Some Unit publications

Add £2.50 p/h if order value is less then £20

Young People and Alcohol: its use and abuse

A study of the ‘alcohol environment’ of 6,315 Year 8 and 10 pupils. In addition to baseline information about amounts, frequency, and types of drink consumed, the report examines alcohol related domestic aggression and its relation to family structure. £20.50

Young People in 1998

The lifestyles and behaviours of 36,856 young people between the ages of 10 and 15 years. £10.00

Young People in 1988 – and looking as far back as 1983

The lifestyles and behaviours of 18,211 young people aged 12-15 and 14-15 in 1996, and a ‘look-back’ at around 20,000 in the same age group that have been surveyed over the past 16 years. £15.00

Young People in 1997

The lifestyles and behaviours of 37,828 young people between the ages of 9 and 10 years. £25.00

Young People in 1996

The lifestyles and behaviours of 22,807 young people between the ages of 11 and 15 years. £35.00

Last Orders

A cross-curricular programme for secondary courses on alcohol education, in two volumes with photocopiable materials. There are 21 modules suitable for work with Drama, English, Geography, History, Mathematics, Modern Languages, PSHE, PS, E, and Science. £38.00

Cash and Carry

Young people’s reports on the carrying of offensive weapons and other self-defence products and their perceptions of the danger to themselves and friends. The title refers to an unwelcome link between personal income and fear of being attacked. £12.00

Young People Into the Nineties (1) Doctor and Dentist, (2) Health

The ‘survey of the decade’. A study of 125,053 young people between the ages of 11 and 16 over the period 1994-1995. Note that Young People in 1998 reveals further behavioural changes in the 1990s. £35.50 for both books.

Toothbrushing in Adolescence

A detailed study of the associations between and among dental health habits such as toothbrushing, dental evils and motivations for brushing teeth, and many other dimensions such as gender, region, family size, sports activity and self-evaluations. £15.00

No Warris? Young people and mental health

A study of the worries and concerns that affect young teenagers in our society, based on data collected by the Unit between 1991 and 1997. £15.00

The Assessment of Health Needs at the Community Level

How health authorities can help schools to review the needs of their pupils. £2.00

Very Young People in 1993-5

A study of 18,929 pupils aged 9-12. Responses to the questions in the Primary Health Related Behaviour Questionnaire are presented in tables, together with commentary and histogram. Note that Young People in 1997 presents further primary data for that year. £7.00

Very Young People in 1991-2

A study of 7,952 pupils aged 9-11. Responses to the questions in the Primary Health Related Behaviour Questionnaire are presented in tabular form, together with commentary. £7.00

Young People and Illegal Drugs into 2000

This report surveys all our drugs data back to 1987 and suggests that young people’s contact with drugs may have peaked in 1995-96. £8.00

Young People and Illegal Drugs in 1988

This report contains the first information derived by the Unit on habitual use, and likely frequency of use, by young people in the 11-13 age range. £7.00

Preparing for Life after Primary School

The principal authors of this 113-page resource are experienced primary-school teachers who have used SHEU material in their schools. They bring fresh insights into how health-related behaviour data can be used in primary schools, not only within the classroom and the playground, but to encourage closer links between the school, the parents and the local community. Each resource book (ranging in length from 21 to 96 pages) studies a topic from these various viewpoints, and includes an overview, suggestions for policy review and action, lesson themes, photocopiable worksheets and scenarios, and in some case mock letters. The complete series is as follows:

- Introduction (free with all orders) (21p)
- Bullying (21p)
- Health & Hygiene (21p)
- Leisure (8p)
- Drugs (23p)
- Drug Education (23p)
- Legal or Illegal Drugs (23p)
- Food & Nutrition (20p)
- School playgrounds (8p)
- Personal & Social (13p)
- Exercise & sport (6p)
- Complete set £70.00

Healthy School Series

This set of five books, are selections taken from the above pack, arranged into easy to use Health School themes. Each book is 48 pages and has A3 style spreads when teaching plans sit alongside the relevant worksheets. Each book can be purchased separately at £12.50 each. Complete set £66.75

Education and Health

Our journal is aimed at primary and secondary teachers, health-care professionals, and anyone else interested in the healthy development of young people. It contains articles on recent health education initiatives, relevant research finds, materials and strategies for schools, health-related behaviour data, reviews, and letters. It is now in its 15th year, during which time articles on a great range of health topics have been included. Education and Health is published four times per annum. The individual annual subscriptions are £26, but those wishing to purchase large numbers for distribution are offered special terms.

Wendy Jeffreys is a Health Promotion Specialist with Solihull Healthcare NHS Trust

The National Healthy School Standard, the PSHE curriculum and the NHS plan

The HBRC concentrates resources where they are needed: a focus on food

Solihull’s health authority and education authority decided to fund a survey jointly to identify priorities in three deprived wards.

Solihull is considered to be an affluent area and in some parts of the borough this is evident. However the economy across the borough is diverse as stated in the local Health Improvement programme.

- According to the Index of Local Deprivation, Solihull ranks as one of the least deprived boroughs in England, 263 out of 384. However, it has three wards deemed to be among the most deprived in the country. This difference, between the three most deprived wards and the rest of the borough, is the largest variance between deprived wards and affluent areas within one district anywhere in England. **

The authorities’ choice of survey was the Health Related Behaviour Questionnaire (HRBQ). This questionnaire is an efficient method for gathering health information in schools. The data can then be used to inform the development of the PSHE curriculum and allow for planning of health service provision.

The HRBQ was used in schools in the deprived wards for a number of measures:

- Young people were identified as a target population and schools as a key setting for implementing the Governments health strategy in Our Healthier Nation.
- The white paper ‘ Excellence in Schools’ committed the Government to help all schools to become healthy schools.
- Several important health related issues (e.g. diet, smoking, alcohol, exercise) have their roots in the early years. Where there are inequalities in health, as clearly demonstrated in north Solihull, the ability

The Healthy Schools Programme

Wendy Jeffreys

The National Healthy School Standard, the PSHE curriculum and the NHS plan

The HBRC concentrates resources where they are needed: a focus on food

The Health authority and education authority decided to fund a survey jointly using the HRBC - an efficient method for gathering health information in schools.

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Exeter EX4 3AY
Tel: 01392 667732
Fax: 01392 667729
visit us at: www.ste.uk.ac.uk/hee

Cash or official order purchase order number required. Cheques should be made payable to the Schools Health Education Unit.
leak is often affected and this can result in under achievement. Early behavioural intervention will alter patterns of behaviour that might place young people at increased risk of risky lifestyles and chronic diseases in later life.

○ As well as using the data to shape ideas within schools, it may also be used to create links between schools, support agencies and SP practitioners as well as providing health information for schools nurses.

(2) Data gathered from the HRRQ can then be used to identify priority areas, both current and future, and resources can be concentrated where they are most needed.

Preparation

Discussions with the head teachers of the schools, about participation in the pilot project, led to a visit by health authority representatives to the Schools Health Education Unit (SHEU). This enabled them to better understand the process of good preparation for the administration of the survey, formation of the questionnaires and the documentation of the analysis of the data.

During October 1999 a pyramid survey i.e. one secondary school and its four largest partner primary schools completed the HRRQ. The survey was carried out with all year 5 & 6 pupils and a sample of 110 year 8 & 10 pupils. On completion of the data analysis, health authority representatives returned to SHEU having requested further analysis of some of the data e.g. what is the correlation between a high consumption of crisps, sweets, fizzy drinks and having nothing to eat or drink prior to attending school? The figures at SHEU indicate that the correlation is usually high but that the figures at the secondary school were different (possibly because the school had a breakfast club).

Healthier School Community

The key issues identified from the HRRQ provide a catalyst for developing a Healthier School Community (HSC), the local healthy school programme. Prior to completion of this survey a working group was established to consider what support could be given to schools and to look at the issues raised by the pupils. The group had representation from the primary care group, education authority, primary care trust and individual schools. The schools identified the issues of concern raised by the pupil responses.

Focus on food

The present aim is to focus on one of these issues each term. I will now describe the programme developed to look at nutrition and food as the prevalence of not having a drink and/or food prior to attending school, the low intake of fruit and vegetables and the consumption of ‘junk’ foods high.

Of concern were the poor dietary habits and the impact that this was having on the pupils’ ability to learn.

National Healthy School Standard and food

The National Healthy School Standard (1999) states that;

○ The school presents consistent, informed messages about healthy eating, for example, a programme in vending machines, tuck shops and school meals should complement the taught curriculum

○ The school provides, promotes and monitors healthier food at lunch and break times and in any breakfast clubs where they are provided

○ The school includes education on healthier eating and basic food safety practices in the taught curriculum

As such, a programme needed to be planned that would reflect these standards. Also taken into account was an awareness that developing a diet of healthy foods would be subject to many issues including, finance, availability of fresh foods and knowledge of, skills to and attitude toward adopting a healthier diet.

The secondary school had developed a breakfast club in the previous academic year and the intention was to build upon their experiences.

NHS plan and food

An aim stated in the NHS plan is to bring health improvement by improving, the diet of young children by making fruit freely available in schools for 4-6 year olds (4) In addition the long-term development of a programme to improve nutritional intake will support the National Service Framework on Coronary Heart Disease. Mortality due to ischaemic heart disease is higher in the most deprived wards in the north of the borough.

Activity week

A plan was drawn up for activities during one week in November with the intention of;

○ Offering breakfast i.e. toast and drink to all year 5 & 6 pupils at the primary schools in the cluster

○ To provide activities about nutrition and food

○ To offer a variety of foods during the week to all primary pupils

○ To integrate theme of nutrition and food into all areas of the curriculum post half term and during the Nov 6th week.

○ To provide a Ready, Steady, Cook and Eat evening event for parents/carers at one school.

In addition a proposal was accepted to enable pupils from years 5, 6 & 7 to participate in a ‘Cooking for Kids’ programme which looks at food preparation, cooking, health and safety, nutrition and the social pleasures of eating, during May 2001 half term.

Enquiries were also made about a theatre production, ‘Scotfree’, for year 10 and basic food hygiene awareness courses for parents/carers.

The numbers of pupils who received breakfast - consisting of fruit juice, milk or hot drink and toast - varied across the three primary schools. It was encouraging that many of the pupils attended daily. Many of these would be prepared to contribute a nominal amount of money for the continuation of breakfast provision.

Table 1 shows the numbers of portions of fruit, which was available to all pupils, eaten by pupils from years 5 & 6. (A portion of fruit refers to a whole fruit.)

Table 1. Portions of fruit eaten by years 5 & 6

<table>
<thead>
<tr>
<th></th>
<th>Apple</th>
<th>Banana</th>
<th>Satsumas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>5</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Tuesday</td>
<td>7</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Wednesday</td>
<td>8</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Thursday</td>
<td>9</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>30</td>
<td>82</td>
</tr>
</tbody>
</table>

The ‘popularity’ of one type of fruit was dependent upon the selection available to each class. Whilst the consumption of bananas seems lower than apples and satsumas, younger pupils in the school may have found bananas easier to eat as a whole fruit.

Evaluation

It was important that school staff were willing to be involved. This was particularly important in relation to the distribution of fruit to all pupils. Immediate evaluations of the schools comments about the focused week are quoted below:

- It’s lovely just to feel the juice dripping down your chin - year 5 pupil
- I think it’s great that school is providing fruit it gets children to eat more fruit and stay healthy - year 5 pupil
- The children have not wasted food at lunchtime - school catering staff

The staff have been able to eat breakfast with the pupils and talk to them in a much more relaxed way - Head teacher

The children have been a lot calmer - PSHE co-ordinator

Whilst overall the week was successful there were comments from co-ordinating this week and include the need to gain better understanding of parameters of role.

Funding

A proposal for funding has been submitted and agreed to extend the HRRQ to all schools in the north of the borough during Spring 2001 and to repeat the questionnaire with this cluster in autumn 2001. This will provide one measure of change in behaviour towards nutritional intake amongst these year groups (6, 8 & 10); others would be seen throughout a pupils schools career in their knowledge of, skills to and attitude toward eating a healthier diet.

All of the primary schools who took part wish to sustain breakfast club provision.