



Chartered  
Institute of  
Environmental  
Health

# SAVING OUR SKINS TOOLKIT

## **Raising Awareness of the Risk of Skin Cancer**



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# 1 INTRODUCTION

## 1.1 The aim of the toolkit

The aim of the Save Our Skins toolkit is to help professionals working in local authorities, primary care trusts (PCTs), local health boards (LHBs), cancer networks and their partner agencies to develop strategies and campaign programmes to tackle the increasing incidence of skin cancer.

The toolkit provides an evidence base to support action, signposts where information and promotional materials can be obtained, provides information and advice on running successful campaigns and includes a comprehensive listing of local interventions across a range of community settings. Whilst the information contained in the tool kit is comprehensive, it is neither exhaustive nor exclusive, and local authorities could add and use any further information that they feel may be of assistance.

## 1.2 How to use the toolkit

The toolkit is arranged in five chapters and is not intended to be read in a single sitting. Rather each chapter contains information that will help with the different stages of planning, developing and running local strategies and campaigns.

Chapter 2 provides an overview of skin cancer, signposts the latest figures on incidence and mortality and describes the activities local authorities and their partners can undertake to address the growing prevalence of skin cancer. These materials can be used when developing local strategies, preparing committee reports and publicity materials.

Chapter 3 gives information and guidance to help develop and write local skin cancer prevention strategies. It also includes advice and resources to help when planning local interventions.

Chapter 4 describes the settings for local initiatives and includes the evidence, underlying principles and components of local interventions within each setting. It also provides a comprehensive listing of examples of local interventions and includes links to locally developed resources.

Chapter 5 lists sources of further information and includes publications, organisations and useful websites as well as contact details for the local interventions listed in chapter four.



## 2 OVERVIEW

This section provides an overview of skin cancer, signposts the latest figures on incidence and mortality and describes the actions local authorities and their partners can take to address the increasing prevalence of skin cancer.

### 2.1 What is skin cancer?

The major cause of skin cancers is overexposure to ultraviolet radiation (UVR). Most exposure to UVR comes from sunlight, but exposure can also come from artificial sources such as sunbeds. Whereas the short term results from unprotected UVR exposure are sunburn and tanning, long term exposure can cause prematurely aged skin, wrinkles and skin cancer.

There are two main types of skin cancer, malignant melanoma and non-melanoma skin cancers (NMSC).

Malignant melanoma accounts for less than one in ten skin cancers and is the most serious type of the disease and can be fatal. It is often a fast growing cancer which if left untreated can spread to lymph nodes and other parts of the body. Early detection is vital for successful treatment. Unlike other skin cancers, melanoma may occur in quite young people (Price, 1997).

Non-melanoma is the most common type of cancer, accounting for nine out of ten cases, and is almost always curable. There are two main non-melanoma cancers: basal cell carcinoma (BCC) which is the most easily treated; and squamous cell carcinoma (SCC) which is more serious than BCC because if left untreated it can spread to other parts of the body. Both are closely associated with cumulative exposure to sunlight and they usually develop on parts of the body most frequently exposed to sunlight - the face, neck, scalp, hands and arms (Price, 1997).

### 2.2 What is the scale of the problem?

Skin cancer, in terms of incidence, is the most common form of cancer in the UK (Department of Health, 2003). Official figures show that in 2001 there were 70,038 cases of skin cancer recorded in the UK (Cancer Research UK, 2005).

In Britain, during the last ten years, malignant melanoma has seen the largest increase in incidence rates compared to all other forms of cancer, having more than doubled over the last twenty years (Office for National Statistics, 2001). Although more common in women malignant melanoma rates in men have increased by 26% over the last five years, compared to a 20% rise for women over the same period (Cancer Research UK, 2005). Malignant melanoma also becomes more common with increase in age, but incidence is high in the young in comparison to other cancers and the second most common cancer in people aged fifteen to thirty four (Cancer Research UK, 2005).

Non-melanoma skin cancers are more common in the elderly with 70% of cases occurring in people over 65 years (Cancer Research UK, 2005).

Although skin cancer is rare in childhood, UVR damage to young skin contributes most to risk in later life (National Radiological Protection Board, 2002).

Up to date statistics about the prevalence of and rise in cases of skin cancer are available from Cancer Research UK for England and Wales – go to:  
<http://www.cancerresearchuk.org/sunsmart/forprofessionals/statisticsandfactsheets/?version=2>

And for Northern Ireland, statistics are available on the Cancer Registry website -  
<http://www.qub.ac.uk/nicr/index.htm>

## 2.3 What are the risk factors?

The most significant risk factor for skin cancer is exposure to the sun. High levels of exposure to UVR increase both the major forms of skin cancer, and approximately 65% to 90% of melanomas are caused by UVR exposure (Glanz and Saraiya, 2005; Murphy, 2002; Ortonne, 2002). The International Agency for Research on Cancer (IARC) has reported that the association between UV light exposure and skin cancer is causal for SCC, BCC and melanoma (IARC, 1992).

The effects of the amount and pattern of sunlight exposure in causing melanoma and non-melanoma skin cancer are complex. Current evidence suggests the following:

Exposure to high levels of sunlight in childhood is particularly important in determining melanoma risk but sun exposure in adulthood also plays a role. For adults, recreational or intermittent sun exposure appears to be the strongest determinant of melanoma risk although total sun exposure is also an important factor (Wilson and Carr, 2003; Elwood and Jopson, 1997; National Health and Medical Research Council, 1996).

The epidemiology of BCC appears similar to that of melanoma, with evidence suggesting that childhood exposure and recreational exposure are strongly related to occurrence. However, the epidemiology of SCC is different, where cumulative sun exposure, latitude and occupational sun exposure are the key risk factors. The relative contributions of intermittent exposure and lifetime exposure to skin cancers are part of an ongoing debate (Elwood and Jopson, 1997; National Health and Medical Research Council, 1996; Melia *et al.*, 1994).

A number of non-malignant skin conditions and premature ageing are also related to sun exposure. In addition there is some evidence that sun exposure causes several forms of eye disease (National Radiological Protection Board, 2002).

While most skin cancers are thought to be due to UVR exposure, other well established risk factors include:

- Fair-skinned blue eyed phenotype with skin which burns easily
- Tendency to freckle
- Personal or family history of skin cancer
- Excessive sun exposure during childhood
- Higher than average number of naevi (moles)
- Working outdoors for lengthy periods of time
- Use of solarium, sunlamps and sunbeds

There is also experimental evidence of suppressive effects of UVR on the immune system (National Radiological Protection Board, 2002)

Babies and children need extra protection from the sun because their skin is delicate and easily damaged. Sunburn in childhood can double the risk of skin cancer in later life.

It is not only fair skinned people who need to be concerned about over exposure to the sun. High levels of the skin pigment melanin reduce the risk of common skin cancer for people with darker skin. However, even though the incidence of skin cancer is lower in dark-skinned people, skin cancers that do occur are often detected at a later, more dangerous stage. The risk of other health effects related to sun exposure, such as eye damage, premature ageing of skin, and immunosuppression, is independent of skin colour (World Health Organization, 2001).

## 2.4 What are the health benefits of UVR?

The only proven health benefit of UVR is in the body's production of vitamin D – the lack of which can ultimately cause rickets and some other illnesses. Most people in the UK get all the vitamin D they need from food, provided they eat a balanced diet, and spend time outdoors. A sufficient dose



is provided from exposure as part of our daily routine. A vitamin supplement may be required after consultation with a doctor (National Radiological Protection Board, 2002) where people cover themselves completely e.g. religious requirements, or stay indoors, e.g. the elderly,

## 2.5 What can be done about skin cancer?

The principal goal of preventative efforts is to reduce exposure to sunlight through environmental changes, social changes and behavioural modification to increase personal protection such as covering up, using sunscreen and staying in the shade.

The three main components of skin cancer prevention strategies are:

- Promotion of “sun safe” behaviour – public education about the health hazards of UVR exposure and effective personal strategies to reduce them
- Environmental measures – structural changes to provide protection from the sun by providing adequate shade, careful monitoring and safety campaigns aimed at ensuring the safety of sun tanning establishments and controlled use of sun tanning equipment
- Early detection – education of the public emphasising the importance of early reporting of potentially dangerous lesions

### 2.5.1 Promotion of sun safe behaviour

Fortunately, skin cancer is one of the most preventable cancers. Studies show that most people are aware of the risks from exposure to the sun but that they need constant reminders to take the necessary precautions to protect themselves from the risk (Department of Health, 2003). Relatively small changes to the way people behave in the sun, can lead to a considerable decrease in personal risk (Health Development Agency, 2002).

Therefore educational programmes, aimed at reducing exposure to UV light and to improving the knowledge and attitudes to sun protective behaviours, are central to addressing the rising incidence of skin cancer. Protecting the skin from the sun by wearing protective clothing, using a sunscreen with appropriate sun protection factor, wearing a hat, and avoiding the sun are all recommended as primary preventive activities by cancer agencies across the world (Warren *et al.*, 2004).

Local authorities and health departments can play an important role in preventing skin cancer by developing population-based programmes to prevent disease; assuring sun safe environments and policies; and regulating exposure where appropriate (Glanz and Saraiya, 2005).

#### SunSmart

*SunSmart* is the national skin cancer prevention campaign run by Cancer Research UK. The campaign is funded mainly by the UK Health Departments, and is supported and guided by the UV Health Promotion Group. The campaign was launched in 2003 and supersedes the previous Sun Know How national campaign run by the former Health Education Authority.

The SunSmart campaign focuses on the five basic steps to avoid skin cancer (**SMART**). These are in descending order of importance

Stay in the shade during the hottest part of the day – 11am - 3pm

Make sure that you do not burn

Always cover up – wear a T-shirt, hat and wraparound sun glasses

Remember to take extra care with children

Then use factor 15+ sunscreen

For further information see the SunSmart *Stay Safe* web pages - <http://www.cancerresearchuk.org/sunsmart/staysafe/>

## **Protection against UVR**

The best way to protect against UVR is to stay out of the midday sun and to cover up. At midday the UVR level is ten times greater than at 9am or 3pm - an untanned person with fair skin may become sunburnt within 25 minutes at noon but would have to lie in the sun for at least two hours to receive the same dose after 3pm.

**Clothing:** The degree of protection offered by clothing depends on the ability of UVR to penetrate the fabric. The weave of the material is the most important factor. Colour and thickness have been found to be poor guides to protective properties. Loose cotton provides an effective barrier.

**Hats:** Reasonable protection of the nose and cheeks is provided by wide brimmed hats. Baseball caps provide good protection to the nose but are ineffectual at other sites on the face. Hats without a brim or with only a small brim provide negligible protection.

**Sunglasses:** Maximum protection requires side protection and is only provided by goggle style or wraparound sunglasses. Sunglasses should be worn so that the frame is against the wearer's forehead, as it has been found that substantial amounts of UVR (up to 45%) can reach the eyes through the otherwise exposed area.

**Sunscreens:** Sunscreens of a sufficient Sun Protection Factor (SPF), i.e. above SPF15, prevent burning if applied in the correct dosage and renewed regularly. The use of sunscreens, especially during childhood, has been found to significantly reduce the risk of non-melanoma skin cancer.

## **Dangers of sunburn and the use of sunscreens**

It is important that health promotion efforts encourage people to recognise that sunscreens *per se* do not make the sun safe (Health Development Agency, 2002). Epidemiological studies suggest that sunscreen use could be considered harmful if it increased a person's total time in the sun and therefore total UVR exposure (Saraiya *et al.*, 2003). The IARC recommends that sunscreens should not be used as the sole method for skin cancer prevention and not as a means to extend duration of UVR exposure (IARC, 2001). The findings of a recent review by Warren *et al.*, (2004) suggest that sunscreen is frequently the only sun protection used despite such recommendations.

The IARC (2001) concluded that sunscreens probably prevent squamous cell carcinoma of the skin when used mainly during unintentional sun exposure, but considered the evidence was inadequate for preventing basal cell carcinoma and melanoma.

## **Solar UV Index**

The UV Index (UVI) was developed by the World Health Organization (WHO), the United Nations Environment Programme, and the World Meteorological Organization as part of an international effort to raise public awareness of the risks of sun exposure. It is a simple measure of the intensity of the sun's ultraviolet rays at the earth's surface, and in many countries is presented as part of the weather forecast. WHO promotes the harmonized use of the UVI, and advises governments to employ this educational tool in their health promotion programmes (World Health Organization, 2001).

Using the index people can work out the risk to themselves of being in the sun and therefore the most appropriate protective measures to take to prevent skin damage.

The index is on a scale of one to ten, divided into four categories: fair skin that burns easily and tends not to tan; fair skin that tans easily; brown skin; and black skin. For example a Solar UV Index of 6 would pose a very high risk to white skin that burns easily but a low risk to black skin, see below.

Index	Fair skin which burns	Fair skin which tans	Brown	Black
1/2	Low	Low	Low	Low
3/4	Medium	Low	Low	Low
5	High	Medium	Low	Low
6	Very high	Medium	Medium	Low
7	Very high	High	Medium	Medium
8	Very high	High	Medium	Medium
9	Very high	High	Medium	Medium
10	Very high	High	High	Medium

The UV Index is measured at six sites around the UK, starting in the South West corner of the country and moving up to Northern Scotland. The UV Index is broadcast by weather forecasts during the summer months.

For more information on the UV index and the WHO INTERSUN project please visit:  
[http://www.who.int/uv/sun\\_protection/en/](http://www.who.int/uv/sun_protection/en/)

## 2.5.2 Environmental measures

### Sunbeds

There is increasing evidence from both experimental and epidemiological data that cumulative exposure to UVR increases the risk of skin cancer. Added exposure from UV tanning devices is likely to add to the detrimental consequences of natural exposure (World Health Organization 2003).

Several recent case studies (Swerdlow *et al.*, 1998; Walter *et al.*, 1990; Westerdahl *et al.*, 1994 and 2002; Autier *et al.*, 2002) have shown a causal relationship between people who use sunlamps/sunbeds and an increased risk of melanoma. For this reason, many medical and public health bodies state such devices should not be used.

Detailed information on the opinions of various organisations can be found on the British Medical Association (BMA) website  
<http://www.bma.org.uk/ap.nsf/Content/sunopinions?OpenDocument&Highlight=2,sunbeds>

A report commissioned by the then Health Education Authority and conducted by Professor Brian Diffey concludes: *“The use of UVA sunbeds for cosmetic tanning becomes an issue of serious concern since a tan achieved this way carries a significantly higher risk of melanoma than a tan achieved with sunlight.”* (Diffey 1997).

The BMA states: *“The British Medical Association does not recommend the use of tanning devices for cosmetic purposes because of the potential risks to health associated with their use”.*

While the most recent review of evidence conducted by Professor Antony Young (2004), of King’s College London, states: *“A relationship between solar exposure, particularly intermittent exposure, and malignant melanoma is well established, so it is not surprising that a similar connection has been reported for the use of tanning devices”.*

The use of sunbeds is discouraged by: the BMA; Cancer Research UK; the British Association of Dermatology; WHO; the British Photodermatology Group; the National Radiological Protection

Board (NRPB) and many others. WHO has recently advocated that legislation should be introduced to prevent under 18's from accessing tanning facilities and quotes a study carried out in Norway and Sweden that found a significant increase in the risk of malignant melanoma amongst women who regularly used sunbeds (WHO, 2005)

The side effects of excess doses of UVR can include:

- Premature ageing of the skin
- Increased risk of skin cancer
- Damages to the eyes
- Immunosuppressive effects
- Drug induced photosensitivity/photosensitive disorders

Under the Health and Safety at Work etc Act 1974 and The Management of Health and Safety at Work Regulations 1999 (as amended) duty holders are required to assess the health and safety risks caused by their work activities which will include the risks to employees and customers from exposure to UVR and put in place measures to control these risks as far as is reasonably practicable. Specific guidance has been issued by the Health and Safety Executive (HSE) on Controlling the Risks from the Use of UV Tanning Equipment and can be found at:

<http://www.hse.gov.uk/pubns/indg209.pdf>.

In the UK, The Sunbed Association (TSA), the professional body for the tanning industry, has a strict code of practice based upon HSE guidelines and European standards, - restricting under 16's from using solarium and providing guidance on the use of sun beds. However, only approximately 25% of tanning operators are members. Promoting self-regulation of the industry, the TSA employ independent inspectors to enforce compliance, with members being notified in advance of inspections.

The Chartered Institute of Environmental Health (CIEH) continues to campaign to have tanning facilities removed from local authority run sites, stating that as a lead player in protecting public health, it seems inappropriate for authorities to make money from the provision of sun beds. To date over 75 authorities have responded to the campaign and have had facilities removed from leisure centres.

However, a survey conducted by CIEH in 2004 showed that 36% of local authorities, who had reviewed their policy, made the decision to keep sun beds, because they were a source of income, were popular with the public, and the authorities felt that there was a lack of hard evidence to support banning use.

## **Shade**

The provision of shade is one of the most effective ways to reduce people's exposure to UVR and is an important aspect of any skin cancer prevention strategy. Emphasis needs to be placed not only on educating the public to the importance of seeking shade but also on ensuring that there is adequate provision of shade.

Consideration of shade provision needs to be given to any outdoor spaces where activities take place on a regular basis, particularly if this is during the times of high UVR levels. Spectators at local sporting events, picnickers in the park, school children in the playground as well as bus stops and other places where groups congregate all require adequate protection from the sun.

There are numerous options for planning effective shade ranging from natural shade using trees and hedges, permanent shade structures which can be built or living shade, to temporary shade structures such as marquees. The design needs to be appropriate for its intended use; attention must be given to type, size and positioning of shade as well as practical considerations such as costs, attractiveness to the local environment, risk of vandalism etc.

Sources of further information on shade provision are given below. More information on tree planting is available from the Tree Council and The Tree Advice Trust.

### 2.5.3 Early detection

The early detection of skin cancer is essential to reducing spread and mortality. Campaigns aimed at educating the public about the risks of skin cancer and how to reduce these risks should also emphasise the importance of early detection.

Cancer Research UK guidance on examining moles for signs of melanoma provide the following checklist:

#### Major signs:

See your doctor immediately if your mole:

- is new or growing - moles do change in children, but this becomes less common as we get older and could be a warning sign
- has a ragged edge - ordinary moles have a smooth, regular shape
- contains different colours - ordinary moles may be dark brown, but are all one shade. A mole containing different shades of black and brown should be checked out.

#### Minor signs

The following signs do not necessarily mean that you have a melanoma, but you should still look out for them. If your mole or dark patch does not return to normal within two weeks don't ignore it.

See your doctor if your mole:

- is inflamed or has a red edge - ordinary moles are not inflamed
- is bleeding, oozing or crusting - ordinary moles do not do this
- feels funny or itches - any change in the feel of a mole should be checked out. Ordinary moles are not itchy or painful
- is bigger than all your other moles.

There are a number of resources available to help with public education campaigns, for more information visit the SunSmart UK website - <http://www.cancerresearchuk.org/sunsmart/staysafe/>

## 2.6 Further sources of information

### Skin Cancer

SunSmart Cancer UK website - about skin cancer pages -

<http://www.cancerresearchuk.org/sunsmart/skincancer/>

SunSmart South Australia website - cancer information sheets - <http://www.cancersa.org.au/i-cms?page=1.2.17>

SunSmart in Victoria - skin cancer pages – <http://www.sunsmart.com.au/>

Health Education Authority. (1997). *Attitudes to sunbathing and the risks of skin cancer*. Health Education Authority – <http://www.nice.org.uk/download.aspx?o=501931>

### Incidence and mortality

National Statistics website:

- Cancer Survival: England and Wales, 1991-2001 - <http://www.statistics.gov.uk/STATBASE/ssdataset.asp?vlnk=7899>

- Incidence of malignant melanoma of the skin: by gender, 1971 to 1997: Social Trends 32  
<http://www.statistics.gov.uk/StatBase/Product.asp?vlnk=5748&Pos=&ColRank=1&Rank=422>
- Occasions on which people use sunscreen: by gender, 1996 and 1998: Social Trends 30 -  
<http://www.statistics.gov.uk/StatBase/Datasettype.asp?vlnk=476&Pos=1&ColRank=2&Rank=544>
- Attitudes to protecting self from sun exposure: by gender, 1999: Social Trends 32 -  
<http://www.statistics.gov.uk/StatBase/Datasettype.asp?vlnk=5238&Pos=3&ColRank=2&Rank=272>
- Quinn M, Babb P, Brocla, Kirby I, Jones J. (2001). Chapter 6. Melanoma of skin. In: *Cancer trends in England and Wales 1950 – 1999*. Office for National Statistics. London: The Stationery Office -  
<http://www.statistics.gov.uk/CCI/article.asp?ID=1493&Pos=6&ColRank=1&Rank=224>

#### SunSmart UK website

- Press release – Britain has more skin cancer deaths than Australia, March 2003 -  
<http://info.cancerresearchuk.org/news/pressreleases/2003/march/39484>
- For details of why incidence of non-melanoma skin cancers are underestimated, see the Cancer Research UK fact sheet on this subject -  
<http://www.cancerresearchuk.org/sunsmart/media/pdf/files/nmscexplanation.pdf>

#### UVR

SunSmart in Victoria - <http://www.sunsmart.com.au/browse.asp?ContainerID=1684>

Cancer Society of New Zealand sun protection information leaflet: The ozone layer and ultraviolet radiation - [http://www.cancernz.org.nz/Uploads/IS\\_SP\\_OzonelayerandUV05.pdf](http://www.cancernz.org.nz/Uploads/IS_SP_OzonelayerandUV05.pdf)

National Radiological Protection Board. (2002). Health Effects from Ultraviolet Radiation. Report of an Advisory Group on Non-ionising Radiation. *Documents of the NRPB, 13, No. 1, 3–276*. -  
[http://www.hpa.org.uk/radiation/publications/documents\\_of\\_nrp/abstracts/absd13-1.htm](http://www.hpa.org.uk/radiation/publications/documents_of_nrp/abstracts/absd13-1.htm)

Clothing protection Factors – Radiological Protection Bulletin No. 222, May 2000 –  
[http://www.hpa.org.uk/radiation/publications/bulletin/bulletin\\_222/rpb222-2.htm](http://www.hpa.org.uk/radiation/publications/bulletin/bulletin_222/rpb222-2.htm)

Sunsense: protecting yourself from Ultraviolet Radiation poster -  
[http://www.hpa.org.uk/radiation/understand/information\\_sheets/sunsense\\_poster.htm](http://www.hpa.org.uk/radiation/understand/information_sheets/sunsense_poster.htm)

#### Sun Safe Behaviour – Key Messages

In addition to the SunSmart code additional messages on sun safe behaviour can be found at:

Department of Health ten tips for surviving summer sun -  
[http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT\\_ID=4047384&chk=NWIKKz](http://www.dh.gov.uk/PublicationsAndStatistics/PressReleases/PressReleasesNotices/fs/en?CONTENT_ID=4047384&chk=NWIKKz)

WHO simple precautions in the sun – [http://www.who.int/uv/sun\\_protection/en](http://www.who.int/uv/sun_protection/en)

NHS Direct take care in the sun –  
<http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=83&sectionId=6120>

SunSmart South Australia code - <http://www.cancersa.org.au/i-cms?page=1.6.35>

Sunshine and skin cancer, consensus statement by the UK Skin Cancer Prevention Working Party –  
<http://www.bad.org.uk/patients/cancer>

Skin protection information pages from Australian SunSmart websites can be found at:

- SunSmart Victoria sun protection web pages – [http://www.sunsmart.com.au/browse.asp?ContainerID=sun\\_protection](http://www.sunsmart.com.au/browse.asp?ContainerID=sun_protection)
- Skin protection on Cancer Council South Australia website – <http://www.cancersa.org.au/i-cms?page=1.6.35>

## Sunbeds

British Medical Association:

- Sunbeds health risks - <http://www.bma.org.uk/ap.nsf/Content/sunrisks>
- Knowledge and behaviour of sunbed users - <http://www.bma.org.uk/ap.nsf/Content/sunusers>
- BMA policy on the use of sunbeds - <http://www.bma.org.uk/ap.nsf/Content/sunbma>
- Opinions of national and international organisations - <http://www.bma.org.uk/ap.nsf/Content/sunopinions>

British Association of Dermatologists - <http://www.bad.org.uk/patients/skin/sunbeds/>

World Health Organization artificial tanning sunbeds: risk and guidance - <http://www.who.int/uv/publications/en/sunbeds.pdf>

## Shade

Longfield J. (1998). *Skin cancer prevention: policy guidelines for local authorities*. London, Health Education Authority

Sefton Living Shade Project – <http://www.livingshadeinsefton.co.uk>

Under cover: guidelines for shade planning and design. SunSmart South Australia website - <http://www.cancersa.org.au/i-cms?page=1.6.35.495>

SunSmart South Australia website shade pages – <http://www.cancersa.org.au/i-cms?page=1.6.35.145>

Shade Structures. Cancer Society of New Zealand - [http://www.cancernz.org.nz/Uploads/IS\\_SP\\_ShadeStructures05.pdf](http://www.cancernz.org.nz/Uploads/IS_SP_ShadeStructures05.pdf)

## Early detection

Cancer Research UK

- Diagnosing skin cancer - <http://www.cancerhelp.org.uk/help/default.asp?page=4311>
- Pictures of abnormal moles - <http://www.cancerhelp.org.uk/help/default.asp?page=5442>
- Symptoms of malignant melanoma – <http://www.cancerhelp.org.uk/help/default.asp?page=3009>
- SunSmart skin cancer major signs - <http://www.cancerresearchuk.org/sunsmart/skincancer/detectingskincancer/?version=1>

## 2.7 Resources

SunSmart Cancer UK website:

- Skin Cancer Research Briefsheet 2004 – <http://www.cancerresearchuk.org/sunsmart/media/pdf/files/skincancerresearchbriefsheet.pdf>

- Skin cancer – how to be SunSmart and reduce your risk - [http://www.cancerresearchuk.org/aboutus/publications/pubmisc/pdfs/leaflet\\_skin\\_jun03.pdf](http://www.cancerresearchuk.org/aboutus/publications/pubmisc/pdfs/leaflet_skin_jun03.pdf)
- Skin cancers identification poster - <http://www.cancerresearchuk.org/sunsmart/media/pdffiles/skincanceridentification.pdf>
- Malignant melanoma awareness leaflet - [http://www.cancerresearchuk.org/images/11632/leaflet\\_melanoma.pdf](http://www.cancerresearchuk.org/images/11632/leaflet_melanoma.pdf)
- Malignant melanoma fact sheet 2004 - <http://www.cancerresearchuk.org/sunsmart/media/pdffiles/melanomafactsheet2004.pdf>
- Skin cancer in the UK Fact sheet 2004 - <http://www.cancerresearchuk.org/sunsmart/media/pdffiles/scinukfactsheet.pdf>
- Young people and skin cancer Fact sheet 2004 - <http://www.cancerresearchuk.org/sunsmart/media/pdffiles/youngpeoplefactsheet.pdf>
- Skin Cancer in UK men fact sheet 2004 - <http://www.cancerresearchuk.org/sunsmart/media/pdffiles/scinukmen.pdf>
- SunSmart code information card – <http://www.cancerresearchuk.org/sunsmart/media/pdffiles/sunsmartpostcard.pdf>
- SunSmart code poster - <http://www.cancerresearchuk.org/sunsmart/media/pdffiles/a3sunsmartposter.pdf>

Please note if you live in Wales you will need to display bilingual versions of the SunSmart materials. To order Welsh/English versions please contact the Welsh team on 029 2082 1436 or e-mail [lifestyles@wales.gsi.gov.uk](mailto:lifestyles@wales.gsi.gov.uk).

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## 3 DEVELOPING STRATEGIES AND PLANNING LOCAL INTERVENTIONS

### 3.1 Arguments for developing a strategy

- Local authorities have a key public protection role, both for the local community and for their own staff
- Local authorities have considerable expertise in protecting public health and can influence many activities across wide ranging networks through mechanisms such as local strategic partnerships, scrutiny panels, well-being powers etc
- Skin cancer is largely preventable, the main risk factors are related to lifestyles e.g. behaviours and attitudes to the sun
- Early detection of skin cancer can reduce the severity of outcomes
- Educational and awareness raising campaigns have been shown to be successful e.g. SunSmart campaigns in Australia.

### 3.2 Developing a strategy

Strategies will vary depending on local circumstances; they might involve multi-disciplinary partnerships across the public and private sectors, regional public protection agencies, an integrated local approach or an individual public protection department initiative. Examples of different approaches can be found as follows:

- SunSmart Australia local government strategy - <http://www.cancersa.org.au/i-cms?page=1.6.35.1078&print=yes>
- Northern Ireland Melanoma Strategy Implementation Group [http://www.careinthesun.org/about\\_impl.html](http://www.careinthesun.org/about_impl.html)
- A Model Skin Cancer Prevention Policy for Local Government -Health Education Authority (Appendix 1)

The importance of partnership working and integrated planning as a key to improving health and tackling inequalities has been highlighted in many government policy documents. Whilst local authorities will have considerable experience in partnership working, tools that may assist in assessing the progress of partnerships and in the provision of information on good practice include:

- The working partnership - Health Development Agency <http://www.publichealth.nice.org.uk/page.aspx?o=502563>
- Planning with a purpose - Local Authorities and the NHS: Planning together to improve health and well-being across the local strategic partnership <http://www.publichealth.nice.org.uk/page.aspx?o=502635>

A number of key elements should be included in a strategy, one possible framework might be:

#### **A local skin cancer prevention strategy**

##### **Strategy contents**

1. **Introduction**  
A few lines giving the essence of strategy
2. **The benefits of a local skin cancer prevention strategy**
3. **National policies, priorities and targets related to skin cancer prevention**
4. **Partners**

The main partners, the relevance of the strategy to their aims and relevant local policies, priorities and targets

**5. Aims, objectives and targets**

**6. Barriers, needs and opportunities**

Results of local assessment of barriers, needs and opportunities

**7. Priorities and target groups**

Chosen groups and rationale behind choice

**8. Interventions**

**9. Evaluation**

**10. Cost**

Cost of strategy and sources of funding.

**11. Sustainability**

Description of how the individual programmes will be sustained after the initial period of funding.

**12. Action plan**

**13. Risk management**

### **3.3 Planning local interventions**

The strategy will have established that skin cancer prevention is a local priority issue. However, there will be a range of potential interventions that can be used. Many different approaches have been employed in the past, with varying levels of success. There is growing understanding that interventions should be planned with reference to evidence that demonstrates the effectiveness of a particular approach. However, it must be borne in mind that what succeeds in one context may not work in a different set of circumstances. Furthermore there is significant evidence from the literature on health promotion that the use of theoretical models will significantly improve the chances of success in achieving pre-determined programme objectives (Nutbeam and Harris, 1999). Whilst there are a number of behavioural change theories that might be utilised, one that is currently being promoted by the Department of Health (Department of Health, 2005) is social marketing. Social marketing is a strategy that has been used in many countries, particularly the United States, to influence an audience to change their behaviour for the sake of improving health. The following definition further explains the concept:

*“Social marketing is the use of marketing principles and techniques to influence the target audience to voluntarily accept, reject, modify or abandon a behaviour for the benefit of individual, group or society as a whole.” (Kotler et al., 2002).*

Social marketing involves systematic planning which asks the following questions:

- Where are we?
- Where do we want to go?
- How will we get there?
- How will we keep on track?

A social marketing planning worksheet is attached at Appendix 2. In addition, it may be useful to consider the following key factors for success when planning an intervention:

1. Take advantage of what is known and has been done before.
2. Start with target markets that are most likely to change.
3. Promote a single, do-able behaviour, explained in simple, clear terms.
4. Consider incorporating and promoting a tangible object or service to support the target behaviour.
5. Understand and address perceived benefits and costs.

6. Make it easy to change.
7. Develop attention getting and motivational messages.
8. Use appropriate media and watch for and exploit opportunities for audience participation.
9. Provide response mechanisms that make it easy and convenient for inspired audiences to act on recommended behaviours.
10. Allocate appropriate resources for media and outreach.
11. Allocate adequate resources for research.
12. Track results and make adjustments.

(Kotler *et al.*, 2002)

A key difference between Social Marketing and a traditional educational approach is that social marketing is customer focused and based around the needs and wants of the target audience, rather than being “expert led”. Such an approach has been shown to increase the potential for achieving behavioural modification (Kotler *et al.*, 2002, Kline Weinreich, 1999).

Information about the problem to be tackled and the potential target audience such as level of incidence, current beliefs, knowledge, behaviours and barriers to change is essential if desired outcomes are to be achieved. Obtaining this information will require considerable research which might be through examination of existing material or through new market research e.g. surveys and focus groups. Information on severity and demographics may be obtained from the Office for National statistics ([www.statistics.gov.uk](http://www.statistics.gov.uk)) or might be available from the area Public Health Observatory (<http://www.apho.org.uk/>). Information on research for evaluation and planning purposes may be found in the Health Education Board for Scotland (HEBS) Research and Evaluation Toolbox, which includes methods of research, data sources, needs assessment, evaluation and funding sections. ([www.hebs.com/research/retool](http://www.hebs.com/research/retool)). A specific article “Skin Cancer Prevention: Re-evaluating the Public Policy Implications” (Peattie *et al.*, 2001) might also prove of interest.

For further information, a social marketing tutorial can be found at [http://www.hc-sc.gc.ca/english/socialmarketing/social\\_marketing/tutorial](http://www.hc-sc.gc.ca/english/socialmarketing/social_marketing/tutorial)

A range of case studies can be found in Chapter 4 of this toolkit that may suggest topic areas for your interventions, however they will need to be adapted, as necessary, to fit local circumstances e.g. through use of the Social Marketing planning framework.

### 3.4 Further sources of information

- CIEH event planning toolkit includes sections on:
  - [Organising events](#)
  - [Project summary and milestone planning](#)
  - [Planning considerations for a conference or seminar](#)
  - [Event location evaluation form](#)
  - [Mail merge guidance](#)
  - [Delegate evaluation questionnaire](#)
- CIEH Guidance on communicating with the media  
[http://www.cieh.org/library/Knowledge/Public\\_health/Skin\\_cancer/ConsiderationsWhenDealingWithMedia.pdf](http://www.cieh.org/library/Knowledge/Public_health/Skin_cancer/ConsiderationsWhenDealingWithMedia.pdf)
- Health Development Agency. (2002). Cancer Prevention: A resource to support local action in delivering the NHS Cancer plan . Chapter 6. Skin cancer prevention  
[http://www.nhs.uk/html/resources/cancer\\_prevention](http://www.nhs.uk/html/resources/cancer_prevention)

## 3.5 Appendix 1

### **A Model Skin Cancer Prevention Policy for Local Government**

The following 'model' policy is intended to offer flexible guidance rather than rigid prescription. Every local authority is unique, and elements of a skin cancer prevention policy should be added and removed according to local circumstances, and adapted to changing needs over time. Some authorities may prefer to introduce a 'code of practice' and Hove Borough Council, for example, has decided that this is the most appropriate way forward for sun safety in its area.

It is crucial for the policy or code of practice to be developed and implemented as part of the authority's corporate plan. In this way it can help to initiate action, support the projects which may already be taking place and further develop particular initiatives. Without the corporate approach, skin cancer prevention activities risk becoming *ad hoc*, piecemeal and, hence, less effective.

## A MODEL SKIN CANCER PREVENTION POLICY

This local authority is committed to protecting the community of ..... (name of the authority) from skin cancer. It will be the responsibility of the directors of all departments to adopt the guidelines outlined in *Skin cancer prevention: policy guidelines for local authorities*, and implement them in a way which is appropriate for the local environment and for local people.

- Opportunities for providing shade will be identified within the local authority. Where possible and practical, existing shade structures will be utilised, and the need for additional shade in public places will also be assessed. Special emphasis will be given to the need to provide shade in areas often used by children.
- Natural and constructed shade - whether existing or new, and whether temporary or permanent - will aim to be aesthetically pleasing, safe and cost-effective, as well as offering effective protection against ultraviolet radiation.
- For the provision of new shade, developers will be informed of *Skin cancer prevention: policy guidelines for local authorities* and planning guidance will be adapted to ensure there is appropriate and adequate shade provision.
- As part of the procedure for granting public entertainment licences, applicants' attention will be drawn to the need for appropriate and adequate shade.
- The use of sunbeds in local authority facilities will be phased out within five years and private facilities offering access to sunbeds will be required to operate to the standards outlines in the Health and Safety Executive's guidance.
- Trading standards officers will be encouraged to undertake regular testing of sunscreen products on the market and to take appropriate enforcement action where products fail to offer the sun protection factor declared on the label.
- Outdoor workers employed by the local authority directly and via contractors will receive training in the appropriate use of protective clothing and sunscreens to protect against skin cancer.
- The use of ozone-depleting substances by the local authority will be phased out within five years and contractors will be expected to reach the same standards. .... (name of local authority) will offer a cost-effective service for the safe disposal of commercial and industrial products containing ozone-depleting substances.

..... (name of local authority) will take advantage of existing campaigns to promote skin cancer prevention in the community and will endeavour to develop new activities to meet local needs as they arise.

Signed: Leader/Chair

Date:

This policy will be reviewed every 12 months from the date of signing.

## 3.6 Appendix 2

### Social Marketing Planning Worksheet (Kotler *et al.*, 2002)

#### STEP 1

##### CONDUCT A SITUATION ANALYSIS

- 1.1 What is the social *issue* this campaign is addressing?
- 1.2 What is the campaign *focus*?
- 1.3 What is the campaign *purpose*, the intended impact (benefit)?
- 1.4 What internal *strengths* will your plan maximise (e.g. resources, expertise, management support, internal publics)?
- 1.5 What internal *weaknesses* will your plan minimize (e.g. resources, expertise, management support, internal publics)?
- 1.6 What external *opportunities* will your plan take advantage of (e.g. external publics and cultural, technological, demographic, natural, economic, and political/legal forces)?
- 1.7 What external *threats* will you plan and prepare for (e.g. external publics and cultural, technological, demographic, natural, economic, and political/legal forces)?
- 1.8 What findings from *prior and similar efforts* are noteworthy?

#### STEP 2

##### SELECT TARGET AUDIENCES

- 2.1 Describe target audiences for your programme /campaign in terms of size, problem incidence and severity, and relevant variables, including demographics, psychographics, geographics, behaviours, and/or stages of change.
- 2.2 Which of these are primary targets?
- 2.3 Which are secondary?

#### STEP 3

##### SET OBJECTIVES AND GOALS

###### OBJECTIVES

- 3.1 Behaviour objective:  
What very specifically, do you want to influence your target audience to *do* as a result of this campaign or project?
- 3.2 Knowledge objective:  
Is there anything you need them to *know*, in order to act?
- 3.3 Belief objective:  
Is there anything you need them to *believe*, in order to act?
- 3.4 GOALS:  
What quantifiable, measurable goals are you setting? Ideally, this is stated in terms of behaviour change. Other potential measures include goals for campaign awareness, recall and/or response, and changes in knowledge, belief, or behaviour intent levels.

#### STEP 4

##### ANALYSE TARGET AUDIENCES AND THE COMPETITION

###### RELATIVE TO YOUR OBJECTIVE (DESIRED BEHAVIOUR) AND YOUR TARGET AUDIENCE:

- 4.1 What is their *current behaviour*?
- 4.2 What do they currently *know*?
- 4.3 What do they currently *believe*?
- 4.4 What *benefits* do they perceive?
- 4.5 What *costs* do they perceive?
- 4.6 What *barriers* do they perceive?



## **COMPETITION:**

- 4.7 What are the major competing *alternative behaviours*?
- 4.8 What *benefits* does your audience associate with these behaviours?
- 4.9 What *costs* does your audience associate with these behaviours?

## **STEP 5**

### **DEVELOPING MARKETING STRATEGIES**

#### **5.1 PRODUCT: DESIGN THE MARKET OFFERING**

- 5.1.1 What is the *core* product, benefits of the desired behaviour?
- 5.1.2 What is *actual* product, the desired behaviour?
- 5.1.3 Relative to the *augmented* product (tangible objects and services)
  - 5.1.3.1 Are there any *new tangible objects* that will be included in programme and campaign efforts?
  - 5.1.3.2 Are there any *improvements* that need to be made to existing tangible objects?
  - 5.1.3.3 Are there any *new services* that will be included in programme and campaign efforts?
  - 5.1.3.4 Are there any *improvements* that need to be made to existing services?

#### **5.2 PRICE: MANAGE COSTS OF BEHAVIOUR CHANGE**

##### **IDENTIFY EXIT COSTS:**

- 5.2.1 What *monetary* costs will target audiences associate with abandoning their current behaviour?
- 5.2.2 What *non-monetary* costs will target audiences associate with abandoning their current behaviour?

##### **IDENTIFY ENTRY COSTS:**

- 5.2.3 What *monetary* costs will target audiences associate with adopting the new (desired) behaviour?
- 5.2.4 What *non-monetary* costs will target audiences associate with adopting the new (desired) behaviour?

##### **ESTABLISH PRICING STRATEGIES:**

- 5.2.5 What prices will be set for tangible objects and services associated with the campaign?
- 5.2.6 Will there be any monetary incentives?
- 5.2.7 Will there be any non-monetary incentives?

#### **5.3 PLACE: MAKE ACCESS CONVENIENT**

- 5.3.1 *Where* will you encourage and support your target audience to *perform the desired behaviour* and *when*?
- 5.3.2 *Where* and *when* will the target market acquire any related tangible objects?
- 5.3.3 *Where* and *when* will the target market acquire any associated services?
- 5.3.4 Are there any enhancements that would increase the appeal of the location?

#### **5.4 PROMOTION: CREATE MESSAGES**

- 5.4.1 What key messages do you want your campaign to communicate to target audiences?
- 5.4.2 What are your specific communication objectives?
  - 5.4.2.1 What do you want your target audience to know?
  - 5.4.2.2 What do you want your target audience to believe?
  - 5.4.2.3 What specific actions do you want your target audience to take as a result of this campaign?
- 5.4.3 What benefits will you promise?
- 5.4.4 What will be said or featured to support this promise?
- 5.4.5 What communication style and tone will be used?
- 5.4.6 What are important copy, graphics, and format recommendations, considerations, requirements, and/or restrictions?

## **PROMOTION: CHOOSE COMMUNICATION CHANNELS**

5.4.7 What media types will be use?

5.4.8 What media vehicles will be used?

### **STEP 6**

#### ***DEVELOP A PLAN FOR EVALUATION AND MONITORING***

6.1 What goals from Step 3 will be measured?

6.2 What techniques and methodologies will be used to conduct these measures?

6.3 When will these measurements be taken?

6.4 How will measurements be reported and to whom?

### **STEP 7**

#### ***DETERMINE BUDGETS AND FIND FUNDING SOURCES***

7.1 What costs will be associated with product-related strategies?

7.2 What costs will be associated with price-related strategies?

7.3 What costs will be associated with place-related strategies?

7.4 What costs will be associated with promotion-related strategies?

7.5 What costs will be associated with evaluation-related strategies?

7.6 If costs exceed currently available funds, what potential additional funding sources can be explored?

7.7 What strategies will you use to appeal to these potential funders?

### **STEP 8**

#### ***COMPLETE AN IMPLEMENTATION PLAN***

8.1 Will there be phases to the campaign? How will they be organised (i.e. by market, objectives, activities)?

8.2 For each phase, what will be done, who will be responsible, when will it be done, and for how much?

### 3.7 References

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## 4 CHOOSING INTERVENTIONS

The main settings for local skin cancer prevention initiatives are schools, workplaces, outdoor leisure and recreational facilities, and commercial sun tanning premises. A local skin cancer prevention strategy is likely to include projects that span one or more of these settings. This section outlines these settings and also provides examples of local schemes and individual project components of schemes for each of the settings.

The evidence base for skin cancer prevention interventions is still developing; there is a need for long term, well designed studies. Choosing interventions that are well matched to local needs and capabilities, and then carefully implementing those interventions, are vital steps for increasing UVR protection (Saraiya *et al.*, 2003). Evaluations of local community interventions are important to the continuing growth of the evidence base in preventing skin cancer.

### 4.1 Community wide interventions

Community wide interventions provide the opportunity to take sun awareness messages to a broad cross section of society and so can help support and reinforce interventions in specific settings such as schools and workplaces.

#### 4.1.1 Evidence

Evidence suggests that community based interventions to promote public awareness of environmental risks and adoption of risk reduction measures can be effective. However, long term behavioural changes have been more difficult to achieve. The greatest positive behavioural shifts were associated with intensive interventions in which there were multiple events or means of delivery in various settings (Hirst *et al.*, 2000).

The Australian SunSmart campaign, developed in the State of Victoria, is the most comprehensive, community wide skin cancer prevention programme. Evaluation of the programme as a whole has demonstrated success in changing attitudes and behaviours (Trevett, 2002; National Health and Medical Research Council, 1996). Other evaluated Australian programmes include the Me No Fry campaign run in New South Wales directed specifically at adolescents. This programme has resulted in increased knowledge, favourable sun safe attitudes and behaviours (National Health and Medical Research Council, 1996).

A recent review of health promotion campaigns for sun exposure modification for the New Zealand Ministry of Health concluded that overall the evaluations to date suggest that there is good evidence that sun protection promotion campaigns can lead to changes in knowledge about sun protection. They also found fair evidence that campaigns (if well designed and implemented) can lead to increased levels of practising sun protective behaviours. However, achieving sun protection behaviour change among adolescents may be more difficult than for children (via their parents) and adults (Wilson and Carr, 2003).

An important element of community wide health education campaigns is the effective use of the mass media. This has been demonstrated to be an effective tool in public health programmes addressing behavioural risk factors and is one of the strategies that can be used in efforts to prevent skin cancer (Smith *et al.*, 2002). However there are methodological problems with evaluations that have been undertaken and use of the media should supplement educational and policy based interventions.

Local initiatives also require a multidisciplinary approach to ensure co-operation between general practitioners, dermatologists, and health promotion officers (Melia *et al.*, 1994).

Most reviews of the evidence base for skin cancer prevention have found that multi-component, multiple setting approaches aimed at a cross section of the community are more successful than

one off interventions in a single setting (Glanz and Saraiya, 2005; Wilson and Carr, 2003; Health Development Agency, 2002; National Health and Medical Research Council, 1996).

#### **4.1.2 Underlying principles**

- Use educational and promotional programmes to change behaviours and reduce the incidence of skin cancer (i.e. avoidance of peak sunlight, use of protective clothing, use of sunscreen, avoidance of tanning equipment and practice self examination)
- Target multiple individuals, using a variety of approaches across a range of settings
- Long term planning is essential, behavioural change programmes generally require considerable time to become established
- Periodically evaluate the ongoing impact of interventions

#### **4.1.3 Components**

- Media interventions using advertising, telephone, radio and articles in local newspapers
- Community wide interventions utilise a cross section of the components described below under individual settings

#### **4.1.4 Examples of local interventions**

##### **Cannock Chase Council**

Cannock Chase Council has been running an annual skin cancer prevention campaign since 1992. Each summer a promotional stand was taken to the Summer Fayre of two local towns. Activities included a quiz to assess local knowledge of sun safety and lots of giveaways including samples of sunscreen. The skin cancer prevention message was reinforced at a later date by sending a copy of the quiz questions and answers to all participants. An information leaflet was also produced which included information on sunbed safety which was distributed locally to all travel agents, leisure centres, Boots the Chemist shops, libraries and council offices. The campaigns were very popular with the local press and received considerable publicity.

Campaigns in recent years have adapted the messages to emphasise the need to be safe in the sun at all times whether gardening, walking, taking part in sport etc. A complete holiday package is now offered which includes information on skin cancer prevention as well as other health issues such as safe sex, immunisation, alcohol safety and preventing food poisoning. The campaign has also been staged in children's play areas in local parks and the Health Promotion Officer has worked with schools.

Cannock Chase Council also offer a drop-in health session known as Good Health which is run fortnightly, in a community setting by the Health Promotion Officer and a Health Visitor. The work began as a Single Regeneration Budget project and has been sustained. The sessions are based around a customised computer programme on healthy lifestyles which includes sections on taking care in the sun, the dangers of using sunbeds, protecting children in the sun and taking care of different skin types. Participants in the programme receive verbal and written advice from a print out of their personal lifestyle assessment.

Resources: [Newspaper article](#)

Healthy Holiday Leaflet – [Part 1](#); [Part 2](#); [Part 3](#); [Part 4](#)

[Photograph of promotional event](#)

For further information contact Jan Mitchell at [Cannock Chase Council](#)

## **Northern Ireland Care in the Sun Campaign**

In 1997 the Department of Health and Social Services published its "Strategy for the Prevention, Diagnosis and Treatment of Malignant Melanoma and other Skin Cancers in Northern Ireland". Following a public launch in April 1998 an implementation group was established to take the strategy forward. This multi agency group comprises representatives from a range of organisations including health and social services trusts and boards, environmental health and dermatology departments, education and library boards, the Health and Safety Executive (NI), the Department of Health, Social Services and Public Safety etc. The group is managed by a full-time co-ordinator based with the Ulster Cancer Foundation.

A wide range of initiatives have been implemented to promote the Care in the Sun campaign, including:

- Development and distribution of information materials (mainly leaflets and posters) at banks, travel agents, health centres, the Passport Office, ferry terminals and airports
- Advertising on the sides of buses and Adshell Advertising
- The Meteorological Office was approached to highlight the Care in the Sun message on the summer weather broadcast – a first in the UK
- Pharmacists were encouraged to be involved in spreading the message via shop window displays and distribution of information
- Professional development seminars and lectures were provided for primary care professionals
- Children were identified as a priority group of the campaign and so competitions were organised for schools around the Care in the Sun theme and a number of initiatives were started in schools. This includes an early years story book called Percy Piglet and a comic based education pack Get Sunwise, Cool for Cats for Key Stage 2. Both of these resources were evaluated and shown to be of excellent quality and effective in their aim of increasing children's knowledge of Care in the Sun.
- The Misadventures of Percy Piglet Puppet Show toured primary schools in the Eastern and Southern Board areas. The initiative was the Northern Ireland winner of the NHS 50th anniversary – NHS/Glaxo Wellcome partnership awards.

Resources: The Care in the Sun website - <http://www.careinthesun.org>

For further information contact [Care in the Sun Coordinator Sandra Gordon](#)

## **Sefton Living Shade Project**

Living Shade is a Sefton wide project to raise awareness of sun protection and prevention of skin cancer via the use and development of natural shade. The project primarily focuses on children and young people, who are the groups most at risk from over exposure to the sun.

The project has been funded over the last three years by Merseyside Health Action Zone and won the business section of the Groundwork 21/Merseyside Health Action Zone Sustainable Health Awards in February 2002.

The project involves the active participation of school, pre-school, community groups, youth centres, NHS and other workplace sites and aims to:

- Provide shade for children and their carers in places where they learn, gather and play. This includes the provision of seating in existing shaded areas, tree planting and creating living willow structures
- Disseminate sun awareness information to raise public awareness of the dangers of over exposure to the sun and encourage the adoption of sun safety techniques during the summer months

- Cascade basic willow weaving skills to local people and facilitate the further provision of Living Shade in Sefton
- Enhance the image of the local environment and provide natural habitats for wildlife

Sefton Health Improvement Support Service has also developed a short train-the-trainer session workshop and resource pack for key Sefton agencies working with populations at risk of skin cancer including children, young people and outdoor workers.

Resources: Living Shade Project website – <http://www.livingshadeinsefton.co.uk>  
 Be Sunsible – Sun Safety Training - <http://www.livingshadeinsefton.co.uk/SUN.pdf>

### **City of Sunderland Skin Cancer Symposium**

The City of Sunderland organised a skin cancer symposium in March 2005. The event was sponsored by the Social Services and Health Review Committee (the local Overview and Scrutiny Committee) and supported by Sunderland Teaching Primary Care Trust, CIEH, Cancer Research UK and the Sunbed Association.

The rates of skin cancer in Sunderland are higher than both the national and northern England averages and recognising the Council's role as community leader the symposium was organised to take a City-wide approach to tackling this issue. The one day event brought together representatives from the local council, health agencies and local businesses which all have a role to play in raising awareness to the risks of skin cancer.

Following a morning of presentations looking at the view from the GP's surgery, the national SunSmart campaign, the work of the Sunbed Association and an interactive play with local school children, the afternoon session consisted of 'Table of Interest' discussions. 'Tables of Interest' discussions enabled those with a similar interest to talk about the things that were important to them. Feedback sessions then enabled the information to be shared with all delegates.

Resources: [Safe Skin - Flyer](#)

Background report sent to the Social Services & Health Review Committee on 19 January 2005, is available on the City of Sunderland website at – <http://www.sunderland.gov.uk/public/editable/themes/citycouncil/committee-minutes/SocialServicesandHealthReviewCommittee/default.asp>

[Report of the Symposium sent to the Social Services & Health Review Committee on 20 April 2005](#)

For further information contact Paul Staines at the [City of Sunderland](#)

### **City and County of Swansea**

The City & County of Swansea have undertaken a wide range of Sun Know How activities which include:

- Tour of local sun spots with the Melanoma Awareness Campaign exhibition. This is a local charity and council staff along with the screening unit and dermatology nurses staffed the stand.
- Staged a series of Melanoma Days in partnership with Singleton Hospital dermatology unit. These were open days where members of the public could drop in for screening without the need for an appointment.
- Signage with the sun safety messages has been arranged at all beach information points.
- Regular displays have been erected at council and public sites.



- Workbooks and sun safety advice has been given to all playgroup staff.
- In 1998 the environmental health department set up a Sun Safety Action Group composed of officers from each council department. The aims of the group were to recognise the roles that the authority could play in both educating people about the dangers of excessive exposure to the sun and providing shade and shelter in local amenities and public places.

For more information contact [City & County of Swansea](#)

## **4.2 Interventions in recreational and tourism settings**

Outdoor recreational and tourism settings are particularly important targets for skin cancer prevention interventions. They offer the opportunity to target educational programmes at vulnerable individuals with high risk behaviours who are actively seeking the sun and facilitate behavioural change by providing shade.

Interventions in leisure and tourism settings include actions undertaken by the local authority to ensure municipal outdoor spaces and events are targeted, as well as work undertaken with commercial sports clubs, events organisers etc.

### **4.2.1 Evidence**

Intermittent exposure to the sun has usually been equated with recreational exposure. Most studies show convincing trends towards increasing risk of melanoma with increasing recreational exposure to the sun. However, some studies found only weak associations between time spent sunbathing or time spent at the beach with incidence of melanoma (National Health and Medical Research Council, 1996).

The US Independent Task Force on Community Preventative Services review of community-based skin cancer interventions, identified that there was sufficient evidence of the effectiveness of educational and policy interventions in improving adult sun protective behaviour. However, in contrast, there was insufficient evidence to determine the effectiveness of such approaches in improving children's sun protective behaviour (Glanz and Saraiya, 2005).

The National Health and Medical Research Council of Australia (1996) reviewed the evidence based practice for facilitating behavioural change and recommended that a combination of educational and structural programmes were necessary. Behavioural change advocated in educational activities can be facilitated by providing resources and structures, and appropriately organising activities. Providing shade at outdoor venues, making sure sunscreen is available and scheduling outdoor events away from peak UV hours are examples they cited.

### **4.2.2 Underlying principles**

- Raising public awareness of sun safe behaviours
- Developing and implementing shade provision policies and guidelines for local government facilities and amenities and for sports clubs and other commercial organisations
- Encouraging and assisting training on the need for sun protection in the outdoor environment for outdoor recreational management and workers
- Repeating interventions to reinforce messages and to maximise numbers of the community receiving messages
- Implementing structured evaluation programmes

### **4.2.3 Components**

Interventions to increase sun protective knowledge, attitudes and behaviours among adults and children in recreational and tourism settings include:

- Provision of educational materials including posters, pamphlets and photographs of skin cancer lesions
- Sun safety lessons, interactive activities and incentives for parents and children
- Increasing provision of shaded areas using temporary shade structures where adequate permanent shade is not available
- Sun safety training of, and role modelling by, outdoor recreation staff
- Scheduling outdoor events away from peak UV period
- Implementation of sun protection policies and shade guidelines including provision of technical assistance to parks and recreation management
- Surveys of local areas to determine how much shade exists and what can be done to improve shade at each location
- Encouraging patrons, officials, volunteers etc working in outdoor leisure environments to routinely wear sun protective clothing
- Reviewing existing planning and licensing procedures to assess how the need for shade can be integrated into these processes
- Including shade provision in development and building applications

#### **4.2.4 Further sources of information**

Longfield J. (1998). *Skin cancer prevention: policy guidelines for local authorities*. Health Education Authority

Cancer Council South Australia

SunSmart Guidelines for sporting and recreational environments - <http://www.cancersa.org.au/i-cms?page=1.6.35.740>

Planning outdoor events checklist - [http://www.cancersa.org.au/i-cms\\_file?page=35/outdooreventsApr05.pdf](http://www.cancersa.org.au/i-cms_file?page=35/outdooreventsApr05.pdf)

Cancer Society New Zealand

How to be SunSmart in planning your outdoor event factsheet - [http://www.cancernz.org.nz/Uploads/IS\\_SP\\_Planningoutdoorevent05.pdf](http://www.cancernz.org.nz/Uploads/IS_SP_Planningoutdoorevent05.pdf)

For sources of information on the provision of shade please see Chapter 2.

#### **4.2.5 Examples of local interventions**

##### **CIEH Beat the Burn**

In 2004, CIEH joined forces with several local authorities in Wales to support a series of skin cancer awareness campaigns. The campaign focused on the Cancer UK SunSmart behavioural code and targeted young people and parents. The interventions were based in recreational settings and primary schools. The Welsh Assembly Government supported the campaign by providing bi-lingual leaflets and Lloyds Pharmacy supplied 35,000 sachets of sunscreen. The campaign was run by Merthyr Tydfil, Ceredigion, Anglesey, Wrexham, Powys, Bridgend and Carmarthen. Due to the individual nature of each campaign, they are described independently in the listings below.

For further details contact Julie Barratt – [j.barratt@cieh.org](mailto:j.barratt@cieh.org)

##### **Anglesey's Four Seasons of Safety and Beat the Burn Campaigns**

In 2003 Anglesey ran a Four Seasons of Safety Campaign and throughout the summer months emphasis was placed on garden / sun safety issues. A garden safety week was organised as a focus for events and a full page advert taken out in a local paper which emphasised the SMART sun safety code. To coincide with the garden safety week a letter was sent to all primary schools

reminding them of the risks of sun exposure and inviting them to take part in a competition to design a sun safe logo for sun safety posters, beach display boards and tea towels.

In 2004 Anglesey launched their Beat the Burn – Rhowch ail a'r Haul campaign which ran throughout the summer and focused on the county's blue flag award beaches.

A launch took place on Benllech beach in July which was widely publicised using a press release sent to local media outlets and by attendance at a local primary school emphasising the “cover up and use a high factor sunscreen” message. Leaflets, posters and free samples of sunscreen were handed out at this and subsequent events. An A board using the logo from the Four Seasons Safety campaign competition was placed on the slip road of all beaches. This had the sun safety message on one side and a white board on the back for posting messages such as high and low tide times.

Resources: [Garden safety week poster](#)  
[Letter to primary schools](#)  
[Beat the Burn press release](#)  
[Newspaper article](#)  
Beat the Burn [poster](#) and [poster back](#)  
[Picture of A board](#)

For further information contact the [Isle of Anglesey County Council](#)

### **Blackpool Shun the Sun Campaign**

Blackpool health visitors coordinated a sun awareness campaign in 2003 which they called Shun the Sun. The campaign focused on shade, protective clothing and the use of sunscreen products. The main components of the strategy adopted were:

- Individual contact with families of children under 5 - promotional packs containing hats, Shun the Sun fridge magnets, Shun the Sun leaflets and Imperial Cancer Research leaflets were distributed by members of the health visiting team to all children at 18–24 month and 36-42 month contact.
- Leaflets provided to the Walk in Centre - for distribution to every family attending with a child under 16.
- Public health events - held throughout the school holidays in local shopping centres, supermarkets and large department stores, health centres and on Blackpool's promenade. At each of these, leaflets, balloons and fridge magnets were given out.
- Leaflets, along with a covering letter, were also sent to all GP surgeries and medical centres.

The venues chosen gave access to a large number of people. Over a period of 7 days 2,900 leaflets were given out and 3,800 people were targeted.

Funding for the leaflets and promotional goods came from the PCT community budget fund.

A campaign strategy and evaluation report is available.

For further details of this campaign contact [Blackpool NHS Primary Care Trust](#)

### **CIEH Norfolk Branch**

The Norfolk branch of CIEH has a stand every year at the Royal Norfolk Show. In 2003 the theme was safety in the sun and the initiative targeted children. Promotional items such as posters and leaflets advising on how to be safe in the sun were available, plus face-painting with sunscreen and a word search competition. Prizes included a sun-shelter tent, sheltered paddling pool and sunscreen tubes. The stand was one of the busiest at the show and it was also the only place on the showground where sunscreen was available.

For further information contact Ivor Bartram – [ivor.bartram@broadland.gov.uk](mailto:ivor.bartram@broadland.gov.uk)

### **Gosport BC Annual Beach Safety Roadshow**

Gosport Borough Council in partnership with the Fareham & Gosport PCT holds a beach safety roadshow every year at two local beaches. The aim of the event is to provide information on all aspects of beach safety with the main focus being promotion of safety in the sun. A range of promotional items including children's sun hats and sunscreen are given out and dermatology nurses from Portsmouth Hospitals Trust attend all four days.

Funding for the event comes from Fareham and Gosport PCT and local sponsors.

Resources: [Beach safety roadshow evaluation report](#)

For further details contact [Fareham & Gosport PCT](#)

### **Wrexham Beat the Burn**

Wrexham promoted the Beat the Burn campaign at a series of health events over the summer of 2004, including Sport's Relief Day, country park community fun days and National Play Day where over 500 children attended. Promotional resources included display boards, posters, leaflets and free sachets of sunscreen. The local media were approached to publicise the event and this culminated in articles in local newspapers and discussions on local radio stations. The Wrexham Council webpage also hosts the sun safety message.

Resources: Council webpage -  
[http://www.wrexham.gov.uk/english/council/news/beat\\_burn.htm](http://www.wrexham.gov.uk/english/council/news/beat_burn.htm)  
[Picture of display board and other promotional materials](#)

For further information contact [Wrexham CBC](#)

## **4.3 Interventions targeting sunbed usage**

### **4.3.1 Evidence**

There is as yet no peer reviewed evidence base for interventions targeted at sun tanning establishments. However, many local authorities, as described below are implementing strategies to target the health and safety of establishments and to raise awareness with the public of the risks of sunbeds. In the long term these studies will contribute to developing the evidence base.

### **4.3.2 Underlying principles**

- Ensuring that establishments providing sun tanning facilities meet current health and safety requirements
- Raising awareness of owners and staff of the potential dangers of sunbed usage and of their obligations to ensure customer safety
- Raising public awareness of the potential dangers of sunbed usage

### **4.3.3 Components**

- Surveys of sun tanning establishments in the local area to assess current levels of knowledge of owners and staff
- Production of promotional materials for owners of sun tanning facilities and for distribution to customers
- Advertising campaigns to highlight the potential dangers of sunbed usage
- Provision of staff training and checklists to raise inspection officers' awareness and inspection consistency

- Removal of sunbeds from local authority run premises
- Development of policies for private companies contracted to manage local authority leisure facilities

#### **4.3.4 Examples of local interventions**

##### **Bolton MBC**

A project looking at sunbed and sun tanning facilities has been set up by the Health Coordinator at Bolton MBC and PCT. The project will be undertaken through a partnership between Environmental Health, Trading Standards and Public Health in the PCT.

The project was developed in response to a Consumer Association investigation which found that tanning clubs and sunbed shops are failing to give proper advice to persons using their facilities. The investigation also found that in some local authorities, full safety checks are not being carried out, thus increasing the risk of users damaging their skin.

The project has a number of themes:

1. Health and Safety - the health and safety database will be updated for outlets such as hairdressers, beauty salons and health and fitness clubs. These will then be visited with a checklist and questionnaire
2. Production of promotional materials - leaflets, posters etc. and a credit card style handout will be provided to owners of sunbed facilities for distribution to customers
3. Targeting schools through the PCT senior health promotion officer. This will include staging of a drama production looking at the dangers of sunbed use and reinforcing the importance of covering up, using sunscreen etc.
4. Looking at the sale and use of sunscreen as a possible joint project with Trading Standards

For further information contact [Alf Barker at Bolton MBC](#)

##### **City of Bradford MDC**

In 2004 the environmental health department of the City of Bradford MDC carried out a project to inspect all known private business providing ultra-violet sun tanning equipment for public use. The project received a Highly Commended Award in the 2004 HELA Innovation Awards.

The objectives of the inspection programme were to:

- Identify all relevant businesses in the district – desktop ‘yellow pages’ style searches were undertaken. Many establishments offered tanning as a subsidiary activity including beauty parlours, hairdressers, amusement arcades and even a cheque cashing business
- Assess the current level of knowledge of proprietors and staff
- Provide businesses with current guidance on sunbed safety
- Raise the standards of businesses to the best possible level, including the standard of information provided to clients, and the provision and maintenance of equipment.

Approximately 120 sun tanning establishments were visited, all received a written report following inspection and many were revisited after a two to three month period to ensure standards had improved.

As a result of this work, the authority now has an accurate up-to-date premises database which includes details of the type of sunbeds used at each premises and there has been a positive change to safer practices in many businesses. Improvements include the elimination of unlimited use of sunbeds offers such as £10 for a week, improved user records, better maintenance programmes and record keeping and warning advice given out by all establishments to users exceeding the recommended 20 sessions per year.

Resources: [Project report](#)  
[Inspection record](#)  
[UV tanning equipment common contraventions](#)  
[UV tanning equipment standard paragraphs](#)

For further information contact Geoff Twentyman or Nigel Coates at [Bradford MDC](#)

### **Chichester DC**

In 2004, as part of an initiative to tackle the rise in skin cancer, Chichester DC environmental health department undertook a programme of targeted health and safety inspections of private sector sun tanning establishments. The methodology was based on the HELA award winning Bradford project discussed above.

The survey found that over 60% of the establishments inspected failed to follow the HSE guidance on how to minimise the risk from the use of UV tanning equipment. Failings included: untrained staff who were unable to screen and brief clients about the hazards and appropriate precautions to take; inadequate provision of suitable eye protection; no procedures in place to prevent children under the age of 16 from using the equipment; and inadequate client record keeping.

All establishments were advised of their duty under Health and Safety legislation, advice was given on how to remedy any problems encountered and information and guidance were provided where necessary.

To raise public awareness about the potential risks of sunbed use, the results of the survey were widely publicised across the district. This included a press release, radio interviews and an article in the free local authority magazine sent to all residents which provided safety advice on cosmetic tanning.

Resources: [UV Tanning Equipment Safety Inspection Checklist and Form](#)  
[Publicity photograph](#)  
Initiatives article available from Chichester DC website -  
<http://www.chichester.gov.uk/documents/upload/Init28%5Fp17%2D20%2Epdf>  
Advice on tanning facilities on the Chichester DC website -  
[http://www.chichester.gov.uk/live/tanning\\_equipment.cfm](http://www.chichester.gov.uk/live/tanning_equipment.cfm)

For further information contact David Gibson at [Chichester DC](#)

### **Leeds City Council**

Paul Barnwell Senior EHO in Leeds Health and Safety Department has completed an MSc research project entitled "Sunbed Salons: An investigation into the knowledge of the risks and precautions taken by proprietors of sunbed salons in the City of Leeds".

The aims of the study were to determine and evaluate the current level of understanding of the knowledge of the risks and precautions taken by proprietors of sunbed salons in the City of Leeds by:

- Quantifying the number and type of premises in the private sector which offer sunbeds to the public in the Leeds City Council's authority
- Investigating the existing legislation and controls that address the health and safety of sunbed salons in the UK
- Investigating the current extent of knowledge, information and precautions already in place in Leeds sunbed salons including the use of risk assessments
- Determining whether adequate information and training is available and being used in the sunbed salons of Leeds

- Investigating methods of producing information and educational systems to ensure information and training materials are available in Leeds sunbed salons
- Using the information collected from the literature review and structured interviews / questionnaire to produce a Code of Practice for sunbed salons

The study concluded that in general the staff seemed to have received very little training as evidenced by their inability to provide more than superficial information. The operators did recognise some of the health issues and potential risks related to sunbed use. However many of these issues have been widely publicised through various media and industry sources e.g. that over exposure to sunbeds can cause skin cancer. The operators appeared to lack any depth of understanding or knowledge of sunbeds - how they work, potential hazards and associated risks and the wider health implications of short and long term use.

As a result of this work, Leeds City Council has addressed the issue of health and safety in sunbed salons by:

- Providing in-house staff training to raise officer awareness and inspection consistency
- Producing a short aide-memoire for staff
- Production of a colour leaflet providing advice to salon owners
- Production of a Sunbed Salons Code of Practice

Resources: [Advice to salon owners](#)  
[Sunbed salons code of practice](#)

For further information contact [Paul Barnwell](#) at Leeds City Council

### **Northern Ireland Care in the Sun**

The Northern Ireland Melanoma Strategy Implementation Group has campaigned for the last five years against the use of sunbeds and pushed for their removal from local council health and fitness centres. As at March 2005, 23 of the 26 authorities in Northern Ireland do not provide such appliances on their premises.

There appears to have been a proliferation in the numbers of private sector operators in recent years and in response to this many authorities are carrying out surveys to identify the extent of the problem and to consider possible future action. The Melanoma Strategy Implementation Group is producing an advisory leaflet for the general public in relation to the use of sunbeds. Once complete this will be posted on the Care in the Sun website.

Resources: [Sunbeds - Potential health risks](#). Rationale for removal from Northern Ireland District Council leisure facilities

For further information contact [Tom Crossan at Belfast City Council](#)

### **Redcar & Cleveland Borough Council Sun Tanning Survey**

In 2002 Redcar & Cleveland BC undertook a survey of sun tanning premises to identify the number and location of sun tanning booths within the borough; assess the level of compliance against the HSE guidance leaflet INDG 209; provide free laminated copies of the HSE leaflet and make recommendations on good practice to employers.

All premises providing sun tanning booths were inspected between May and December 2002 using an inspection checklist based on the HSE guidance. The survey revealed that the number of premises containing sun tanning booths had dramatically increased over the last 2-3 years, this increase was seen in both dedicated solariums and in the number of other businesses which provide tanning booths in addition to their main activity. Tanning booths were found in some very unusual locations including a public house and a carpet shop.

Generally it was found that there was very limited training of employees which was often little more than that provided by the manufacturers on the operation of the booths. Whilst staff were aware of the hazard of burning, awareness of other health hazards, particularly the vulnerable nature of the eyes, was limited. None of the businesses in Redcar & Cleveland were members of the Sunbed Association and procedures for new clients varied widely. Many establishments did not carry out any skin assessment before allowing equipment to be used and many had no written information on the safety of tanning premises. Operators were asked to provide a figure for the average number of sessions per week for their regular users. In the vast majority of premises the HSE recommended 20 sessions per year was exceeded. The average usage of tanning booths was three times per week, which equates to 156 sessions per year.

As part of the survey the Health & Safety Team gave advice and information to the operators of tanning booths. Further unannounced visits have been made to these premises since the survey and in general standards have improved with more operators following the guidance provided within INDG 209. The Health and Safety Team have also contacted a local manufacturer of sunbeds and provided advice, contact information for the Health & Safety Team and copies of INDG 209 which are passed on to businesses when they first purchase or lease a sunbed from this manufacturer.

Resources: [Results of the Sun Tanning Survey](#)  
[Inspection Checklist](#)

For further information contact Andrew McKenna at [Redcar & Cleveland BC](#)

### **Stockton-on-Tees Borough Council Develop A Tan – Nothing Else Campaign**

During the summer of 2004 the potentially lethal legacy of using sunbeds was the subject of a campaign run by Stockton Borough Council. The Develop a Tan – Nothing Else campaign aimed to hammer home the message that sunbeds should be used sensibly. Posters and leaflets were distributed to tanning salons and other outlets including Asda supermarkets and beer mats were distributed to town centre pubs, clubs and health clubs across the Stockton area.

A media campaign was spearheaded by Samantha Broadbent, a local mother of two who is suffering from skin cancer. The story of how she bought 18<sup>th</sup> birthday cards for her two young children, in the knowledge that she will not be around to celebrate with them, was featured in the local press and commercials were run on both Century and Galaxy radio stations, featuring Samantha. Samantha also addressed tanning salons directly at the campaign launch day.

The campaign, subject to finance, will be developed over the summer of 2005 with further media promotion including TV work.

Resources: [Press release](#)  
[Radio Commercial](#)  
[Solaria A3 Poster](#)  
[Beer Mat](#)  
[Sunbed Salons A5 leaflet - sheet 1](#)  
[Sunbed Salons A5 leaflet – sheet 2](#)  
[Window Sticker](#)

For further information please contact [Rob Llewellyn of Stockton BC](#)

### **Taunton Deane Borough Council**

During the summer of 2004, Taunton Deane Borough Council's health and safety team carried out a sunbed targeting initiative. Taking a 'mystery shopper' approach, the team visited solaria and other premises offering UV sun tanning treatments across the borough. The mystery shopper who called at establishments enquiring about sun tanning sessions was in the high risk group with contraindicative skin colour.



Premises found to give inadequate advice were identified and letters were sent to all premises offering these treatments informing them of the expected standards. Follow up visits will be made to ensure that the advice given is being followed. Enforcement action will be taken where necessary to ensure that businesses act responsibly and adhere to the safety standards.

Resources: Press release –  
<http://www.tauntondeane.gov.uk/tdbcsites/council/press/pressreleases/actiontake%20toensureuvsuntanningmeetsstandards.pdf>

For further information please contact [Yvonne Crellin at Taunton Deane BC](#)

### **Warrington Borough Council Project on Health Risks in Solaria**

The health and safety enforcement team at Warrington BC undertook a project looking at the health risks in solaria during 2004. The aim was to assess the quality of information and guidance provided by solaria staff to prospective customers. A two stage approach was taken, initially officers visited premises posing as paying customers and noted the adequacy of information and advice given to them as new users during the visit. Areas of concern were recorded and discussed during a second, formal inspection of the solaria by prearranged appointment. The formal visit questionnaire was based on a visit sheet prepared by Bradford MDC.

Forty two establishments were visited and none complied adequately with expected health and safety requirements. More than half the salons scored less than 30 out of a hundred. Failings identified included lack of basic cleanliness and provision of protective goggles, poor or nonexistent assessments of skin type and exposure times, the unsafe use of equipment and a lack of warning notices and staff training. Results of the survey formed the basis of a press campaign to raise awareness amongst the general public of the potential dangers of sunbed use.

Resources: [Project plan for health risks in solaria](#)  
[Solarium initial assessment survey sheet](#)  
[UV tanning equipment inspection record](#)  
[UV tanning equipment leaflet](#)

For further information please contact [Lesley Williamson at Warrington BC](#)

## **4.4 Interventions in the school setting**

The school setting is particularly important for skin cancer interventions as excessive UV exposure during childhood and adolescence increases the risk for skin cancer in adulthood. Young people spend a substantial proportion of their lives in schools and need to be protected from exposure to UVR during this time. Schools can also teach students the knowledge, motivation and skills they need to adopt and maintain sun safe behaviours throughout their lives.

### **4.4.1 Evidence**

Research indicates sunburn or intense sun exposure in childhood increases the risk of developing skin cancer in later life (Dulon *et al.*, 2002; Whiteman *et al.*, 2001; Elwood and Jopson, 1997; Gallagher 1997; Kricker *et al.*, 1994; Westerdahl *et al.*, 1994; Weinstock *et al.*, 1989). A history of one or more blistering sunburns (an indicator of intense UV exposure) in childhood or adolescence has been found to increase the risk of developing basal cell carcinoma and melanoma as an adult (Armstrong, 1997; Gallagher *et al.*, 1995; Kricker *et al.*, 1995; Whiteman and Green, 1994).

There is also evidence that frequent occurrences of sunburn during childhood can increase the formation of moles, which is an important risk factor for the occurrence of malignant melanoma later in life (Dulon *et al.*, 2002; Armstrong 1997).

Furthermore, children spend a considerable amount of time outdoors and it is estimated that they acquire more than half of their lifetime UV dose before the age of twenty (Greinert *et al.*, 2003; Marks *et al.*, 1990).

Schools can play a substantial role in reducing exposure of young people to UVR from the sun during school hours and they offer the opportunity to reinforce the sun safety messages and to try and educate young people against the current trend of seeing a tan as attractive and healthy. A recent review of sun protection found that adolescents have the lowest skin protection rates of all age groups (Warren *et al.*, 2004). Young people are more likely than older people to get sunburnt and are the heaviest users of sunbeds (Rainford *et al.*, 2000).

School based health education can increase young peoples' health-related knowledge and contribute to the development of healthy changes in attitudes and behaviours (Buller, 1999; Lynagh *et al.*, 1997). The US Task Force on Community Preventative Services evidence-based review of the efficacy of interventions for sun protection recommended that there was sufficient evidence that educational and policy approaches in primary schools could change children's sun protective or cover up behaviour. They also found sun protective behaviours were increased by school based programmes aimed at all ages, although the evidence was not as strong as that for primary schools (Saraiya *et al.*, 2003).

To be most effective and efficient, school based interventions for skin cancer prevention should be implemented as part of a whole school approach. A coordinated school programme includes curriculum/teaching based approaches as well as extra curricular activities and integrates health education, a healthy school environment, physical education, school health services and health promotion for faculty and staff as well as involving families (Glanz *et al.*, 2002; Lister-Sharp *et al.*, 1999).

Intensive curriculum-based interventions that use lesson material, in-class activities and homework over several weeks have been shown to significantly increase sun safe knowledge, improve attitudes about tanning, sunscreen use, and the use of protective clothing over long periods. Short, one-off information sessions have increased knowledge, but have been far less effective at changing behaviour (Buller and Borland, 1999; Lister-Sharp *et al.*, 1999; Buller *et al.*, 1994; Girgis *et al.*, 1993).

#### **4.4.2 Underlying principles**

- Establish comprehensive sun protection policies. This is an important step towards encouraging good health in line with the National Healthy School Standard
- Include skin cancer prevention as part of a comprehensive health education curriculum
- Provide health education to teach students the knowledge, attitudes, and behavioural skills they need to prevent skin cancer. This education should be age-appropriate and linked to opportunities for practising sun-safe behaviours
- Provide and maintain physical and social environments that support sun safety and are consistent with the development of other healthy habits. The provision of sufficient shade for outdoor spaces in school grounds is very important
- Involve family members in skin cancer prevention efforts
- Include skin cancer prevention knowledge and skills in the professional development of teachers, physical education teachers, school nurses, and others who work with students
- Periodically evaluate whether schools are implementing effective skin cancer prevention strategies. Evaluation should include policies, environment, education, family involvement, professional development, and school health services
- It is not appropriate or feasible for every school to implement all of the above recommendations. Schools should determine which recommendations have the greatest priority based on the needs of the school and the students, and the available resources

Based on the CDC guidelines for school health programmes (Glanz *et al.*, 2002).

### 4.4.3 Components

- Establish school polices to reduce exposure to UVR
- Incorporate sun protection into the school curriculum for all ages
- Actively promote sun protection to pupils in other ways including assemblies, workshops, interactive activities and during sports education
- Use peer educators to teach pupils about sun safety
- Provision of educational materials such as booklets and posters. These should be distributed to all pupils and be visible throughout the school environment on notice boards etc.
- Provide training for teachers and other school staff on the importance of sun protection
- Encourage all adults to be sun safe role models
- Recognise staff and students who practice sun safety
- Encourage scheduling of outdoor activities during times when the sun is not at peak intensity, where possible
- Modify timetables during the summer term by extending morning breaks and shortening lunch breaks to avoid midday sun
- Assess the need for shade in outdoor locations, identifying opportunities to extend or create new shaded areas
- Move seats and equipment to shady areas
- Ensure organised activities make use of the shade available
- Consider shade in the design of new schools
- Educate and inform parents about the importance of sun protection, about school initiatives and policies and involve them wherever possible
- Encourage or require pupils to wear protective clothing, hats and sunglasses and establish sunscreen routines before going outside
- Establish parental permission for teachers to supervise application of sunscreen
- Only factor 15+ sunscreen should be used in school
- Ensure there is a school stock of sunscreen for pupils who forget/cannot afford their own
- Develop partnerships with commercial companies to enable schools to provide sunscreen free of charge for all pupils
- Periodically evaluate whether schools are implementing skin cancer prevention guidelines

### 4.4.4 Further sources of information

Cancer UK SunSmart schools initiative:

School policy guidelines for pre-schools and nurseries, primary schools and secondary schools including checklists for developing a policy, sample school policies and sample letters to parents

The SunSmart website also includes a page for teachers and provides information and ideas on how to introduce sun safety into the school -

<http://www.cancerresearchuk.org/sunsmart/schoolsandchildren/?version=2>

The World Health Organization “Sun protection in schools: An educational package to protect children from ultraviolet radiation” provides the following publications:

Sun protection and schools: how to make a difference

Sun protection: a primary teaching resource

Evaluating school programmes to promote sun protection

<http://www.who.int/uv/publications/sunschools/en/>

Health Education Authority:

Sun safety guidelines for schools –

<http://www.publichealth.nice.org.uk/page.aspx?o=502383>

Sun safety guidelines for schools photocopyable resources –

<http://www.publichealth.nice.org.uk/page.aspx?o=502385>

The use of sunscreens in schools: a good practice guide -

<http://www.publichealth.nice.org.uk/page.aspx?o=502329>

Northern Ireland Care in the Sun –

Schools web pages – [http://www.careinthesun.org/schools\\_teaching.html](http://www.careinthesun.org/schools_teaching.html)

Teaching downloadable resources – <http://www.careinthesun.org/downloads.html>

NHS Scotland -

Providing shade for schools webpage –

<http://www.show.scot.nhs.uk/sunaware/shade/main.htm>

Sunwise.

A teaching resource for primary and secondary schools. It includes lesson activities as well as downloadable resources including adverts and posters for use in class, and a factfile for teachers on sunburn and skin cancer -

<http://www.mindbodysoul.gov.uk/sunwise>

#### **4.4.5 Examples of local interventions**

##### **Birmingham City Council Sun Safety Campaign**

Birmingham City Council runs an annual sun safety campaign and in 2004 this targeted young children between the ages of 0-3. The main thrust of the work was undertaken through nursery schools which were given advice on ways to protect children from the effects of the sun. Letters with a questionnaire asking what measures were currently being taken to protect their pupils, and a promotional sun safe poster, were sent to all nurseries. Responding nurseries were sent a sun safety charter poster and entered into a draw for prizes such as a sun canopy, sets of hats etc. Environmental health practitioners were asked to include sun safety in their annual inspections of nurseries, and Ofsted included the poster in one of their publications.

To support this nursery school based intervention, posters were also displayed on 90 road side sites. In 2004 the poster was designed by the council, but in 2005 a new poster will be based on the winning design from a poster competition which will be open to all secondary schools in the region.

The public health team also have a stand at the Council's Discovery Day and Environment Day events, which includes a display of the Sun Safety Campaign materials.

Resources: [Letter to nurseries](#)  
[A4 poster for nurseries](#)  
[Sun safety questionnaire](#)  
[Nursery school certificate](#)  
[Roadside poster](#)

For further information contact [Zoe Allen at Birmingham City Council](#)

##### **Ceredigion Beat the Burn**

In July 2004, Ceredigion ran a Beat the Burn day to raise awareness about the hazards associated with exposure to the sun. A letter was sent to all primary schools in the county highlighting the risks of sunburn and promoting the Cancer Research UK's 10 tips to help protect children in the sun. A media event was organised at Aberaeron Primary School where Chris Jones, weather

presenter with S4C, the Welsh language television channel, spoke to children, teachers and parents about precautions against sunburn. Children tried on different hats, oversized t-shirts and sunglasses, and were given postcards, leaflets and free sachets of sunscreen.

Resources: Letter to primary schools – [English](#) and [Welsh](#) language versions  
Letter to parents of children at Aberaeron Primary School asking permission to film the children and to apply sunscreen.- [English](#) and [Welsh](#) language version

For more information contact [Huw Williams at Ceredigion County Council](#)

### **Congleton Borough Council Be Safe in the Sun Campaign**

Congleton's Be Safe in the Sun campaign started with an informative article on sun safety published in the Council's spring newsletter 2004 which is sent free to all residents and council tax payers. This was followed up by producing a colourful information leaflet aimed at children and promoting sun safe behaviour. The leaflet was distributed, along with Cancer Research UK awareness posters, to all primary and secondary schools in the district and to GP surgeries. Every child up to year 8 was provided with a personal copy and year 8 upwards were asked to study the information leaflet in their health and citizenship lessons. The leaflet also proved popular with pre-schools many of which also requested copies.

A display of the Be Safe in the Sun information also toured local sports centres, information centres and libraries so that members of the public were made aware of the campaign. A customer panel undertaken in 2005 asked the question "Were they aware of a campaign run by environmental health section on sun safety" and 53% of the panel had heard of the campaign.

Resources: [Be Safe in the Sun information leaflet](#)

For further information contact [Kathy Cornford at Congleton Borough Council](#)

### **NHS Fife & NHS Tayside Keep Yer Shirt on Project**

The NHS Fife and NHS Tayside Keep Yer Shirt On project aims to raise the awareness of the importance of skin cancer prevention and reduce the risk of sunburn in pre-school children. The three year project started in April 2002 and has been funded from the New Opportunities Fund. A project coordinator and steering group of representatives from dermatology, early education and childcare are progressing the work.

The main features of the project are:

- Workshops for nursery staff, childminders and other carers, lasting 2.5 hours, allowing staff to explore how best to raise sun awareness with the children in their care and with parents. Staff develop an action plan to implement changes in their workplace. Over 400 staff representing 185 childcare centres have attended the workshops
- Work with parents of pre-school children, through focused visits and presentations to parents attending nursery induction days
- Provision of literature to carers of pre-school children in the form of a resource pack, posters and postcards designed as part of the Keep Yer Shirt on project. UV sensitive badges and window stickers are also available to reinforce the message
- Sun awareness website developed as a resource for all carers of young children - [www.sunawareness.org.uk](http://www.sunawareness.org.uk)
- All pre-school childcare establishments were encouraged to develop and implement a sun awareness policy - examples of draft policies are available on the sun awareness web pages
- Provision of shade structures in nurseries and playgroups was supported by the provision of a free standing Gazebo for all establishments returning evidence of policy implementation

For further information contact [Sheila Robertson](#)

## **Merthyr Tydfil Pink Nose Day**

This initiative developed by Merthyr Tydfil Council in partnership with the CIEH formed the blueprint for the national Welsh Beat the Burn campaign of 2004. The project was set in schools and encouraged youngsters to protect against the sun, cover up with a hat and sunglasses, seek shade during peak sunlight hours, use sunscreen and drink plenty of water. 13 schools participated in Pink Nose Day, posters and classroom activity material were made available through the public health team of the local health board and sunscreen samples were donated by Lloyds Pharmacy. Children were encouraged to apply a pink sunscreen on their nose for the day.

Resources: [Letters:](#)  
Letter to head teachers inviting them to participate in Pink Nose Day  
Letter to parent/carer asking for permission to apply sunscreen  
[Evaluation questionnaire circulated to participating schools](#)  
[Pink Nose Day A4 Poster](#)

For further details contact [environmental health at Merthyr Tydfil CBC](#)

## **North Shore City, New Zealand, SunSmart Walking School Buses**

In New Zealand a popular intervention for promoting physical activity amongst school children is the 'walking school bus', where children walk together to school accompanied by volunteer parents. In North Shore City this intervention has been combined with the New Zealand Cancer Society's Tiger the Prawn SunSmart message of Slip, Slop, Slap and Wrap. Walking school bus parent volunteers carry a Cancer Society UV Index Card and children learn when the UV rays are at their highest. The Cancer Society also provides sunscreen for the walking school bus first aid kits and children are encouraged to cover up during their walk.

Resources: In 2001, the New Zealand Energy Efficiency and Conservation Authority (EECA) developed a kit for parents and schools to help them set up walking buses. This is available on the energy wise website - [http://www.energywise.org.nz/inmyneighbourhood/inmyneighbourhood\\_walkingbuses\\_howtostart.asp](http://www.energywise.org.nz/inmyneighbourhood/inmyneighbourhood_walkingbuses_howtostart.asp)  
Mouchel Parkman Plc in partnership with Hertfordshire County Council have produced a website – [www.walkingbus.com](http://www.walkingbus.com) and this provides information on UK based walking buses. There is also a pack which can be downloaded from the [www.walkingbus.com/packs.htm](http://www.walkingbus.com/packs.htm) page.

For further information on the SunSmart intervention contact [The Cancer Society of New Zealand](#)

## **Oxfordshire County Council Safe Sun Zone**

In 2004 Oxfordshire County Council launched its Safe Sun Zone initiative targeting nursery schools across Oxfordshire. The initiative is backed by both Cancer Research UK and the National Radiological Protection Board. Schools are provided with a sun safe protocol pack which includes:

- Why protection from the sun is important
- How a policy can help
- Suggestions for developing a policy
- An example of a sun protection policy
- An example letter that can be sent to parents
- Available leaflets

Resources: [Stay healthy in the sun press release](#)  
[Sun safe zone protocol leaflet](#)  
[What is the solar UV index?](#)

For further information contact [Oxfordshire Trading Standards](#)

## 4.5 Interventions in the workplace setting

The HSE considers UVR to be an occupational hazard for people who work outdoors (HSE, 2001). Interventions in the workplace setting include actions undertaken by the local authority as an employer to protect its own employees and contractors as well as interventions set in the wider community targeting outdoor workers employed by private companies or self employed.

### 4.5.1 Evidence

Epidemiological studies have shown that squamous cell carcinomas are very closely associated with long term, cumulative exposure to the sun, so outdoor workers are more likely to be at risk of developing these forms of skin cancer (Price, 1997; Diffey, 1991; Vitasa *et al.*, 1990).

Outdoor workers are likely to be male and from lower socio-economic groups. A recent study by Cancer UK found that men and those from lower socio-economic groups were least informed and least likely to report using sun-protective behaviours (Miles *et al.*, 2005).

Men are more likely than women to get sunburnt, less likely to use sunscreen and less likely to check their skin (Rainford *et al.*, 2000; Shani *et al.*, 2000). A 1998 survey in the UK found that only one in three men reported using sunscreen compared with one in five women (Office of National Statistics, 2000).

The evidence base on workplace interventions is still developing and at present there are few long term conclusive studies. However, studies in Australia have found that workplace safety campaigns can affect the behaviour of staff (Girgis *et al.*, 1994; Borland *et al.*, 1991) and health education interventions among outdoor workers in Israel have led to long term skin cancer control practices (Azizi *et al.*, 2000; Shani *et al.*, 2000).

### 4.5.2 Underlying principles

- Raising employer awareness of their obligations
- Raising employee awareness of their level of exposure to UVR in the workplace
- Supporting workplaces to develop and implement sun protection policies
- Increasing outdoor workers knowledge of sun protection
- Improving outdoor workers sun protection behaviour during work and leisure time
- Repeating interventions over a period of time
- Periodically evaluating whether workplaces are implementing effective skin cancer protection strategies

### 4.5.3 Components

Interventions to increase knowledge, influence attitudes, beliefs and intentions and change the behaviour of workers include:

- Implementation of workplace policies
- Provision of sun protection advice during routine health and safety training and inspections
- Surveys and questionnaires to assess knowledge, attitudes, beliefs and behaviour
- Sun safety training of safety officers and managers
- Sun safety training of outdoor workers
- Education of outdoor workers in early detection skills
- Peer leader modelling of sun safe behaviours

- Provision of sun protective gear and products
- Screening and assessment by dermatological nurses
- Provision of shade: provide portable shade structures; cover work areas with canopies
- Rotation of workers to ensure they are not all exposed to UVR for the full duration of peak UV

#### 4.5.4 Further sources of information

Health and Safety Executive - <http://www.hse.gov.uk/skin/sunprotect.htm>

This includes links to the leaflets “Keep your top on: health risks from working in the sun” and “Sun protection: advice for employers of outdoor workers”

Longfield J. (1998). Skin cancer prevention: policy guidelines for local authorities. Health Education Authority

Cancer Council South Australia skin cancer and outdoor work web pages – <http://www.cancersa.org.au/i-cms?page=1.6.35.536>

SunSmart Victoria sun protection in the workplace web pages – <http://www.sunsmart.com.au/browse.asp?ContainerID=1565>

Cancer Society New Zealand “workers and the sun: sun protection at work” fact sheet - [http://www.cancernz.org.nz/Uploads/IS\\_SP\\_sunprotatwork.pdf](http://www.cancernz.org.nz/Uploads/IS_SP_sunprotatwork.pdf)

WHO “Ultraviolet radiation as a hazard in the workplace” factsheet - [http://www.who.int/uv/publications/en/occupational\\_risk.pdf](http://www.who.int/uv/publications/en/occupational_risk.pdf)

#### 4.5.5 Examples of local interventions

##### **Congleton Borough Council Be Safe in the Sun Campaign**

Congleton District Council's environmental health team as part of their Be Safe in the Sun campaign (see the school setting for further details), targeted outdoor workers during the European Week for Safety & Health at Work 2004. HSE Keep Your Top On leaflets were distributed to all local builders merchants who were asked to prominently display the leaflets where all customers could see them.

For further information contact [Kathy Cornford at Congleton Borough Council](#)

##### **Vale of Glamorgan Cancer Awareness Raising for Outdoor Workers**

During the summer of 2004 the Vale of Glamorgan Council's Regulatory Services undertook an awareness raising exercise reminding people who work outdoors, and their employers to take care in the sun. Workers such as gardeners, building site workers and lifeguards were warned that they are regularly exposed to high levels of UVR and therefore stand a greater risk of contracting skin cancer than other people. The Council recommended that all employers responsible for people working outside should take the following steps to protect their staff:

- Include sun protection information in induction courses and routine health and safety training
- Cover up during the summer months, particularly around midday when the sun is at its hottest. Wear long sleeved shirts and hats with brims or flaps to protect the ears and neck
- Use a suitable sunscreen of at least SPF (sun protection factor) 15 on any part of the body you are unable to cover
- Take breaks in the shade rather than staying out in the sun
- Try to schedule work so that staff are exposed to the sun for a minimum period of time each day



- Check your skin regularly for unusual spots or moles that change size, shape or colour and seek medical advice promptly if anything causes concern

The awareness raising exercise was publicised by issuing a press release for local newspapers and by posting pages on the Council's website. Golf courses were targeted during routine inspections and the Regulatory Services Department also had a stand at the annual Vale of Glamorgan Agricultural Show. Sun safety promotional information was available along with the tips for outside workers and sachets of free sunscreen were given away. This is an annual awareness raising exercise that will be repeated again during the summer of 2005.

In addition the Vale of Glamorgan Council also post general sun safety information on their website -

<http://www.valeofglamorgan.gov.uk/Our%20Environment/Enviromental%20Health/Outdoor%20worker.aspx>

For further information contact the [Regulatory Services Department at the Vale of Glamorgan Council](#)

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## 5 RESOURCES

### 5.1 Useful websites

#### Leaflets for the general public

SunSmart Cancer UK -

<http://www.cancerresearchuk.org/sunsmart/forprofessionals/orderresources/?version=1>

Cancer Research UK cancer awareness leaflets -

<http://info.cancerresearchuk.org/ourpublications/cancerawareness/cancerawarenessleaflets/?a=5441>

Cancer Council South Australia SunSmart resources - [https://www.cancersa.org.au/i-cms\\_resource?option=category&catid=3](https://www.cancersa.org.au/i-cms_resource?option=category&catid=3)

New Zealand SunSmart information sheets- <http://www.sunsmart.co.nz/>

New Zealand SunSmart resources and publications - <http://www.sunsmart.co.nz/sunfactsinfo.asp>

WHO - <http://www.who.int/uv/resources/uvfact/en/>

#### Examples of local sun safety websites

Sefton Living Shade Project - <http://www.livingshadeinsefton.co.uk>

NHS Fife and NHS Tayside Sun Awareness website - <http://www.show.scot.nhs.uk/sunaware/>

SunSmart Cancer Council South Australia - <http://www.cancersa.org.au>

Western Australia Me No Fry campaign – <http://www.cancerwa.asn.au>

#### National sun safety websites

SunSmart UK – <http://www.cancerresearchuk.org/sunsmart/>

Care in the sun – managed by the Northern Ireland Melanoma Strategy Implementation Group - <http://careinthesun.org/>

SunSmart Australia - <http://www.sunsmart.com.au/>

Cancer Society New Zealand resources - <http://www.sunsmart.co.nz/sunfactsinfo.asp>

Centers for Disease Control and Prevention skin cancer pages - <http://www.cdc.gov/cancer/nscpep/index.htm>

#### Others

American Association of Dermatologists skin cancer pages - [http://www.aad.org/public/DermatologyA-Z/atoz\\_s.htm](http://www.aad.org/public/DermatologyA-Z/atoz_s.htm)

Health Protection Agency pages on UVR (formerly NRPB pages) - [http://www.hpa.org.uk/radiation/understand/radiation\\_topics/ultraviolet/index.htm](http://www.hpa.org.uk/radiation/understand/radiation_topics/ultraviolet/index.htm)

Met Office - UV forecasts - [http://www.met-office.gov.uk/weather/uv/uv\\_uk](http://www.met-office.gov.uk/weather/uv/uv_uk)

National Radiological Protection Board UVR pages - [http://www.hpa.org.uk/radiation/understand/radiation\\_topics/ultraviolet/index.htm](http://www.hpa.org.uk/radiation/understand/radiation_topics/ultraviolet/index.htm)

World Health Organisation - [http://www.who.int/uv/sun\\_protection/en/](http://www.who.int/uv/sun_protection/en/)

## 5.2 Useful organisations

### **Groundwork UK**

85-87 Cornwall Street  
Birmingham B3 3BY  
Tel: 0121 2368565  
Website: <http://www.groundwork.org.uk>

### **The Tree Council**

71 Newcomen Street  
London SE1 1YT  
Tel: 020 7407 9992  
Email: [Info@treecouncil.org.uk](mailto:Info@treecouncil.org.uk)  
Website: <http://www.treecouncil.org.uk/>

### **Tree Advice Trust**

Alice Holt Lodge  
Wrecclesham  
Farnham  
Surrey GU10 4LH  
Tel: 01420 22022  
Website: <http://www.treehelp.info/>

## 5.3 Contact details for case study materials

### **Isle of Anglesey County Council**

Huw Thomas  
Environmental Services  
Council Offices  
Llangefni,  
Ynys Mon LL77 7TW  
Email: [huwthomas@anglesey.gov.uk](mailto:huwthomas@anglesey.gov.uk)

### **Belfast City Council**

Tom Crossan – Principle Environmental Health Officer  
Health Development  
Tel: 028 90320202 x 3276  
Email: [crossant@belfastcity.gov.uk](mailto:crossant@belfastcity.gov.uk)

### **Birmingham City Council Sun Safety Campaign**

Zoe Allen  
Public Health  
Birmingham City Council  
581 Tyburn Road  
Erdington,  
Birmingham B24 9RF  
Tel: 0121 4642860  
Email: [Zoe.Allen@brimingham.gov.uk](mailto:Zoe.Allen@brimingham.gov.uk)

## **Blackpool Sun Awareness Campaign 2003 – Shun the sun**

Angela Wilson: Clinical Lead – Health Visitor  
Blackpool PCT  
Blackpool Stadium  
Seasiders' Way  
Blackpool FY1 6JX  
Tel: 01253 651697  
Email: [angela.wilson@blackpoolPCT.nhs.uk](mailto:angela.wilson@blackpoolPCT.nhs.uk)

## **Bolton MBC**

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