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**A summary of ongoing activity
in the use of incentive schemes
to encourage positive
behaviours in young people**

The Evidence for Policy and Practice Information and Co-ordinating Centre (EPPI-Centre) is part of the Social Science Research Unit, Institute of Education, University of London

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TABLE OF CONTENTS

- SUMMARY 1
- 1. BACKGROUND 2
- 2. AIMS AND METHODS 3
 - 2.1 Aims..... 3
 - 2.3 Methods 3
- 3. RESULTS: ONGOING INCENTIVES SCHEMES 5
 - 3.1 Health-promoting schemes (N=15)..... 5
 - 3.2 Education and attendance promoting schemes (N=9)..... 13
 - 3.3 Schemes promoting other social behaviours (N=13)..... 17
- 4. DISCUSSION AND CONCLUSIONS 24
- 5. REFERENCES 25
- Appendix 1: Search Strategies 33
- Appendix 2: Questions used for ongoing schemes 39
- Appendix 3: Table of ongoing schemes..... 40
- Appendix 4: Universal and targeted provision 53

SUMMARY

- There is considerable policy interest in the UK currently in the use of incentives to promote a range of positive behaviours in children and young people. However there is uncertainty about whether this approach works, and, if so, what the underlying mechanisms are.
- This report is a summary of ongoing activity in the use of incentive schemes both in the UK and internationally. It is one product in a programme of work on the use of incentives to encourage positive behaviour changes in young people that has been commissioned by the Department of Health, England. It has already generated a systematic scoping exercise to obtain an overview of international research in the area. A protocol for a full systematic review, which will include a descriptive map of relevant studies and an in-depth review and synthesis, is being developed. This programme of work will also generate a freely available and searchable database of research and ongoing activity.
- Data were collected for this report using web searches, contact with authors, posting to relevant e-mail discussion lists, and direct e-mail contact with a range of national and international health promotion and other organisations.
- The report describes 37 schemes using incentives and aimed at promoting a range of positive behaviours in young people. Twenty-seven of these schemes are based in the UK, five in the USA, two in Australia, one in New Zealand and two are international in scope. Fifteen of the schemes target young people at risk. Eleven of the schemes provide direct cash incentives, and the others use a variety of different material incentives.

1. BACKGROUND

There is increasing recognition of the fact that many aspects of health and other behaviours are set early on in life. These often maintain their influence for good or ill throughout the lifespan. It is also recognised that changing such behaviours is complex and difficult to achieve. Although the individual has a role to play in such changes, factors which work at the level of the community, environment and society contribute to individuals' health status, and their ability and motivation to effect behaviour change. Both internationally and within the UK there is therefore increasing interest in finding effective and sustainable interventions for improving health and other social behaviours in children and young people. These include, for example: increasing their levels of physical activity; improving their nutritional choices; promoting sound sexual and mental health; increasing school attendance; and preventing crime and drug abuse.

One potential method is the use of 'incentive' or 'reward' schemes. For example, the 'Karrot' scheme includes an incentives element to target anti-social behaviours and truancy, and to make young people feel safe, valued and active. Another scheme is the Connexions Card, a 'smart' card available to all 16- to 19-year-olds in England. This enables young people to collect points, which can be exchanged for a range of rewards for achieving learning, training and developmental goals.

The Department of Health (England) is keen to ensure that, where possible, strategies to improve the health of the public are evidence-based. The Public Health White Paper 'Choosing Health' (Department of Health, 2004) established the need for a review of the international evidence relating to incentives schemes. The aim of such a review is to assess which areas of public health might benefit from incentives schemes, and then move on to some pilot work should the general approach seem to produce encouraging results.

The Department of Health is interested in learning about the use of incentives in areas other than health, in order to assess whether effective methods and processes in other areas could be relevant to the health arena. This also reflects the fluid boundaries of health promotion where health and other social factors are seen to be linked.

A systematic scoping review was commissioned by the Department of Health in September 2004 to obtain an overview of the scope of the international research in the area; this work also included an overview of ongoing UK activity in the use of incentives. The scoping review is freely available on the EPPI-Centre website (<http://eppi.ioe.ac.uk/>) (Kavanagh *et al.*, 2005). The results of the scoping exercise make it apparent that there is a considerable body of international research evidence in the area of incentives to promote a range of positive behaviours in children and young people. As a result of this work a full systematic review was commissioned, including an update of ongoing activity. This report is a summary of ongoing activity in the use of incentive schemes both in the UK and internationally. A protocol for a full systematic review is in progress, which will include a descriptive mapping of relevant studies and an in-depth review and synthesis. The programme of work will also generate a freely available and searchable database of research and ongoing activity.

2. AIMS AND METHODS

2.1 Aims

The aim of this report is to identify and describe the nature and extent of ongoing national and international incentive schemes designed to promote healthy and other positive social behaviours in children and young people.

For the purposes of this report, 'incentive schemes' are defined as: the external provision of a tangible benefit with the explicit intention of promoting pre-specified health or social behaviour change(s) in the direct or indirect recipient of the intervention (e.g. prizes, payment, gifts, free or reduced cost access to leisure facilities, or access to activity holidays). Incentive schemes can take place in a variety of locations (e.g. schools, households, community and youth groups), and can be targeted at individual children and young people, small groups, and individuals or organisations serving young people.

2.2 Methods

To be eligible for inclusion in this report, schemes needed to:

- have incentives as a central operational component of the scheme
- target health or other social/behaviours
- be aimed at children and/or young people aged 19 or younger
- be currently in operation, completed in 2004 or planned to start in 2005.

Identification of ongoing schemes

Information about UK-based and international ongoing schemes was sought through a variety of means including:

- web searches
- contact with authors of papers included in the scoping review (Kavanagh et al, 2005)
- postings on Joint Information Systems Committee (JISC) mailing lists
- contact with health promotion organisations

Further information about search strategies is available in Appendix 1.

Although the searches were wide-ranging, they cannot be regarded as comprehensive or exhaustive. There is a possible bias towards schemes that have a presence on the web and are located in English-speaking communities.

Once a scheme had been identified, further information was requested using a brief questionnaire (see Appendix Two). This asked for information about the participants, intervention, and outcomes of the project and the nature of the incentives used. Brief details were also collected about the funders and providers of the schemes, enabling consistent information to be collected. In cases where the questionnaire was not returned, up to three reminders were sent. The completed questionnaires are the basis of the information about each project contained in this report, but information from websites, published material and, in some cases, telephone calls was also used. When available, evaluations were collected, and information was also sought regarding intended evaluations. Section 5 details the publications, reports and websites referred to in this report.

3. RESULTS: ONGOING INCENTIVES SCHEMES

We identified 37 ongoing incentives schemes. Twenty-seven were based in the UK, five were schemes conducted in the USA, two were from Australia, one from New Zealand and two were international in scope.

The most useful source of information about ongoing schemes came from web-searches. Nearly half of all the schemes were identified in this way. Table 3.1 shows a breakdown of how the schemes were identified

Table 3.1: Sources of information about schemes (N=37)

Search source	Number of schemes located
Web-searches	18 (11 of these from online databases)
Personal contact	10 (including 4 replies from authors)
JISC postings	6 (7 replies received)
E-mails to health promotion bodies	3 (7 replies received)

In terms of rewards offered, eleven of the schemes provided direct cash incentives and the others used a variety of means. The most common ones were: gift vouchers; free or reduced cost access to resources; entry to prize draws; points that could be collected to obtain rewards; experiential rewards such as meals in restaurants and outings; and, especially where younger children were concerned, small gifts, stickers and certificates.

The ongoing schemes presented below have been divided into three groups: those primarily addressing health (n=15), those aimed at educational attainment and attendance (n=9), and those directed at other social behaviours through youth work and community-orientated schemes (n=13). The distinction is not a hard and fast one as some projects aimed to address more than one of these areas, reflecting the many factors that contribute to young people's health and wellbeing. Most schemes involved complex social interventions on a number of fronts.

The following descriptions of the schemes are based on information gathered from questionnaires, telephone conversations with scheme organisers, and the internet. The level of detail about the schemes varies, reflecting the amount and quality of information available to us. Appendix 3 contains a table summarising key information about the schemes; published, unpublished and web-based information produced evaluators or by the projects themselves is to be found in the reference section.

3.1 Health-promoting schemes (N=15)

Fifteen health-promoting schemes were identified: eight of these were UK-based, two each were based in the USA and Australia, one in New Zealand, and two were international. Four were aimed at increasing levels of physical activity, five at promoting healthier eating, one at preventing obesity, three at smoking prevention

and cessation, one at rehabilitating drug users, and one at increasing immunisation uptake. Twelve of these schemes have been, or will be, evaluated; two of these evaluations were feasibility pilots for larger randomised controlled trials (RCTs). These schemes are outlined below.

3.1.1 Contingency management for adolescent drug users (USA)

This ongoing scheme is an intervention-based research project conducted at the Treatment Research Center, University of Vermont, with adolescent marijuana users. The incentives are provided in the form of vouchers which can be redeemed for goods or services related to prosocial non-drug-based activities (e.g. meals in restaurants, cinema tickets). The incentives are administered as part of a clinic-based intervention.

A feasibility pilot has been undertaken and a larger scale RCT is being conducted of the effectiveness of contingency management in the treatment of adolescent drug abuse. Contingency management is a behavioural treatment based on the principles of operant conditioning, a behaviour modification technique in which the stimuli and reinforcers that control a given behaviour are manipulated to increase the likelihood of occurrence of the desired behaviour. Although applicable in a range of applied settings, it has received particular attention and development in the treatment of drug abuse (Higgins and Silverman, 1999). The technique makes use of reward and punishment to shape abstinent behaviour. The procedure is often integrated with other psychosocial interventions such as education and mentoring.

Kamon reports a small feasibility pilot trial with 19 adolescent marijuana users (Kamon, 2005). There were four components to the treatment: an abstinence-based incentive programme administered by clinics; parent-directed contingency management targeting substance use and conduct problems; a clinic-administered incentive programme for parent participation; and individual cognitive behavioural therapy for adolescents. The clinic-based incentives described above were given when urine testing indicated the young person was drug-free, and these increased in value the longer that abstinence was maintained. Parents were taught to administer rewards and negative consequences at home based on their adolescent's substance use. Parents who attended and completed tasks required of them by the programme were entered into prize draws. The number of tickets they were given was proportional to the number of tasks carried out satisfactorily. A larger randomised controlled trial (N=120) is now under way, funded by the US National Institute on Drug Abuse.

3.1.2 Fitbods (UK)

This project started in 2000 and is run by the Salford and Trafford Healthy School Scheme in partnership with the Salford Community Leisure Scheme. It is a physical activity project which aims to increase activity levels amongst primary school children by providing a wide range of supervised activities and games during school lunchtimes. The incentives take the form of small rewards. A variety of school staff are involved in the implementation. The project is designed to encourage all children, whatever their ability, to enjoy physical activity and to develop a wider repertoire of physical behaviour.

The project is active in 90 schools in the area. Schools run the project in a variety of ways: some aim the scheme at all children, whilst others have targeted specific

year groups. Small rewards are given to the children for attending Fitbods sessions: a certificate after five sessions, a badge after ten sessions and a pencil after twenty sessions.

A qualitative survey of the scheme's operation in ten schools was carried out in 2002 (Waker, 2002). However, no data are available which measure the scheme's actual impact on health.

3.1.3 Fit to Succeed (UK)

Fit to Succeed is an evolving programme based in primary and secondary schools in Exeter and Tiverton. It was developed from pilot work aimed at raising levels of physical activity, which was conducted by the Schools Health Education Unit (SHEU) in collaboration with Exeter City Council and other stakeholders including the company running the local leisure centres. Incentives comprise free offers, reduced cost access and taster sessions for children and families at local leisure centres. School staff are also given free taster sessions and reduced cost access to local leisure centres in order to increase interest in, and uptake of, opportunities for sport in the area.

An evaluation of this scheme by Balding (2000) suggested that it has had some success in increasing participation in, and enjoyment of, sport. However, this evaluation was not considered to provide reliable evidence of effectiveness in a recent EPPI-Centre review of children and physical activity (Brunton *et al.*, 2003). The scheme continues via the School Sport Co-ordinator Programme, although it appears that the incentive component has diminished somewhat. An online 'toolkit' has been developed with the intention that the scheme can be used to promote physical activities in other locations. The online health questionnaires are available as part of the toolkit to be used before and after any intervention to enable schools to gain information about the knowledge and attitudes of their pupils, and to gauge the effects of the scheme.

3.1.4 Food Dudes (UK)

Food Dudes is a scheme so far trialled on primary aged children. Designed and evaluated by the Food Research Unit at Bangor University (Bangor Food Research Unit, 2005) it is based on a long-standing programme of research into the key psychological factors influencing children's food choices. It deploys the techniques of taste exposure, modelling of desired behaviour, and rewards. The theory is that, if children can be encouraged to explore a range of possibly unfamiliar fruit and vegetables, increasing exposure will lead to greater liking and hence to greater consumption. The modelling component is provided by six videos featuring heroic 'peers' who enjoy eating fruit and vegetables and receive small rewards for doing so. The children are rewarded with small gifts for their consumption of the fruits and vegetables on offer.

An evaluation of this scheme was reported in the EPPI-Centre review on children and healthy eating (Thomas *et al.*, 2003). The evaluation was not included in the in-depth review due to concerns about the possibility of selection bias, since pre- and post-test data were presented for only 40% of the participants in the intervention group and 53% in the control group.

The most recent evaluation available is the final report from the Food Standard Agency funded study: the Food Dude Healthy Eating Programme in Wales (Lowe

et al., 2003). A total of 495 primary school children in six schools in North and South Wales took part in the study. We are not aware of any ongoing trials, but research and development into the programme is ongoing. The Food Dudes scheme has influenced other programmes (Fuelzone, section 3.1.8; Simon and Sinita, section 3.1.13).

3.1.5 Free nicotine replacement therapy (NRT) (Australia)

This project aims to help young people to stop smoking with the incentive of providing free nicotine patches, gum or lozenges. The target group consists of approximately 30 young people between 14 and 25 years of age who are clients of a Youth Health Service in Sydney, Australia. Many are disadvantaged and experience multiple problems in their day-to-day life.

The Youth Health Centre has a diverse range of staff (counsellors, health promotion officers, visual and music artists, as well as medical staff) all of whom may be involved in recruitment of young people to the project. Assessment for and prescription of NRT is undertaken by medical staff. The project began in February 2005 and is to be evaluated at the end of one year. The evaluation will consider the following outcomes: forms of NRT prescribed; problems encountered by young people using nicotine therapy; experience of quitting; quit rates at 8 and 12 weeks; and operational strengths and challenges of this scheme with this client group and service setting.

3.1.6 Free swimming (UK)

A number of local authorities offer free pool sessions to children and young people who live in the area as an incentive for them to go swimming. In at least two areas, Birmingham and Glasgow, children and young people can apply for cards that allow them to swim free all the year round. In Birmingham there is a stipulation that the child's swimming must be of a certain standard at particular stages in the school year in order for the child to continue to receive the free-swimming entitlement. In Glasgow it is necessary to be the holder of a Young Scot Card which also enables participation in the Fuelzone scheme (see section 3.1.7).

The Welsh Assembly Government, inspired by the Glasgow initiative, provides free swimming for children and young people aged 16 and under in Wales, during the school holidays. In London the 'Kids Swim Free' scheme allows under-16s in the five East London 2012 Olympic host boroughs (Newham, Tower Hamlets, Waltham Forest, Greenwich and Hackney) to have free entry to swimming pools during the 2005 Easter holidays. There have been two recent evaluations of schemes in London (Parsons, 2004) and nationally (Barker, 2004) and there has also been a study of the impact of entry charges on sport participation in Scotland (Coalter, 2002). There are as yet no data on the longer-term impact on health of such schemes.

3.1.7 Fuelzone (UK)

Fuelzone is a scheme operating in Glasgow secondary schools which aims to encourage young people to choose healthier foods in their school cafeterias. It depends upon the use of a Young Scot Card, which can be used to collect the reward points that are on offer for 'vital mix' choices. Points can be exchanged for

rewards (at present these are iPods, Xboxes and vouchers for books and cinema tickets). The card also supports increased physical activity by providing free entry to swimming sessions. It was initially piloted in three schools and the aim is now to extend it to all Glasgow secondary schools by June 2005. This scheme is part of a whole school approach to school meal improvement, which includes refurbishment of school dining rooms. It does not, however, have universal uptake as it depends upon young people choosing to apply for a Young Scot card.

The Fuelzone scheme is in line with UK government support for smart cards at local government level. According to a recent report on secondary school meals (Nelson *et al.*, 2004), at least 20% of schools in England are already using smart cards for school meals and this makes it possible to build in rewards for points systems. One of the report's recommendations is that school catering services should move towards the use of cashless smart cards and, in the context of a whole school approach to food, healthy choices should be encouraged by rewards. It is possible that there are other reward schemes operating in school cafeterias, given the increasing use of smart cards. There has been no formal evaluation of the scheme apart from internal monitoring of uptake of school dinners and rewards claimed for healthy food choices.

3.1.8 Fun, Food and Fitness Project (USA)

This is an eight-week long health promotion programme, primarily designed to prevent obesity, developed at the Children's Nutrition Center, Baylor College of Medicine, Texas. It is delivered via the internet and aimed at African-American girls aged between 8 and 10 years who have access to the internet and email at home. An earlier pilot (Baranowski *et al.*, 2003) indicated that it was necessary to develop and test effective methods to enhance log-on rates in children so that the programme could achieve its full potential. The programme uses incentives (\$5 gift vouchers for a national store) to reward the girls for logging on to the website once a week and completing the necessary activities.

The eight-week programme was run in 2004. There were two groups: an immediate incentive group which received vouchers within two days of logging on, and a delayed condition, where the incentives were accumulated and dispatched at the conclusion of the programme. The results are currently being analysed by the principal investigator of the project. The focus of the analyses will be the differences between the two groups, time trends in log-on rates, and the relationship between log-on rates, behaviour, and psychosocial change. The evaluation study aims to throw light on how participants respond to incentives, and whether and how the timing of incentives delivery affects motivation and participation.

3.1.9 Hampshire School Meal Rewards Scheme (UK)

This scheme is aimed at schools rather than individual children, and was launched in September 2003. It aims to encourage Hampshire primary schools to support school meals by awarding them points for every meal ordered over and above a target number. These points can then be swapped for healthy lifestyle opportunities such as a trip to a Hampshire County Council visitor centre or country park, books through the Library service, a visit to a local food producer, sports equipment, educational packs or a school picnic.

The organisers of the School Meals service believe that their school meals are better than packed lunches as their menus are based on meals adhering to the Caroline Walker Trust nutritional guidelines, which recommend a diet that contains more bread, cereals and other starchy foods, more fruit and vegetables, and less fat, sugar and salty foods, and which is richer in minerals and vitamins. It is intended that this reward scheme will be replaced in September 2005 with a similar scheme that offers sports coaching and sports equipment so that food and exercise are more strongly linked. There are other initiatives aimed at raising awareness of the benefits of nutritionally sound school lunches, including a website, 'My School Lunch', aimed at primary aged children. There has been no formal evaluation of the scheme, but uptake of school dinners by participating schools is monitored.

3.1.10 Lewisham Step-o-meter Challenge (UK)

This scheme is a month-long community-based project which is designed to increase physical activity and raise awareness of how to maintain higher activity levels for all who take part. Participants are provided with free 'stepometers' as a motivational tool to encourage them to monitor and boost the amount that they walk and there are prizes for the team that is most successful in increasing its physical activity from baseline levels. The intervention is designed by Health First (the specialist NHS health promotion agency for Lambeth, Southwark and Lewisham) and organised by the Lewisham Healthy Walks Scheme. At the time of writing, we were provided with details of the intervention planned. Although by time of publication it had already taken place, we have retained the information provided in its original form as no further information is available as yet.

Ten teams, each containing six people, will be recruited from a range of different settings, one of which is a primary school. Each participant will be given a stepometer to enable them to count the number of steps they take every day. Each week the team leader will collect and record the number of steps taken, and this figure will be plotted on a chart that will be prominently displayed in Lewisham Library. The scheme is also planned to coincide with the week of the Lewisham Walking Festival. During that time stepometers will be available to members of the public who complete a walking quiz. They will also be asked for contact details so that follow-up will be possible.

At the end of the Challenge there will be a family picnic in a local park at which the winning teams – those who have made the greatest percentage increase in steps – will be announced and prizes awarded. A quantitative evaluation of the changes in walking made, and a qualitative questionnaire-based evaluation will be completed in summer 2005. This will enable informed assessment to be made of the effectiveness of stepometers in increasing levels of walking by various groups and how best to develop their use, as is recommended in the recent White Paper on Public Health (Department of Health 2004).

3.1.11 Maternity Immunisation Allowance (Australia)

In the late 1990s, the Australian Government introduced the Maternity Immunisation Allowance (MIA). This incentive is a one-off, non-means-tested, lump sum paid for children who have been fully immunised before their second birthday. A child can be exempt from the immunisation requirements for medical reasons, or if a parent or guardian conscientiously objects. The 2004–2005 rate of MIA is AUS\$213.60. Another payment, Child Care Benefit, is designed to help

with the cost of approved or registered childcare for pre-school children, and one of the criteria for eligibility is that the child needs to be fully immunised or to have been formally exempted.

We have not found any population-level evaluations of this specific scheme, although there are two evaluations of aspects of it (Bond *et al.*, 2002; Lawrence *et al.*, 2004), and a systematic review of the use of incentives in immunisations was carried out in 1999 (Achat *et al.*, 1999).

3.1.12 Quit and Win/Don't Start and Win (International)

Quit and Win is an international smoking cessation contest that has been carried out every other year since 1994. It is administered by the National Public Health Institute of Finland and supported by the World Health Organization. Prior to the contest all participants must have used tobacco daily for at least one year and be 18 years of age or older. Participants who stop using tobacco for at least the contest period of four weeks are eligible to win prizes, and to be entered into a raffle with a 'super prize' of US\$10,000 and a number of smaller ones.

The national Quit and Win organisers provide the financial support and the prizes for their local campaigns following an internationally standardised protocol. In 2002, 700,000 smokers from 73 countries took part in the contest, 19% of whom were in the 18–24 years age group. It is uncertain if it will be run internationally in 2006 as no funding is currently available. A version of the scheme exists for younger people, 'Don't Start and Win' which, like the Smoke Free Class competitions, is conducted under the auspices of the European Network on Young People and Tobacco (ENYPAT).

There have been a considerable number of evaluations undertaken in participating countries, and three reviews have offered some evaluation of this method (Bains *et al.*, 1998; Cummings 1999; Donatelle *et al.*, 2004).

3.1.13 Simon and Sinita Programme (UK)

This programme is derived from the Food Dudes model (section 3.1.4) and has been run in a number of East Sussex pre-school settings. It is a four-week programme which uses video peer-modelling and rewards to encourage increased consumption of fruit and vegetables. At snack time each day the children watch a three-minute video featuring a particular fruit or vegetable. After this they are provided with the featured food to eat. They are rewarded with a sticker for trying the food, and with a toy fruit or vegetable for eating a whole piece. This collection then builds over the period of the intervention. A sticker is added to a class chart each time a whole piece is consumed and the class also receives a prize at the end.

A quantitative evaluation has been undertaken to compare an intervention class with a control group (Conway, 2002). This evaluation also provides process data on implementation issues and a selection of views from parents and school staff.

The scheme started in 2000 and has received funding and support from a range of sources including local Sure Start Projects and Primary Care Trusts.

3.1.14 Smoke Free Class (International)

The Smoke Free Class is a worldwide school-based smoking prevention programme aimed at whole classes aged between 12–14 years. Classes that are successful in abstaining from smoking over the period win cash prizes for their school and are also eligible to enter a prize draw to win a class trip to one of the other participating countries. The competition is promoted by the European Network on Young People and tobacco (ENYPAT), a network for specialists working in the area of tobacco control among youth which aims to prevent tobacco use through European-wide collaboration, information exchange and programme building. Each country has its own programme co-ordinator, so promotion and administration of the competition take place at local level.

The design of the competition based on behaviourist and social learning theory. Its two goals are the delay or prevention of the onset of smoking and the cessation of smoking by pupils who have already experimented, in order to prevent them becoming regular smokers. A class decides to be non-smoking for six months; pupils sign an individual and a class contract promising not to smoke, and the monitoring of smoking is left to pupils. By this means, it is hoped to make non-smoking a popular and desirable behaviour and to influence the social norms of the peer group in this direction.

As the competition is run in many different countries, there are some local differences in rewards. In Wales, where it has been run since 2000, it is an initiative of the Welsh Assembly, and funding is received from the European Commission. In 2003–4, 13,453 pupils participated from 543 classes in 106 schools. Cash prizes are awarded in draws at three, four and five months. Successful classes can win sums of between £100 and £750 for their school. In 2005, forty-five classes will win prizes as well as being entered into a European-wide draw to win a class trip to Italy.

There have been several evaluations of this competition. A study funded by the European Commission (Wiborg and Hanewinkel, 2002) examined the outcome data for 131 participating classes with 2,122 pupils, mean age 12.9 years. A more recent randomised controlled trial looked at the effectiveness of the programme with 2,562 Dutch adolescents in lower secondary school (Crone *et al.*, 2003).

3.1.15. Supermarket Health Outcomes Project (SHOP) (New Zealand)

This scheme is funded by the Research Council of New Zealand and the New Zealand National Heart Foundation. It starts from the premise that two-thirds of food is bought from supermarkets and that even modest improvements in shopping habits and the nutrient content of purchased foods are likely to have substantial health benefits if adopted widely. The scheme aims to provide information on two ways of promoting healthier food purchases in supermarkets. The first is the use of nutrition education to promote an increase in purchasing of healthy food products. The second is the use of an incentive to increase fruit and vegetable intake through monetary discounts (12.5%) on fruit and vegetables.

The feasibility of the scheme is being evaluated in a small randomised controlled trial of 100 families, currently being co-ordinated by the Clinical Trials Research Unit of the University of Auckland in Wellington. The feasibility phase has included consultation with potential Maori participants to ensure culturally appropriate

approaches and materials. There are four arms to the trial: a control group; a culturally appropriate education package promoting purchase of healthier food products; monetary discounts on healthier food products; and a combination of education and discounts. Although aimed at families and not specifically at children, this scheme has been included as children are potential indirect beneficiaries of the incentives. An evaluation report is expected in November 2005.

3.2 Schemes promoting education and attendance

We located a total of nine schemes which used incentives to improve attendance and other educational behaviours, seven based in the UK and two in the USA. Five schemes aimed to improve attendance in UK educational settings, two of which are large-scale government initiatives, while three operate at local government level. Four schemes, two based in the USA and two in the UK, had a greater emphasis on encouraging academic attainment. The two UK schemes (sections 3.3.6 and 3.3.7) rewarded young people financially for educational achievement, and rewards could be obtained for effort at whatever level the young person was at; the two US schemes (sections 3.3.8 and 3.3.9) are directed at potential high achievers from disadvantaged backgrounds.

Seven of the nine schemes have been, or will be, formally evaluated. The two which are not being formally evaluated are both attendance-promoting schemes based in the UK, though both monitor attendance data. The two large-scale UK government schemes, Educational Maintenance Allowances and Connexions, have been subject to repeated evaluations which have been important in developing the intervention. None of these evaluations have used an RCT design.

3.2.1 100% Attendance Club (UK)

The 100% Attendance Club was introduced by Newcastle Education Welfare Service in 1998. A total of 90% of schools (both primary and secondary) in the city, with approximately 360,000 pupils, are now involved. The club aims to develop exciting and imaginative projects to promote the importance and value of regular school attendance, and to celebrate and reward excellent school attendance. A variety of projects, both short- and long-term, have been developed to act as an incentive to improve attendance. Rewards include Newcastle United Premiership match tickets, family tickets to other sporting events and tickets for Disney on Ice. The club also recognises and rewards those pupils with 99% and 98% attendance, and acknowledges that in some cases 100% attendance is unrealistic. Working in partnership with the business community, there is an emphasis on family involvement and participation. Events are held to celebrate 100% attendance for one academic year and also for consecutive years. The club attempts to generate media links and positive press coverage to raise awareness within in the community of the importance of regular attendance.

There has been no formal evaluation of the scheme, but attendance figures are monitored.

3.2.2 Bolton Educational Achievement Scheme (UK)

This is a scheme operated by Bolton Social Services Department which aims to encourage a positive attitude towards education amongst looked after children (i.e. children who are in the care of the local authority). In Bolton this is a population of approximately 360 children. They are provided with financial recognition (sums between £5 and £50) for effort and attainment, often under difficult circumstances. The scheme has been running for three years. In 2003–4, 87 awards were made to children predominantly of secondary school age, at a total cost of £3000. All looked after children have six monthly reviews, and a social worker can put in a request for an award if this is deemed appropriate.

The scheme has been evaluated by BYPASS (Bolton Young People's Advice and Support Service), a young people's rights and advocacy service that sought the views of the young people themselves (BYPASS, undated). No evaluation of the effectiveness of the scheme exists.

3.2.3 Bristol City Academy Achievement Scheme (UK)

This scheme is designed to raise academic achievement, increase motivation and challenge a culture of underachievement amongst some pupils in schools. Financial rewards are provided for examination success. The scheme operates in an inner-city secondary school serving an area of multiple deprivation and targets pupils aged 14–19. It was initially piloted in 2002 and, based on the results of the pilot scheme, the decision was taken to extend the scheme to March 2005. It is funded by Bristol's New Deal for Communities and an application has been submitted for a further three years' funding.

All students at Key Stages 4 and 5 are eligible. At present 370 pupils are involved in the programme. At GCSE, students are given target grades and if these are reached they receive £10; if the grades are surpassed students gain £5 for every grade above. On top of this they receive an extra reward for getting 5 GCSEs at Grade C or above. To help obtain their target grades, borderline students are offered individualised help and parents are also involved and informed about the scheme so that they can support their children. The project manager states that in the pilot year, 25% of students obtained five GCSEs at C or above (which was the best result the school had ever seen) but that the figure is now 33%. Incentives are also offered for GNVQs - £5 for passing a single unit, which rises to £10 and £15 for a merit and a distinction respectively. A £500 bursary is offered at 'A' Level for students who are successful in getting the grades they require for a university place. In 2004, £23,000 was spent on rewards. There is also a full-time co-ordinator of the scheme.

The scheme has been recently evaluated by an independent consultant (Cousins, 2005) and attempts at replication are being made in schools in four areas in receipt of New Deal For Communities funding: Plymouth, Brighton, Kings Norton and Luton.

3.2.4 Connexions Card (UK)

The Connexions Card is an initiative which began in 2001 'with the core aim of encouraging more young people to remain in 16–19 learning, motivating them to fulfil their potential, reducing some of the financial barriers to learning and improving the career and life choices that young people make' (DfES Research

Brief 614, 2005). Cardholders earn points for education attendance and for undertaking informal learning such as voluntary, sporting or cultural activities. Bonus points may also be available for achieving specific goals agreed with a personal advisor. Points can be exchanged for a range of goods, special offers and other opportunities shown on the Connexions website. The card can also be used to provide a range of discounts to help reduce the cost of learning by giving access to a range of further discounts on public transport, books and equipment.

In its initial stages the scheme targeted disadvantaged young people. However, following piloting, it was made universally available to 16–19 year olds across England, in a seven-year initiative starting September 2002. A contract to run the scheme, which relies on smart card technology, was awarded to Capita in 2001 at a cost of over £109.7 million. York Consulting has been awarded a three-year contract to undertake regular evaluations (both outcome and process).

The most recent evaluation (Rodger *et al.*, 2005) provides an overview of progress made at the end of three years of implementation, and the extent to which the initial objectives of the scheme have been met. The most recent usage figures cited in the report are for August 2004, in which month 54,788 young people redeemed points. This was 19% of the eligible cardholders, but only 3.7% of the total 16–19 cohort. The evaluation draws on national surveys and qualitative case studies with cardholders, Learning Centres, parents, discount and reward providers and other stakeholders, as well as analysis of management information about the performance of the card.

3.2.5 Education Maintenance Allowance (EMA) (UK)

EMA aims to encourage participation, retention and achievement in post-compulsory (16–19) education. It is an allowance paid directly to young people between the ages of 16 and 19 doing at least 12 hours of guided learning a week and available to all whose parental income is less than £30,000 a year. Weekly payments are £10, £20 or £30 a week (subject to satisfactory attendance and the meeting of learning targets) and bonuses are also payable for satisfactory progress.

Originally piloted in 15 local authorities in 1999, there has been an ambitious programme of evaluations undertaken by the Institute of Fiscal Studies and the University of Loughborough. These evaluations were used as the basis of the decision taken in the 2002 spending review to roll out the scheme nationally from 2004.

Sixteen reports on various aspects and stages of the pilot have been published. The three most recent evaluations examine different aspects of the pilot scheme. Middleton *et al.* (2004) provide a qualitative evaluation which uses a longitudinal cohort design to compare outcomes for young people in 10 pilot areas and 11 control areas. Maguire and Maguire (2004) focus on the administrative mechanisms and process issues around implementation of the schemes at local level. Feinstein and Sabates (2005) examine the effects of the introduction of EMA on crime levels in the pilot areas.

3.2.6 Karrot (UK)

Karrot's central aim is to promote better school attendance, prevent youth crime, and build greater trust between young people and the police. Although primarily

aimed at vulnerable young people, it is open to all young people between the ages of 11 and 16 in Southwark, London, to avoid any creation of perverse incentives (i.e. appearing to reward poor behaviour or bad attendance). It now works across 20 secondary education sites. Karrot offers a programme of activities such as sport, music, art and drama with specialist instructors, away trips and an internet bus. In its work with schools, attendance targets are set with young people and if these are met, students receive high street vouchers. There are also school award ceremonies. There is a developing emphasis on rewarding good citizenship as well as attendance.

Karrot was initially a pilot project funded by HM Treasury and the Cabinet Office, developed with the input of 800 Southwark teenagers who were surveyed in 2001 and asked why they or their friends might not go to school, or why they might get involved in criminal activity or antisocial behaviour. The young people considered that boredom and a lack of information about local activities were major contributory factors, and it was these problems that Karrot was designed to address. It is now run and funded in part by the London Borough of Southwark Youth Service, but the majority of the funding comes from the Metropolitan Police. Bids are currently being written to ensure the continued existence of the scheme.

A mixed methods evaluation using both qualitative and quantitative data was carried out in 2002–2003 (Pettersson, 2004). This focused on the scheme's outputs, outcomes and cost savings. A further evaluation is now underway by the consultancy Applied Research in Community Safety (ARCS), which will attempt to use a control group of young people from neighbouring Lambeth where there is no such initiative. The report is due in August 2005.

3.2.7 Kauffman Scholars (USA)

This programme is a US-based college access programme funded by the Ewing Marion Kauffman Foundation. The programme identifies 12-year-olds from low-income backgrounds who are thought to have the potential for college graduation but may be underperforming. Incentives include academic enrichment by a variety of means as well as mentoring and life coaching activities.

The scheme started in 2003 and aims to take in 200–300 students a year over the projected 19-year life of the programme. It provides support for low-income students in two of the largest urban school districts in the Greater Kansas City area in preparing to apply for university and also scholarship assistance. Parents are involved and kept informed so that they can support their children's success. The scheme aims to promote academic achievement as well as encouraging students not to become involved in risky behaviours. Students who are successful in graduating from high school and are admitted into one of the scheme's partner colleges will receive scholarship assistance.

The scheme is a recasting of an earlier scheme, Project Choice (1988–2001), which had a greater focus on drop-out prevention, and its design incorporates the lessons learned from the earlier scheme. It is intended that the scheme will be evaluated by an independent group, but arrangements for this are still at a preliminary stage.

3.2.8 Star Project (USA)

This scheme is based in 41 high schools in Philadelphia and is presently serving over 1,800 students. It is sponsored by a large charitable foundation which has provided financial help to poor students for many years. This programme targets high-achieving, low-resource high school students between the ages of 14 and 18 who meet the academic and financial eligibility criteria. Monthly monetary incentives are provided to students participating in the programme. The incentives differ according to age, with the youngest students receiving \$50, and the incentives rising by increments to \$65 at the age of 18. The stipend helps students pay school-related expenses such as transportation, meals, supplies, activities, and college test and application fees, enabling students to participate more fully in the life of their schools. This help is intended to encourage students to maintain excellent grades and increase their opportunities for future successes.

The programme was evaluated in 1999–2000 by the Center for Health Achievement, Neighbourhood Growth and Ethnic Studies in the Graduate School of Education at the University of Pennsylvania (Spencer *et al.*, 2005).

3.2.9 Swansea Club 95 Reward Scheme (UK)

This scheme is a joint venture between the Safer Swansea Partnership and the Swansea Education Welfare Service. It is designed to promote better school attendance, to support children in making the transition from primary to secondary school, and to introduce children to a range of out-of-school activities.

The scheme started in September 2004 after a four-month pilot in one secondary school catchment area which was deemed successful. At present it is focusing on pupils in years 5 and 6 in primary schools in two comprehensive school catchment areas, and in September 2005 it will follow them into secondary school as well as continuing to work in primary schools with a new intake. A 95% attendance target is set for pupils and those who achieve this are rewarded with vouchers for swimming sessions and for the cinema. They are also eligible for entry into a prize draw.

There has been no formal evaluation of the scheme, but school attendance figures are monitored.

3.3 Schemes promoting other prosocial behaviours (N=13)

Thirteen schemes promoting other social behaviours were identified, twelve of which were based in the UK, and one in the USA. Two of the UK schemes were designed specifically as programmes for young offenders, the Community Merit Scheme (section 3.3.3) and Referral Orders (section 3.3.13). Other youth work projects, such as those run by the Young People's Development Programme (YPDP), address risk-taking behaviour (which may result in teenage pregnancy or substance misuse) or young people who are deemed to be at risk of offending, such as Positive Activities for Young People (PAYP). These projects offer a wide range of activities, experiences and relationships designed to help personal development. Often incentives are offered to facilitate young people's uptake of the programmes, with any real shifts in behaviour being brought about by the

content of the programme. Four projects in particular (Burnley Wishlist, section 3.3.1; Dreamscheme, section 3.3.4; Promoting Young People's Positive Contribution to their Communities, section 3.3.6; Young Volunteer Challenge, section 3.3.12) emphasise ways in which young people can become positively and constructively involved in the life of their community. There is also one Sure Start Scheme (section 3.3.8) which offers incentives to parents to participate in activities with their pre-school children as indirect beneficiaries. For most of the schemes, evaluation has already been carried out or is being planned, although three schemes have only planned internal evaluations.

3.3.1 Burnley Wishlist (UK)

This scheme derives from the model offered by Dreamscheme (3.3.5). It is now operating in a scaled-down form funded by mainstream budgets until 2007. It is aimed at children and young people aged 6–16 and is intended to encourage positive behaviour which benefits the children and young people themselves, and others in the community. The behaviours involved are very diverse and range from attending school every day for a week, to shopping for the elderly or taking part in a community clean up. There are two levels of reward: instant and point-based. These are provided with the help of sponsorship from local organisations. Examples of instant rewards are a MacDonald's Happy Meal, tickets for the cinema, ten-pin bowling or a swimming session. Points can be saved up and converted to a £10 gift voucher or a trip to a theme park. The points scheme offers the facility for groups to decide on what reward they would like to put on their 'Wish List' and then work to obtain the points required to obtain it.

This project is based in a regeneration area of Burnley and is operated by the Community Warden in conjunction with schools and youth groups. Between 2002 and 2004 it was funded by the Neighbourhood Renewal Fund (NRF) and worked with over 1,000 young people.

There has been no formal evaluation of the scheme, although an end of project report is being compiled at time of writing.

3.3.2 Casastart (USA)

This is a US-based programme, developed at the University of Columbia and aimed at young people between the ages of 8 and 13 living in particularly deprived neighbourhoods. The programme stipulates that incentives are to be used to reinforce positive behaviour changes from points to 'purchase' items in school-based Casastart stores to more experiential incentives such as special meals with staff.

At present there are 650 young people enrolled in its two-year programme at sites across the USA. The scheme targets those deemed to be at particular risk personally, at school, or in the family. It seeks to reduce the potency of these risk factors with a variety of strategies: case management; community-enhanced policing; enhanced supervision of young people in trouble with the courts; support for families; mentoring; diversionary activities during out of school time; and additional educational support. It also has as an avowed aim, the improvement of attachment to adults and to prosocial norms, school performance, and participation in prosocial activities/peer groups.

This programme was evaluated by the Urban Institute from 1993–9 (Harell *et al.* 1997, 1998, 1999). At present it appears on a number of academic and government best practice lists in the USA, such as the Colorado Blueprints for Violence Prevention, and those provided in chapter 5 of *Youth Violence: A Report of the Surgeon General* (Department of Health and Human Services, 2005).

3.3.3 Community Merit Scheme (UK)

The Community Merit Scheme is run by the Youth Justice Board (YJB) at sites in London, the West Midlands, Merseyside and Greater Manchester, and operates as part of the Youth Inclusion Programme. The scheme seeks to reduce offending, truancy and social exclusion in disadvantaged neighbourhoods by providing a range of supervised support and activities to 13–16 year olds who are at risk of offending. Both group and individual rewards are used to recognise good attendance and participation. Group rewards include day trips, restaurant meals, visits to leisure centres, and short residential trips.

The scheme was piloted in the London boroughs of Southwark, Wandsworth, Islington and Hackney, and was then expanded to cover other parts of the country. Project teams identified and worked with a core group of the most disaffected young people in each area. Overall there were twelve projects with a minimum of eighteen participants in each.

The initiative finished in November 2004 and is being evaluated by Andrew Gibson Consulting Ltd using both quantitative and qualitative data. The report has now been completed and is available on the YJB website (Youth Justice Board, 2005).

3.3.4 Dreamscheme (UK)

The Dreamscheme Network is a Registered Charity and Social Enterprise which offers a framework in which groups of young people are enabled to carry out community-based work projects, including environmental, social, creative and personal development tasks. They earn points for these tasks, which can then be exchanged for trips or activities of their choice. There are approximately 30 such schemes in the UK with about 25 young people in each group. Dreamschemes have existed as parts of Housing Associations, Residents' Associations, Community Safety Units, and regeneration initiatives. This scheme informed the Burnley Wishlist Project, described above (section 3.3.1).

A three year evaluation of the impact of the schemes on young people and their communities is currently under way at Lancaster University and is due to be completed in 2006. The evaluation will look at quantitative and qualitative data and will particularly focus on the behavioural and attitudinal changes in the young people who have participated in the projects.

3.3.5 Dudley Life Skills Partnership (UK)

The Dudley Life Skills Partnership is organised by Barnardo's in consultation with various voluntary and statutory youth based agencies, local businesses and public services. It is funded by West Midland Police and works with approximately 50 at risk young people aged between 8 and 19. It provides activities and workshops that are aimed at increasing good citizenship and community

participation and helping young people to move on to further training or learning. Music vouchers, prize draws and visits to leisure attractions, as well as certificates and a presentation event, reward participation for young people, their families, and the participating agencies. No external evaluations have been undertaken or commissioned, but the project is monitored internally.

3.3.6 Promoting Young People's Positive Contribution to their Communities (UK)

This scheme is based in New Earswick, York, and is funded by the Joseph Rowntree Housing Trust. It began in the summer of 2004 and will run for one year. It arose from the twofold recognition that a minority of young people do behave in an anti-social way in their communities, and that this gives rise to a generalised climate of suspicion and negativity towards local youth which may in turn have an adverse effect upon the whole community. The objective is to put a framework in place whereby young people can be rewarded for positive behaviour and for making a practical contribution to their community. Points can be accrued for activities such as litter collection, dog walking, or helping out in community facilities, which can be accumulated and exchanged for rewards such as meals out, trips, and sessions at the leisure centre. Adult volunteers living and working in the community administer the system. It is hoped that the scheme will not only make an impact on the incidence of antisocial behaviour but also foster a more tolerant and positive view of young people.

An evaluation will be carried out at the conclusion of the project which will be made available on the Joseph Rowntree Trust website.

3.3.7 Positive Activities for Young People (PAYP), Suffolk (UK)

This is one strand of the government programme Positive Activities for Young People (sponsored by the Department for Culture, Media and the Arts, with additional funding from the New Opportunities Fund, the Department for Education and Skills, and the Home Office), which is designed to cut crime and build communities by providing a broad range of diversionary activities over school holidays for young people (8–19) who are at risk of offending or social exclusion. Suffolk PAYP, based at four sites in the county, offers a programme of activities designed to be attractive in itself and also enables the young people to work towards a range of accredited awards. It serves approximately 50 young people referred by agencies such as the Youth Offending Team or the Police. Rewards (such as £10 Argos vouchers) are offered for 'outstanding achievements' such as improved behaviour, volunteering for tasks and meeting personal targets.

CRG Consultancy is evaluating the whole programme with interim reports on a quarterly basis and an end of project report to be submitted in July 2006. We have been unable to obtain any further details of the design of this evaluation. An Annual Report is also produced, and the most recent (Connexions Suffolk, 2005) provides brief qualitative and quantitative data about the outcomes of the project for that year. We have not located any other PAYP schemes deploying incentives, but because of the devolved and local nature of these schemes, systematic searching is difficult.

3.3.8 Sure Start, Tilbury (UK)

Sure Start is a major government initiative which is designed to bring together early education, childcare, health and family support in order to promote optimum development for children and their parents. It has 524 projects, predominantly based in disadvantaged areas.

This Sure Start scheme, working across seven centres in Tilbury, elected to use 1.7% (£15,300) of its budget to finance an incentive scheme to encourage parents to attend a large range of Sure Start activities which are all designed to meet government objectives to enable children to develop to their full potential. Approximately 800 children and their families are involved. Parents are able to collect points for attending a range of diverse sessions such as counselling, parenting skills, language activities, parent–toddler groups, and for volunteering or acting as members of the Management Board. Points are awarded on a sliding scale so that attendance is encouraged at valuable, if less popular, sessions and more points are awarded to people who complete a course. These points can be exchanged for a range of rewards, many locally negotiated, such as beauty treatments, vouchers for local cafés and shops, and children’s books. Other incentives are offered, such as a £50 voucher for giving up smoking during pregnancy, and first and second birthday visits, together with presents to encourage attendance at Sure Start activities.

Sure Start is being evaluated over six years by a national team, based at Birkbeck College, University of London. There are four main components of the evaluation: implementation, impact, local context, and cost effectiveness. At present there are two brief reports on the project available on the Sure Start national evaluation website (<http://www.ness.bbk.ac.uk/>); however, neither explicitly evaluates the impact of the incentives.

3.3.9 Tumbler Youth Centre (UK)

The Young Men’s Christian Association (YMCA) run the Tumbler Youth Centre which is based in Hayes, West London. The aim is to operate a point-based system to reward participants in activities and services (such as training) run by the Youth Club. The scheme only opened in October 2004, and little information is available regarding the working of the incentives system. At time of writing there have been problems with staff recruitment, so that only a limited programme is running, and the reward scheme has not yet been implemented.

3.3.10 Young People’s Development Programme: Ascent@themill (UK)

The Young People’s Development Programme (YPDP) is a three-year initiative funded by the Department of Health in partnership with the Department for Education and Skills. It aims to address risk behaviour – especially in relation to teenage pregnancy, substance misuse and educational attainment – through a long-term, broad-based, developmental programme for vulnerable young people aged 13 to 15. The scheme is run at 27 pilot sites in deprived areas throughout the UK. There are a great variety of schemes, supported by local authorities or Primary Care Trusts. All emphasise personal development and the encouragement of positive behaviours, and several make formal use of incentive schemes.

Ascent@themill, one of the schemes, is based in Nottinghamshire and uses outdoor education to engage young people. It makes use of incentives to encourage and reward attendance, punctuality, and appropriate and co-operative behaviour within the adventure activities offered. The rewards offered are enjoyable group activities such as going to the cinema, quad biking and ice-skating. The project works closely with schools, Pupil Referral Units, and Youth Offending Teams in the area. Modules include training around drugs, health, crime, sex and relationships, behaviour issues, key skills, confidence building and motivation. Ascent offers a range of courses, some longer, others shorter and more intensive.

This scheme began in September 2004 and as yet no formal evaluation is available. The whole of the YPDP scheme is being evaluated by the Social Science Research Unit at the Institute of Education, University of London, with a final report to be delivered in 2007. The large-scale evaluation will use a range of methods in order to capture the impact of participation on young people, including a controlled cohort study, a process evaluation covering the views of staff and young people, and also an economic evaluation.

3.3.11 Young People's Development Programme: Passport to Health (UK)

This Bolton-based scheme is, like Ascent@themill, one of the pilot projects in the YPDP. It forms part of the wider services delivered by Farnworth Inclusion Team, and is delivered through one-to-one sessions and group work.

Young people aged 13–15 are given a Passport for recording attendance, and are encouraged to attend core sessions and other initiatives of their choice. Youth workers run these activities. The core sessions are offered as an alternative to school, but the additional activities are outside school time. Activities include outdoor education, team building, sports, vocational training, and drama/role play. By attending and completing activities, young people earn points and gain rewards. If the young people attend a minimum of 6 hours a week, they receive a £5 voucher, and if they achieve 40 hours a month they can select a group activity as a reward. A local authority mediation scheme has also recruited volunteers to mentor young people.

This scheme began in October 2004 and as yet no formal evaluation is available. The whole of the YPDP scheme is being evaluated by the Social Science Research Unit at the Institute of Education, University of London, with a final report to be delivered in 2007.

3.3.12 Young Volunteer Challenge (UK)

The Young Volunteer Challenge is a scheme aimed at young people aged 18 and 19 (though up to 21 years if they have special needs) from low-income backgrounds who would like to undertake volunteering and would not normally be able to afford a 'gap year'. It will have run for two and a half years when it concludes in March 2005 and it was initially hoped that 820 young people would be reached. However, this target has been revised downwards to 785. The scheme is being run in approximately eight areas by established volunteer organisations. Placements are negotiated with young people in line with their interests and needs and can last up to nine months. Over that period young

people receive an allowance of £45 per week with a bonus of £750 at the end of a successfully completed placement (pro rata for shorter periods of time).

Evaluation is being carried out by GHK Consulting, which has produced quarterly and interim reports over the life of the project and will produce a final report after the end of the project.

Any future volunteer schemes may wish to draw on the Russell Commission's recommendations for a new national framework for youth action and engagement (Russell Commission, 2005). The commission recommends a youth-led approach to its proposed volunteering network, which will provide support, training and cash to young volunteers.

3.3.13 Youth Justice Board Referral Order Scheme (UK)

Referral orders were initially piloted in 11 areas in England and Wales in 2000/2001 and an evaluation published in 2002 (Newburn *et al.*, 2002). They have been designed to deal with young people aged 10–17 pleading guilty to the offence(s) they are charged with, and convicted for the first time by the courts. Referral orders are intended to prevent future offending and are innovatory in that they draw on the principles of restorative justice. The court makes a referral order of between 3 and 12 months, proportionate to the offence(s) committed. The young person, accompanied by a parent or guardian, appears before a Panel which has members drawn from the community and the local Youth Offending Team, and in some cases the victim. The Panel agrees a contract with the young person. These contracts involve reparation to the victim or the wider community as well as other programmes of activities designed to prevent further offending.

The incentive element lies in the fact that that a conviction is declared 'spent' if the referral order is fully complied with. If a conviction is 'spent' this means that no disclosure is necessary when applying for most jobs and for insurance so that a young person is not dogged by the consequences of an early, one-off, conviction. Other forms of sentencing have a longer period of rehabilitation.

Following the evaluation of the piloting, national implementation of referral orders began in April 2002, and by mid-2003 they accounted for 30% of sentences passed on 10–17 year old offenders (Home Office, 2003).

4. DISCUSSION AND CONCLUSIONS

This survey reveals a considerable diversity of current schemes deploying incentives to encourage positive behaviours in children and young people. Incentives are appealing and may create a positive climate for a wide variety of activities that are designed to lead to learning and behaviour change. We located a total of 37 schemes, twenty-seven of which were based in the UK, five in the USA, two in Australia, one in New Zealand, and two were international in scope. The majority of the schemes were aimed at young people aged 11–19; eight were designed for preschool/primary-aged children, and another eight worked across the primary and secondary age range. All the schemes, whether targeted or universal in scope, claim to address inequalities in terms of health or access to education and leisure, and to provide opportunities for personal development. We identified five other schemes but were unable to collect any information on them.

Of the 27 UK schemes examined in greater detail, most are publicly funded, either directly from central government, or by local government, often with a substantial component of that funding derived from central government. Increasingly projects have a range of stakeholders at local level, such as Primary Care Trusts, Local Educational Authorities, Social Services Departments, Youth Offending Teams, Police, local Leisure Centres, schools and school catering services. The seven centrally funded government schemes mentioned above have all been, or will be, externally evaluated, often on a repeated basis. Formal external evaluation is less common among the schemes conducted at a local government level, and often monitoring is purely internal.

The non-UK schemes identified were mainly associated with universities or were government-sponsored, although two of the US educational ones were supported by large charitable foundations. This may reflect a bias in our searches. However, since such schemes are more likely to be associated with formal evaluation, this may not be a disadvantage. It is striking that no eligible projects were found in Europe beyond the UK; this may also reflect limitations in our searching methods.

The remit of the work presented in this report does not include appraisal of the quality of the evaluations. We have simply noted whether the information we obtained included evaluations.

The next stage of the work, a systematic review, will include looking at the status of evaluations of incentive schemes, and identifying any reliable lessons that can be learnt from them.

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Appendix 1: Search Strategies

Web searches

Web searches were carried out using the Google and Google Scholar search engines. A number of search terms were combined, such as incentive\$, reward\$ or gift\$, and young people or children. These searches retrieved a high volume of out of scope material (e.g. the use of incentives in the workplace, the use of incentives in welfare to work initiatives), and identifying potential schemes was a laborious process. However, these searches did identify a range of UK and international health promotion and government sites (listed below) through which more focused searches were undertaken. These websites were searched using their own search facilities or the Google Domain search. Where websites included databases of projects (e.g. American Public Health Association's Health Disparities Community Solutions Database, <http://www.apha.org/NPHW/solutions>, University of Colorado Blueprints for Violence Prevention, <http://www.colorado.edu/cspv/blueprints/model/overview.html>), these were searched using their own search facilities. Promising links from the named sites were also explored, so the sites listed by no means represent the full extent of searches.

Where a scheme appeared to meet our criteria but insufficient information was available from the web, a copy of the questionnaire was sent to contact names detailed on websites (see Appendix 2). In most cases, an initial email or phone call was made to establish contact.

Contact with authors

Full copies of 94 papers identified in the scoping exercise were checked (Kavanagh *et al.*, 2005). Authors were contacted where screening of the paper indicated the use of relevant incentive schemes for promoting positive behaviour, and where up-to-date email details were provided.

A letter of enquiry was sent by e-mail to 37 authors. The letter outlined the scope of this project, and asked if they were aware of any relevant ongoing incentives schemes. Whenever possible, letters were personalised in order to maximise relevance and, it was hoped, increase the likelihood of a response. Authors who responded to the request with further information were then sent questionnaires.

Contact via Joint Information Systems Committee (JISC) mailing lists

JISCmail is a free emailing list service sponsored by JISC, for the UK Higher and Further Education communities. The service hosts 4,000 active topic lists and been taken up by over 364,000 subscribers. A letter of enquiry was circulated to the following JISCmail discussion forums:

- Evidence Based Health (940 members)
- Health for All (200 members)
- Health Promoting Universities (68 members)
- Information for Allied Health (116 members)
- Public Health (913 members)
- Health Equity (612 members)

The posting explained the scope of the project, and asked for information about any work taking place in the area. Projects located in this way were then sent questionnaires and, if necessary, a covering letter.

Contact with Health Promotion Organisations

A total of 149 UK and International Health Promotion organisations were identified through web searching. This included a search through the Google search engine on 'Health Promotion' or 'Public Health' in order to identify major organisations. These websites were then checked for links to related organisations, and details of networks operating within the area (e.g. The European Masters in Health Promotion (EUMAHP) program members). The organisations are listed in Appendix 1.

A mail-out was sent by email either to targeted individuals, or to e-mail addresses provided for external enquiries. Recipients were also asked to circulate the e-mail to colleagues where appropriate. This letter explained the scope of the project, and asked for information on any work taking place in this area. Projects located in this way were then sent questionnaires.

WEBSITES SEARCHED

UK

- Antidote <http://www.antidote.org.uk/html/about.htm>
- Association of Public Health Observatories <http://www.pho.org.uk>
- Behaviour4Learning <http://www.behaviour4learning.ac.uk>
- British Psychological Society: Health Psychology Division <http://www.health-psychology.org.uk>
- Centre for Social Marketing <http://www.marketing.strath.ac.uk/csm/about/irn.htm>
- Centre for the Use of Research and Evidence in Education <http://www.curee-paccts.com/index.jsp>
- Civil Renewal Unit <http://www.homeoffice.gov.uk/inside/org/dob/direct/cru.html>
- Crime Reduction <http://www.crimereduction.gov.uk/activecommunities53.htm>
- DfES research digests <http://www.standards.dfes.gov.uk/research>
- DfES Quality Protects Programme <http://www.dfes.gov.uk/qualityprotects>

Drug Education Prevention Information Service
<http://199.228.212.132/doh/depisguide.nsf/by+Category?OpenView>
 Health Action Zone <http://www.haznet.org.uk>
 Health Development Agency <http://www.hda-online.org.uk/search>
 Health Education Board Scotland Health Promotion Projects and Community
 Health Projects Databases <http://www.hebs.scot.nhs.uk/services/data/index.htm>
 Health in Prisons Project Database <http://www.hipp-europe.org>
 Health Research Unit <http://www.lshtm.ac.uk/pehru/research.htm>
 Health Technology Assessment Programme
http://www.hta.nhsweb.nhs.uk/ProjectData/1_project_select.asp
 Improvement and Development Agency <http://www.idea-knowledge.gov.uk/idk/core/page.do?pagelId=79075>
 Local Healthy Schools network <http://www.lhsp.org>
 London School of Hygiene and Tropical Medicine, Public and Environmental
 National Grid for Learning <http://www.ngfl.gov.uk>
 National Research Register of health-related research projects in England,
 Scotland and Wales <http://www.nrr.nhs.uk>
 National Youth Agency <http://www.nya.org.uk/Homepage.asp?NodeID=88833>
 Neighbourhood Renewal Database <http://www.neighbourhood.gov.uk>
 Neighbourhood Renewal Unit <http://www.neighbourhood.gov.uk>
 New Opportunities Fund <http://www.nof.org.uk>
 NHS Economic Evaluation Database <http://www.york.ac.uk/inst/crd/nhsdhp.htm>
 Policy Hub <http://www.policyhub.gov.uk>
 Public Sector Benchmarking Service Database
<http://www.benchmarking.gov.uk/site/gpsiteinfo.asp>
 Renewal.net <http://www.renewal.net>
 Research in Practice <http://www.rip.org.uk>
 Social Exclusion Unit <http://www.socialexclusionunit.gov.uk>
 Sport England <http://www.sportengland.org>
 Sustain Food Poverty Database <http://www.foodpovertyprojects.org.uk>
 SureStart <http://www.surestart.gov.uk> <http://www.ness.bbk.ac.uk>
 Teacher.net <http://www.teachernet.gov.uk>
 United Kingdom Public Health Association <http://www.ukpha.org.uk>
 What Works for Children <http://www.whatworksforchildren.org.uk>
 Welsh Network of Health School Schemes - WNHSS
<http://www.cmo.wales.gov.uk/content/work/schools/wnhss-e.htm>
 Wired for Health <http://www.wiredforhealth.gov.uk>
 Youth Justice Board <http://www.youth-justice-board.gov.uk>

Australia

Australian Institute of Family Studies <http://www.aifs.gov.au/>
 Australian Youth Research Centre <http://www.edfac.unimelb.edu.au/EPM/YRC>
 General Practice Immunisation Incentives (GPII) scheme
http://www.hic.gov.au/providers/incentives_allowances/gpii_scheme.htm
 Melbourne Royal Children's Hospital
http://www.rch.org.au/ecconnections/links/index.cfm?doc_id=1252
 The New South Wales Association for Adolescent Health
<http://www.naah.org.au/home.cfm>
 New South Wales Commission for Children and Young People
<http://www.kids.nsw.gov.au>
 Youth Affairs Research Network <http://yarn.edfac.unimelb.edu.au/index.html>
 Victoria Infoxchange Service Seeker <http://www.serviceseeker.com.au>

European

EU Public Health Database http://europa.eu.int/comm/health/search_en.htm
EuroHealthNet <http://www.eurohealthnet.org/EuroHealthNet>
Italian Research registers (researchers experienced language difficulties)
<http://www.iss.it/engl/index.html>

International

Best Practices and Local Leadership Programme
<http://www.bestpractices.org/bpbriefs/index.html>
The Campbell Collaboration <http://www.campbellcollaboration.org>
Health Behaviour in School Aged Children <http://www.hbsc.org>
Health Promotion Research International Network
<http://www.phs.ki.se/hprin/Default.htm>
Health Promotion source <http://www.hp-source.net>
OECD Health database
http://www.oecd.org/topic/0,2686,en_2649_37407_1_1_1_1_37407,00.html
WHO Database of Health Promoting Schools <http://www.who.dk/ENHPS>
WHO Database on Health and Human Rights Actors
<http://www.who.int/hhr/databases/actors/en>
WHO Resources and tools for advocacy
http://www.who.int/school_youth_health/resources/en

USA

Action for Healthy Kids Resource Database
<http://www.actionforhealthykids.org/AFHK/resources/index.php>
Action for Healthy Kids What's Working Database
<http://www.actionforhealthykids.org/AFHK/whatsworking/index.php>
Agency for Healthcare Research and Quality <http://www.ahrq.gov>
American Public Health Association <http://www.apha.org>
APHA Tools for Parents, Teachers, Students, and Community Leaders to
Eliminate Childhood Obesity
http://www.apha.org/ppp/obesity_toolkit/008_pract_tools.htm
APHA Community Solutions to Health Disparities Database
<http://www.apha.org/NPHW/solutions>
American Journal of Health Promotion DataBase
<http://www.healthpromotionjournal.com/database.htm>
American Journal of Health Behavior <http://www.ajhb.org>
Blueprints for Violence Prevention Overview
<http://www.colorado.edu/cspv/blueprints/index.html>
Centre for Healthcare Strategies, Inc. <http://www.chcs.org>
Center for Prevention and Early Intervention <http://www.bpp.jhu.edu>
Child Trends <http://www.childtrends.org>
Community Preventative Services
<http://www.thecommunityguide.org/about/default.htm>
Guide to Community Preventive Services – Systematic Reviews and
Recommendations <http://www.thecommunityguide.org>
Healthy Schools Network Link <http://www.healthyschools.org>
Mathematica Policy Research Inc <http://www.mathematica-mpr.com/index.asp>
National Center for Child Poverty Research Forum <http://www.researchforum.org>

National Center for Chronic Disease Prevention and Health Promotion
<http://www.cdc.gov/HealthyYouth/index.htm>
National School Board Association Health Resource Database
http://www.nsba.org/site/page_schoolhealth_search.asp?TRACKID=&CID=1116&DID=12022#
National Youth Development Information Center <http://www.nydic.org/nydic>
No Child Left Behind <http://www.ncsl.org/programs/educ/NCLBArticle.htm>
Office of Disease Prevention and Health Promotion <http://odphp.osophs.dhhs.gov>
Oregon Social Learning Centre <http://www.oslc.org>
Positive Behavioral Interventions and Supports <http://www.pbis.org/main.htm>
Promising Practices Network: Proven and Promising Programs
<http://www.promisingpractices.net/programlist.asp>
RAND Public Policy Research http://www.rand.org/research_areas
Registries of Programs Effective in Reducing Youth Risk Behaviors
<http://www.cdc.gov/HealthyYouth/partners/registries.htm>
Surgeon General's Office <http://search.surgeongeneral.gov>

AUTHORS CONTACTED

Emails were sent to 37 authors of papers discussing/reporting the use of incentives with children/young people.

MAILING LIST REQUESTS

Evidence Based Health evidence-based-health@jiscmail.ac.uk
Health for all health-for-all@jiscmail.ac.uk
Health Promoting Universities hpu@jiscmail.ac.uk
Information for Allied Health Mailing List info-allied-health@jiscmail.ac.uk
Public Health public-health@jiscmail.ac.uk
Health Equity health-equity@jiscmail.ac.uk

MAIL-OUT

Sent to 149 health promotion/public health bodies:

Africa	1
Australia	13
Austria	2
Belgium	2
Canada	7
Denmark	1
Finland	1
France	1
Germany	2
Greece	1
Hungary	1
Ireland	2
Italy	2
Netherlands	3
Norway	1
Portugal	1
South/Latin America	4
Southeast Asia	6
Spain	1
Sweden	1
Switzerland	1
UK	67
US	7
Pan-European organisations	9
International organisations	12

Appendix 2: Questions used for ongoing schemes

Name of Project:

Please describe the rewards and incentives used.

What behaviours or outcomes are the incentives targeted at?

Who is it aimed at? (e.g. age group, gender, particular groups such as ex-offenders, school leavers)

How many participants are there?

Where is the scheme based?

Who provides the intervention (e.g. police, teachers, youth workers) and where (e.g. school, youth clubs, community outreach)?

Who is running and funding the scheme?

When did the scheme start and how long it is likely to last?

Is it being evaluated – or already has been evaluated? If so, how and by whom?

If evaluated, is a copy of the report available?

Contacts:

Website:

Appendix 3: Table of ongoing schemes

* Indicates that the scheme was included in the scoping exercise (Kavanagh *et al.*, 2005)

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
HEALTH PROMOTING SCHEMES							
3.1.1	Contingency management for adolescents	USA	To research the effectiveness of contingency management in the treatment of drug abuse in adolescents	<i>Population:</i> adolescent users of marijuana <i>Setting:</i> addiction clinic <i>Size:</i> 19 in pilot; 160 in randomised controlled trial	Vouchers provided to adolescents who remained drug-free. Value increased with length of period of abstinence. Participating parents entered into prize draws.	Treatment Research Center, University of Vermont	Evaluation of the pilot in a single group pre-test/post-test study, completed by researchers at the University of Vermont.
3.1.2	Fitbods	UK	To encourage children to raise their levels of physical activity and to enjoy it	<i>Population:</i> children aged 3–11 <i>Setting and size:</i> approx. 90 primary schools in Salford and Trafford	Certificate after 5 exercise sessions; badge after 10 sessions and pencil after 20.	Salford and Trafford Healthy School Scheme in partnership with Salford Community Leisure	Internal qualitative survey of ten schools in 2002. Semi-structured questionnaire with participating children and staff leaders.
3.1.3	Fit to Succeed*	UK	To raise levels of physical activity and participation in sport and to promote healthier eating	<i>Population:</i> children and young people aged 8–16 (and their families) <i>Setting:</i> primary and secondary schools in Devon; principles now enshrined in School Sport Co-ordinator Programme <i>Size:</i> not known	Free taster sessions/ discounts/money-off vouchers at leisure centres for children, families and teachers.	A partnership between Exeter Academic Council, Exeter City Council, Devon Curriculum Services, Leisure Service Management (private contractor).	Pilot devised and evaluated by Schools Health Education Unit. A number of reports available on a developing and changing programme including a controlled trial. (Balding 2000 and 2001)

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.1.4	Food Dudes*	UK	To encourage healthier food choices and to change peer and school culture with respect to eating fruit and vegetables	<i>Population:</i> children 5–11 <i>Setting:</i> primary schools in England and Wales <i>Size:</i> various; 495 children took part in the most recent pilot study in Wales	Structured programme providing small rewards for tasting novel foods.	Most recent pilot in Wales funded by Food Standards Authority and implemented by Bangor Food Research Unit, University of Bangor	Several evaluations Bangor University Food Research Unit including a controlled trial. (Lowe <i>et al.</i> , 2003, 2004)
3.1.5	Free nicotine replacement therapy (NRT)	Australia	To assist young people to stop smoking	<i>Population:</i> disadvantaged young people aged 14 –25 <i>Setting:</i> youth drop-in centre <i>Size:</i> Up to 30 per annum	Free nicotine patches, gum or lozenges.	Cellblock Youth Health Service, Sydney	Project will be evaluated after completion in February 2006. Methods unclear.
3.1.6	Free Swimming	UK	To encourage greater uptake of swimming sessions, higher levels of physical activities, and greater interest in sports	<i>Population:</i> children and young people in area <i>Setting:</i> Leisure Centres in a number of areas including Birmingham, East London, Glasgow and Wales <i>Size:</i> not possible to specify – large-scale initiatives	Free entry to swimming sessions.	Local authorities	External evaluations of free admission schemes are available: non-systematic review of relationship between pricing and use of local authority sport and recreation services (Coalter, 2002); survey to assess take up of London Kids Swim Free (Parsons, 2004); summary report of impact of implementation issues derived from consultation (Barker 2004)

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.1.7	Fuelzone	UK	To improve young people's food choices at school lunchtimes	<i>Population:</i> young people 11–16 <i>Setting:</i> piloted in 3 secondary Schools in Glasgow. <i>Size:</i> to be extended to all secondary schools in Glasgow by June 2005	Smart card records healthy choices. Points can be collected and exchanged for gifts/vouchers.	Glasgow City Council and partners.	Internal monitoring. No evaluation available.
3.1.8	Fun, Food and Fitness Project	USA	To encourage participants to log on to program website once a week and complete required health promotion activities	<i>Population:</i> 8–10 year old African-American girls with requisite ICT equipment at home <i>Setting:</i> at home <i>Size:</i> 80	\$5 gift cards to a national store in reward for logging on and completing activities. Incentives provided in two conditions: immediate and delayed.	Project based at Baylor College of Medicine, Texas. Funded by Robert Wood Johnson Foundation.	Evaluation in progress conducted at Baylor College using a controlled trial method
3.1.9	Hampshire School Meals Rewards Scheme	UK	To encourage schools to support nutritionally sound school meals offered by Hampshire County Catering Service. Also to help schools see connection between feeding children well and their success in other areas	<i>Population:</i> children 5–11 <i>Setting:</i> primary schools in Hampshire <i>Size:</i> 270 Primary schools out of 460 in the county registered for rewards	Schools are awarded points for every meal over and above a target number. These can be exchanged for a wide range of healthy life-style opportunities. Also My School Lunch, an interactive website aimed at children with competitions and prizes.	Run and funded by Hampshire Country Catering Service.	Internal monitoring. No evaluation available.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.1.10	Lewisham Step-o-meter Challenge	UK	To increase levels of physical activity and to raise awareness of its importance and of how to maintain a more active lifestyle	<i>Population:</i> teams representing different sections of the community in Lewisham, South London. One team is drawn from a primary school. <i>Setting:</i> community <i>Size:</i> 60 (ten teams of six people)	Free step-o-meters provided as motivational tool. Number of steps taken by each team totalled every week and prizes given winning teams at award ceremony.	Funded by Lewisham Primary Care Trust and Neighbourhood Renewal Fund. Designed by Health First and implemented by Lewisham Healthy Walks co-ordinator.	Health First will undertake survey at the conclusion of the project. Qualitative and quantitative data will be analysed.
3.1.11	Maternity Immunisation Allowance	Australia	To encourage parents to ensure that their children receive full immunisation	<i>Population:</i> parents of children up to the age of 24 months <i>Setting:</i> Australia <i>Size:</i> universally available	\$231.60 payable upon completion of full immunisation schedule (2004–5).	Australian Government and health centres	No scheme-specific evaluation available.
3.1.12	Quit and Win	International	To encourage people to stop smoking	<i>Population:</i> individual smokers 18 years and older <i>Setting:</i> international <i>Size:</i> 700,000 registered in 2004	Prizes of US\$10,000 and 6 × \$2,500	International competition at National Public Health Institute, Finland. Funded by Departments of Health, non-governmental organisations, commercial partners and sponsors.	Individual evaluations carried out by participating countries. Quit and Win evaluations included in three reviews.
3.1.13	Simon and Sinita Programme	UK	To increase young children's consumption of fruit and vegetables	<i>Population:</i> children aged 2–5 <i>Setting:</i> Pre-school settings in East Sussex <i>Size:</i> Used in 9 schools	Children rewarded with small gifts for tasting and eating fruit and vegetables over the period of the intervention.	Funded by Brighton and Hove Sure Start and Eastbourne Sure Start. Implemented by East Sussex Food and Health Partnership.	Internal report of pilot available based on a controlled trial in six pre-school classes.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.1.14	Smoke Free Class¹	Europe	To prevent young people starting to smoke	<i>Population:</i> young people 12–14 years <i>Setting:</i> pan-European <i>Size:</i> approx 9,000 schools registered 2004–5 (122 in Wales)	Classes in which pupils refrain from smoking can participate in a national prize draw. Some cultural variability around prizes: in Wales classes that remain non-smoking enter into prize draws in which they can win money for their school and entry into prize draw to win a trip to Italy.	International competition funded by the Europe Against Cancer Programme: 50% by the Commission and 50% by participating countries.	Two external evaluations published: a controlled trial (Wilborg and Hanewinkel, 2002) and randomised controlled trial (Crone <i>et al.</i> , 2003)
3.1.15	Supermarket Health Outcomes Project (SHOP)	New Zealand	To increase purchases of fruit and vegetables (indirect effects on children via shifts in family nutritional patterns)	<i>Population:</i> supermarket customers, particularly people on low incomes and Maori and Pacific peoples <i>Setting:</i> community in Auckland, NZ <i>Size:</i> 100	12.5% discount of purchases of fruit and vegetables	Designed by team at University of Auckland. Funded by Health Research Council of NZ and NZ National Heart Foundation.	To be evaluated in a controlled trial by University of Auckland. Report available November 2005.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
EDUCATIONAL SCHEMES							
3.2.1	100% Attendance Club	UK	To raise attendance and work with schools on specific initiatives; also to raise parental awareness of the importance of regular school attendance	<i>Population:</i> children and young people 3–18 <i>Setting:</i> all schools in Newcastle upon Tyne <i>Size:</i> approx. 36,000	Rewards for good or improved attendance include tickets to sporting events and other leisure activities.	Newcastle upon Tyne Education Welfare Service and local business sponsors	Internal monitoring via school attendance figures. No evaluation available.
3.2.2	Bolton Educational Achievement Scheme	UK	To encourage educational achievement amongst Looked After Children	<i>Population:</i> children/young people in local authority care <i>Setting:</i> community <i>Size:</i> approx. 360 eligible in 2004	Social worker may nominate child for award after review. Amounts variable depending on age and circumstances. 87 awards at a cost of £3000 (2003–4).	Bolton Metropolitan Borough, Social Services Dept.	Evaluation of the views of young people participating in scheme conducted with the assistance of Bypass, an advocacy service.
3.2.3	Bristol City Academy Achievement Scheme	UK	To encourage academic achievement and a peer culture that supports it	<i>Population:</i> all pupils in years 10–13 <i>Setting:</i> Bristol City Academy (secondary school) <i>Size:</i> approx 375	Payment for reaching target exam grades. Additional payments where grades are exceeded or students obtain 5 A–C grades at GCSE.	Currently funded by Community at Heart (Bristol's New Deal for Communities)	Internal evaluation of the pilot conducted in 2002. External evaluation (Cousins, 2005) Methods unclear.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.2.4	Connexions Card	UK	To support and reward attendance, effort and achievement in education post-16	<i>Population:</i> all 16–19-year-olds since <i>Setting:</i> UK-wide <i>Size:</i> in Aug 2004, 358,514 cardholders (24% of 16–19 cohort). A smaller proportion (3.7%) is currently engaged through claiming rewards.	Points are given for attendance and achievement, exchangeable for goods, vouchers, and experiential rewards	Department for Education and Skills (DfES) in partnership with Capita PLC. Delivered by the Connexions Service	Repeated evaluations carried out by York Consulting Ltd. Most recent and final report uses mixed methods of data collection and provides an overview of the earlier evaluations (Rodger and Cowan, 2005).
3.2.5	Education Maintenance Allowance (EMA)	UK	To encourage young people to participate in post-16 education	<i>Population:</i> all in 16–19 education where parental income less than £30k <i>Setting:</i> UK <i>Size:</i> universally available	Allowance (dependent upon attendance) paid directly to young people, graduated according to parental household income (max. £30 per week).	DfES and local education authorities	Repeated pilot evaluations conducted by Loughborough University (Centre for Research in Social Policy) and the Institute of Fiscal Studies. Most recent evaluations include a longitudinal cohort study (Middleton <i>et al.</i> , 2004), a process evaluation (Maguire and Maguire, 2004), and a quasi-experimental study of impact on crime in EMA areas (Feinstein and Sabates, 2005).

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.2.6	Karrot	UK	To improve school attendance and reduce youth crime by providing a range of activities and opportunities	<i>Population:</i> open to all 8,500 11–16-year-old young people educated in the London Borough of Southwark (LBS) <i>Setting:</i> secondary school/community <i>Size:</i> operates in 18 schools/units in the borough	Incentives given for school attendance and citizenship. High street vouchers, activities, trips, award ceremonies.	LBS Youth Service and Metropolitan Police	Undergoing evaluation in a controlled trial by Applied Research in Community Safety. Report due August 2005. An earlier internal evaluation was conducted for 2002–3 (Pettersson, 2004).
3.2.7	Kauffman Scholars	USA	To provide additional education and support to prepare young people for college Scholarship assistance at college also provided	<i>Population:</i> low-income students with academic potential <i>Setting:</i> the two largest urban school districts in the greater Kansas City area <i>Size:</i> approx 200 students a year over seven years	Academic enrichment; life coaching; parent workshops; financial assistance with higher education.	Kauffman Foundation and partner schools.	External evaluation is planned but no further details available.
3.2.8	Star Project	USA	To encourage students to maintain a high standard of academic performance, complete high school and attend college	<i>Population:</i> high-achieving, low-income high school students in seventh grade (12 years of age) <i>Setting:</i> 41 public high schools in Philadelphia <i>Size:</i> approx. 1800	Monthly monetary stipends provided to students on program, ranging from \$50 at ninth grade to \$65 at twelfth grade to enable them to pay education related expenses.	Funded by a private charitable foundation in collaboration with schools, local community and researchers.	Evaluation conducted by Center for Health Achievement, Neighbourhood Growth and Ethnic Studies (University of Pennsylvania) to be published in Evaluation Review in late 2005. No details of methods available.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.2.9	Swansea Club 95 Reward Scheme	UK	To raise attendance (to 95%); cut truancy and associated crime; and introduce children to healthy and fun out-of-school activities	<i>Population:</i> Year 5 and 6 children <i>Setting:</i> primary schools in two secondary school catchment areas in Swansea <i>Size:</i> not known	Pupils rewarded with free swimming vouchers for 95% attendance and also eligible for entry into a prize draw for tickets to a range of active leisure opportunities	Safer Swansea Partnership; jointly run by Community Safety and Educational Welfare Teams	Scheme initially piloted and evaluated internally for four months in one catchment area prior to phasing in larger scale implementation. No evaluation available.
OTHER SOCIAL BEHAVIOURS							
3.3.1	Burnley Wishlist	UK	To encourage a range of positive behaviours and constructive involvement in the local community	<i>Population:</i> children and young people 6–17 <i>Setting:</i> regeneration areas of Burnley <i>Size:</i> in 2003, 1000; now operating on smaller scale	Instant rewards, e.g. McDonald Happy Meal, entry to cinema, ten pin bowling or swimming. Points may also be saved for vouchers or outings.	Initially funded by Burnley Neighbourhood Renewal Fund. Now funded by Burnley Community Warden Service.	No evaluation available.
3.3.2	Casastart	USA	To support academic performance, behaviour and school attendance, keeping out of trouble with the law, refraining from the use of alcohol, tobacco or other drugs	<i>Population:</i> at risk young people <i>Setting:</i> inner city secondary schools in the USA <i>Size:</i> approx. 650	Incentives range from the accumulation of points to 'purchase' items in school-based CASASTART stores, to Video Fridays and special meals with staff.	Program developed at National Center on Addiction and Substance Abuse at Columbia University and delivered in partnership with a range of locally-based professionals.	Three evaluations of an early version of the programme carried out by the Urban Institute. Most current evaluation appears to utilise a quasi-experimental design (Harell <i>et al.</i> , 1999).

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.3.3	Community Merit Scheme	UK	To prevent youth offending	<i>Population:</i> 13–16 year olds at risk of offending <i>Setting:</i> 10 inner city sites in UK <i>Size:</i> approx 18 in each of the projects	Group and individual rewards – vouchers, trips, activities, gifts.	Youth Justice Board (YJB). 10 pilot projects in the UK 2002–4.	Evaluation undertaken by Andrew Gibson Consulting. Now available on Youth Justice Board website
3.3.4	Dream-scheme	UK	To promote social inclusion, community cohesion and personal development	<i>Population:</i> mainly 11–18 year olds <i>Setting:</i> 30 schemes in deprived areas of various in UK and overseas <i>Size:</i> approx. 750 young people have been involved	Points given for volunteer work in the community exchangeable for trips. Form that reward takes open to negotiation.	Funded by a variety of sources including regeneration grants, social landlords and local authorities.	Evaluation being undertaken as a postgraduate project at Lancaster University. Due 2006. No further details available.
3.3.5	Dudley Life Skills Partnership	UK	To promote social inclusion and citizenship	<i>Population:</i> at risk young people 8–19 <i>Setting:</i> youth centre <i>Size:</i> approx. 50	Incentives given for attendance. Vouchers, prize draws, certificates, award ceremonies.	Metropolitan Borough of Dudley and West Midlands Police. Managed by Barnado's	Internal report on the scheme to be written in April 2005. No further details available.
3.3.6	Promoting Young People's Positive Contribution to their Communities	UK	To provide opportunities for children and young people to engage positively in the life of their community	<i>Population:</i> young people aged 11–16 <i>Setting:</i> New Earswick, York <i>Size:</i> approx. 20	Points are collected for activities that benefit the community. These can be used to obtain CDs, DVDs, ten-pin bowling sessions and other outings and trips.	Funded by Joseph Rowntree Housing Trust (JRT). Intervention supplied by youth workers and the JRT Community Development Officer	Evaluation will be undertaken by a team at Sheffield Hallam University. A team at Staffordshire University will also evaluate the project based on the views of the young people who are not involved. No further details available.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.3.7	Positive Activities for Young People (PAYP): Suffolk	UK	To encourage involvement in positive activities and personal development	<i>Population:</i> at-risk young people <i>Setting:</i> four sites in Suffolk <i>Size:</i> approx. 50	Vouchers awarded for outstanding achievements. Mentors given weekly £10 Argos vouchers and additional £10 vouchers for improved behaviour over holidays.	Scheme is delivered by Connexions and funded by the Government Office for the East of England (GO-East).	Internal monitoring. Annual report with some evaluation data produced by PAYP co-ordinator. Unclear what methods of evaluation are used.
3.3.8	Sure Start, Tilbury	UK	To encourage parents and children to become involved in Sure Start activities and services designed to help children's healthy development	<i>Population:</i> Under 4s and their families <i>Setting:</i> early years centres in Tilbury <i>Size:</i> not known	Points are given for attending a range of activities or volunteering. Larger number of points for some courses, e.g. parenting, counselling, language development. Points can be exchanged for services, goods and appropriate gifts for parents and children. 1.7% of budget used in this way.	Funded by central government Sure Start scheme. Based at a variety of early years sites in Tilbury utilising a wide variety of health professionals and partners.	Internal monitoring of attendance figures. National evaluation being conducted by a team at Birkbeck College, University of London.
3.3.9	Tumbler Youth Centre	UK	To promote social inclusion and personal development and encourage the take-up of relevant services	<i>Population:</i> Young people aged 11–25 <i>Setting:</i> youth club, Hayes, West London <i>Size:</i> variable	Points for participation in Centre activities exchangeable for rewards.	Young Men's Christian Association (YMCA)	Internal monitoring. No evaluation available.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.3.10	Young People's Development Programme: Ascent @themill	UK	To encourage positive involvement in a range of outdoor activities	<i>Population:</i> at risk young people 13 –15 <i>Setting:</i> youth centre <i>Size:</i> approx. 30	Young people whose behaviour meets required targets eligible for enjoyable group activities such as cinema, ice-skating, snow-boarding, or quad biking.	Department of Health and Department for Education and Skills: Young People's Development Programme (YPDP). Based in Nottinghamshire.	Internal monitoring plus evaluation by Social Science Research Unit and National Youth Agency. Evaluation due in 2007. This evaluation utilises mixed methods: a matched controlled cohort study; process evaluation including staff and young people's views; and an economic evaluation.
3.3.11	Young People's Development Programme: Passport to Health	UK	To encourage young people to engage in positive activities; find out about new services; research issues in their lives	<i>Population:</i> at-risk young people 13–15 years <i>Setting:</i> youth centre in Bolton <i>Size:</i> approx. 20	Young people issued with a passport to record attendance. If 6 hours or more, £5.00 voucher. If more than 40 hours a month, group activity of choice.	Department of Health and Department for Education and Skills: Young People's Development Programme (YPDP). Implemented by the Farnworth Inclusion Team.	Internal monitoring plus evaluation by Social Science Research Unit and National Youth Agency. Evaluation due in 2007. This evaluation utilises mixed methods: a matched controlled cohort study; process evaluation including staff and young people's views; and an economic evaluation.

No.	Project	Where	Aims	Population/ Setting/Size	Incentives	Provider(s)	Details of evaluation
3.3.12	Young Volunteer Challenge	UK	To allow young people a 'gap year' and the social and personal development that can come with volunteering	<i>Population:</i> 18–19-year-olds from low-income households <i>Setting:</i> 9 pilot sites in the UK <i>Size:</i> by Oct 2004, 408 young people had been involved with the programme (the target was 785).	Volunteers receive £45 p/w and a completion award of £750 after 9 months (pro rata for shorter periods). Also expenses.	Pilot schemes funded by Department for Education and Skills based in existing volunteer organisations.	Regular quarterly and interim reports based on a variety of survey data produced by GHQ Consulting who will supply final evaluation on completion of scheme in late 2005.
3.3.13	Youth Justice Board Referral Order Scheme	UK	To sentence young people pleading guilty for the first time. To prevent future offending.	<i>Population:</i> young offenders aged 10–17 <i>Setting:</i> community <i>Size:</i> not known	If a Referral Order is completed successfully, the offence is regarded as 'spent' (unless by its nature it is exempted).	Home Office/Youth Justice Board. Implemented by Youth Offending teams and local panels.	11 pilot schemes evaluated prior to national rollout. (Newburn <i>et al.</i> , 2002). Process and impact evaluation.

Appendix 4: Universal and targeted provision

Table of population and behaviour(s) targeted

Behaviour(s) targeted	Targeted to at-risk population	Universal provision
HEALTH BEHAVIOURS		
Healthy eating	Supermarket Health Outcomes Project (SHOP) (low income)	Food Dudes Fuelzone Hampshire School Meals Service Simon and Sinita
Physical activity		Fitbods Fit to Succeed Free Swimming Lewisham Step-o-meter Challenge
Obesity		Food, Fun and Fitness
Immunisation		Maternity Immunisation Allowance
Drug use	Contingency Management (marijuana users) Ascent@themill (disadvantaged/at-risk youth) Casastart (disadvantaged/at-risk youth)	
Smoking	Free Nicotine Replacement Therapy (disadvantaged youth)	Quit and Win Smoke Free Class
Reduction in teenage pregnancy	Ascent@themill (disadvantaged/at-risk youth)	
Healthy development in preschool children	Sure Start Tilbury (located in deprived area)	Sure Start Tilbury (open to all local parents with preschool children)

Behaviour(s) targeted	Targeted to at-risk population	Universal provision
EDUCATIONAL BEHAVIOURS		
Truancy	Casastart (disadvantaged/at-risk youth)	100% Attendance Club Karrot Swansea Club 95
Prevention of exclusion from school	Ascent@themill (youth at risk of permanent exclusion)	
Academic achievement	Bolton Educational Achievement Scheme (children in local authority care) Casastart (disadvantaged/at-risk youth) Kauffman Scholars (low income) Star Project (low income)	Bristol City Academy Achievement Scheme
Participation in 16–19 education	Education Maintenance Allowance Scheme (universally available but means-tested) Star Project (low income) Kauffman Scholars (low income)	Connexions Card Education Maintenance Allowance Scheme
Participation in higher education	Kaufmann Scholars (low income) Star Project (low income)	

Behaviour(s) targeted	Targeted to at-risk population	Universal provision
SOCIAL BEHAVIOURS		
Crime prevention	Ascent@themill (disadvantaged/at-risk youth) Casastart (disadvantaged/at-risk youth) Community Merit Scheme (youth at risk of offending) Positive Activities for Young People (Suffolk) (disadvantaged/at-risk youth) Referral Orders (young offenders)	Karrot Swansea Club 95
Improved social behaviours (e.g. prosocial behaviours; co-operation; positive use of leisure time; community involvement; citizenship)	Ascent@themill (disadvantaged/at-risk youth) Casastart (disadvantaged youth/at-risk) Community Merit Scheme (youth at risk of offending) Dudley Lifeskills Scheme (disadvantaged/at-risk youth) Passport to Health (disadvantaged/at-risk youth) Positive Activities for Young People (Suffolk) (disadvantaged/at-risk youth) Referral Orders (young offenders) Young Volunteer Challenge (low income)	Burnley Wish List Dreamscheme Joseph Rowntree Housing Trust Community Rewards Scheme Karrot Swansea Club 95 Tumbler Youth Centre
Aggression	Casastart (disadvantaged/at-risk youth)	

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