Involvement of pupils

The Award will not mean a lot to a school unless it gets the full involvement, participation and co-operation of the pupils. The older the pupils are, the more they could be expected to contribute to changing and reinforcing health policies and practices. The head of one of the first two schools to receive the Award (Scholes First School and Netherthong Junior & Infant School) made the point that the pupils had done all the hard work to achieve the award for the school.

Quality, not quantity

We have had to confront the problem of how easily schools should be able to win the award. There is always a tension between making it too easy and therefore devaluing the Award, or making it too hard and leading schools to think there's no point in trying. We hope that we have struck the right balance. High standards are expected and some schools have already been told that, although they are interested, they have plenty of work to do first.

At the same time, the inspecting officers are acting as consultants to the schools. They can help ease the schools in the right direction, suggest how to plug gaps in their policy or practice, and act as a conduit for helpful information from other agencies. The role of the HFO is far from being a mere tester of whether schools will pass or fail.

Problems

We are still in our teething period. The HFOs often have to consult to ensure that similar standards are being applied across the Authority, and this takes up valuable officer time. There is a problem — which we anticipated — about how much easier it is for the schools in the wealthier suburbs or rural villages to win the Award, compared with those serving areas of relative deprivation.

These differences have to be taken into account and some allowances made.

The School Meals Service, over which we have no control, has undergone financial problems with a consequent change in its diet. Some secondary schools are showing reluctance to change their menu, but they must face the problem of providing different healthy, balanced meals. School meals are a very important part of the Award, so we shall have to give credit to schools that do their best to provide a healthy diet.

When the Award was launched in May, I said I did not anticipate, nor really want, more than half-a-dozen schools receiving the Award by the end of the financial year. Policy-writing, consultations, change of practices, introduction of new curricula all take time to do properly. A wholesale granting of the Award would undermine it and compromise its value.

The Award will be reviewed by the Authority and the Yorkshire Regional Health Authority at the end of March, when improvements and refinements may be adopted. It looks as if our prediction will be slightly exceeded — but not by a great deal. I would anticipate a greater number of schools in the following year.

The Future

As the Award begins to get more well known, and the fruits of it are appreciated, I feel that more schools will become interested in it and will be prepared to take steps to make the appropriate changes.

Continuing our annual reports on the lifestyles of young people, the following books are now available at £2.00 each:

Young People in 1989
The Health Related Behaviour Questionnaire results for 15,672 pupils between the ages of 11 and 16.

Young People in 1990
The Health Related Behaviour Questionnaire results for 18,941 pupils between the ages of 11 and 16.

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Joan GOWENLOCK
The Smokefree message: emphasising the Toxic

New Zealand has enacted some of the most exciting, far-reaching smoking legislation in the world. From October to December 1990 it was awarded a Winston Churchill Memorial Trust Fellowship to study their smoking education, having taught for ten years in primary schools in the London Borough of Ealing.

I now work on the HEA's My Body project, which has a particular emphasis on smoking education. The report of this visit is not an in-depth study of one aspect; it is a broad view of smoking and health education that reflects all the areas I feel are important in my work with those in health promotion work, teachers and primary school children.

An important reason for New Zealand's anti-smoking stance is that tobacco is listed as a toxic substance. In 1989 the Toxic Substances Board produced its survey through a readable report called Health or Tobacco — An End to Tobacco Advertising and Promotion. It was based on information from both the health lobby and the tobacco companies (although the latter seemed to be unhappy with their representation). Balancing all the information, the Board came up with this statement:

The Toxic Substances Board recommends that Tobacco Advertising and Sponsorship be totally eliminated throughout New Zealand from December 1990.

Aims
These were the aims of the government:

Goals
To reduce the onset of smoking in non-smokers, especially adolescents, and to reduce the number of smokers and the consumption of tobacco.

Targets
1. To reduce tobacco consumption from 12.8664 grammes per person aged 15 years and over per year (1989) to 1000 grams or less by the year 1995 and to

1000 grams or less by the year 2000.
2. To reduce the prevalence of current smokers from 25% (1989) to 25% or less by the year 1995 and to 15% or less by the year 2000.
3. To reduce the prevalence of current smokers aged 15 to 24 years from 33% (1988) to 27% or less by the year 1995 and to 15% or less by the year 2000.

Tobacco lobby
The tobacco industry was very concerned at the developments that were taking place. Much money and effort were put in to counterbalance the health lobby.

The Tobacco Institute, which was funded by Rothmans, paid for a report to stand against that of the Toxic Substances Board: A review of materials against smoking. No one was credited for writing this report.

The Institute also formed 'New Zealanders' Right to Decide'. This did an enormous amount of lobbying on behalf of the tobacco industry, but concentrated particularly on the sponsorship issue. It set up petitions at sporting events, selling the idea that if sponsorship was not available, events would collapse. Sporting personalities were encouraged to sign against any changes in large advertisers in the newspapers.

One of their arguments was that the government was acting against tobacco now, and that it would only be a question of time before alcohol was hit.

One aspect which I found particularly interesting was that these were very similar arguments appeared when the IEC was considering acting against tobacco advertising and sponsorship.

In the end, the force for legislation won through and the Smokefree Environment Act 1990 became law on 28 August 1990.

Auris
One vital point to note was the very astute decision by the government to put advertising and sponsorship alongside its plan to introduce smokefree workplaces. All the adverse publicity concentrated on the former, whereas the actual changes to everyday life are more far-reaching through the latter.

The Act consists of three parts:
1. Smokefree Indoor Environments. The aim of this is to protect people from passive smoking.
2. Tobacco Products Control. By 16 December 1990 all tobacco advertise-
ments were banned, with some minor exceptions.
3. Health Sponsorship Council. This was set up to provide sponsorship for up to three years to organisations previously sponsored by tobacco companies. It was also to become an important force in health promotion.

Not so rosy?
Unfortunately I have to relate that not all is as rosy seems.
The day I arrived in New Zealand, 27 October 1990, was Polling Day. The Labour government was replaced by a National government. One of their election promises was to repeal the Act. At the time of writing no Act has actually been passed — but it does seem that New Zealand may lose itself the position of being the country that has moved closest to producing a Smokefree Generation.
The Act, still in place at the time of writing, is excellent. It is far-reaching without being too dictatorial. The three-part nature of it is simple: the critics could only really concentrate on one aspect — the sponsorship. Whereas, if all parts had been introduced separately it would have invited reaction to them all.

There was just one negative aspect that came through very clearly to me. It was just how little impact the actual legislation had on general smokefree promotion, and more specifically in schools’ smoking education. It seems such a wasted opportunity. To get such wonderful legislation in place in Britain certainly needs a government with a real interest in reducing the numbers of smokers and those now dying from smoking-related diseases. With the government producing its Green Paper on The Health of the Nation, and the pressure that is being exerted through the EC, perhaps the time is close.

Uninspiring
There can be something intrinsi-
cally negative in posters and materi-
als that aim to encourage young people to stop smoking or not to start. Uninspiring phrases like ‘Anti-smoking’ and ‘Say No to Smoking’ can abound. The ethos in smoking education is that success is more likely with positive encouragement and informed decision-making, rather than an order not to smoke or the scare-tactics approach.

New Zealand has gone a long way towards redressing this imbalance. In all aspects the positive position of remaining or becoming Smokefree is stressed. The phrase ‘Smokefree New Zealand’ is everywhere. Posters produced by the Department of Health in recent years have developed from the negative Smoking Sucks and Winners Don’t Smoke to FEEL GOOD — remain Smokefree. The artwork reflects the messages. One poster is a beautiful photograph of New Zealand with just the words ‘Smokefree New Zealand’ underneath.

Smokefree UK?
In New Zealand there were never any cigarettes on posters. If there were full-length glamorous cigarettes it was felt it would encourage smoking: if there were horrible stub ends it would reinforce the negative.

I personally feel it would be wonderful to have some beautiful pictures of British scenery with the words ‘Smokefree UK’ on them. How pertinent that would be at the moment, with everyone’s — particularly young people’s — concern for environmental issues.

A positive health syllabus
New Zealand has had a Health Syllabus since 1940. However, the present one was introduced in 1985. There are many positive aspects of this syllabus:

- It was introduced after 12 years of consultation with pupils, teachers, parents and the community.
- It is a core subject, so it has to be taught in every school in the country.
- The content is child-centred and based on a holistic view of health.
- It is cross-curricular and centred around a spiral curriculum.

The syllabus contains the following themes:
- Building self-esteem
- Eating for health
- Caring for the body
- Physical activity for health
- Staying healthy
- Keeping safe
- Relating to others
- Finding out about helping agencies
- Having a role in community health issues

The syllabus builds on these themes, giving it a clear focus on the following year groups: 5-8, 9-10, 12-14, and 14-16.

One of the most interesting facts about the syllabus was that when it was introduced into schools. It did not just land on headteachers’ desks. Schools chose a year from 1985 to 1990 in which to become ‘desig-
nated’. This meant that the Health Education Co-ordinator whom all New Zealand schools have in post received training to bring the syllabus into the school.

Deciding priorities
The training covered the content, but more importantly how to set up a consultation process with parents and the wider community. These courses were run by the Department of Education for groups of teachers, who were then responsible, with support for running training within their own areas.

The idea of consultation is that everyone concerned with a school should decide what its priorities are within the framework of the syllabus. One school that I visited decided that Self-esteem, Relating to others, and Keeping safe were their three priorities. It was decided to do something from this every year and spread out the teaching of the other themes between the year groups.

The potential of the New Zealand syllabus is enormous. The fact that it is a core subject gives it the sort of profile that health deserves. It is very well worked out, with the benefit of 12 years’ consultation. It stresses the positive view of health, concentrating on the attitudes and skills required to help children choose a healthier lifestyle. The mechanism for ensuring that the school works with the local community to make the syllabus relevant to the children is inspired.

Low status
Compare this with the arrival of the Curriculum Guidance 5: Health Education document in English and Welsh schools last year. It came amidst all the other National Curric-
ulum initiatives. The lack of priority was signalled by that and by the fact that it is a non-statutory cross-curricular theme.

There are no units to back up Curricu-
ulum Guidance 5. The ideas to support the guidelines must come from the teachers themselves or from the health education projects.

Disbanded
However, many of these positive approaches to health education in New Zealand have been overa-
dowed by the enormous charges that have taken place in education, outlined in a document called Tomor-
row’s Schools. The major ones include:
- The Department of Education becoming the Ministry of Education.
- Education Boards (similar to LEAs) being disbanded.
- Schools becoming self-financing and governed with increased power in the hands of Boards of Trustees (our governing bodies).

The setting-up of a Review Board to check on the implementation of Ministry policies.

In terms of health education, this has been a disaster. There is no one in the Ministry with a Health Education brief, and there are no longer any local advisers in the subject. This means that health education training is only available in a very ad hoc way. There are a few trainees who are funded through other agencies, and Initial Teacher Training Colleges are providing a very few courses. In both cases schools are having to provide funding, and I met a number of teach-
ers who were paying for the ‘privi-
lege’ of attending courses out of their own money.

The other thing that is happening is that materials are being used in schools without any in-service. This tends to mean that the full potential of packs, and often the underlying ethos, can easily be overlooked. There is a great deal to be learned from the negative effects on health education of the changes in the education system. The developments in England and Wales are very similar to those in New Zealand — just a little further behind.

One of the Department of Health posters: ‘The positive position of remaining or becoming Smokefree is stressed.’
Transferrable skills
Many of the skills taught in smoking education are transferrable to all areas of health. These include increasing the children's self-esteem and improving their decision-making abilities. These are fostered by the self-esteem and decision-making sections of the health syllabus. More specific knowledge-based work on smoking comes into Caring for the Body.
Community health also contains a section on forming smoking policies in schools. However, much of that has been overtaken by the Smokefree Indoor Environments Act, whereby schools, along with all other workplaces, have to produce a smoking policy.

There were some interesting teaching materials available to support the health syllabus, including two skills-based drug education packs: Reaching Out for primary schools and the Alcohol and Drug Project for secondary schools.

The Smokefree pack
On the smoking issue there was nothing to match the practical fun approach of the My Body project. However, there were some interesting ideas in the Smokefree pack. Smokefree was written in 1988 by the National Heart Foundation and the Department of Education. It is written for the 9-12 age group, and aims to develop skills as well as instilling into children the positive advantages of remaining Smokefree. It is given free to schools through funding by the Heart Foundation.

The pack has a wonderful starter activity that I would love to try with children here. It finds out the children's perceptions of smoking before any formal work is done. It is based on a postbox idea. A number of boxes are provided with various questions, and a child may put their question attached. Teachers can produce their own questions or follow recommended ones, such as:

- List the reasons why people choose to be smokefree.
- How could you help a friend to remain smokefree?
- How many people in the class do you know that are smokefree?

The children anonymously write their responses to these and post them into the boxes. Each box is then allocated a goal and the children sort out the answers and feed back the results to the rest of the class. From this starting-point, the pack goes on to encourage children to see the advantages of being smokefree and the things that will challenge their stance on this. The tape can be used to trigger role play. Real skills are practised in this manner.

The final section, which once again could add a lot to work taking place in Britain, is for the children to make up questionnaires to use with staff and students in the school, parents, and the community. This can then form the basis of discussion for a school smoking policy. For a policy to come about through the children's own work would make it so much more meaningful.

Training the teachers
Initial teacher training in New Zealand is excellent. It could provide a wonderful model for colleges in this country. Many students training to become teachers have some notion of the word 'health'. In New Zealand, all students receive a considerable amount of well-balanced health education. For all students, the following areas are covered:

- The content and delivery of the health education syllabus.
- Learning at other health education projects (Auckland had a copy of the first edition of the 'My Body' project).
- The involvement of the community in health education.
- Finding out what health agencies there are to help teachers and pupils.
- All students have to receive instruction and become proficient in the use of First Aid.

There are other skills-based topics in the curriculum. The benefits of students studying health education at college are enormous. They are familiar with the processes involved and can build them into their teaching style. This is so much better than having to assimilate them if and when they meet them on in-service courses.

How we could benefit
It might be helpful to recap on the most current developments that I saw in New Zealand and from which I feel we could derive most benefit.

The smoking legislation in its Scottish form is far-reaching and well-considered. It would be thrilling to see something similar in place here. The benefits to the smoking figures, particularly of young people, brought about by the end of advertising and promotion, is great. The protection for all from passive smoking is also of such value.

The positive promotion of a 'Smokefree' country appealed to me greatly. It compliments the schools that are to be given through smoking education in schools.

I feel it is so vital that health education is seen as a priority in schools. It is unlikely that there will be the luxury of its being included as a core subject in England and Wales.

The promotion of training for teachers in health education, both at the initial training stage and in-service, are vital for the development of their skills and for bringing out the full potential of all materials.

Multi-cultural health promotion must become a priority and be fully considered if all people are to be given equal access to good health.

Contact Joan Gowerlock, HEA My Body Project, Southfield Curriculum and Professional Development Centre, Cleasfield Road, Sheffield S12 4QJ (08) 232 9944/5. This article is based on her report Smokefree New Zealand, produced for the Winston Churchill Memorial Trust and obtainable from the above address.

- Make a start on talking early rather than late — before the vote.
- Don't give in. Enrumpagement may mean that your youngster apparently rejects what is actually understood.
- Respect their privacy, and your own.

I hang on to your own principles, even in the face of parental pressure, but don't forget your values darling, or you may provoke rebellion.

The whole tone is humane, positive and worldly. It leads to a view where problems can be expected but where they can also (in time) be dealt with.

Reinforced
The tape comes with an accompanying booklet, where these themes are reinforced and extended, and which includes useful background information and further discussion points. For example, it picks up in a question-answer format, challenges and solutions. How can I stop my teenager having sex before he or she is ready? How can I deal if my teenager gets involved in an unsuitable relationship? Is it hypersexed yet? Reservations? The district reviewer may feel obliged to have a few: those three stages immediately to mind.

1. The focus is inevitably about giving advice and information. I would have welcomed an approach more deliberately active or interactive, where the listening parents are encouraged to stop the tape and think or write, and where exercises designed to promote clarification or action are offered in the booklet.

2. By contrast, I was reminded recently by our colleagues in the Department of Child Health about the Family Smoking Education materials, which were written up in this journal in 1984. Here, students were given a homework from school which involved discovering the attitudes of their parents towards smoking. The device of having an external stimulus (the school) as the point of initiative, rather than parent and child struggling to lift themselves into discussion, seems useful.

3. My prejudice is that the parents who are most likely to buy and use this are the ones who need it least. John Coleman's isn't out to change the world — no tape can do that — but I would have been unable to resist a few choices about unhelpful ways of bringing up children — perhaps commenting on the highly visual anti-smoking lobby, or upon the inconsistent and punitive parent associated in research with poor self-esteem, while the self-related associated with health-risky behaviour. Sex education is in the middle of a political battlefield, and Coleman's tape side-steps this.

Duty aside, these reservations are perhaps minor. My impression is that all are sure teachers can find a way of constructively using this material, either as parents themselves or in support work with parents and young people.

— David Regis

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Review
The audio-cassette pack Teenagers and Sexuality, by John Coleman et al. £6.35 + £3.95 p&p from Tapewise Ltd., 23 New Road, Brighton BN1 1WZ

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Most school biology departments must contain cassette tape or cassette slide packs provided by the medical profession for the education of school pupils. The real world is rarely as neat or neat. Although it is true that there is a real teacher, a careful account of drug misuse spread over 2-3 hours' worth of tape, delivered in a dull Scots mono-

i remember it, in fact, with some affection; for this charity of the presentation and the gravity of the subject matter made it gripping listened, but there is a very marked examination-based, and top-down approach. This tape pack is nothing like that. Dr. John Coleman's prose is as the psychology and sociology of adolescence, and his authoritative texts on the subject, are marked throughout with a positive attitude and pragmatism, and these features also appear on the tape. He takes up, in a calm and friendly manner, through a consensual view of adolescence, parenthood and communication, and how difficulties created by facts and feelings about sexuality may appear in this context. He offers a variety of points of view, a comprehensive scope and a constructive approach.

Authentic
Coleman's is not the only voice on the tape, and his commentary is based among the authentic voices of a number of parents and of gay and straight young people, who share their experiences, their misgivings and, perhaps most important, what they do. Coleman does indeed start with communication (between parent and teenager), discussing appropriate strategies and timing, mutual embarrassment, the moral dimension and the role of the school. In terms of the evidence on sexuality, contraception, gay and lesbian relationships and unplanned pregnancy, Coleman's themes are clear, particularly the eternal question of balance. Balance, for example, between expressing interest and care without intruding on privacy, balance between enough guidance and sufficient freedom. Is this too much information, or not enough? Am I intervening too early or too late? Coleman's approach is easy to understand. He does not try to address every possible question, but appropriate for different parent-child pairs, even within the same family. Other guidelines he offers include:

- Make a start on talking early rather than late — before the vote.
- Don't give in. Enrumpagement may mean that your youngster apparently rejects what is actually understood.
- Respect their privacy, and your own.
- Hang on to your own principles, even in the face of parental pressure, but don't forget your values darling, or you may provoke rebellion.

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The whole tone is humane, positive and worldly. It leads to a view where problems can be expected but where they can also (in time) be dealt with.

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