with arranging interviews with key informants.

Key Phases

Set-up phase	Service development phase	Implementation phase	Follow-up and analysis phase
Recruit schools to participate in the pilot project	Develop training programmes and train health professionals	Conduct baseline survey	Conduct baseline update
	Develop project materials	Launch project actions Promote materials Engage children and parents	Conduct focus groups (see analysis framework document)
	Identify teachers and families to participate in the pilot	Participate in workshop review session with Italian and UK (Manchester) partners	Support Romanian partner to conduct independent analysis
	Training of teachers by health professionals	Continue actions in community	Feed-back results to local community, schools and engaged professionals