A better chance for the school nurse?  
Discussion of these results with local school nurses has raised a number of issues about the environment in which they work. For example, their room often doubles as a sick bay, so other pupils may be present and potentially listening to sensitive topics are discussed.

A Black is often close to the main thoroughfare in the school, pupils feel that they will be seen going in. Systems that require a teacher's permission to visit the school nurse, along with a perception of her as part of the establishment (and therefore chatting with teachers about her work?) may also have contributed to the lack of expectation of confidentiality.

Perhaps some further consideration needs to be given to the sitting of the school nurse's room, the access systems for her within the school, and the need for widespread publicity to pupils about confidentiality.

Following the legal changes within the 1993 Education Act, the school nurse may be the only person within a school that can offer confidential personal sexual health advice to pupils under 16. If she is not trusted by her clientele, then where can worried pupils turn for help?

Summary

- Young males see their GP less often, and, when there, discuss sexual health issues less often than young females do. They are therefore a group that particularly need sexual health education to be addressed outside primary care. How can schools help?
- Young people have discussed many sexual health topics with their teachers (probably as a class subject), but do not feel comfortable doing so. Do teachers need help (possibly specific training) when tackling these sensitive issues in class or with individuals?
- Young people feel more comfortable discussing sexual health issues with their school nurse than with their teacher. Can the school nurse be used more within schools to address sexual health issues? How can school nurses help young people to feel more comfortable when discussing sexual health issues with them?
- Young people say that it is easy to access their school nurse and that she is friendly. Despite this, they do not expect a visit to her to be confidential. Are there changes that can be made within schools that will alter this misconception?

Acknowledgments

The project leaders are very grateful to John Bolding for his invaluable advice when developing the questionnaire, and to the Northamptonshire Youth Service for piloting it. We would like to thank everyone that took part in the audit for the work they put in, and hope that the results have been useful to them. We would also like to thank the local school nurses, who have made comments about these results.

References


Now in preparation

YOUNG PEOPLE IN 1995

and

VERY YOUNG PEOPLE IN 1993-95

as well as

YOUNG PEOPLE AND DRUGS IN 1996

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Using a survey of 'smoking' information to boost the Humberside Health Promoting School Award scheme

Geoff Wolmark

East Yorkshire reaches the parts other schemes miss

The Health Promotion Department in East Yorkshire is one of four that helped in the development of the Humberside Health Promoting School Award scheme (HPSA) alongside the Local Education Authority. The scheme has been piloted and running for some years with schools gaining the Award during the piloting phase, five gaining it since, and a further 15 schools working towards the Award at present.

As there are some 500 schools in Humberside, it can be seen that we need to reach those parts that ordinary schemes do not.

The East Yorkshire experience in this respect, while not being earth-shattering, may be a pointer to others trying to recruit schools to their schemes.

Smoking and Healthy Schools

As the Senior Health Promotion Officer in East Yorkshire, with a responsibility for promoting the health of young people, I had agreed with our purchasers that I would undertake some work on reducing the number of young people that take up smoking, as well as the work already in hand on the HPSA scheme.

In May 1995 I wrote to all the East Yorkshire schools — nursery, infant (5-7), primary (5-11), junior (7-11) and secondary (11-18). There are no sixth form colleges in the area, and special schools were excluded on this occasion. In my letter I asked if the member of staff concerned would mind filling in a questionnaire on smoking. For the secondary schools I sent the letter to the health education co-ordinator, the teacher with responsibility for all the health education in the school; for all the other schools I sent the letter to the head teacher. I also included a short questionnaire and a stamped reply envelope.

Offering help

As can be seen from the letter, I reminded the schools of the HPSA scheme, which they had been invited to join when we launched the scheme the previous September. In addition, all schools had been invited to the flyer for the scheme through the internal school mailing system. I also offered help with both smoking work and smoking policy development in the schools.

The questionnaire asked if the school had a smoking policy; the answer to this question should have been Yes in all cases. As the Local Authority had passed a motion requesting all Local Authority establishments, including schools, to introduce a controlled smoking policy over some three years ago. I also asked if the schools covered smoking education, and what materials they use.

The final two questions asked if the school wanted me to come in to discuss smoking and the HPSA scheme.
The results of the questionnaire are shown in the table.

Out of a total of 107 schools, 53 replied, which is a reply rate of nearly a half overall, and in all but one sector of schools the reply rate was well over half, the exception being primary schools. I think these results are very encouraging when there are so many other issues demanding the time of staff in schools.

Come and talk!

However, the most encouraging aspect of the results was the large number of schools that said they wanted me to come to talk about smoking, the HPSA scheme, or both. Of the 53 schools that replied, 18 wanted me to talk about smoking and 20 wanted more information about the scheme. In the case of 11 of the schools, I was asked to talk about both. A positive invitation to visit was had from 28 schools altogether.

To date (March 1996) 23 schools have been contacted by phone and visited, leading to five joining the HPSA scheme and a further five or six wanting to join later in the school year. All of these will be doing some work on a smoking policy, as this is one of our criteria in the scheme.

So what started out as a request for information on smoking policies in the schools led to over 20 schools being visited and informed about the HPSA scheme. In most cases the person concerned was the Headteacher. There is also the possibility that other schools will join the scheme when the time is right for them.

**LIFESTYLES 2**

(Generally Speaking)

A datafile about pupils for pupils

The success of Lifestyles 1 (Mainly Social) encouraged us to develop a second datafile, aimed primarily at researching how spending power may affect people and the things they do. Lifestyles 2 (Mainly Money) contains 200 Year 10 pupils (100 boys, 100 girls, surveyed in 1994), with 25 variables in the database. The price is £15.00 including postage.

In order to order, please let us know the size of your order, and make payment by cheque payable to the University of Exeter. Alternatively, please telephone us on 01392 264738.

Is independence from the peer group really desirable?

David Regis is a Research Fellow with the Schools Health Education Unit.

Peer tutoring seems to work — but why?

Peer-led health education for schools is 'in', but recent initiatives call for more results than hard copies in a 'hard' body of theory. The technique has had a considerable interest in the United States, particularly with respect to smoking, and has been adopted in countries both in smoking education and in other areas of the curriculum such as alcohol and sexuality education.

In this article I will draw out some of the key issues, as I see them, from the smoking field, although much of what I have to say may apply to health education more generally.

The peer group and independence

Peer-led health education for schools is often referred to as an educational approach which is based on the idea that pupils should be taught by their peers. This approach has been used in a variety of contexts, including smoking education, and has been shown to be effective in improving health outcomes.

The peer group has a powerful influence on the development of attitudes and beliefs, and can be a strong influence on the health behaviour of young people. Peer-led health education can help pupils to develop their own health beliefs and values, and to be more independent in their decision-making.

This is likely to be a common view amongst teachers and health care professionals, although it has not been formally evaluated.

The peer group is an important factor in the development of health beliefs and values, and can be an effective means of promoting healthy behaviours. It is important to consider the role of the peer group in health education, and to develop strategies to support their role in promoting health.

This is a review article and it is not possible to give a comprehensive overview of the literature on peer-led health education. However, it is clear that peer-led health education can be an effective means of promoting healthy behaviours, and that it has the potential to be a powerful influence on the development of health beliefs and values.