

The survey has suggested that some health education programmes are failing because of incorrect assumptions about young people's behaviour.

Sue Poole & Anne Wise

Health + education in the Dudley lifestyle survey

In the early days of the Health Related Behaviour Questionnaire service, LEAs took a greater part than Health Authorities in supporting surveys. They were also instrumental in distributing copies of *Education and Health* to schools within their area.

Later, the involvement of LEAs decreased and Health Authorities took on a leading role. The need for Directors of Public Health to present regular reports on their communities made the questionnaire an attractive source of epidemiological data. Also, its long history of consistent use meant that repeat surveys to catch the same cohorts further up in the same school could be planned with confidence.

The Unit was, therefore, particularly delighted when a major secondary-school survey in Dudley, West Midlands, was proposed. Although jointly funded by Dudley Health and Dudley FHSA, the LEA had been involved in a strong partnership with the Health Authority, aimed at developing the concept of the 'health promoting school'. The object of this was to provide long-term health benefits for pupils and staff in Dudley schools.

Combining Health and Education

The twin disciplines of Health and Education met appropriately in the Schools Health Education Unit's survey programme. The Department for Public Health Medicine believes that it is essential to gather information across the whole district to support health-care planning. The

LEA believes it is essential to have a baseline profile of young people's health issues and concerns to inform appropriate health education initiatives.

In 1992 a Lifestyle Survey of the adult population was conducted, and as a further development, to broaden knowledge of the local population and to assist in long-term planning, a survey of the younger generation was commissioned.

The Health Related Behaviour Questionnaire, developed by the Schools Health Education Unit at Exeter University, was the chosen method because:

1. The method has an extended history of use.
2. The quality of the data collected through experienced teachers supervising school surveys is very robust.
3. Within each school, the sample size in any year group is large enough to give reliable measures of the total year group. This means that the data can inform action within the school community.

The organisers meet

The driving Health forces behind the survey were Dr Alison Hamilton (Director of Public Health), Julia Simmonds (Manager, Health Promotion Services), and Sue Cooper (Service Development Manager, FHSA). The LEA was represented by Joyce Hodgetts (General Inspector of Schools). Two Advisory Teachers (Sue Poole and Heather Jenkins) helped to facilitate

the work in schools when they took up their posts in September of that year.

In May 1994, at a meeting at the Unit's Exeter offices, the survey was planned and a timeline generated (Figure 1).

Launching the survey

The headteachers from the 28 schools it was hoped to include in the survey were invited to a meeting held in July 1994. This was to request their support and highlight the benefits to their school. As well as receiving the survey results at no financial cost to themselves, they would also benefit from:

1. A half-day of training, with cover costs provided.
2. Cover costs on the survey day.
3. A summary of the combined schools' results.
4. The '10% report', showing every instance where the results for any gender/year group within within the school differed by 10% or more from the combined average for all the schools.
5. Support from the LEA Advisory Service for interpreting the results and making appropriate curriculum and resource provision.

Unit staff were present at this meeting in order to answer questions relating to the survey and its likely outcomes. The idea of a health-related questionnaire enquiry was new to most of the schools, and initially some delegates had reservations. For example:

Why do I want to know how many baths our pupils take in a week? I suppose the Health Authority will expect us to do something about it!

Can Year 10 pupils afford to miss valuable curriculum time so early in their GCSE courses?

These reasonable-sounding objections, and others like them, have been voiced before, so this meeting was crucial. By explaining what the entire school and the community it served stood to gain from the survey results, the initiative ceased to be seen as a waste of curriculum time, or worse still a threat. Without the commitment of top management, a top-quality product would not be achieved, particularly in connection with a programme of action following the survey. We are glad to report that anxieties were eased, and that as a result of the meeting every school saw benefit in taking part.

Linking data with the National Census

This was an extremely important initiative which added a new dimension to the Dudley survey.

National Census data can now be accessed, and analysed by enumeration district. In conjunction with the Unit's consultant George Foot, arrangements were made to include each respondent's enumeration district in the questionnaire data. This enabled the Health Authority to prepare maps of the conurbation showing how relevant health-related behaviours varied from ward to ward, and also to correlate them with Census data.

Training the co-ordinators

September saw a half-day combined training and briefing session for the teachers involved in implementing the survey (either heads of year or the health education co-ordinator), as well as for the school nurses attached to the schools. Their task would be to measure the pupils' height and weight for inclusion in the survey data.

The survey took place during the three-week period from 3–21 October 1994. The sample size was 100 pupils in both Years 8 and 10, or the whole year group if the total number was fewer than this. The sample consisted of:

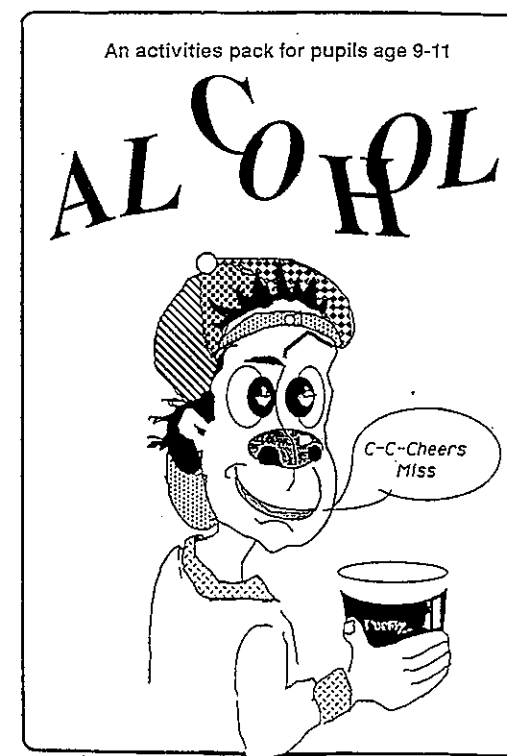
- 21 secondary schools (both LEA and GM)
- 4 Special schools
- 3 primary schools. These pilot primaries were invited to trial the primary questionnaire with Year 5 and 6 pupils.

Returning the data

A total of 4091 valid questionnaires was used in the analysis, and all the schools received their individual data by January 1995. The Health Authority received a summary of all the data at the same time. It was mentioned earlier that the schools' data was confidential to themselves, but all saw the benefit of providing the Health Authority with a copy. This would make it easier for the school to reach out for support, while Health Authority staff could respond with prompts for action.

At this point, the hard work of probing the significance of the results began. Initially the sheer volume of data was overwhelming, and

The cover of the primary age-range 'drinking' pack. This was taken home by the pupils, accompanied by a letter similar to the one shown overleaf.



Health Education Advisory teachers started the long process of helping schools to obtain the maximum benefit from their own surveys; by February the Department of Public Health Medicine had already published a summary of the Dudley findings in verbal, tabular, and graphical form.

Drugs and sexual health

In her capacity as an Advisory Teacher, Sue Poole decided to simplify things by concentrating initially on the following sections:

- Drugs, including medicines, alcohol, tobacco, and proscribed drugs.
- Sexual health, including HIV/AIDS, sources of information, knowledge of services.

Why these sections? Because the issues are high on schools' current agendas as a result of the 1993 Education Act, Circular 5/94 on sex education, the White Paper *Tackling Drug Misuse Together*, and Circular 4/95 *Drug Prevention in Schools*. These sections of the data were shared as part of the LEA's in-service training programme for both centre-based and in-house courses.

Identifying the 'real issues'

Schools have been encouraged to make maximum use of their data. For many secondary

schools, using their data helps them to prioritise relevant health issues for the young people in their care. Health is only one element in a PSE programme, and the data enables schools to identify the most relevant topics for their young people, whether it is sex, drugs, food and nutrition, exercise, or anything else covered by the questionnaire; discovering these priorities means that they can concentrate on the perceived major issues. This is good news for the PSE co-ordinator! Secondary schools are always complaining about having to fit a quart into their pint pot, especially in Key Stage 4.

The survey has also highlighted, and in some cases reconfirmed, gender differences. More Year 10 girls than boys are smoking occasionally or regularly, but more boys than girls have tried proscribed drugs, particularly cannabis.

	Boys%	Girls%
Cannabis leaf	14.6	9.3
Cannabis resin	8.3	4.5

Re-timing courses

As well as modifying curriculum content on the basis of young people's declared interests, the survey has suggested that some health education programmes are failing because they are based on incorrect assumptions about young people's behaviour. This can lead to issues not being targeted at the best time. One secondary school discovered that only 18% of their Year 10 girls said they had never smoked, yet in their PSE programme the only smoking education took place in Year 7. Of the occasional or regular girl smokers, over 40% wanted to give up. The data helped the school to reorganise its PSE programme, and we are also negotiating with the Smoking Cessation Adviser for her to run a young people's drop-in support group.

Using the data in schools

Anne Wise revisited Dudley in April 1995 to support the 'Dudley team' in their initial planning meeting for a training session in June. The team consisted of most of the 'driving Health forces' listed on page 43 with the addition of Tony Collins (Public Health Officer, Dept. of Public Health). During this meeting, time was spent familiarising everyone with the additional survey support materials that the Unit made available to schools. All of these materials (the 'school report', the community profile, facilities for the graphical representation of data, and

A letter to parents, sent out by one of the three participating primary schools.

Last November our Year 6 children took part in a health survey, organised and collated by the Schools Health Education Unit at the University of Exeter. The results of the survey are now in school, and we thought you would be interested in some of the findings.

First, the good news! The results indicate that although 36.8% of boys and 4.3% of girls have tried the odd cigarette, none of our children are smoking at present. This shows that health education in school and at home is working and having a positive effect on our children's health.

However, the survey also revealed that some of our 10-11 year olds are consuming alcohol on a regular basis. 63.2% of boys and 30.4% of girls had drunk at least one alcoholic drink that week, and 41.7% of those boys had done so on more than three days. Beer, shandy and wine are the most popular drinks, but others, including spirits, had been drunk by a small number of children.

These results are not unique to this school. The findings at the two other primary schools, in different parts of Dudley, showed a very similar pattern. Whilst there is nothing to be unduly alarmed about, we feel that this trend towards early drinking is not too trivial to be ignored.

To raise the children's awareness about the problems that can be associated with drinking alcohol, and to try to promote a responsible attitude, we have organised various activities. Today our Year 6 children have taken part in workshops about alcohol, with our advisory teacher for Health Education. To follow on from this we have produced a pack for you and your child to work through together.

We hope it will be informative and will bring about useful talking-points. We would appreciate it if you would return the evaluation sheet at the back, so that we can learn from it and work with you to improve our children's chances of having a healthy lifestyle.

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other resources) were aimed at assisting schools to understand, interpret, and use the survey data with both colleagues and pupils.

Before 're-inventing the wheel' for themselves, the team were keen to know what had happened after surveys in other areas of the country. In particular there was interest in the use of graphs for a more immediate 'impression' of the data, and also a need to know how it compared with the Unit's yearly aggregations, such as that presented in the latest report then available, *Young People in 1993*.

On 30 June 1995 Dudley LEA organised a half-day training session for schools to help them prioritise issues at the Authority and school level. The objectives were:

1. To share LEA outcomes of the survey.
2. To give schools the opportunity of viewing their individual results within the context of the LEA.
3. To identify advice and support needed to address LEA and individual school issues.
4. To share and develop strategies for using the data within schools, both with pupils and with parents.

Data from the Unit's report *Young People in 1993* were used as a 'benchmark' against which to examine the survey results: groups were given sections of the data and asked to identify and report back on key issues. Subsequently they performed the same exercise looking at their own school's data in the light of the overall Dudley results.

It is worth repeating that each school gave the Health Authority permission to hold a set of its results, to facilitate individual support by outside agencies for particular needs suggested, or confirmed, by the school's own data.

Plans included:

- Using the data in GNVQ Health and Social Care to provide information for Unit 1 (*Understanding health and wellbeing*), and also as a way of addressing the core skills

of communication, number, and Information Technology.

- Information Technology activities with young people both in primary and secondary schools handling their own data.
- Practical ways of using the data at health-focussed parents' meetings.

So, after much planning and hard work, the 'Dudley initiative' is now where it belongs — in the schools. We look forward to reporting on further developments!