

One of the more positive effects of a challenge is that we are forced to stop and rethink!

Suffolk cannot be unique in that respect. Advisory colleagues in this county shared a concern that lack of co-ordination within health education was at the centre of much of the confused practice in schools.

There have always been instances of imaginative work which has stimulated pupils and developed a genuine interest in health issues. The other side of the picture was also recognised — lack of progression, teachers hijacked into involvement in areas where they do not feel comfortable, and the old horror of 'death by a thousand worksheets'.

Time-honoured

Needless to say, as Advisers we have commented in the time-honoured way, making helpful suggestions and organising the annual programme of conferences and workshops. This had the effect of stimulating further curriculum development in schools already committed to health education, but insufficient time and support was at that time available for a concerted effort.

It was clear that the task of planned co-ordination at County Adviser level was likely to work more effectively and might be viewed as some sort of role model. The following summary describes the aims and methods of this new approach:

- A co-ordination of Advisers in approaches and thinking.
- Joint training of advisory teachers in related 'subject' area.
- In-service training and support systems for particular initiatives.
- Contracts between LEA and schools for planned development.
- A conference with Health Authority personnel to disseminate our county approach to 'good practice' in health education.

EILEEN ROWE

Co-ordinating the Suffolk approach

High profile

The decision was made to make a high-profile start with a major Conference Workshop day in 1989 for Health Authority officers.

Co-operation from these colleagues was instant, since they had

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frequently requested greater clarity about the ways in which the Education Department was tackling both health education and health promotion. We had a clear education philosophy about curriculum development, we had well-tested procedures for pupil care, there were also many exciting initiatives — sharing these with the wider audience was a major step forward in understanding.

Sumptuous

The day itself was structured to clarify from the county perspective what we did and how we did it, and this was followed by a selection of workshops which explored the develop-

ment of active learning, the response to HIV/AIDS, the drugs education programme and the health-related fitness programme.

Colleagues from other divisions demonstrated the approach to pupil welfare and support. The catering service proudly talked of its imaginative 'healthy eating' menus and provided a sumptuous spread as evidence.

'The health-promoting school'

Every school in the county received synopses of the days which included the conference participants' thoughts on what constituted a 'health-promoting school'. This alone has stimulated some schools to devise projects such as community links and joint parent-and-pupil health activity sessions.

A further conference was held in the summer of 1990. This attracted an audience of those health professionals likely to become actively involved in classroom work — such as school nurses, pediatricians, dental health officers, and environmental health officers.

We were able to present a clear picture of what National Curriculum health education would be like, confirming both the positive framework for preventative health education

and our skills-based philosophy workshops illustrated main themes but were presented both from a primary and from a secondary viewpoint.

Reinforced

We reinforced the need for active learning and for using visitors as resources rather than as lecturers. The workshops illustrated the importance of progression — for example, the idea of 'love' was explored at the primary stage using 'Draw and Write' techniques. This illustrated younger pupils' perspectives of 'love' in family relationships and care for pets, and it illustrated how 'caring' was already seen by pupils as part of loving relationships.

The idea of 'love' was explored at the secondary stage in the context of sexual maturation, enthusiasms for pop-idols and media images. Participants explored ways in which these teenage interests could be a starting point for exploring 'Responsibility for others'. This demonstrated an introduction to more structured sex education and HIV/AIDS education using role-play and decision-making exercises.

Suffolk's curriculum policy has always made collaborative thinking possible, and this shared philosophy was to prove the platform for genuine co-ordination. The County Advisers for physical education, science, and social education have

formed the planning team and we decided to bring together all our advisory teachers for a common in-service programme.

The range of expertise is impressive. We have advisory teachers in PE and health-related fitness interests which make the link with nutrition viable, while our science colleagues now have a 'claim' on health topics through the National Curriculum but see the need for a planned link with decision-making and personal & social education.

Enviably

Since April 1990 we have been in the enviable position of having three advisory teachers for health education — two funded in the ESG and one from Regional Health Authority funding.

These teachers have had different experiences — one as a drugs advisory teacher, one with recent experience in middle management, and one with middle school co-ordination experience. My original background was home economics (or domestic science!), but with a real enthusiasm for design and technology.

By involving our colleagues responsible for personal & social education and for child protection & family education there was an impressive range of expertise.

The in-service training programme is based on building our shared philosophy, exploring our

understanding of 'best practices' in health education, and working as teams on cross-curricular developments in schools. It has also helped to explore the issues through case studies.

We wished to support groups or pyramids of schools through a formal contract with the schools. Effectively this means that a co-ordinator applying for supply cover will be ensured full backup in exchange for an agreed programme of curriculum development.

For 1990 the major support will be in the primary sector where links with the National Curriculum can be exploited. The whole development will be evaluated at regular stages, and county advisers have planned some reviews to trace the effectiveness of this way of working.

Breadth and scope

This development is in its trial period, but schools have responded positively. The most notable outcomes have been a greater awareness of the breadth and scope of health education within the advisory teachers team — where it had once been a matter of developing elements of health education in isolation from one another.

An advisory teacher invited to work with a school on one aspect of health education is more likely to respond with a collaborative proposal to work alongside a colleague.

An example of this approach was the request for help in 'improving the cookery corner', which was to focus on 'choosing foods, and nutrition', but then developed into 'designing a healthy sandwich' — an activity which quickly became an excellent response to Design and Technology then involving another primary advisory teacher who was seeking examples of good practice for this new foundation subject.

The development is an example of how health education components can be an explicit element of broader curriculum planning.

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A new county programme

We hope that a major initiative will develop into a structured programme, specific for our county, for health education from 5-18 years based on agreed concepts, skill development, and themes.

At present we are exploring the themes of roles, relationships, and responsibilities, and plotting the development of these. We shall rely heavily on past well-tried materials and also on newer projects, leading to the production of unique 'Suffolk-style' documents.

Colleagues from the Health Authority have been eager to support our 'new' thinking and are seen as a vital link between our child-centred work and their community (and parent) focus. We believe in working in tandem most of the time and in joint ventures when this is of added value to the education programme. The similarities and differences between our approaches are being identified through regular discussions in small groups.

Education or promotion?

The distinction between health *education* and health *promotion* has also proved significant. These two aspects are important, both having somewhat different objectives from a curriculum viewpoint.

The factual background of Health Authority colleagues is proving immensely supportive, not least in the uncharted seas of our developing response to HIV/AIDS.

Schools have responded imaginatively to in-service activities based on the concept of 'the health-promoting school' — finding much that was positive and taking many examples of undesirable 'hidden messages' back to their own schools.

Many schools already have a no-smoking staff-room, but are now involving parents and governors in discussions about extending this principle to all events taking place on the premises. In these days of LMS and hire of premises by outside

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groups, teachers are challenged to consider the most positive and tactful ways of securing smoke-free premises at all times.

School events

One event, scheduled for the autumn term, is a 'Suffolk focus on health education'. The hope is that most if not all schools in the county will put a particular focus on health education over an identified period of time.

We are not asking for extra work, but rather for emphasis on current and new practice, with open invitations for parent and governor involvement, and with pupil-produced exhibitions. The idea is that each school plans its own 'event' — we wished to avoid expensive central exhibitions which attract only a limited audience. At present we have no idea how successful this will be!

Health Authority personnel have already indicated that they will be willing to set up parent-focussed programmes over the same period of time to reinforce the nature of adult collaboration in developing a healthy lifestyle.

Some examples of schools' interest are being collated. These include a high school which has used the formal opening of its Health Related Fit-

ness Studio as a focus; another is offering parents the opportunity to 'design and make' their own non-alcoholic beverages in place of the usual coffee-break in the meeting. A series of governors' training sessions will be taking place in early spring to reinforce the importance of health education and provide governors with workshop experiences.

Child abuse

There is a county training team for child abuse and protection, consisting of a leader from social services, a practising teacher, and a Health Authority expert.

This jointly-funded team is responsible for training specialist and mixed groups. The teacher is also involved in developing a structured family education programme (5-18 years) as a context for sex education and for secondary child protection issues — we would wish to see all our pupils involved in some work which explores the needs of young children and young people and which examines the stresses which can give rise to abuse of any family member.

Responsibility

The team has developed a detailed 'needs identification' process from

which other aspects of our health education planning can benefit. Personal and social education has always been identified as a responsibility of every Adviser in Suffolk. It is a responsibility which we cannot avoid, and is the context for our curriculum development.

A formal policy document is nearing completion, and this is the contextual document for co-ordinated in-service work for health education.

Working as a co-ordinated team will ensure that all our advisory teachers take the same philosophy with them into our schools. It is already clear that schools appreciate consistency at a time of rapid change.

The move towards co-ordination of health education programmes has happened swiftly — the decision was surprisingly easy to negotiate. It would have been impossible, however, if colleagues had been unwilling to set aside territorial interests. The negotiation has been possible because of commonly-held philosophies about teaching and learning and a commitment to uphold the particular expertise of individuals within the co-ordinating team.

Management

We have a tight management structure which has ensured that decisions and developments are discussed and clarified before any initiative takes place — at times this can seem constraining if a particularly good idea presents itself to one person. However, the value of clear targets and success criteria is already evident and these prevent the main developments becoming fragmented into many individual responses. The range of levels at which co-ordination is now developing suggests that individuals feel that this is positive and supportive. Perhaps most importantly the challenge has been a stimulant!

Contact Eileen Rowe, County Adviser for Home Economics and Social Education, Education Dept., St Andrew House, County Hall, Ipswich IP4 1LJ, Suffolk (0473 264711).