



Healthier behaviour outcome:

# Skin Cancer Awareness and Early Diagnosis

This information sheet provides your school with suggestions to support your work on South West Healthy Schools Plus. It includes background information about skin cancer, helps you select actions which will bring about healthier behaviour outcomes, identifies early success indicators and signposts to key resources.

**Background Information** 

A third of all cancer diagnosed in the UK is skin cancer, making it the most common type of cancer in this country. The number of people developing skin cancer is increasing rapidly. Figures show an increase of 30% over the last five years across England. It is still rare for children and young people to get skin cancer, as it tends to take many years to develop, but the number of young adults being diagnosed with the disease is increasing<sup>1</sup>. There are two main types of skin cancer:

- Malignant melanoma which is less common, making up only 5 to 10% of all skin cancer but responsible for 80% of skin cancer deaths
- Non-melanoma skin cancer which is more common, making up 90% or more of all skin cancer, but which can usually be treated.
   Sometimes treatment involves surgery which can leave permanent scarring.

Most skin cancers are caused by over-exposure to ultraviolet light from the sun or from sun beds. This permanently damages the skin and increases the risk of skin cancer in years to come. There is strong evidence linking sunburn in children and young people with the development of skin cancer later in life<sup>234</sup>.

One of the challenges for schools and others raising awareness of the dangers of over-exposure to the sun, is that different people react in different ways to sunlight. This makes it more difficult to advise children and young people about how much sun exposure is safe for them. People with natural melanin pigmentation in their skin, those with black or brown skin, tend to have more protection against ultraviolet light. Those most at risk of skin cancer are white, particularly those with a fair complexion, blue eyes and red or blonde hair. Children's and young people's skin is more sensitive than adult skin, so it is particularly important to protect them from repeated over-exposure when they are young. Also, children and young adults are at a greater risk of over-exposure, as they tend to spend more time outside.

The South West region has the highest rates of skin cancer of all English regions and these rates have been higher than the average for England for many years<sup>5</sup>.

<sup>&</sup>lt;sup>1</sup>South West Public Health Observatory, skin cancer hub

 $<sup>^2</sup>$  Mackie, R. M. Long term health risk to the skin of ultraviolet. Prog Biophys Mol Biol, 2006; 92:92-96.

<sup>&</sup>lt;sup>3</sup>Dulon M et al. Sun exposure and number of nevi in 5-6 year old European children. J Clin Epidemiol, 2002;55:1075-1081

<sup>4</sup>Whiteman D et al. Childhood sun exposure as a risk factor for melanoma: a systematic review of epidemiologic studies Cancer Causes Control, 2001; 12:69-82

SouthWest Strategic Health Authority- the challenge of Preventing, Diagnosing and Treating Skin Cancer in the South West. 2007

While there are clear links between exposure to ultraviolet light and skin cancer, it is important to also bear in mind that there are some health benefits of moderate exposure to sunlight. There is currently less evidence available on this, but as well as the obvious benefit of enjoying outside physical activity, the body makes vital supplies of vitamin D through exposure to sunlight. There is little research to provide guidance on the amount of sun required to make adequate amounts of vitamin D and it is thought that this will vary from person to person and from season to season. It is possible to complement vitamin D through diet and oral supplements.

Schools should take a balanced approach by continuing to promote physical outdoor activity but also promoting safe sun behaviour.

# Possible Actions (Evidence Based or Good Practice Principle Led)

South West Healthy Schools Plus can help your school make a useful contribution to tackling issues around helping children and young people understand and adopt healthier sun safe behaviours. It focuses on bringing about actual changes in behaviour through increased knowledge, skill development and, in some cases, attitudinal change. Actions that address these three elements could feature in your school's plans and should result in healthier behaviour outcomes.

### **Evidence Based Practice**

Where possible, your school should follow activities which have been proven to work. The National Institute for Health and Clinical Excellence (NICE) provides advice to health professionals on the treatment of skin cancer. This includes evidence to suggest that skin cancer is one of the most preventable forms of cancer. It also details the importance of raising awareness about sun exposure and highlighting risks.

Further research also concludes that 'regular use of sunscreens during the first 18 years of life is predicted to reduce the lifetime risk of non-melanoma skin cancers by 78%'<sup>6</sup>.

It is crucial that children and young people are aware of the harm caused by over-exposure to the sun and sun beds. They should learn to practise sun safety to protect their skin from UV damage including:

- Using sun cream, clothing, hats, sunglasses and taking advantage of sun shade structures
- Not using sunbeds unless there is a medical reason for use.



NICE guidance has been used to inform a website dedicated to skin cancer prevention and early diagnosis from the South West Public Health Observatory – www.swpho.nhs.uk/skincancerhub

It contains a number of tools for schools, such as resource documents, an interventions database and skin health profiles. There are also more resources listed at the end of this document which are suitable for use in school such as from the cancer charities and the World Health Organization. Some local authorities and primary care trusts (PCTs) may provide schools in their area with advice about skin cancer and this could also be a useful source of information for schools to draw on.

### **Follow Good Practice Led Principles**

As explained in the information sheet Selecting Actions and Carrying Out Baseline Surveys, schools will sometimes develop their own actions where evidence based actions do not exist. If your school does this, it is essential that you develop a rationale which clearly shows the steps from action to behaviour change, leading to a healthier behaviour outcome.

### **Example**

### **Healthier Behaviour Outcome:**

Children and young people use a range of sun protection equipment at school, such as hats, glasses, clothing and sun cream and employ safe sun behaviour strategies.

#### **Action:**

Involve children and young people in the development of a programme of activities that co-ordinate, raise awareness of, and enhance a culture of safe sun practice within the school, leading to the adoption of safe sun behaviour. For example, this may involve designing posters and inventing stories to put across key message.

#### Rationale:

The school environment provides an excellent platform to teach children and young people how to practise safe sun behaviour. The school will produce a robust policy which guides all members of the school community. This will include guidance on how all members of the school community can model safe sun practices. Children and young people will be made aware of the importance of following safe sun behaviours both within the curriculum and through extra curricular activities. This will allow children and young people to confront the misconception that a sun tan is 'healthy' and establish realistic practices which bring the importance of the subject to the attention of all children and young people. It will increase knowledge of causes, signs and symptoms of skin cancer, as well as encouraging children and young people to change their behaviour and adopt safe sun practice. It will also empower them to share information on safe sun practice with their families.

### Note:

When following an action that follows good practice led principles, it is important that it is evaluated carefully. If successful, the action will be added to the evidence base of what works.

### **Baseline Survey**

Before taking any action, your school will carry out a baseline survey to establish current levels of behaviours. This will be the starting point from which you will plot progress. After an action has been completed, a follow up survey will take place to show how well actions have worked. This will enable your school to build up its own evidence base. Over a period of time, this approach will provide your school with a clearer picture of what actions are most successful.

The baseline may be provided by questionnaires, structured interviews or by observation of current practices.

# Healthier Behaviour Outcomes and Early Success Indicators

Your school may need time to bring about healthier behaviour. It is important that you monitor how your actions are working. You will do this by focusing on early success indicators, which will help you gather data to show progress. The first early success indicators are likely to be process indicators, such as new policies, curriculum innovations and staff training. Process indicators are necessary to bring about healthier behaviour but do not themselves bring about healthier behaviour – hence they are 'process' indicators. Later there will be impact indicators, such as changes in knowledge, attitudes and behaviour, all of which lead, in time, to healthier behaviour outcomes.

## Examples of Healthier Behaviour Outcomes

Your work around skin cancer for children and young people could focus on increasing the number who:

- Understand the danger of skin cancer and how sunburn is a sign of damaged DNA cells
- Take appropriate measures to prevent overexposure to sun
- Are aware of the danger of using sun beds and reported usage declines
- Have an understanding of the value and limitations of sun blocks
- Wear protective clothing appropriately such as hats and sunglasses and make use of shaded areas
- Understand that there is a particular risk of sun damage between 11.00 am and 3.00 pm when it is hot and so use sun cream or clothing as protection, or seek shade between these times
- Are aware of the importance of mole examination and know how to access help if concerned (older children and young people).

The precise number of outcome targets will be set by the school and agreed by the Local Programme.

It is important that you select healthier behaviour outcomes which are age-appropriate for the children and young people you are working with.



Because of sensitivities around whether it is appropriate for staff to apply sun screen to children and young people, it is vital that primary schools place particular emphasis on encouraging changes in the habits of parents/carers as well as children and young people. Local authorities and governing bodies formulate their own policies on this. There is no specific guidance from the DCSF on this matter, although it does say that school staff are not legally obliged to administer sunscreens but schools should discharge their duty of care by ensuring that children are not over exposed to sun<sup>7</sup>.

### **Examples of Early Success Indicators**

### Process indicators of early success (adapted from WHO Evaluating School Programmes, 2003)

- Development of a school sun protection policy with involvement of parents/carers
- Parent/carer involvement in sun protection, such as supplying sun cream and hats
- Provision of outdoor shaded areas
- Ensuring sun protection advice is given for school trips and outdoor sports
- Schemes of work and lesson plans cover the topic and allow for discussion of the issue by teachers and children and young people
- Monitoring changes in frequency of children getting sunburn, both during school-based activities and after school.

### Impact indicators of early success

- Increase in sun safe behaviour by children and young people, through wearing hats, covering
  up with clothing, application of sun cream and making use of shaded areas, year on year until
  the outcome is met
- A year on year increase in the number of young people who know the signs and symptoms of skin cancer until the outcome is met.

<sup>&</sup>lt;sup>7</sup>House of Commons (2009) Hansard Written Answer to Bruce George MP Walsall from the Secretary of State for Children, Schools and Families



### Resources

Here are some examples of existing information sources which your school can adapt locally:

### The South West Public Health Observatory (SWPHO) Skin Cancer Hub

This contains information to support prevention and early diagnosis programmes, information for children and young people and school professionals.

### www.swpho.nhs.uk/skincancerhub

The SWPHO has published a report on the geographical distribution of sunbed outlets in the UK. The density of sunbed outlets for England has also been mapped on the Skin Cancer Profiles tool.

www.swpho.nhs.uk/skincancerhub/resource/view. aspx?RID=48470

### **Cancer Research UK**

There is a rich source of information on skin cancer within the SunSmart microsite, including teaching resources, guidance for developing a schools sun policy and other resources such as videos, posters and leaflets.

http://info.cancerresearchuk.org/healthyliving/sunsmart/

### The World Health Organization Intersun programme

This includes comprehensive packages of materials for children's sun protection education including teaching packages and worksheets.

www.who.int/uv/intersunprogramme/en/