News from the Unit

We hope you enjoyed reading our 'family issue' and can now put faces to names!

We have been pleased to see a new face and an 'old' face. Karen Hill joined the Unit in November as a data processor. The workload has increased tremendously with many new area surveys taking place, and so we have been pleased to welcome Karen and her quick fingers. Already she holds the record for the most questionnaires punched in one day!

Sadly, Zoë left us to return to the classroom, but we were delighted to welcome Carrie (Carolyn Shelley) back part-time to continue her work on the primary 'Mini' questionnaire.

Beryl and DI have been busy training new coders to cope with the recent heavy influx of data. Having almost completed the processing of a very comprehensive study of 12,000 pupils from Yorkshire, 13,000 further questionnaires will arrive any day now from areas as widely spread as Warwickshire, Devon and Hounslow.

Anne is preparing area survey results for South Devon, Mid Downs, Calderdale, and Pontefract (the last two being part of a massive regional survey).

The second year of the PAUSE (sex education) project in Somerset has got off to a good start with an enthusiastic and beneficial planning meeting.

We have been excited by a suggestion that we might offer a Diploma in Health Education for teachers, in collaboration with the Somerset College of Arts and Technology. John, Anne and David have set up a draft proposal for their side of the course.

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References
Armstrong, J. 'Children are fit but not active?' Education and Health, 7, 2, 28-33, 1989.
The ten criteria

1. The school must have a place in a health education curriculum which is comprehensive and progressive and one which is reflected in the School Development Plan. The school must have a designated and recognised health education co-ordinator.

2. The school must have a health promotion policy which is accessible to all and displayed in a prominent position(s). Parents and governors must be consulted in the drafting of this policy.

3. The school must have a smoking policy or an anti smoking policy.

4. The school building and its facilities must be clean and tidy, with good lighting. A good environment is an asset to education.

5. The school must have a relevant health education curriculum which is part of the school's programme.

6. The school must have a relevant health education curriculum which is part of the school's programme.

7. The school must have a relevant health education curriculum which is part of the school's programme.

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10. The school must have a relevant health education curriculum which is part of the school's programme.

Loo lore

The issue of toilets in schools is far more widespread, and of far more importance, than I had first suspected. There is plenty of anecdotal and experiential evidence which suggests that school toilets — often unsupervised in high schools — are where bullying, and even suicidal behavior, is most likely to occur.

Unlockable cubicles and a general dislike of the toilet area can — in addition to children deciding not to use them and consequently

either spending uncomfortable days at school or denying themselves food and drink. Neither scenario is likely to produce an enthusiastic learner. Hence, schools have to show clean, secure and well-stocked. Alas, already schools in Kirklees are spending money to improve these.

'Equal opportunities'

The other issue which I would like to highlight is that of equal opportunities. We were keenly aware that schools' 'healthiness' cannot be ascertained merely by the physical surroundings and curricula. At least as important are the culture, the ethos and the relationships which exist in the school and which interact with the built environment and educational programme. It's in theory, perfectly possible to have a superbly-equipped school, a comprehensive taught curriculum, but a depressing, intimidating or stressful atmosphere. How does one measure or judge the health of relationships — and the source of any bad relationships — in an institution? It is difficult enough to do by those who work in it; impossible for the Health Promotion Officer who is in passing through.

Therefore, we look upon 'equal opportunities' as something which is not just essential in its own right, but also — if meaningfully implemented — likely to produce healthy and happy staff and student relationships. In an attempt to ensure it is meaningful, schools winning the Award are obliged to display their equal opportunities policy in a dominant position, and to invite pupils, staff, governors and visitors — who should all be covered by the policy — to challenge any breach which they observe.

Consultation

Before the scheme was launched a number of teachers and heads, from a variety of schools, were consulted for their views. All were in favour, some intensely so.

Some made the very valuable point that to them the Award was not nearly so important as the process.
the school would have to go through in order to tackle the ten health-promoting criteria.

Involvement of pupils
The Award will not mean much to a school unless it gets the full involvement, participation and cooperation of the pupils. The older the pupils are, the more they could be expected to contribute to changing and reinforcing health policies and practices. The head of one of the first two schools to receive the Award (Scholes First School and Netherthong Junior & Infant School) made the point that the pupils had done all the hard work to achieve the award for the school.

Quality, not quantity
We have had to confront the problem of how easily schools should be able to win the Award. There is always a tension between making it too easy and then trivialising the Award, or making it too hard and leading schools to think there’s no point in trying. We hope that we have struck the right balance. High standards are expected and some schools have already been told that, although they are interested, they have plenty of work to do first.

At the same time, the inspecting officers are acting as consultants to the schools. They can help ease the schools in the right direction, suggest how to plug gaps in their policy or practice, and act as a conduit for help from other agencies. The role of the HPO is far from being a mere tester of whether schools will pass or fail.

Problems
We are still in our teething period. The HPOs often have to consult to ensure that similar standards are being applied across the Authority, and this takes up valuable officer time. There is a problem — which we anticipated — about how much power is it for the schools in the wealthier suburbs or rural villages to win the Award, compared with those serving areas of relative deprivation.

These differences have to be taken into account and some allowances made.
The School Meals Service, over which we have no control, has undergone financial problems with a consequent change in its diet. Some secondary schools are reducing the range of their home-produced meals, and the provision of new curricula will take time to do properly. A wholesale granting of the Award would undermine it and compromise its value.

The Award will be reviewed by the Authority and the Yorkshire Regional Health Authority at the end of March, when improvements and refinements may be adopted.

It looks as if the prediction will be slightly exceeded — but not by a great deal. I would anticipate a greater number of schools in the following year.

The Future
As the Award begins to get more well known, and the fruits of it are appreciated, I feel that more schools will become interested in it and will be prepared to take steps to make the appropriate changes.

Contact Colin Noble, Kirklees Metropolitan Council, Health Education Co-ordinator, Curriculum Development Centre, Temple Road, Dewsbury, West Yorkshire WF13 3QD (0924465633).

Continuing our annual reports on the lifestyles of young people, the following books are now available at £20.00 each:

Young People in 1989
The Health Related Behaviour Questionnaire results for 15,672 pupils between the ages of 11 and 16

Young People in 1990
The Health Related Behaviour Questionnaire results for 18,941 pupils between the ages of 11 and 16

Schools Health Education Unit
School of Education
University of Huddersfield
Heavtree Road
Exeter EX1 2LU
(0392 264722)

New Zealand has enacted some of the most exciting, far-reaching smoking legislation in the world. From October to December 1990 it was awarded a Winston Churchill Memorial Trust Fellowship to study their smoking education, having taught for seven years in primary schools in the London Borough of Ealing.

Now work on the HEA’s My Body project, which has a particular emphasis on smoking education. The report of this visit is not an in-depth study of one aspect; it is a broad view of smoking and health education that reflects all the areas I feel are important in my work with those in health promotion work, teachers and primary-school children.

Tobacco
An important reason for New Zealand’s anti-smoking stance is that tobacco is listed as a toxic substance. In 1989 the Toxic Substances Board produced a paper entitled 'An End to Tobacco Advertising and Promotion', which was based on information from both the health lobby and the tobacco companies (although the latter seemed to be unhappy with their representation). Balancing all the information, the Board came up with the following statement:
The Toxic Substances Board recommends that Tobacco Advertising and Sponsorship and their forms be totally eliminated throughout New Zealand from December 1990.

Aims
These were the aims of the government:
Goals
1. To reduce the onset of smoking in non-smokers, especially adolescents, and to reduce the number of smokers and the consumption of tobacco.

Targets
1. To reduce tobacco consumption from 2500 grammes per person 15 years and over per year (1989) to 1500 grammes per person by the year 1995 and to

1000 grammes or less by the year 2000.
2. To reduce the prevalence of current smokers from 29% (1988) to 25% or less by the year 1995 and to 15% or less by the year 2000.
3. To reduce the prevalence of current smokers aged 15 to 24 years from 33% (1988) to 27% or less by the year 1995 and to 15% or less by the year 2000.

Tobacco lobby
The tobacco industry was very concerned at the developments that were taking place. Much money and effort were put into counterbalancing the health lobby.

The Tobacco Institute, which was funded by Rothmans, paid for a report to stand against that of the Toxic Substances Board: A Review of Materials against Smoking. No one was present at the time of writing this report.

The Institute also formed 'New Zealanders’ Right to Decide'. This did an enormous amount of lobbying on behalf of the tobacco industry, but concentrated particularly on the sponsorship issue. It set up petitions at sporting events, selling the idea that if tobacco sponsorship was not available, events would collapse. Sporting personalities were encouraged to sign against any changes in large advertisement in the newspapers.

One of their arguments was that the government was acting against the public, and that it would only be a question of time before alcohol was hit.

One aspect which I found particularly interesting was that these were the very same arguments appeared when the EEC were considering acting against tobacco advertising and sponsorship.

In the end, the force for legislation won through and the Smokefree Environments Act 1990 became law on 28 August 1990.

Asthma
One vital point to note was the very astute decision by the government to put advertising and sponsorship alongside its plan to introduce smoke-free workplaces. All the adverse publicity concentrated on the former, whereas the actual changes to everyday life are far-reaching through the latter.

The Act consists of three parts:
1. Smokefree Indoor Environments. The aim of this is to protect people from passive smoking.