

Developing Alcohol Awareness in Further Education: An introductory guide



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In partnership with



Contents

1) Preface	3
2) Introduction	5
3) Alcohol, Health and Public Policy	6
4) Alcohol awareness and health in Further Education	12
5) College practice: Grantham College	17
6) College practice: Hull College	19
7) College practice: Canterbury College	22
8) College practice: Newcastle-under-Lyme College	25
9) College practice: Oaklands College	28
10) Policy summary and emerging conclusions	31
11) Annexes	35

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1. Preface

The national problem of alcohol abuse has been well-publicised in recent years. Some of the key areas of concern are outlined in the early parts of this guide as a context for the health education activity with a specific alcohol focus which is being undertaken by colleges. In fact, much of the very worthwhile work done by colleges in health promotion does not focus on alcohol, which tends to be addressed as part of education about drug and substance misuse. Of the “Healthy FE” Case studies on the LSIS Excellence Gateway in September 2011¹ only one had a particular focus on alcohol. This was at Oaklands College, whose work features in this guide. The Healthy FE project is now the responsibility of LSIS and is described in more detail in Section 4.

In sponsoring this guide LSIS and the AoC recognised that, although there was much good work going on in the learning and skills sector to promote alcohol awareness, this had generally not been brought together in a publication which set emerging good practice in a policy context. This guide represents a start in this undertaking. We hope that its publication will encourage other colleges, along with private and voluntary sector providers, to share the work they are doing in promoting a better understanding of alcohol to their learners of all ages, but particularly to young people.

We intend to follow up the publication of this guide with opportunities to attend workshops where good practice and resources may be shared and developed further.



¹ [The LSIS Excellence Gateway](#)

A note about using this guide

The guide begins with a commentary on the known health concerns of alcohol misuse. This is related to the established and emerging government policies on improving public health and, in particular, addressing concerns about alcohol misuse.

This section may be used by colleges to inform their own priorities for health education and also as a source of staff development material on the impact of alcohol misuse.

Readers with a main interest in how health issues are managed in FE might wish to go straight to Section Four, which is followed by case studies of the five colleges whose activities in support of alcohol education are summarised from Section Five onwards. The case studies are drawn from English colleges. AoC will consider the scope to create case studies from elsewhere in the UK as a possible next-stage exercise following the guide's publication.

Section Ten has a policy summary and emerging conclusions, for those who wish to have a sense of the direction colleges might take in addressing alcohol awareness, along with the issues affecting implementation of practice.

The guide concludes with Annexes of source materials and useful links.

2. Introduction

- 2.1 The Further Education sector has an excellent reputation for promoting the well-being of its learners. This has tended to have a primary focus on young people but the promotional events and tutorials related to health run by colleges - the organisations which are the primary focus of this guide - are open to all. Many colleges also actively support the welfare of their staff through the health and well-being initiatives that are often established initially with the needs of learners in mind. Much of this work has been developed through programmes of “entitlement” learning² aimed at 16-18 year olds but benefiting others, often with a combination of formal and informal activities. This entitlement had significant funding support up until 2011-12 and it remains to be seen if some of the activities reported upon here can be maintained in a more constrained funding climate and on a substantially reduced allocation of funding.
- 2.2 “Healthy FE”³ is one brand identity for this work which has come to prominence in recent years. It is described in more detail later. In essence, though, it provides a framework by which colleges can assess their effectiveness in not only promoting but developing the health of their learners and staff. One important strand of health promotion activity is alcohol awareness. It is widely understood that misuse of alcohol can have severe and tragic consequences for individuals and their families. Rightly, much of the work done in this area in the sector is driven by the need to promote good health for learners. More widely, colleges have an increasing focus on the needs of the economy; the cost to the nation of alcohol misuse is another reason why encouraging early awareness of issues associated with alcohol is worthwhile.
- 2.3 Taking into account both the personal and national costs of alcohol misuse it is right that colleges should act to support their learners’ understanding of the place of alcohol in their lives. Alcohol education in colleges is most frequently found within a group of activities covering substance misuse, sexual health and lifestyle concerns. Few colleges have brought specific learning projects focused on alcohol to the attention of peer groups; for example, by sharing practice as case studies on the LSIS Excellence Gateway. This introductory guide seeks to remedy this by featuring the work of five colleges which have undertaken sustained activity on alcohol awareness for their learners, with a measure of a success. None claims to be an expert but all wish to make the lessons learned from their approaches available to others. In most cases, approaches and resources are identified that may be of use in promoting alcohol awareness elsewhere in the sector.
- 2.4 This guide also includes some considerations of national policy on use and misuse of alcohol; it goes on to provide a range of contacts that organisations in the learning and skills sector may find useful in seeking to benefit their learners and staff in decisions about their use of alcohol.

² Funding from the YPLA to broaden the curriculum of 16-18s. This reduced from 114 guided learning hours to 30 in 2011/12. See www.ypla.gov.uk.

³ [The Healthy FE programme](#)

3. Alcohol, Health and Public Policy

- 3.1 Most societies in which alcohol is accepted find it both a source of refreshment and a cause for concern. As the Royal College of Physicians (RCP) has noted, in the UK, "...alcohol is an accepted part of our society. Like food, it is associated with pleasure, relaxation and celebration..."⁴ As the previous government's Youth Alcohol Action Plan⁵ noted: "... Learning how to drink sensibly is, for most people, part of growing up... (p8)". In this scene-setting section of the guide some of the evidence of the effects of alcohol is considered, related to public health policy.
- 3.2 Concerns about alcohol relate to the consequences of misuse, both personal and professional. In the UK there have been significant cultural shifts in attitudes as well as a growth in consumption in recent decades. The same RCP paper noted that "...the consumption of alcohol has risen by 50% since 1970 and is a major determinant of ill health in the UK..." That comment was made in 2007 and there is some evidence of a levelling off in national consumption in more recent years. Among those who do drink alcohol, though, the evidence shows that too many drink to excess, with associated adverse consequences for individuals and society.
- 3.3 Sources of evidence on the health impact of alcohol include Department of Health and National Health Service publications, such as "Alcohol Statistics, England."⁶ This report presents a range of information on alcohol use and misuse which is drawn together from a variety of published sources and includes additional analysis undertaken by the NHS Information Centre for Health and Social Care. Information is presented in a user -friendly format.
- 3.4 Among the many figures on the consumption and effects of alcohol available in this statistical report (and elsewhere) are the evidence that, in 2007, 33% of men and 16% of women (24% of adults) were classified as hazardous drinkers; there was a substantial increase (46%) in prescription items to treat alcohol-related illness between 2003 and 2009; and, in 2008, there were 6,769 deaths directly related to alcohol, an increase of 24% from 2001. Of these alcohol related deaths, the majority (4,400) died from alcoholic liver disease.
- 3.5 This report also shows the variable growth in consumption of different types of alcoholic drinks and the impact of price on purchasing, along with the growth in home drinking, most notably of wine. The evidence of the impact of alcohol on people's lives and health shows regional variations within England and between the nations of the UK. The evidence on differences due to ethnicity is more limited but those of Pakistani or Bangladeshi origin were less likely to report having had an alcoholic drink recently in the surveys cited.
- 3.6 The evidence indicates marked differences in the drink preferences of men and women. Compared with men, women were proportionately less likely to drink beers and more likely to drink wine, fortified wine, spirits and alcopops. In terms of amounts drunk, even though

⁴ What lessons can be learned from alcohol control for combating the growing prevalence of obesity?
I. Gilmore, Obesity Reviews, RCP, The International Association for the Study of Obesity. Obesity reviews 8 (Suppl. 1) 2006, pp157–160.

⁵ Youth Alcohol Action Plan. DCSF, Dept of Health and Home Office, June 2008.

⁶ Alcohol Statistics, England, The Health and Social Care Information Centre 2010. Similar statistical publications exist for the other UK nations, or at Great Britain level, and are published by devolved administrations or the UK Dept of Health.

women drink much less than men overall, they drank about the same amount of wine on the standard unit-based measure.

- 3.7 The statistical report contains evidence of alcohol consumption among children 11-15. There has been a growth in recent years of the number in this age group reporting never to have had an alcoholic drink. The likelihood of having had a drink in the previous week (as surveyed) is related to age (more likely towards age 15) and ethnicity; pupils from black and Asian backgrounds are less likely to have done so than white pupils. The evidence demonstrates that drinking alcohol is related to other risk-taking behaviours, including smoking, taking drugs, and playing truant from school.
- 3.8 Young people's perceptions of their parents' views on their consumption of alcohol vary with age, as may be expected. Those reporting that their parents did not like them drinking comprised 71% of 11 year olds, compared with 24% of 15 year olds, in the surveys cited.
- 3.9 High alcohol use, like smoking and obesity, is strongly related to health inequalities.⁷ Most colleges have a strong focus on reducing educational inequalities. The work they do in health education addresses wider issues of disadvantage and well-being. Alcohol education is a clear and relevant part of this.
- 3.10 Another recent publication considered alcohol in the wider context of the health harms of drugs, licit and illicit⁸. It provides a useful summary of the physical and psychological ill-effects of excessive alcohol consumption. The report noted that among 32.3 million adults aged 16 to 59 in England and Wales there are an estimated 20 million weekly alcohol drinkers, with 6.8 million current smokers and 1.6 million regular users of illicit drugs. The report observed that:
- “The use and misuse of licit and illicit substances is common among the British population. The majority of adults consume alcohol: 69% and 55% of men and women in England and Wales, respectively, are weekly drinkers; 26% of British men and 18% of British women exceed the recommended limits for weekly alcohol drinking; and 7% of men and 4% of women may be classified as higher risk drinkers (p6)... Among 6.6 million young people aged 16 to 24 in England and Wales there are an estimated 3.5 million weekly alcohol drinkers... (p13)”.
- 3.11 This Department of Health report went on to note that alcohol use has been linked to the development of a number of chronic conditions and acute consequences, ranging from cancer to road traffic accidents. There were 7,075 alcohol-related deaths in England and Wales in 2009, if only the causes of death regarded as being most directly due to alcohol consumption are included. There were more alcohol-related deaths among men than women; 4,649 deaths among men and 2,426 deaths among women.
- 3.12 Using a broader definition of alcohol-related deaths, the North West Public Health Observatory estimated that in 2005 there were 14,982 deaths attributable to alcohol

⁷ See for example the [Alcohol Health Alliance](#) UK's response to the government consultation *Healthy lives, healthy people: Our strategy for public health in England*; March 2011.). This report notes that: “There is a four fold gradient for alcohol related mortality between most and least deprived quintiles (England and Wales men aged 45-64), which has been exacerbated by the easy availability of cheap alcohol (p7)”.

⁸ *The Health Harms of Drugs*. Dept of Health August 2011.

consumption, representing 3% of all deaths in England for that year. Alcohol-related deaths varied by age, and young people were disproportionately affected by their alcohol use. For example, among males it was estimated that 27% of deaths among 16-24 year olds were attributable to alcohol consumption. The most recent data available, cited in this report, indicate that each year there are over one million admissions related to alcohol consumption. See <http://www.nwph.net/nwpho/>.

- 3.13 In considering the relationship between alcohol misuse and crime, this Observatory report commented that "...although it is difficult to estimate the number of offences that are related to alcohol or illicit drug use, it is well established that there is a link between substance use and acquisitive crime. The 2005 Offending Crime and Justice Survey included questions on offending among young people aged 10 to 25 years related to alcohol and illicit drug use. For 18% of all violent offences and 10% of all property offences, offenders were under the influence of alcohol only... In 2008, the Home Office calculated that the costs associated with alcohol-related crime were between £8.75bn and £14.78bn ... (p10)". These costs were mainly incurred as a result of wounding, criminal damage, sexual offences and causing death by dangerous driving.

Public policy, alcohol and young people

- 3.14 In 2008 a significant government policy initiative was published, the Youth Alcohol Action Plan⁹ ("the Plan"), which linked government action addressing young people's use of alcohol across all the main departments: the then Department for Children, Schools and Families; the Department of Health; and the Home Office. Among the recommendations of the Plan was that the government's Chief Medical Officer should produce guidance on this issue. He did so, the following year¹⁰.
- 3.15 The Plan identified three particular risks related to excessive drinking. These were unacceptable behaviour, including crime; health risks, both short and long term; and associated welfare issues such as unprotected sex, unplanned pregnancy, educational failure and use of illicit drugs. Health and crime risks were identified in some detail, related to age phases in childhood and early adulthood.
- 3.16 The Plan noted the importance of alcohol education as one of the three main features of government policy in this area up to 2008, starting in primary schools. The other two features may be seen as legal controls, affecting respectively the purchase of alcohol under age and the confiscation of alcohol being consumed in public places by young drinkers. Parental attitudes and responsibilities were also addressed.
- 3.17 It was acknowledged in the Plan that, to that date in 2008, "... there has been little focus on how to influence the decisions young people and parents make about alcohol and drinking in the home. While alcohol education in schools and general information campaigns have aimed to influence young people's attitudes, there has been no specific social awareness campaign aimed at younger teenagers (11–15 years old) and no specific advice about low risk drinking by young people... in part, this approach has reflected the view that, beyond

⁹ Cited in note 5.

¹⁰ [Guidance on the Consumption of Alcohol by Children and Young People from Sir Liam Donaldson, Chief Medical Officer for England December 2009](#)

the existing law on consumption, decisions about drinking alcohol, as opposed to buying it, are a private matter for young people and parents where the Government should not normally intervene. Additionally, alcohol has historically been seen as less worrying or risky than illegal drugs. Yet... of all substances, the use of alcohol has shown the greatest growth and causes the most widespread problems among young people... (p12)".

3.18 Consideration of the impact of excessive drinking led to conclusions in the Plan that there would be a focus on five priorities. These are detailed in Annex One but the most relevant in the context of alcohol education was the fifth: "Supporting young people to make sensible decisions about alcohol". This committed the then Department of Children, Schools and Families to deliver a comprehensive communications campaign aimed at children, young people and parents about the risks of alcohol misuse. The Plan went on to commit the Department to improving alcohol education in schools, with targeted youth support and medical treatment if necessary.

Note: This section of the Plan may have missed an opportunity in not addressing the role of FE, with regard to both its substantial post -16 cohort and the many 14-16 year olds on school link programmes at colleges.

3.19 One outcome of this Plan was the publication the following year of the Chief Medical Officer's Guidance on the consumption of alcohol by children and young people (see footnote 10). It provided a readable analysis of the issues, and five recommendations. The fifth was most directly relevant to alcohol education: support services must be available for children and young people who have alcohol-related problems and their parents. In regard to this, the guidance advised that "educational curricula" should be revised so that awareness of the impact of alcohol misuse on health would be developed (chapter 4 of the CMO's guidance). The advice provided had a strong school focus but did make detailed reference to FRANK, the government's on-line alcohol and drug awareness service¹¹, which meets a wider range of needs including those of young people outside the school system. Although the opportunity to involve FE directly was again overlooked, the guidance does provide a policy context for those working with young people in colleges to promote a better understanding of alcohol and its effects.

3.20 The then government consulted in 2009 on the CMO's recommendations and the Association of Colleges responded to that consultation¹². Among the points made by the AoC was the need to include colleges as well as schools in the education-based solutions to perceived problems; the need for learners to be empowered to make their own decisions about drinking; the need to tailor the messages progressively through the age group to recognise developing maturity of response; and the need to coordinate campaigns by the different agencies involved in promoting alcohol awareness to optimise the impact.

3.21 Following the election of the Coalition Government in May 2010 a new Drugs Strategy¹³ ("the strategy") was published by the Home Office in December that year. This included alcohol within a broad approach to drug use and effects, noting that... "There are some 13,000 hospital admissions linked to young people's drinking each year. Early drug and alcohol use is related to a host of educational, health or social problems... (p7)". More details of the strategy's description of the impact of alcohol misuse are provided in Annex

¹¹For the relevant alcohol advice see: <http://www.talktofrank.com/drugs.aspx?id=166>

¹²[Consultation on Children, Young People and Alcohol Guidance: AoC Submission April 2009](#)

¹³[Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery. Home Office, 2010](#)

one. The section on alcohol education (see p 10 of the strategy, for example) supported the use of the FRANK service; emphasised the role of schools; and went on to reinforce the role of colleges, universities and other education providers : “Students should have access to the advice and support that they need as part of wider health and welfare services...(p8)”. Much of the rest of the strategy dealt with legal controls and responses to addiction, including recovery programmes, for either alcohol or for illegal drugs, which have greater emphasis in the strategy.

- 3.22 There are important signs of wider government thinking on disadvantage and rehabilitation within the strategy. It comments, for example, that: “...Drug and alcohol dependence is a key cause of inter-generational poverty and worklessness... (p26)” and refers to the need to develop employment skills as part of moving on from dependency. There could be a role for colleges here in responding to the consequences of dependency, where meeting the needs of disadvantaged groups by supporting adult skills and employability is part of the mission. .
- 3.23 The strategy also refers to a whole systems approach for the more severely affected drug users, whereby “...Recovery can only be delivered through working with education, training, employment, housing, family support services, wider health services and, where relevant, prison, probation and youth justice services to address the needs of the whole person...(p20)”. This has implications for colleges, particularly those with significant adult and community based provision, as well as those working with the youth offending and wider judicial systems.
- 3.24 It is evident that colleges may be at the hub of a network of professional services, offering what could be called preventative programmes of alcohol and drug awareness quite widely, then for some “clients” adding more specialist services in partnership with other agencies. These services may go beyond direct education into rehabilitation and health support.
- 3.25 The community-based approach received further indirect endorsement in the coalition government’s update to its Public Health White Paper for England¹⁴, published in July 2011. This recognised a range of lifestyle-related problems in public health and also accepted the need for action on health inequalities. Whilst recognising the need for national-level leadership the update paper also emphasised localism. Local authorities are to have new responsibilities for public health, creating opportunities for community engagement to develop holistic solutions to health and wellbeing, embracing the full range of local services. In this context, colleges and other providers could identify routes to the promotion of “healthy FE” within a much broader local support network. College-based alcohol education would then plan to be part of an integrated local service, supported by a range of local professional and community partners.
- 3.26 Following on from the White Paper there will be new strategy documents on, for example, drugs and alcohol, mental health, tobacco control, obesity, sexual health and health protection. Public Health England will also be supported by the five ‘Responsibility Deal’ networks¹⁵ on food, alcohol, physical activity, health and work and behaviour change; the London 2012 Olympics Legacy; Change4Life¹⁶ campaigns, and increased community capacity through localism, the Big Society and the National Citizen Service.

¹⁴ Healthy Lives, Healthy People: Update and Way Forward. Dept of Health, July 2011.

¹⁵ [The Five Responsibility Deal Networks](#)

¹⁶ [Change for Life](#)

- 3.27 It is beyond the scope of this guide to relate all the current public health policy initiatives to the role of colleges. However, this summary review of the evidence does demonstrate the place of colleges in supporting health education; the evidence that alcohol education should form a key component of this work; and the links to both established and emergent government policy on public health, with the growing importance of local solutions through connected services.
- 3.28 The [**LSIS Excellence Gateway**](#) contains a good general overview of health policy which is related to the work of colleges. This source also considers how colleges could respond to the public health challenge, as the following extract from the webpage shows. The points made below about responsiveness to public health policy can be read to include alcohol awareness as well as other health, wellbeing and lifestyle actions.

LSIS: How might the FE and skills sector respond?

- FE providers will be active promoters of young people's health as key element contributing to their transition into work.
 - FE providers will be active promoters of staff health as a key element to developing a healthy working environment.
 - Colleges and other FE and skills providers should be involved in local health needs assessment and prioritisation, and the commissioning of responses.
 - A close working relationship with local authorities, local public health service providers and the Health and Wellbeing Board should be the norm.
 - FE staff should be provided with the skills to promote positive health behaviours and identify those for whom early intervention and referral to specialist services is appropriate.
 - FE providers, as good employers, should take note of initiatives to strengthen health at work provision.
 - It will be essential that FE is able to evidence the value of its contribution to the wider public health outcomes and to be able to show what works and why.
 - There will be opportunities for the sector to engage in national initiatives and campaigns.
- Overall, we want the FE and skills sector to play its part in a much more innovative, integrated and dynamic approach to improving public health.

Note: these points apply to England, although part of the preceding text in this section relates to the UK as a whole, where shown. Specific sources for public health guidance, including on alcohol, in Wales, Scotland and Northern Ireland are included in Annex One.

4. Alcohol awareness and health in Further Education

- 4.1 Alcohol awareness in FE colleges is usually promoted as part of “entitlement” learning for full time students. In some cases the opportunity exists for this to be accredited; see in particular the Hull College and Canterbury College cases studies. Alcohol awareness is then developed as part of a wider suite of health and wellbeing activities. Often, alcohol is included in a substance misuse context, wrapped into drugs-and-alcohol. In some colleges this may mean a focus on alcohol awareness may be lost, even though the risks are evident; alcohol consumption (by over 18s) is legal; and consumption fits with age-related social norms for most groups. These factors should encourage greater emphasis.
- 4.2 The framework for health education in many colleges, covering alcohol use and misuse in a wider wellbeing context, is “Healthy FE”. This framework is the main reference point for this guide with regard to highlighting alcohol education as part of a wider health and welfare programme. The main reason for this approach is that it is hard to see that alcohol awareness would be treated in isolation from any other aspect of health and lifestyle education, although it may receive particular emphasis as part of vocational preparation for the hospitality industry, where alcohol abuse is known to be an occupational hazard for some workers.
- 4.3 One particular benefit of the Healthy FE approach is its holistic nature, addressing as it does staff health as well as that of learners, and reflecting local community factors.

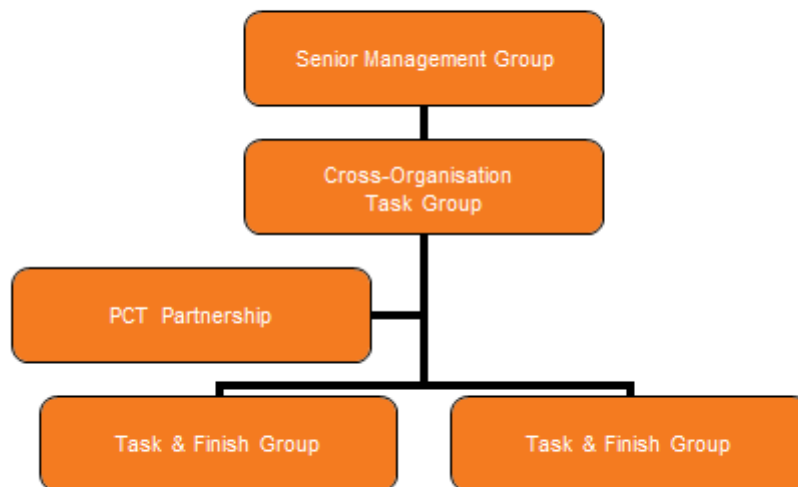
About “Healthy FE”

- 4.4 "The Healthy Education Programme is an aspirational model aimed at creating a future where FE and skills sector providers have strong relationships with community partners to create a learning environment where positive wellbeing is the expectation for all, producing students and staff who are confident, healthy, safe, emotionally resilient and personally fulfilled." (Healthy FE Steering Group, December 2008¹⁷).
- 4.5 Healthy FE is seen as a sector-led framework that is developed by and for FE and skills sector providers: It is for colleges to identify what is wanted by their staff and students, and what can be delivered by them (in collaboration with community partners) as part of their mainstream business.
- 4.6 In establishing the Healthy FE framework the recommendation to colleges was that they should not seek to create new infrastructure and processes, but should make use of and develop their existing arrangements wherever possible. Health should be focused on in the broader context of 'wellbeing'.

¹⁷ This paragraph and the ones immediately following are adapted from the [Healthy FE pages on the Excellence Gateway](#)

- 4.7 Advice to colleges coming to the Healthy FE programme for the first time includes a PowerPoint presentation (see source in note 17) with the following diagram. This shows the structure of the programme to include senior management “buy-in”; a whole-organisation approach; focused task-and finish activities on formal aspects, such as the health check (see 4.8); and links with external health agencies, in this case the primary care trust. Although these trusts will be superseded by new primary care delivery arrangements under current proposals for the reform of health care in England, the concept of a link into the lead NHS local agency is a sound one.

Programme Structure



- 4.8 Colleges signing-up to Healthy FE carry out “The Big College Health Check”; an anonymous on-line survey. It enables colleges to look at the health and welfare needs of staff and students, and understand whether they are aware of what is already provided by the college, what they think of what is provided, and what improvements they would like. The survey covers topics such as emotional health, alcohol, relationships and sexual health. For each topic, questions are asked about the individual’s health issues, what services they access, service satisfaction and what additional services they need. On completing the survey, a college receives an in-depth evidence-based report to provide a focus for future health and welfare activity.
- 4.9 Upon completion of the Big College Health Check the college receives a headline report providing highlights of the data collected from that college, along with a receive a “dynamic” report. This enables drill down into the data to: understand the needs of staff as opposed to students; look at what different age groups need; focus on particular curriculum areas; and look at a specific health issue at a time. Within the report regional comparators are provided as a way of seeing how the college compares to others.

- 4.10 A **Self-Review Tool** has been developed through the national Healthy FE framework by members of the FE and skills sector. It provides a mechanism for colleges to review progress in embedding whole-organisation health and wellbeing practices. An enhanced version of the tool was launched in February 2011, and enhancements were made in consultation with users of the tool in colleges, including several independent specialist colleges. Part of the procedure for recognition within the Healthy FE framework is completion of the self-review tool.
- 4.11 By October 2011, 48 GFE colleges had been recognised, as had 7 sixth-form colleges, one land-based college and one specialist college. The Healthy FE framework is supported by regional networks: see the Excellence Gateway link for details. By mid- 2011, 210 colleges were engaged in these networks. An evaluation report on the development of Healthy FE in 2010-11 is also available, produced by the then programme administrator, Tribal¹⁸.
- 4.12 LSIS took over responsibility for Healthy FE in April 2011, making it wholly sector-owned. As an organisation LSIS is intent on fully supporting the Healthy FE agenda. There is a planned extension and enhancement of services and support networks to make the Healthy FE programme relevant to other education providers, such as ACL and work-based learning institutions. The intention is to extend the programme beyond FE provision, with the enhancement of the toolkit to allow a wider sector to promote health and wellbeing within their organisations.
- 4.13 The value of the Healthy FE approach to the promotion of alcohol awareness is that it provides a standardised framework in which this topic can be promoted. The commitment of senior management to the Healthy FE concept makes it more likely that potentially contentious topics will be dealt with objectively. These may include, for example, managing the effects of binge drinking by learners or encouraging staff that have a problem with alcohol to come forward for confidential advice and support.
- 4.14 One consideration for colleges taking this holistic approach is the potential involvement of governors, whose role in determining the educational character of their organisations could - arguably, should - include the personal and social development of young people and other learners. Their role as the employing body also gives them an interest in staff welfare.
- 4.15 Within colleges, then, alcohol education may be seen to be part of a wider agenda of health promotion. In recent years this has often been linked to enrichment programmes for 16-18 year olds, funded through the resource for entitlement provision. As noted earlier, finance for this through the Young People's Learning Agency has been reduced by 80% in 2011-12. Colleges with established enrichment programmes, which may include such options as sport and performance activities as well as health, are seeking to maintain provision. In the longer term, however, the maintenance and development of health-related enrichment

¹⁸ [Healthy FE Evaluation Report Year 2](#)

programmes does seem to be at risk, despite the direction of national policy on public health.

Accreditation

- 4.16 Two colleges providing case studies for this guide are utilising accreditation through the British Institute of Innkeeping Awarding Body (BIIAB). This is the wholly-owned awarding body of BII, the professional organisation for the licensed retail industry. The BIIAB offers alcohol awareness awards to schools and colleges¹⁹, as a flexible programme of 10 guided learning hours. These have had a substantial enough take-up to be subject to an independent evaluation by the University College Birmingham.
- 4.17 The BIIAB level One Award in Alcohol Awareness can be taught by teachers in schools, or by tutors at colleges or other independent BIIAB approved centres and is supported by an easy-to-follow handbook. As part of the 'BII Schools Project' in addition to the handbook, there is a website (www.schoolsproject.co.uk) which includes online activities, plus activity sheets, and newsletters. Colleges utilising this award find it effective, as Hull and Canterbury report in the case studies. More details are available in Annex Four.
- 4.18 The NCFE has an accredited award in alcohol awareness²⁰: the NCFE Level 1 award in alcohol awareness. This may be studied pre- or post-16 programme, with 27 guided learning hours. There is also a Level 2 award in substance misuse. As with the BIIAB award, there are useful support materials accessible through the NCFE website²¹. The NCFE view is that its alcohol awareness award fits well with one of the priorities of The Youth Alcohol Action Plan (see Section 3, above) which, among other approaches, intends 'to support young people to make sensible decisions about alcohol'. NCFE sees its alcohol awareness award as helping to promote a greater awareness of alcohol use and misuse and the effect this can have on the well-being of individuals, their friends and relatives and the wider community. It is also seen by NCFE an effective addition to the package of short awareness-raising qualifications it offers, which now cover: Substance Misuse, Alcohol, Mental Health and Sexual Health.

In summary

- 4.19 The growing localisation of public health support in England, identified in Section Three, may be seen to offer colleges a particular opportunity to engage with a local professional network, sharing expertise and identifying priorities. There is also the potential for colleges to standardise their health and wellbeing education and services for both learners and staff, perhaps also linking to their wider communities through programmes of adult safeguarded learning or sponsored community health projects.

¹⁹ [BIIAB awards and qualifications](#)

²⁰ [The NCFE has an accredited award in alcohol awareness / Candidate workbook](#)

²¹ <http://www.ncfe.org.uk/3%5CSuggested%20Tutor%20Support%20Materials.pdf>

- 4.20 This standardisation could be through the Healthy FE framework, as this is the only national “brand” for this service. An approach of this kind would fit well with the expectation that local authorities will take more of a role in coordinating local public health services; most colleges see their host local authority as a key strategic partner. Alcohol management is a key strand of public health initiatives throughout the UK, often also linked to reducing inequalities- another part of the mission of many or most FE colleges.
- 4.21 Within Healthy FE, alcohol has frequently been connected to wider substance misuse but it is deserving of a particular response because it is a legal drug with strong social norms encouraging peer-referencing behaviour, including possible misuse. The need to understand the place of alcohol and its impacts on the individual and society is there for both young people and adults, and also within certain vocational sectors such as the hospitality industry. Colleges serve as hubs in their communities; they often have thousands of students and hundreds of staff. They are distinctively placed to promote wellbeing through their educational mission. As part of this role in health promotion there is an important place for encouraging a full understanding of alcohol, its use and misuse.

5. College practice: Grantham College

About the college

- 5.1 Grantham College is a small to medium sized general further education (GFE) college in Lincolnshire. The main campus is in the market town of Grantham. The college has a business centre, which is the hub for work-based learning and other community activity. It also has a site in the neighbouring town of Sleaford. The College's mission is "Inspire, Empower, Achieve." The college attracts learners from Grantham and its immediate district, with students travelling from the surrounding rural areas. The population of the town and surrounding area is approximately 41,000. The proportion of learners from a minority ethnic heritage matches the proportion from the local area of 1.3%.
- 5.2 The college makes provision in all areas of learning. The college provides residential accommodation for 73 learners, which is occupied by international students planning to go on to higher education in the UK, learners on apprenticeship programmes, and learners from the sports academies. In 2010/11 the college enrolled 1290 16-18 year olds; nearly 300 apprentices; and around 3000 adult learners, with 190 students studying Higher Education programmes on offer at the College.

Health education at Grantham College

- 5.3 The College has a strong commitment to the health and wellbeing of all students. There is a dedicated Learner Support team, which includes healthcare professionals (in both sexual and mental health) and a team of pastoral support tutors who have all received external training in health matters and also lead on healthy lifestyle choices education.
- 5.4 The College has a cross- college "Healthy College Group" led by the Head of Business, Equine, Sport, Travel and Tourism, which offers a range of activities and educational opportunities to complement the work of the professional and pastoral teams. The services available to students include a student health clinic, which is currently staffed on two days a week by a qualified family planning Nurse Practitioner. This will shortly be opened as a referral and advice centre on the remaining three days, staffed by the former FESCO (now known as the Sport and Healthy Lifestyle Co-ordinator) and two health trainers, employed by the local District Council. There is also a Mental Health and Wellbeing Service provided by a fulltime Mental Health Nurse complemented by two part time counsellors. The work of the College has been validated and recognised through gaining both the Healthy Colleges Award and the You're Welcome Award²².
- 5.5 The College library and VLE contain extensive resources and information, including self-help materials, on a wide range of physical and mental health problems and these are freely available to all students and staff.
- 5.6 Regular health promotion events take place throughout the year, beginning in induction week to allow an early opportunity for students to meet with the health advisors and to become aware of the services provided. Groups of staff and students take responsibility for devising and presenting the health promotion events, with external organisations with which

²² [Recognition, by the DoH of health related provision that is young people friendly](#)

there are strong links, being involved as often as possible. An example of such an event was the Week of Wellbeing in October 2011 which covered a whole host of topics around physical and mental health.

Alcohol education at Grantham College

- 5.7 The college has a distinctive approach which draws on the role of the Mental Health And Well-Being (MHWB) Advisor, who works in conjunction with the pastoral support and Healthy College team. Promotion and education of sensible drinking begins during induction and continues throughout the academic year, with regular health promotion events which provide excellent opportunities to carry out alcohol education. The library and virtual learning environment contain resources which help to increase awareness of the dangers of excessive alcohol consumption and to encourage safe drinking practices. Further leaflets and information are readily available around the college for student's personal use.
- 5.8 Among the external sources of support utilised is Addaction, a national charity²³ addressing alcohol and drug dependency, which works with learners at the college as part of the health education programme. The MHWB Advisor focuses her work on self-referring learners (and staff), some of whom have an alcohol dependency problem affecting their studies or work. This service has evidence of the effect of alcohol misuse on the well-being and overall health of individuals seeking assistance. Alcohol education is supported as well by a link to information and guidance through the college's VLE.
- 5.9 The most engaged curriculum area is that of Hospitality, as other colleges have reported. Alcohol service is part of the hospitality industry; charities such as The Ark Foundation²⁴ support the sector's employees through alcohol awareness programmes. At Grantham and other colleges awareness of the need to manage alcohol use is part of preparation for the industry. The materials and approaches developed in this way can be utilised for the benefit of learners preparing for other careers, and are at Grantham.
- 5.10 Staff at the college report that alcohol education can be related to other forms of health, personal and social education. Wider substance misuse is part of this, as is sexual health and safeguarding. Issues of mental health and well-being are often less obviously related to alcohol misuse but the role of the Advisor in this area produces a focus for wider awareness of cause and effect, as well as support for individuals in need.

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²³ [**www.addaction.org.uk**](http://www.addaction.org.uk). Addaction is an established alcohol and drug dependency charity, working in 80 locations in England and Scotland.

²⁴ The Ark is a service offered by Hospitality Action, set up to educate the hospitality industry's students, employees and management as to the dangers of alcohol dependency and other drug misuse: www.hospitalityaction.org.uk

6. College practice: Hull College

About the college

- 6.1 The Hull College Group is one of the largest general further education colleges (GFE) in the country. It operates from three main geographical locations: Hull, Harrogate and Goole. There are five main locations in Hull: Queen's Gardens campus; Park Street Centre supporting the School of Art and Design; Cannon Street Centre – the centre of excellence for the School of Motor Vehicle and Engineering; the Learning Zone situated in the Kingston Communications Stadium which is run in partnership with Hull City Council offering sports programmes; and the Waterside Business Park based in Hessle and supporting Employer Engagement commercial business. Harrogate College is centred at Hornbeam Park in the town and there is a small campus in Goole, 30 miles from Hull.
- 6.2 Community education courses are offered in over thirty venues across Hull and the East Riding with a smaller number offered around the Harrogate centre. The Waterside Business Park employer responsive arm offers bespoke training programmes to industry. Harrogate College also operate a number of programmes that service business within their region.
- 6.3 Since the Hull College Ofsted inspection of May 2008, where it achieved a full set of outstanding grades, it obtained Beacon Status (in January 2009) and is involved in a number of dissemination of good practice projects each year. It has also been awarded a number of national and regional awards for various aspects of its provision and holds the Training Quality Standard. The Group utilises the European Framework for Quality Management (EFQM) and has 'Recognised for Excellence' status (5 star). It holds the national Matrix Gold Standard for student Information, Advice and Guidance (IAG).
- 6.4 Hull College offers courses in all 15 sector subject areas leading to qualifications from pre-entry level to HE. In 2010/11, the college enrolled about 27,000 learners. Of these, around 7,800 were aged 16-18.

Health education at Hull College

- 6.5 Hull College provides a range of different ways to offer health education to its students. During induction students are introduced to Health and Safety and their responsibilities in relation to this, which is then reinforced during curriculum delivery. Additional health promotion takes place during "Fresher's Fayres" where a number of partners are available to provide information, advice and guidance on a range of issues, including health and fitness, drink and drugs, sexual health and joining a local doctor/dentist (via the NHS).
- 6.6 Tutorial resources enable staff to deliver sessions on a wide range of health related issues, and include access to guest speakers from agencies including the Teenage Cancer Trust, Caspher (Chlamydia Awareness Screening Programme for Hull and East Riding), Re-Fresh (drug and alcohol awareness), HMP Hull (drug and alcohol awareness) and Humberside Police, among others. An annual Health and Well Being Week also provides an enjoyable and innovative way for staff and students to have access to a wide range of partners, materials and support. In addition to this, the College also opened a Well Being Centre at its main site in November 2010, providing access to counselling services, as well as drop-in support for sexual health advice and drug and alcohol related issues.

Alcohol education at Hull College

- 6.7 Hull has probably undertaken the most extensive structured alcohol awareness work of all the colleges in this guide. The programme is led by the Student Experience and Tutorials Manager. The framework for the activity at Hull is the British Institute of Innkeeping Awarding Body's (BIIAB) Level One Alcohol Awareness Award (see Annex 4 for details). As mentioned in section 4 of this guide, this award has been available for several years and its effectiveness has been researched by the University College Birmingham; for details of this research see the BIIAB website (see source note on p15). The award covers the social, economic, career and health impacts of alcohol.
- 6.8 Hull adopted the Alcohol Awareness programme in recognition of local needs; problems arising from alcohol abuse are evident in the local area, as in other parts of the country. The programme was started in 2007 and has built progressively from that time. Learners from a range of vocational departments of the college undertake the BIIAB programme as part of their induction. Across the Hull College Group this has amounted to some 5,400 students participating to date. Programme delivery is funded in its own right; the college believes the value of the programme for learners means that it should be sustained in 2011-12, when wider financial pressures will be evident.
- 6.9 The college has utilised the standard BIIAB programme materials, which are seen as good, but has adapted their use in implementation. A key feature of the programme is that those tutors leading it have to undertake it themselves, so they understand the experience of learning as well as teaching. One of them commented: "This helped me see the subject through young people's eyes".
- 6.10 At Hull College the Hospitality curriculum staff have led the Alcohol Awareness programme in its implementation across the college. As well as printed support materials the college has resources that may be accessed on-line at the college via Moodle. Other materials have been used in support, such as interactive learning through "The Drugs Box"²⁵, one element of which is "The Drinks Angel", which has provided factual information and increased the awareness of the long term dangers of alcohol misuse within youth culture.
- 6.11 Recognising that alcohol consumption and misuse is often considered an indirect risk to an individual's sexual health, the college also utilises the Drugs Box to provide "Medi+Vend", an interactive sexual health kiosk which provides health promotion information and interventions about sexual health, sexually-transmitted infections (STIs) and related public health issues. This is open to use by either staff or students monitoring their own health. It may be adapted for utilisation in conducting surveys on health topics. The college also provides a weekly nurse-led term-time sexual health STI "test and treat" drop-in service and referral to the local genitor-urinary medicine clinic, family planning and contraceptive services. Additionally, the college works with the local teenage pregnancy strategy group to provide information and guidance to students.

²⁵ www.thedrugsbox.co.uk

- 6.12 Among the external professional partners supporting both the wider health education work and that focused on alcohol is the Hull community safety partnership, “citysafe”²⁶, comprising police, probation and health services. The promotions and initiatives of this group are related to the programme of college-based activities such as the Health and Well Being Week. There are also effective links with local and national charities and welfare agencies, including the RNIB, supporting blind and partially sighted people, which has publications on the effects of excessive alcohol on eyesight²⁷.
- 6.13 Overall, the Hull approach is to embed an effective, accredited, tutor-led alcohol awareness programme within a wider framework of support, informal advice and guidance, and expert assistance from community groups, which has been externally recognised. Due to this initiative the College was a BII NITA finalist in 2009 in the Social Responsibilities section, and was “highly commended” in the Green Gown Awards²⁸ Corporate Social Responsibilities category in 2010.

Related information may be found on these links:

<http://bii.bii.org/news/609>

<http://bii.bii.org/events/awards>

http://content.yudu.com/Library/A1o4et/GreenGownAwards2010W/resources/index.htm?referrerUrl=http%3A%2F%2Fwww.eauc.org.uk%2Fgreen_gown_awards_2010

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²⁶ [Citysafe](#)

²⁷ www.rnib.org.uk

²⁸ [Green Gown Awards](#)

7. College practice: Canterbury College

About the college

- 7.1 Canterbury College is a general further education college with an annual student population of around 12,000. The college's main campus is located within the city of Canterbury with a satellite campus located in Minster on the Isle of Sheppey. The college serves the districts of Canterbury and Swale, a substantial proportion of the Dover district and parts of Maidstone, Ashford, Shepway and Thanet districts. Although Canterbury is perceived as being a fairly affluent area, the catchment for Canterbury College includes a relatively high number of deprived districts and the College draws proportionately more, younger learners from these districts than would be expected for Kent as a whole.
- 7.2 Canterbury College's main area of provision is with the 16 to 18 age-group. The college has enjoyed significant growth in this age-group, assisted by the development of a new estate. The college also serves a significant number of 19+ learners, though the numbers have fallen in recent years, entirely due to the reduction in available grant funding for the age-group rather than demand. Success rates are around national benchmarks.
- 7.3 For several years now, the college has set great importance on partnerships with other education providers. The college is a part of three 14 to 19 schools consortia within which it has taken a lead role. An example of this is the particularly successful pool of GCE A level subjects available to all students in schools and at the college in Canterbury.

Health education at Canterbury College

- 7.4 All learners undertake a tutorial and enrichment programme that addresses health and well-being issues. Services for students within college address issues and run campaigns such as through the college's Food Hall, which has healthy eating messages and provision. Water is readily available throughout College. The college runs Health Forums and Health promotion events where learners access a range of resources.
- 7.5 Permanent features of the college's provision include the Student Information Centre (and appropriate referrals where helpful); the Sexual Health clinic held on site; and Student Union services such as the availability of free condoms. The college's tutorial system ensures that all learners are aware of services and they include talks by SIC staff such as on anti-bullying. In many sections, health and well-being issues are embedded in the curriculum, such as Catering and Early Years, and other sections of the college use Drug Awareness or Healthy Eating qualifications as the induction qualification for students.
- 7.6 A range of qualifications are delivered to support education relating to key social themes that are issues relevant to the local community. These included qualifications in Drug Awareness, Health and Safety, and Career Progression.

Alcohol education at Canterbury College

- 7.7 Canterbury College has established its alcohol awareness work within its Health Education provision. The framework for it is the BIIAB²⁹ Alcohol Awareness programme (see Annex 4 for details). As mentioned in section 4, this leads to an award and is undertaken in schools as well as some colleges. Canterbury reports that, as well as enabling an awareness of alcohol, this award gives learners a sense of early achievement at college, as it is delivered through the induction programme (as at Hull College; see section 6). As well as providing this programme for its own students the college has operated it for some of its school link 14-16 year olds as well, successfully.
- 7.8 The Alcohol Awareness qualification was trialled with students undertaking Media courses. In 2008-09 the College delivered Alcohol related qualifications in the Hospitality section, where this forms part of the curriculum. In 2009-10 a broader offer of induction qualifications was rolled out across the College. By the end of the 2010-11 year, Canterbury had accredited learners with 1137 qualifications in this field, made up of over 1000 taking the BIIAB Alcohol Awareness award; 83 taking the BIIAB Level 1 Award in Responsible Alcohol Retailing; and 17 taking the NCFE award.
- 7.9 Canterbury offers its accredited alcohol awareness programme widely throughout its curriculum areas as part of the induction programme. In the Hospitality curriculum area related BII industry qualifications, such as that in alcohol retailing, are also offered. Different learning groups take different induction qualifications, depending on the need of the learners and the curriculum followed. A personalised approach to guiding learners to the right programme for their needs means that certain groups take the NCFE³⁰ Level 1 Alcohol Awareness course as an alternative, supported by the Kent Council for Addiction, which provides training for college staff on substance misuse³¹ (see below). This is part of a suite of health-related qualifications offered by the NCFE and has been developed from its drug awareness awards, as the need for a differentiated programme became apparent.
- 7.10 The college operates a cross-college tutorial approach to alcohol awareness and has a standardised set of learning materials. These can be linked to the appropriate qualification. A sample lesson plan is included in Annex Three. This links to wider health and welfare objectives and notes assessment activities. Tutors are encouraged to relate their alcohol awareness sessions to the main programme followed by the learner, so that, for example, Art students will design posters; Motor Vehicle students will consider alcohol and driving; and Hospitality students will set their learning in the context of bar or restaurant work. These are not exclusive learning activities but provide a relevant curriculum focus.

²⁹ [BIIAB Alcohol Awareness Programme](#)

³⁰ www.ncfe.org.uk; also:

<http://www.ncfe.org.uk/QualificationFinder/tabid/257/keywords/alcohol%20awareness/Default.aspx?sector=Health,%20public%20services%20and%20care>

³¹ <http://www.kca.org.uk/>

- 7.11 The college reports that a key element of a successful programme is the professional development of staff leading and implementing it. Careful attention has been given to this. It is beneficial in this context to note that the BIIAB Alcohol Awareness programme requires the staff delivering it to have been through the structured learning programme themselves. In September each year a training session is arranged for staff, delivered by Kent Council for Addiction (KCA: see source 31, below). KCA is the local substance misuse agency in the county. This session is to update staff on all aspects of substance misuse, focusing on how and why substances are used; the legal and social aspects; and resources for further information. The college reports that staff find these sessions very useful in supporting effective delivery of both induction qualifications and tutorial sessions.
- 7.12 Learner feedback is well-developed at Canterbury and includes receiving views on the alcohol awareness programme, which has been adapted in its delivery in response to the opinions and recommendations received. In the longer term, and taking account of learner feedback, the college intends to refresh both the learning and assessment approaches to ensure relevance to the needs of the age groups following alcohol awareness programmes.

Note: additional materials from Canterbury are provided in Annex Three.

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8. College practice: Newcastle–under-Lyme College

About the college

- 8.1 Newcastle-under-Lyme College is a large tertiary college located in North Staffordshire. The town of Newcastle-under-Lyme has a population of 123,400, although the conurbation of Stoke-on-Trent and Newcastle-under-Lyme, together with the Staffordshire Moorlands, accounts for a population of more than 450,000 and it is from this wider catchment area that the College draws many of its students.
- 8.2 Curriculum provision is broad and includes a range of apprenticeships, community and outreach work and employer related training. However, as a tertiary college, the most sizeable part of the provision remains the delivery of a wide range of vocational and GCE A level programmes for 16-18 year olds. The college offers qualification levels ranging from pre-entry to level 3 (where the greatest proportion of its work sits). The qualifications mix includes Skills for Life, AS/A-levels, NVQs and BTEC Diplomas. There is also University Centre with a range of HE programmes.
- 8.3 In recent years the growth in 16-19 full time students, both on A/AS level and vocational programmes has been significant. Full-time recruitment in 2011-12 was on target, resulting in circa 3,400 full time students, a substantial increase on numbers in 2010-11. In addition in 2010-11 the college had 2,500 adult learners, over 400 students on higher education programmes, c1,400 employees of local companies on Train to Gain programmes, and around 300 apprentices.
- 8.4 The college focuses upon the key strategic drivers of: engaging more young people aged 16-19 in education and training; developing a culture of employer engagement throughout the college; helping more young people to go on to higher education and positive career choices; continuing to strengthen collaboration between all its partners; and promoting a culture of innovation throughout its teaching and learning practice.
- 8.5 There is a comprehensive Learner Involvement Strategy to ensure that the voices of all students are heard and that the 'Every Child Matters' themes (which are referred to as Every Learner Matters) are fully integrated into all activities.
- 8.6 A new £60 million campus opened in January 2010. This includes the Gordon Banks Sports Centre. This is open 7 days a week and is utilised by the community and local professional sports clubs.

Health education at the College

- 8.7 Learners receive guidance and awareness sessions from internal staff on health related issues and will also be signposted to external support services. Personal Tutors have received training in the 'Every Contact Counts'³² approach in signposting learners to external partners where appropriate.
- 8.8 Although tutorial entitlement has been significantly reduced, it remains a college priority for all learners to receive the guidance and information that they require in order to stay safe and healthy. In terms of alcohol and drugs education, the college is currently arranging for the BAC O'Connor Centre (for drug/alcohol misuse rehabilitation³³) to come in to present information for learners about the centre's approaches to addiction.
- 8.9 In addition to health and treatment in direct relation to alcohol, the college also offers "Clinic in a Box"³⁴ drop-in sessions and Bclear³⁵ attends to provide Chlamydia screening and group awareness sessions with all learners across college. Learner Managers are also trained to give sexual health advice and to distribute condoms. Sexual health also has strong links to risk-taking behaviour whilst under the influence of alcohol; both subjects are delivered to learners with direct reference to each other.
- 8.10 The college runs a 'Healthy College' group that that oversees health provision across the organisation, continually identifying areas for development and best practice. To support this, five Sports Academies have been developed, including 2 football academies and academies for basketball, netball and cricket. This service is continually expanded; it includes opportunities for learners to develop coaching skills and to gain qualifications for employment in their chosen field. This encourages learners to lead a healthy lifestyle, in addition to the benefits to wellbeing of teamwork and skills development.

Alcohol education at the College

- 8.11 The alcohol education service at the college is managed as part of the tutorial service, aimed primarily at full time students. Some of the developments in deciding what works best with young people in particular have derived from work undertaken in supporting those not in education, employment or training (NEET). The five outcomes of the previous government's Every Child Matters³⁶ programme informed the original tutorial plans. As in other colleges, some of the activities also support the college's work on safeguarding young and/or vulnerable learners.
- 8.12 Changes to enrichment funding for young people's learning in 2011-12 have resulted in a reduced and re-focused programme in which alcohol education remains as part of the promotion of good health. Among the resources utilised in tutorials on the impact of alcohol are those supplied commercially by Health Edco, a health education company.³⁷ Practical equipment board games and DVDs are utilised. Materials purchased were chosen after a review of what was available and were felt to fit learning programmes well. Along with the

³² [A health awareness promotional programme.](#)

³³ [Care for people with drug or alcohol problems](#)

³⁴ [A nurse-led service in various aspects of health, particularly sexual health](#)

³⁵ [An advisory service on Chlamydia](#)

³⁶ [Based on the Children Act 2004](#)

³⁷ <http://www.healthedco.co.uk>. The company has a focus on health education products.

commercial products there is an engaging, short DVD made by the college's own Media Foundation Degree students, on the possible consequences of drinking to excess on a night out.

- 8.13 Other resources include an on-line game, "What Are You Doing Tonight?" This is a question-and-answer game covering food and drink, travel, entertainment, safety and security – and a reminder that the learner completing it will be expected at college the next morning. An Actions and Consequences game, for 3-12 players, has a range of scenarios featuring drugs, alcohol, and aspects of family life.
- 8.14 As the alcohol education programme became established it was possible to survey students on what was seen as effective. About 100 students have participated in surveys and their views have shaped the tutorial programme. The alcohol awareness tutorial has been standardised, with lesson plans and tutors' notes. It is to be included in all full time students programmes in 2011-12 (there are approximately 2000 full time students). The timing of this tutorial will vary, as it is part of a health education programme that includes events, visits and talks by external health professionals. The programme includes a "Be Well Week", of which alcohol awareness is an element.
- 8.15 Among the sources of professional support for the college in promoting alcohol awareness is the local authority's Alcohol Strategy Group³⁸, which assisted in the development of the approach used by tutorial staff. Possible future developments include relating this work to the existing school links programme for 14-16 year olds, in order to progressively build understanding and awareness of alcohol and its effects within the age group.

Note: additional materials from Newcastle-under-Lyme are provided in Annex Three.

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³⁸ Supported by an [alcohol harm reduction strategy](#)

9. College practice: Oaklands College

About the college

- 9.1 Oaklands College is a large general further education college and is one of four colleges within Hertfordshire. The college has four main campuses across three local authority districts in mid and south Hertfordshire: Borehamwood, St Albans City, Smallford and Welwyn Garden City.
- 9.2 The college offers courses in all 15 sector subject areas, with the majority of learners enrolled on programmes in the preparation for life and work, arts, media and publishing, health, public services and care, and construction and the built environment sector subject areas. The college has its own work-based learning contract and also provides Train to Gain, Entry to Employment and informal adult learning provision. The college has close links with local schools and provides learning opportunities, including Diplomas for pupils in Key Stage 4.
- 9.3 Hertfordshire is relatively prosperous although there are pockets of deprivation, including some wards within the college's immediate catchment area. Unemployment rates in the area are below the national average and the most significant employment is within the service sector in areas such as finance, distribution and in hotel and catering. Participation in post-16 education and training is high in the area and many schools provide post-16 courses. Attainment levels in local schools are above average.
- 9.4 The college's mission is to: 'Realise the potential of our communities' and the vision is 'To provide an amazing experience with outstanding learning so you are ready to take on the world'
- 9.5 In 2010/11 there were over 700 learners aged 14-16; over 3000 learners aged 16-18; and 3,000 adult learners.

Health education at Oaklands College

- 9.6 The 2010 Ofsted inspection report noted that learners particularly appreciate the personal and pastoral support provided by staff. Support for work-based learners was more inconsistent and this has been acted upon. The Healthy FE Self Review Tool was used to assess the potential impact on the health and welfare of staff and students of the college practice activities checked through the review. As a result, a steering group of nine people was created, in the areas that were known to be well received by staff and students. The main aim of this steering group was to create subgroups focusing on various aspects of health improvement.

- 9.7 The college is seeking to operate its enrichment and tutorial programme more efficiently in 2011-12 and is working with other colleges to share ideas and best practice; for example, through the FE Tutorial Network³⁹ and National Association for Managers in Student Services (NAMMS⁴⁰). A member of the college's enrichment team is on the committee of the East of England Healthy FE Network, assisting the sharing of practice.
- 9.8 The Alcohol Awareness programme is therefore part of a wider programme delivered by the college to support learners' and staff's health and well-being.

Alcohol education at Oaklands College

- 9.9 The alcohol awareness activities at Oaklands College have been recorded through the LSIS Excellence Gateway⁴¹ as the only specialist alcohol awareness case study (as in September 2011). The college notes there that Hertfordshire is a relatively prosperous county, with low overall deprivation levels, but with binge drinking levels that are worse than the England average. Hertfordshire's health priorities include tackling alcohol misuse and teenage pregnancies, as these form the health improvement priorities for the LA, PCT, schools and colleges in the region. As the case study notes, the requirements of staff need consideration too, both in the sense that they may have a need for advice on their own patterns of consumption and in knowing how best to support their learners.
- 9.10 In establishing its approach the college diagnosed that many students did not know their limits when using alcohol. A sub-group of the staff steering group supporting Healthy FE (see above) worked to specifically focus on substance misuse, including alcohol awareness.
- 9.11 The college reports that one of the most important factors behind its success in alcohol awareness work is its links with local agencies, including health and crime prevention professionals. Oaklands College links with the Hertfordshire Substance Misuse Team, among other partners, in supporting its activities on drug and alcohol misuse. The college finds that time invested with partners to promote a better understanding of learners' needs is very worthwhile and repaid in more effective implementation of learning opportunities. This means better use of staff time as well, for all the agencies concerned.
- 9.12 A college health promotion event with a focus on alcohol is run in December each year, at the start of the party season. This includes a "Know Your Limits" roadshow, which attracts interest from staff as well as students. The county also runs an Alcohol Awareness month in June each year, which engages the college. There are also links to roads safety through simulations and interactive materials; for example, with pedestrians and drivers viewing zebra crossings as though affected by alcohol.

³⁹ <http://www.fetn.org.uk/>

⁴⁰ <http://www.namss.ac.uk/>

⁴¹ <http://www.excellencegateway.org.uk/page.aspx?o=310488>

- 9.13 The college utilises a tutorial based approach. The “substance misuse tutorial” is facilitated by a specialist substance misuse adviser; a 0.5 member of staff. This optional session allows tutors to pick a slot for the adviser to come in. The adviser offers tutorials for each group several times during the year, to ensure the information is kept on the student’s radar throughout the academic year. The main aim of these tutorials is to raise awareness of the dangers of binge drinking and to help students make links between this and aspects of their personal safety, such as sexual health practices.
- 9.14 Particular groups of college learners have been identified that may have a propensity to misuse alcohol or to need additional support on matters such as limits to safe use. These are groups preparing for occupational sectors where the risk of alcohol misuse is recognised. They include those working in, or seeking to enter, the hospitality industry (a priority group in most colleges) and vocational sports students; the college operates Sports Academies. More widely, the focus given to this aspect of health education has supported staff in looking for patterns of learner behaviour where alcohol might be a contingent factor, such as in erratic attendance or repeated lateness, or some disciplinary issues.
- 9.15 Practical materials utilised in tutorials include measuring cups for alcohol units related to different drinks such as beer, wine and spirits. A wheel shaped “Drinkaware”⁴² Unit and Calorie Counter is also reported to be a popular practical tool. There is online and interactive material available as well, along with leaflets and posters. Alcohol is included in surveys of learners’ needs and views on a wide range of health issues. A number of learners have requested confidential advice and guidance on their management of alcohol as an outcome of these surveys. When 1: 1 support has been given in this area, fairly high levels of satisfaction with the service provided seem evident (72% in one survey).
- 9.16 The development needs of staff in alcohol education are recognised as part of wider Health and Well Being awareness training. Staff and student needs in this area are covered by a college policy, which fits with the approach to Healthy FE within the college.

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⁴² <http://www.drinkaware.co.uk/tips-and-tools>

10. Policy summary and emerging conclusions

Policy

- 10.1 Alcohol is an established part of British life and culture, recognised as such even by those who are teetotal for personal or religious reasons. It is the most popular and widely-used legal drug. Its use is full of contradictions, however. As noted in Section Three, it is associated with relaxation and celebration but its misuse brings great costs to individuals, society and the economy.
- 10.2 Public policy addresses alcohol through health, the justice system, taxation and education. It is arguable that the education element underplays the potential role of FE. Every year colleges in England educate or train 3.3 million people, of whom over 900,000 are aged 16 to 18⁴³, but policy statements from the Department of Health and Department for Education focus their expectations of education about substance misuse - including alcohol - on schools. Of course, the place of schools is essential in preparing young people for living in a society in which alcohol is a cultural element. However, many FE college students pass through a phase of their lives, the late teenage years, where decisions about alcohol are part of a rite of passage. Much greater focus could be given to the colleges and training organisations managing young people's learning in these formative years, in terms of government recognition of the personal, social and health education they do.
- 10.3 Alcohol awareness is an element of this education for life provided by colleges as part of an enrichment curriculum for 16-18s. As the case studies show, it is one element of a much wider health and welfare programme. Until 2011-12, the importance of this for full time 16-18s was recognised by significant additional funding in England through the entitlement programme. As was noted in the Introduction to this guide, this funding has effectively collapsed. The case study colleges with structured entitlement programmes report that they are continuing to deliver them this year but the future of taught and accredited programmes in colleges, such as through the BIIAB, must be in doubt if related to entitlement. A material decline in personal, social and health education generally in colleges, where so many young people spend important formative years, would undoubtedly put more of them at risk.
- 10.4 Ofsted has also provided an additional source of recognition, through inspection, of the quality of pastoral and tutorial programmes provided by colleges, including those with a health focus. Proposals for the new Ofsted inspection framework in 2012⁴⁴ appear to reduce this focus. Colleges may well consider that, if the quality assurance system - as well the funding system - does not expressly support these activities, then at times of financial constraint they may be scaled down. On the basis of the practice reported here, students would lose out.
- 10.5 Real reduced financial support and real or apparent reduced interest from Ofsted in pastoral/welfare education in FE may also affect the valued accreditation offered for alcohol awareness, as described in the case studies. Both the BIIAB and the NCFE have made progress in developing accreditation routes in response to the interest of FE colleges. Other colleges wishing to develop accreditation for alcohol awareness are advised to still pursue this through these assessment boards, or by contacting the colleges which report here that

⁴³ <http://www.aoc.co.uk/en/research/college-key-facts.cfm>

⁴⁴ <http://www.ofsted.gov.uk/resources/common-inspection-framework-2012>

they have made the most progress in providing the awards: Hull and Canterbury. The key issue here is learner benefit; the by-product is the benefit to society.

Emerging conclusions

10.6. Certain conclusions emerge from the work being undertaken by colleges in this field.

One: The Healthy FE Framework now managed through LSIS provides a valuable means of taking a whole-college approach to health and welfare issues. Its self-assessment tool enables colleges to identify their priorities for both learners and staff. Alcohol awareness can be situated within a health education framework. Healthy FE also requires consideration of these issues by the college leadership team, with related strategic decisions required about priorities in delivering programmes and services.

As an example of how the Healthy FE approach may lead to a decision about an additional service requirement, Grantham College identified the need for a Mental Health and Wellbeing Advisor (see the case study). In responding to alcohol-related issues, this has helped to identify and highlight the related mental health conditions as well as the physical symptoms.

This framework offers a route to sustaining health education over a period of time, moving it away from the perception of it being just another initiative, in colleges which are over-burdened with initiatives and under-resourced to deliver them. Healthy FE is also a valuable framework for staff development, including that on alcohol awareness.

The Healthy FE approach can also establish support for good health within the college's mission and strategy: "this is the kind of college we are". Over time, this may become a competitive advantage in recruiting and retaining both learners and staff – "we care and can show that we do". Its fundamental purpose is probably more evidently seen in supporting the ethics and values of the college, though, as part of its educational character.

Healthy FE remains a project, led in 2011-12 by LSIS, but with an uncertain financial future.

Two: Highlight alcohol awareness. Alcohol awareness is, surprisingly often, wrapped up in the wider learning about substance misuse, whether these substances are either legal or illegal drugs. This does not happen in the five case study colleges but in many others that report good practice in supporting health in FE, alcohol awareness is part of the "health promotion menu". Without care, this menu may become a cafeteria-style selection from many unstructured choices. Of course, colleges are aware of this but, in a pressured environment, drugs-and-alcohol can become a single topic; the providers that have unpacked the issues here are able to demonstrate that there are several strands, with alcohol awareness deserving its own focus.

Colleges are encouraged to draw upon the alcohol awareness practice highlighted here and share their own, through local networks and through the LSIS Excellence Gateway.

Three: Learner Involvement. All the case study colleges involve learners through the curriculum and wider health promotion activities. They report that some excellent learning outcomes and products may emerge, which benefit not only a particular course group but have wider use; for example, the DVD created by Media students at Newcastle-under-Lyme. Learner surveys are used to fine-tune teaching and learning.

Four: Commitment. This takes the form of both senior management commitment and the commitment of particular postholders within the college to a role in alcohol awareness. The job titles of certain of the college contacts listed in the case studies suggest how this commitment is shown. The role and commitment of governors was not explored here but could be of future interest, notably with regard to the mission and educational character points made in relation to Healthy FE.

Six: Resourcing. Good practice incurs costs. The five case study colleges have built their practice over several years through enrichment funding for 16-18s and use of other college resources. Much uncertainty is evident in funding for enrichment and what might be termed non-core activities from 2011 onwards. When funding agencies engage in consultations about finances (the YPLA⁴⁵ has a current one at the time of writing, to January 2012) colleges should raise the enrichment/pastoral and tutorial funding requirements, as well as core programme resourcing.

Some resources are free or low-cost, via specialist websites as shown in the footnotes and annexes to this guide, or through the roles of local partners in community health or justice systems (see below).

Five: Partnerships. All the case study colleges are involved in partnerships to support their alcohol awareness programmes, utilising either national or local specialist agencies; the police and probation services; and health and welfare groups. These agencies can offer either free or low-cost individual support, which both enriches the college's own activities and provides specialist inputs often beyond the capacity or expertise of the college's own staff. This also creates a team approach and helps reinforce the college's wider community role.

Six: Localism. There is a growing policy agenda supporting localism across a wide range of government operations, from decisions about diverse community-led activities (themed the Big Society) to initiatives in education, such as free schools, in policing and in health. The growing localisation of public health support in England, identified in Section Three, may be seen to offer colleges a particular opportunity alongside these other areas. Colleges in the learning and skills sector are at the heart of their communities. Joining together with partners, in the public, private or voluntary sectors and engaging with local health priorities and campaigns may be a sustainable way for colleges to ensure they address alcohol awareness by involving other professionals.

A role for FE

- 10.7 Finally, it is evident that there is a clear and substantial need for alcohol awareness to be promoted through colleges and training organisations. There are potentially huge benefits to individuals and to society. Good practice is described here and will be found elsewhere, as much that is done well currently by colleges goes unreported. Financial uncertainties and

⁴⁵ <http://www.ypla.gov.uk/news/latest/16-19-funding-formula-review-consultation.htm>

some “blind spots” in national policy – where FE is often not visible to policy makers that are focused on schools – are making it harder for colleges to continue to do what they do best: to provide enjoyable and successful complementary learning activities which develop the whole person, alongside the main qualification. Some of these complementary activities are themselves accredited, such as the alcohol awareness programmes highlighted here.

- 10.8 The AoC will continue to make the case for colleges: that adequately-resourced enrichment programmes for young people, including alcohol awareness, promote good health for individuals, improved community cohesion, and wellbeing in society.
- 10.9 Better alcohol awareness should also reduce the costs to the National Health Service and economy of alcohol abuse, estimated to amount to billions of pounds each year. If a small fraction of that huge cost were to be invested in Healthy FE alcohol awareness programmes the potential long-term savings and benefits to society would meet all the relevant objectives of current public policy on alcohol.

Annexes.

Annex one:

- A. Youth alcohol action plan 2008 (extract)
- B. National drugs strategy 2010 (extract)
- C. Sources for public health information and research on alcohol, including for Northern Ireland, Scotland and Wales.

Annex two:

Additional sources of information and advice about alcohol education and policy.

Annex three:

Sample information from two case study colleges:

Annex three A is from Canterbury College

Annex three B is from Newcastle-under-Lyme College

Annex four:

BIIAB additional information

Annex one

A. Youth alcohol action plan: DCSF, DH and Home Office 2008.

This identified five priorities. They were:

1. Stepping up enforcement activity to address young people drinking in public places.
2. Taking action with industry on young people and alcohol.
3. Developing a national consensus on young people and drinking.
4. Establishing a new partnership with parents on teenage drinking
5. Supporting young people to make sensible decisions about alcohol.

The fifth of these promoted alcohol education in schools and targeted work with vulnerable young people. In retrospect it may be seen that the potential for engaging colleges was overlooked. More recently, the coalition government's drugs strategy has taken the role of education further (including informal learning) but again the scope for college involvement is not fully recognised. [Youth Alcohol Action Plan](#)

B. Drugs strategy 2010: reducing demand, restricting supply, building recovery . This was a Home Office publication. It noted (p10):

“All young people need high quality drug and alcohol education so they have a thorough knowledge of their effects and harms and have the skills and confidence to choose not to use drugs and alcohol.

Schools have a clear role to play in preventing drug and alcohol misuse as part of their pastoral responsibilities to pupils. We will make sure school staff have the information, advice and the power to:

- Provide accurate information on drugs and alcohol through drug education and targeted information via the FRANK service;
- Tackle problem behaviour in schools, with wider powers of search and confiscation. We will make it easier for head teachers to take action against pupils who are found to be dealing drugs in school; and
- Work with local voluntary organisations, the police and others to prevent drug or alcohol misuse.

We will strengthen the quality of alternative provision, including drawing on the expertise of the voluntary and community groups and enabling schools to develop and fund their own local approaches to best meet the needs of excluded pupils. We will also share teaching materials and lesson plans from successful schools and organisations online and promote effective practice.

This will all be supported by revised, simplified guidance for schools on preventing drug and alcohol misuse...

Colleges, universities and other education providers have a key role to play as they work with millions of young people and young adults at a critical time in their lives. Students should have ready access to the advice and support that they need as part of wider health and welfare services....”

The strategy recognised a role for colleges but did not elaborate on how this was to be enacted.

C. Other sources of research and information taken from the Drinkaware website (see Annex Two).

World Health Organisation

Global status report on alcohol and health (2011) : Comprehensive perspective on the global, regional and country consumption of alcohol, patterns of drinking and health consequences.

Office for National Statistics

Alcohol-related deaths in the United Kingdom, 2000-2009 : Latest numbers and rates of alcohol-related deaths in the United Kingdom, England and Wales, and government office regions from 2000 onwards. Published in 2011.

General Lifestyle Survey – Smoking and drinking among adults: Information on a range of topics from people living in private households in the UK.

NHS Information Centre

Smoking, Drinking and Drug Use among Young People in England (annual report published in July) Survey includes information on:

- prevalence of smoking, drinking and drug taking among school children
- the number of pupils who have never smoked, drunk alcohol or taken drugs
- types alcohol and drugs taken
- how often pupils smoke, drink and take drugs
- pupils' attitudes to these behaviours

Statistics on Alcohol (annual report – May 2011) Report includes:

- drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15)
- drinking-related ill health and mortality
- affordability of alcohol
- alcohol-related costs

Department of Health

Guidance on the consumption of alcohol by children and young people. A report by the Chief Medical Officer (December 2009) In April 2008, the Chief Medical Officer was asked by the Secretaries of State for Health and for Children, Schools and Families to prepare guidance on the consumption of alcohol by children and young people. This was the result.

Alcohol Information Scotland

Alcohol Information Scotland homepage : Wide range of information on alcohol for Scotland, includes statistics, research, publications, key policy documents and links to useful websites.

Wales Centre for Health

A Profile of alcohol and health in Wales : profile compiled in April 2009

Northern Ireland Statistics and Research Agency

NISRA homepage : Source of official statistics and social research on Northern Ireland's population and socio-economic conditions.

North West Public Health Observatory

Local Alcohol Profiles for England - The NWPHO has produced and published LAPE on an annual basis since 2006. The profiles contain alcohol-related indicators for every local authority (LA) and primary care trust (PCT) in England. The indicators measure the impact of alcohol on communities. For area-based alcohol consumption profiles in England see: <http://www.lape.org.uk/>

Royal College of Physicians (RCP)

<http://www.rcplondon.ac.uk/policy/reducing-health-harms/alcohol>

The RCP was responsible for setting up the Alcohol Health Alliance UK, which brings together medical bodies, patient representatives, charities and alcohol health campaigners to work together to:

- Highlight the rising levels of alcohol health harm
- Propose evidence-based solutions to reduce this harm
- Influence decision makers to take positive action to address the damage caused by alcohol misuse.

The Joseph Rowntree Foundation

Alcohol programme Research reports include:

- Pre-teens learning about alcohol: drinking and family contexts (October 2010)
- Alcohol consumption and family life (October 2010)
- The influence of family and friends on young people's drinking (January 2011)
- Children, young people and alcohol: how they learn and how to prevent excessive use (October 2009)
- Teenage drinking cultures (February 2011)
- Young people, alcohol and influences (June 2011)

Annex two

Additional sources of information and advice about alcohol education and policy.

2. Addaction

Addaction is one of the UK's largest specialist drug and alcohol treatment charities. It manages more than 120 services in 80 locations in England and Scotland that employs around 1,100 people and have an annual income in excess of £41 million.

3. Alcohol Concern

Alcohol Concern is the national agency on alcohol misuse campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems. It is a registered charity and operates in England and Wales.

4. Alcohol Policy UK

This is a blog is run by Libby Ranzetta and James Morris of the Alcohol Academy and Ranzetta Consulting to help professionals in the alcohol harm reduction field stay up to date with news and developments.

5. Drinkaware. Also: <http://www.drinkaware.co.uk/talking-to-under-18s>

This charity aims to change the UK's drinking habits for the better. It promotes responsible drinking and finds innovative ways to challenge the national drinking culture to help reduce alcohol misuse and minimise alcohol-related harm. It is an independent, UK-wide charity.

Drinkaware evidence

Drinkaware research on the incidence and frequency of drinking amongst 15-17 year olds. :

Mixing alcohol and sex put young people at risk : Drinkaware conducted a poll among 16 and 17 year olds with sexual health charity Brook to investigate young people's experiences of alcohol and sex.

British teenagers turning to alcohol to relieve boredom : Drinkaware conducted a poll among 16 and 17 year olds to investigate the reasons young people drink alcohol.

6. The Portman Group. This is supported by the UK's leading drinks producers. It is concerned solely with the social responsibility issues surrounding alcohol. Its role is:
- to encourage and challenge drinks producers to promote their products responsibly, which we do mainly through operating our Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks;
 - to show leadership on best practice in the area of alcohol social responsibility through the actions of our member companies; and
 - to speak on behalf of our members on these issues to inform public opinion and policy.

The Portman Group Factsheet: Alcohol and Young People.

7. **Alcohol Research UK.** <http://alcoholresearchuk.org/>

This is the only UK charity that is dedicated exclusively to funding work that improves our understanding of what causes excessive drinking, how it can be prevented and the best ways of tackling the problems it causes,

See also:

Factsheets from the [Institute for Alcohol Studies](#)

[A family-orientated plain language guide](#) to health improvements, including alcohol awareness

Around the UK:

[Scotland](#)

[Wales](#)

[Northern Ireland](#)

An example English region: [A hub for health, fitness and wellbeing tips and advice for FE Students in the East Midlands](#)

[The Ark](#): The Ark is a service offered by Hospitality Action, set up to educate the hospitality industry's students, employees and management as to the dangers of alcohol dependency and other drug misuse.

[The Site](#): Videos from the website for young adults run by the charity YouthNet UK. Titles include "How many units of alcohol do you drink", "How to drink sensibly".

[NHS Drinks Tracker](#): If you have an iPhone or iPod Touch you can download the free NHS Drinks Tracker from the iTunes app store. It allows you to keep a diary of your alcohol consumption and get feedback on your drinking. If you don't own an iPhone or iPod Touch you can access a version of the app with any phone that has access to the internet.

[Drinking and You](#): A website produced by AIM – Alcohol in Moderation was founded in 1991 as an independent not for profit organisation whose role is to communicate "The Responsible Drinking Message" and to summarise and log relevant research, legislation, policy and campaigns regarding alcohol, health, social and policy issues.

Annex three A

Educational support materials from two case study colleges

Canterbury College

1. Lesson plan for alcohol education
2. “Alcohol around the world” information sheet
3. Alcohol factsheet (impact and effects)
4. Alcohol awareness quiz

Annex three B

Newcastle-under-Lyme College

1. Alcohol harm reduction project: brief notes for teachers.
2. Tutorial lesson plan on alcohol awareness.
3. Alcohol awareness quiz

Annex four

The BIIAB Programme: Additional Information

The BIIAB Level 1 Award in Alcohol Awareness is an Ofqual regulated qualification which was developed in response to the government's aim to reduce alcohol consumption by young people.

The qualification is part of a wider project which not only aims to raise awareness of the social, economic and health issues of alcohol but promotes the importance of the hospitality industry and career prospects for young people entering the sector. The BII Schools Project encourages schools and colleges to partner with member companies, which can be achieved through sponsorship of materials or other partnership activities. In some areas effective relationships have made a considerable difference to the student's understanding of the wider world of work.

The Award in Alcohol Awareness (AAA) has been subject to independent evaluation by University College Birmingham, which found that students' attitudes to alcohol had changed as a result of undertaking the course leading to the qualification.

The AAA is only one of the many qualifications awarded by BIIAB, a wholly-owned subsidiary of British Institute of Innkeeping (BII), the professional body for the licensed retail sector. BII is a registered charity which exists to help its 12,000 members run fully compliant, successful businesses.

The BIIAB develops qualifications that are tailor-made for the industry which promote responsible alcohol retailing for managers and staff as well as would-be consumers. .

A more recent addition has been the development of a specific Apprenticeship Framework which gives young people all the training needed to be an effective member of staff in any licensed premises. Level 2 has just been launched and Level 3 will be available from early 2012.

Further information from BII's website at www.bii.org or contact Cathie Smith, Director of BIIAB Cathie@bii.org

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