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New guidelines for teachers in special education

'Special needs' health guidelines have pointers for all pupils

A pioneering set of Health Education Guidelines for youngsters with physical disabilities or learning difficulties was launched at a Birmingham Special School last November. Thought to be the first of their kind in the UK, the guidelines are intended to help teachers tackle sensitive areas, such as personal hygiene and sex education, and raise awareness about issues such as the importance of privacy and dignity.

At a local level the Birmingham LEA continues to support and promote the development of effective health education for all pupils in all Birmingham schools. About 2% of these (3082 in 1991) are currently placed within Special Schools or in Special Units, and despite their small percentage they are a significant group who have very specific needs.

The document is intended to help teachers delivering health education to this group by providing ideas, questions and information. It covers some of the principles and recommendations common to most pupils. It also identifies some of the specific issues relevant to particular groups of pupils, ranging from those who have moderate to profound and multiple learning difficulties.

This substantial and detailed publication is recommended reading for all health education professionals, as much of its philosophy if not content is applicable to programmes for mainstream pupils. It points out that:

Health education, in its widest context, has a long tradition in Special Schools. Its emphasis on the personal development of pupils and its promotion of skills for independent and responsible living has been at the heart of the curriculum for many years.

Health and staff

To ensure that the curriculum is adequately supported and monitored, responsibility for co-ordinating health education needs to rest with a senior member of staff. In most schools, it is likely to be included in part in a number of curriculum areas, and will therefore need careful co-ordination if themes are not to be missed out or repeated.

In many schools, a health education co-ordinator may also have responsibility for monitoring the curriculum, co-ordinating teaching materials, and providing support to the staff who teach health education.

Responsibilities

Schools will need to recognise that all staff contribute to children's learning about health and personal development in varying ways, including:

- Discrete courses emphasising health education issues.
- Health-related teaching in all curriculum areas.
- The 'hidden messages' conveyed to children through staff-pupil relationships, and the ethos and organisation of the school.

All staff therefore need an opportunity to think about these different facets of the school's role in supporting health, and how their own ideas and attitudes can, and do, contribute to children's learning. It follows that both teaching and ancillary staff should share some training.

Welfare

However, it is not enough for any authority, school or institution to be concerned with the well-being of its pupils or clients whilst ignoring the needs of its staff.

Losing out

The guidelines point out that children learn a lot about health quite incidentally through their everyday lives and through encounters with friends, parents, family, neighbours, television, radio, books, comics and local community activities. Although this incidental learning can be both positive and negative, it is an important part of a child's overall learning about health.

Restricted

For children with special educational needs, the opportunities for incidental learning are often quite restricted. A disability or handicap may reduce their contacts with people outside school or home. For pupils attending a special school, travelling some distance to this school often means that friendships developed there are restricted to school hours.

On top of reduced opportunities for incidental learning, many pupils may find it hard to pick up and make sense of information and attitudes. Their learning difficulties, physical/sensory impairments, or their delayed development may mean that they cannot make the most of (or may misinterpret) informal learning situations.

Implications

The implications of this for school health education are that:

- A planned taught programme using active or participatory teaching methods is essential — it will be the main source of learning for many pupils.
- Opportunities for informal, social mixing within school, outside school, and with mainstream peers will need to be actively fostered.
- Time will be spent valuably in helping pupils to make sense of experiences and opportunities for learning outside school.
- Teaching social skills and fostering emotional development from a very early age can be used to help pupils make more of their opportunities for informal learning, however restricted these are.

Health Education Guidelines for Pupils with Special Educational Needs (24 pages) is published by Birmingham Education Department's Health Education Unit at £5.00 + postage. Write to the Martineau Education Centre, 74 Balden Road, Birmingham B32 2EH (021-428 2262)

Therefore, any school considering promoting health should have a policy that is also intended to provide for the health and welfare of its staff.

Training

Staff with a major teaching commitment to health education will need additional professional development opportunities. These include specialist courses on particular health issues such as sex education, themes such as parental involvement, and the co-ordination of health education within the National Curriculum.

Many schools may be concerned to have training about 'sensitive' issues. While these may be important, it should also be recognised that those issues that are often seen as sensitive by teachers may not necessarily be the issues that children (or their parents) feel uncomfortable about. For example, food is a subject that often has emotional significance for families, but this is not generally recognised as a sensitive issue. All health education needs to be handled in a manner that is sensitive to the differing backgrounds of the children and their families.

Obstacles to health education

In practice, Special Schools may find it hard to teach health education to their pupils. Some of the constraints may include:

- Very few teaching materials are designed for pupils with different types of special educational need.
- Staff make do with materials aimed at young children, but these are often too childish, especially for teenagers.
- 'Active' methods such as discussion and role play may be hampered by particular learning or communication difficulties.
- It often may seem easier to fall back on 'telling' students what to do than help them think and decide for themselves.
- Specialist help is often focused on literacy, numeracy and oracy.
- Low expectations for pupils can mean that they are not expected to be independent and therefore not seen as needing aspects of health education.

Adults habitually in the caring role find it hard to let pupils take risks, make decisions and make mistakes.

- Conflicting values and standards between home and school make some health education hard to teach.

It's no good giving a 10-year-old a book written for nursery children just because it corresponds to their level of understanding.

There should be a greater emphasis on working with and aiming to educate parents and carers on health education issues. Their attitudes and aspirations will also affect what some pupils are allowed or encouraged to do.