Some Unit publications

**The Unit is here to help!**

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**Education and Health Managing Editor**

John Balding

**Executive Editor**

David McGeorge

**Subscriptions and advertising**

Michelle Dickenson

**Carteers in: Education and Health**

Terence Whittick

The address for all correspondence is:

Social Health Education Unit,

Rensackle House, Bursley Road, Esset EX4 3AY

Tel: 01382 807272
Fax: 01382 807289

Email:shuw@swel.org.uk

www.shuw.org.uk

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**The Assessment of Health Needs at the Community Level**

How health authorities can help schools to review the needs of their pupils. £2.50

**Very Young People in 1935-6**

A study of 16,922 pupils aged 9-15. Responses to the questions in the Primary Health Related Behaviour Questionnaire are presented in table form, together with commentary and histograms. Note that Young People in 1997 presents further primary data for that year. £7.00

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**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 1999-96. £5.50

**Young People and Illegal Drugs in 1998**

This report contains the first information derived by the Unit on habitual use, and likely frequency of use, by young people in the 13-15 age range. £7.00

**Healthy School Series**

Set of three books, are selective taken from the successful Preventing 16-18 in the School Year Book. They have been reorganized into easy to use Healthy School themes. The principal authors 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 staffroom but to encourage closer links between the school, the parents, and the local community. Each resource book 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 cases model letters. The complete series is as follows:

- Safety
- Drugs
- Education and Health: Well Being
- Physical Activity
- Healthy Eating

Each book is 48 pages and has A3 style spreads where teaching plans sit alongside the relevant worksheets. Each book can be purchased separately at £12.95 each. Complete set £54.75

**Education and Health**

Our journal is aimed at primary and secondary teachers, health-care professionals, and others interested in the healthy development of young people. It contains articles on recent health educational initiatives, relevant research finds, materials and strategies for schools, health-related behaviour data and reviews. It is now in its 20th year, during which time articles on a great range of topics have been included. An index is available from www.shuw.org.uk/pehdu/health.htm.

Published four times per annum, the individual annual subscription for 2002 remains as £20 including postage and packing. Those wishing to purchase more than one copy are offered generous discounts.

Add £5.25 per item if order value is less than £20

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The proposal behind that first article was to see a greater integration of joint working across our respective agencies.

I was twenty years ago today - well almost, but not quite to this day - that Education and Health, was launched to promote the potential for collaboration across agencies and between individuals.

Over the intervening years, the work of the Schools Health Education Unit (SHEU) has had an influence upon the development of local health and education policies throughout the UK. SHEU's health profiles of children and young people have become established as the basis for joint planning many initiatives and new services, as well as comprising one of the largest informative databases anywhere.

It is to the credit of the team, headed by John Balding, that so much potential has been realised from a relatively small, but dedicated Unit.

Integration

I had the privilege of writing the introductory article for the new journal which was published in January 1983. The proposal behind that first article was to see a greater integration of joint working across our respective agencies. The key word here is integration, and there have been real opportunities over the last twenty years to take this forward.

The multi-agency initiatives of 'Education Action Zones' and 'Health Action Zones' have underpinned policy developments in "multi-sectoral collaboration". The philosophy to this approach reflects an intimate relationship between Education and Health, be it through needs analysis, curriculum development or service delivery.

Health status is dependent upon the
educational attainment of young people at many levels including health inequalities and education for health.

More recently, initiatives such as 'Sure Start' and 'The Children's Fund' have brought together voluntary and statutory agencies to address the delivery of services for children and how to improve the delivery of these services, with particular reference to addressing health deprivation, access to health services and the social exclusion agenda.

Local needs

Local information and local health needs are integral prerequisites for designing new services and addressing priorities within localities. Invariably the profiles derived from the work of the Schools Health Education Unit have provided a firm basis for assessing these plans.

Service delivery can only be based upon the delivery of clear plans and these in turn are underpinned with valid and reliable information. Increasingly, it has been my experience that detailed locality based information is hard to find and there are issues about how well such information is correlated across information systems drawn from different agencies. It is something that we are all working towards; the SHEU profiles have proved to be invaluable because they provide information at a very local level about what is happening on the ground.

Profile

How young people's health needs and behaviour are profiled within the individual and collectively within the school or across schools, provides insights into health needs, trends and localities. They may appear similar, yet vary considerably according to their own local make-up. As a means of engaging people across agencies it is an important tool; the ability to take a school's profile and re-analyse it across the constituent GP practices is of my knowledge unique and yet drives forward the means by which agencies can have that dialogue across the table.

What of the future?

I would return to my key theme of integration. There will be opportunities with the forthcoming 'NHS National Service Framework for Children', for agencies to review the extent of their joint collaboration. This could include reviewing joint planning and joint commissioning arrangements.

Strategy

How well are children's services planned from a strategic point of view? Is there an opportunity to look at how to bring together many of the present initiatives, such as 'Sure Start', 'The Children's Fund' and 'The National Healthy School Standard' into a single strategic framework?

Certainly the establishment of this National Service Framework will mean that children, their needs and their families need will be firmly towards the top of the policy agenda.

Those of us engaged in the delivery of services for children should take this opportunity to ensure that long-standing recommendations about planning with a child-led focus, rather than an organisational focus, should be put into practice. This means looking at pathways of service delivery that cuts across organizations and cuts across funding streams and resource allocations. It can be done, and importantly the opportunity to see that it is done is arriving now!

Onward

Education and Health continues to inform, inspire and encourage debate; I wish the Journal and the team at the Schools Health Education Unit every success in continuing to build the bridges that enable agencies and individuals to engage in addressing the needs of young people today.

Teenage birth rates in England are higher than any other Western European country...there has also been a steady rise in the first time infection rates for STI...promoting the consistent use of condoms continues to be a public health issue of critical importance.

Using a longitudinal design, this research identified 6 distinct patterns of condom use/non-use for fifty six 16-19 year olds, and suggests ways to increase the consistency of condom use.

Dr Lester Coleman is a Senior Research Officer for the Trust for the Study of Adolescence (TSA)

www.tsauk.com

Lester Coleman

Promoting consistent condom use among young people: comparing intentions with reported behaviour

An in-depth study suggests ways in which teachers and youth workers may be able to increase the consistency of condom use among young people.

The prevention of unintended conception among young people in the United Kingdom is a matter of great concern. Teenage birth rates in England are higher than any other Western European country.1 In addition, over one-third of all these conceptions has resulted in a termination of pregnancy, a proportion that has remained relatively consistent over the last 10 years.2 There has also been a steady rise since the early 1990s in the first time infection rates for genital wart virus, herpes simplex virus and chlamydia trachomatis among females aged 16-19 years.3 The inconsistent use of condoms among young people, as documented by a number of sexual behaviour surveys,4,5 supports this reported increase. Since condoms offer an effective barrier against these Sexually Transmitted Infections (STI), including HIV,6 promoting the consistent use of condoms among young people continues to be a public health issue of critical importance.

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Methods

Fifty-six in-depth interviews were conducted among young people (43 women and 13 men aged 16-19) recruited from a number of sites within the Southampton Community Health NHS Trust: eight young people's family planning clinics, four youth clubs and two youth advisory centres.

At the end of the first interview, all participants were asked to consider a hypothetical scenario of first intercourse with a new partner and whether or not they intended to use a condom on this occasion. The instance of first intercourse with a partner was chosen since it represents an identifiable and notable act of intercourse comparable across the sample. In addition, because contraceptive non-use tends to be more likely on this occasion compared to subsequent acts of intercourse with the same