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Parents and teenagers — three dozen suggestions for having an easier ride

With the majority of adults and young people:
- Some minor conflict is not only bound to exist, but needs to exist.
- Major conflict does not have to exist.

There are ways of helping parents, other adults, and young people cope with minor conflict and to reduce major conflict.

1. Sticking-points
- Adults have all been through it and we think that we know what it is like.
- As adults we conveniently forget the major areas of conflict that occurred with our own parents during this period.
- We forget that the major way that humans learn is by experience.
- Teenagers are having to find their own self-identity in an ever more complex world with an attractive variety of experiences on the menu—drugs, sex, alcohol, tobacco are all more freely available at an earlier and earlier age. In other words, the 'menu' is greater now than when we were adolescents.
- Areas of development (physical, mental, emotional) in young people are relatively independent of one another.
- Adults have difficulty in accepting that young people may be inexperienced but they are not illogical, and therefore they want good information to inform their decisions — information that many adults do not have access to.

There is enormous variation in emotional intelligence in adults, and in their ability to empathise with young people's needs.

2. Signs of adolescent stress
- Complaining of feeling tired all the time.
- Losing their sense of humour.
- Deterioration of their school work.
- Rowing with friends.
- Complaining of headaches and stomach pains with no obvious cause.
- Loss of appetite, loss of weight, or compulsive eating.
- Getting themselves off from family and friends.
- Being secretive.
- Not taking part in activities in which they used to take part.
- Being very self-critical and saying they are hopeless.
- Getting increasingly disorganised.

3. Areas of conflict
- The areas of potential conflict or difficulty between young people and adults are many!
- Moral values: whose, where, when?
- Relationships: his/her, hers/his, his/hers, hers/hers, and yours.
- Sex: who's doing what to whom, who wants to know, and whose problem is it?
- Whose money is it anyway?
- You call that a holiday?

4. Tips for parents
- Don't have children. But if you do have them (and all children grow into adolescence and out of it again), then:
  1. Try and avoid face-off situations (e.g. "Yes you will!" — "No I won't!" — "Yes you will!")
  2. Because everyone loses face: negotiate, negotiate, negotiate.
  3. Over routines like washing-up, helping with the housework, etc., negotiate ahead of time well away from any direct contact with the situation and, if necessary, get a written agreement.

Example:
- Monday, Wednesday and Fridaywashing-up: Alice.
- Tuesday, Thursday and Saturday washing-up: Tom.
- Sunday: Dad and Mum.

Detail is often helpful: table cleaning and washing up and putting away!

4. Avoid ultimatums that almost inevitably mean that you, the parent, has finally to give in: e.g. "If you smoke in my car I will never let you borrow it again," because you will.

5. Trust and respect your adolescent's viewpoint, even if you don't agree with it.

6. When you don't agree with it, always clearly state your position and also, most essential, explain why you hold it. Young people may be inexperienced but they are not illogical. Don't expect your advice always to be followed (advice is advice, not an order), but do expect, and listen to, the reason given as to why it isn't being followed.

7. Try and remember what you were like at that age and how you regarded your parents' advice — is there any more reason why your offspring should listen to your advice than why you should have listened to your parents?

8. Remember always to try and find something positive to praise first and then, and only then, see how it might have been done better!

9. Treat each of your adolescents as an individual, allow them some increasing privacy as they get older, and try and be fair (adolescents have an extremely developed sense of fairness, which will not necessarily fit your own).

10. Say "sorry" when you are wrong, loud and clear.

11. Don't run your adolescents down in front of their friends and don't compare them unfavourably with their friends.

12. Remember, remember, young people may be inexperienced but they are not illogical.

13. You and your teenagers may share the same knowledge (drugs are harmful) but have different priorities — try and find out what their priorities are.

5. Tips for adolescents
- Don't have parents — but in most cases you haven't got a choice, so learn to live with them and remember all they do for you, especially as all those things that you assume will always be there — they may not be!

    Parents are useful: they provide the roof over your head, the hot water (if you ever use it), the heating in the house, the telephone rental, the food on the table; occasionally saying "thank you" helps them to be nicer to you.

    Remember that parents are grown-up adolescents with all the responsibilities for you and very little control over you — that is the way they feel.

    Remember that parents get tired and like sleep. A non-tired parent is an infinitely nice person to negotiate with. Also, parents have to work during the day to earn the money to pay your phone bills. 5 a.m. discussions about noise tend not to be welcome.

    Ask your parents how they behaved with their parents at your age and try and look interested when they reply.

    Get your friends to introduce themselves when they come into the house.
School nurses are a soft touch for cuts

Striking results go unrecorded in the data

Seeking a soft target for making savings, NHS Trusts have been hitting school nursing services. The good work they do is so easy to challenge because there is little useful information on the outcomes of health interventions.

Here are a few examples of the victims of purchasers making dramatic cutbacks:

- South Devon: 50% of school nursing jobs to go.
- South Buckinghamshire: The Trust is planning to axe six school nurse posts to save £30,000.
- South Bedfordshire Community Healthcare Trust plans to cut school nursing services by £100,000.
- Bedfordshire’s Healthcare is under threat to lose £60,000 from the school nursing budget.
- Enfield Community Care NHS Trust is seeking to cut £50,000 from school nursing services.
- Central Nottinghamshire Healthcare Trust considered downgrading 11 school nurses from F to E grade to meet purchaser demands.
- City & Hackney Community Services NHS Trust has had £16,000 cut from its contract with East London & City Health Authority, and has been told to make all the savings from school health and community nursing.

Hiding the good work

Here are two examples of the difficulty of evaluating health outcomes, based on the sort of work we are required to carry out.

1. Years of data — no analysis

For years, school nurses have been asked to provide data on the number of contacts and on vision and hearing tests, all based on the Kerner requirements. But these data have limited value in informing service requirements. For example, the data on vision testing record the number of tests completed and the number of referrals, but how does this information help a purchaser to decide whether the service should be decreased or increased? For decades we have been collecting and collating vision-testing data, but they have never been analysed in a way that has been helpful to purchasers and service providers.

2. No unwanted pregnancies — but no marks either

School nurses have played a vital role in ensuring the health of young people in a multi-professional responsibility. A school nurse working for the Combined Health Care NHS Trust became extremely concerned when she identified 15 unwanted pregnancies amongst her 14-16 year old girls at a secondary school. Determined to tackle this problem, the school nurse set up a comprehensive sexual health programme in partnership with the teachers. The following year there were no unwanted pregnancies in that age group.

However, these striking results could not be officially recorded because the current data requirements do not include outcome measures. Therefore, only those ‘in the know’, who prob-