

Young people and the Health Education Council

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HEC Young People's Programme

This article summarises a paper that gives the background to the HEC's Young People's Programme, sets out its aims, and considers the potential for health education with young people. The original version has been modified and developed in consultation with HEC officers and colleagues, project directors, and research workers.

The Schools Section of the Health Education Council, instituted in 1972, has now become the Young People's Programme. It caters for young people aged between 4 and 19 in a variety of contexts other than school, and also places an emphasis on initial and in-service education for teachers, health-care professionals (for example, HEOs and school nurses), and others concerned with young people and their welfare. Recent initiatives also seek to involve parents, and the community served by schools, in health education, and also to develop work in the Youth Service, in further education, and in the Youth Training Scheme. Therefore, the Young People's Programme has the potential to make a major impact on the present and future health of the nation – the word 'health' being used in its broadest sense.

Aiming the efforts of health education towards young people is not only seen as an urgent need: it may also, in a long-term sense, be the most cost-effective way of encouraging positive attitudes to health among future generations. Youth is the time when people tend to be at their healthiest; but pressures on young

people may direct them to choices which are damaging both to themselves and to others. Health education initiatives can counteract this, but they need to be introduced at an early age, and reinforced at every stage of development (1).

Recognising this, we have supported projects in lifeskills, tutorial work, and group work which are based on the development of self-esteem, peer-group support, and the exploration of personal and social values, as well as those concerned with specific health topics. In-service education for teachers, where they experience at first-hand these processes for themselves, and where they explore the use of, say, group work, is an essential ingredient of our programme.

Supporting curriculum development

The HEC is the major curriculum development agency for Personal, Social, and Health Education in the UK. Its projects are known and respected both nationally and internationally for the promotion of health education, the development of teaching materials, dissemination and teaching strategies, and for evaluation procedures.

When the Schools Section began, co-ordinators and planned programmes were virtually non-existent. By contrast, a recent survey of health education provision in schools and initial teacher education establishments showed that over half of all secondary schools have co-ordinators for health education, and that one-third of primary schools have written programmes for health education (2). This is encouraging, but there is still much scope for development when we consider that 90% of the primary and secondary schools sampled in the survey felt (a) that schools have a responsibility to teach health education, and (b) that initial teacher education should include a core programme of health education.

This impetus has been encouraged by a number of factors. Recent reports from HMIs, LEAs, and the DES, recommending this area as part of a core curriculum throughout schooling, and the desire to promote personal development at the expense of crisis management, are just two of these.

Health education for young people has, therefore, an unprecedented opportunity for growth and effectiveness. Greater awareness of health issues in the population is being encouraged through better access to information in the media, educational programmes for adults, the activities of health-care professionals and community groups, HEC initiatives, and certain pieces of legislation.

The Young People's Programme

The aims of the Young People's Programme are as follows:

1. To fund curriculum projects concerned with teaching health education.
2. To encourage mutual support and exchange of information between projects.
3. To support pastoral programmes through materials and tutor training.
4. To encourage the provision of health education in Youth Training Schemes and the Youth Service as well as in schools or colleges.
5. To encourage regional co-ordination of health education.

6. To promote the involvement of parents and the community.
7. To foster links with LEAs and Health Authorities.
8. To provide resources in the form of local support.
9. To link with, and support, other HEC activities outside the Programme, especially those relating to young people.
10. To publicise HEC activities both nationally and internationally.

The organisation and content of health education programmes for young people may vary both regionally and between individual institutions within a region. However, over the years, the combined experience and wisdom of many teachers have developed methods (the *processes* of health education) that have proved effective in tackling different health topics (the *content* of health education). In particular, concepts related to health awareness, attitudes, and behaviours form a baseline for work with all ages. These concepts include:

Personal	Social
Self-esteem	Social class
Decision-making	Gender
Growth and change	Ethnic group
Fitness	Environmental conditions
	Relationships
	Group support

Decisions about which concepts to address can be negotiated with the young people themselves, or through teachers and parents, to see how concepts might be related to practice, and how the three dimensions of beliefs, lifeskills, and support might result in informed decision-making. The way in which these components contribute to the outcome will have to be judged or negotiated by the teacher.

Other issues

The following priorities should be borne in mind when considering the promotion of health education both inside and outside school:

A list of relevant projects

The list on pages 60-61 gives details of current projects within the HEC which are seen to be relevant to the needs of young people. Contact names and addresses are included. Some of these projects would be pleased to make contact with HEOs or Advisers, or even with individual teachers, who are in a position to trial materials.

References

1. Reid, D. J. & Massey, D. E., Can School Health Education be More Effective? *Health Education Journal*, Vol. 45, No. 1, 1986.
2. Williams, T. & Roberts, J., *Health Education in Schools and Teacher Education Institutions*. University of Southampton, 1985.

1. Dissemination of good materials and practice for the 4-19 age range, with constant review and updating.
2. Development of health education in the 16-19 sector and in the Youth Service.
3. Initiatives should be planned with reference to the 'spiral curriculum' model.
4. Regional work involving parents, health-education professionals, and teachers, as well as the young people themselves.
5. Promotion of the 'health and fitness' model.
6. Research into specific issues, such as the wishes of parents.
7. Implementation and evaluation of programmes.