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The following people made major contributions to the document:

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## Terry Brown

# CG5: The good, the bad and the guidance

Since its appearance in 1990, *Curriculum Guidance 5* has been widely accepted as a basic framework for a cross-curricular approach to health education planning.

A small working group of the Northamptonshire Health Education Teachers' Association (NHETA) invited all schools and everyone else we knew in Northamptonshire who had an influence on health education in schools to an initial meeting in February 1991. The NHETA is a self-help group of interested teachers which has now been in existence for ten years, and the LEA funds its twice-yearly newsletter.

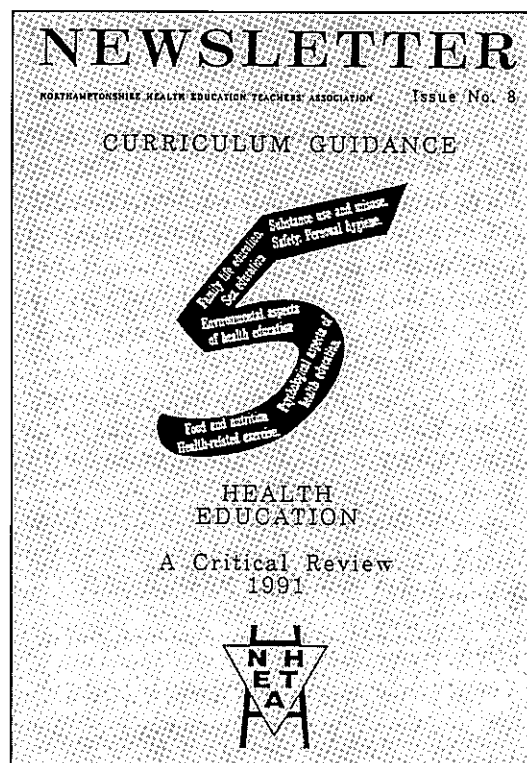
The participants were given a brief overview of the context of CG5 in the National Curriculum, and chose which component or general area to review critically. The plan was to make the final document shorter and 'friendlier' than CG5, which in some schools is still on the shelf.

Twelve working groups were formed, which then arranged their own series of meetings to report back at a final meeting in May. This was also planned to show gratitude for the work carried out, and included health-related entertainment (a song, a sketch and a video), some healthy food, and non- or low-alcoholic drinks.

Altogether, 86 volunteer representatives of schools, Health Authorities, the advisory and inspection service, the youth service, the church, the police, and other organisations with an interest or involvement in school health education were involved, so by any standards this is a major distillation of expertise.

The document takes each section of *CG5* and refers to the strengths and weaknesses under the symbol of a smiling or frowning face. On the whole there are more frowns than smiles, but this does not reflect an overall disapproval of the document, since approval is also implied for

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everything that is *not* mentioned. For example, the report states that 'the concepts and much of the contents are relevant and appropriate' and 'the overall framework is generally satisfactory', and it quotes with approval the two following statements found in the introduction to *CG5*:

- *The teaching methods used are as important as the content of the lessons*
- *Much of the teaching in health education will be based on the active involvement of the pupils*

The purpose of the Northamptonshire report should be seen as constructively building on the foundations of *Curriculum Guidance 5* to provide a comprehensive framework for cross-curricular design.

### Teaching and learning strategies

#### Smile

Statements that 'The teaching methods used are as important as the content of the lessons', and 'Much of the teaching in health education will be based on the active involvement of the pupils.' (Page 7)

#### Frown

Ground rules tend to be complied with better if negotiated rather than imposed. (Page 7, final paragraph)

### Substance use and misuse

#### Frown

'Drug', 'substance' and 'medicine' are used inconsistently and without definition.

All elements in key stages 3 and 4 need to be addressed earlier, especially HIV/AIDS and harm minimisation.

Two major omissions are: Information about the law, and the effects of alcohol and tobacco use during pregnancy.

Is it true that 'tobacco use is never safe, limited use of alcohol may be'?

Teachers need awareness-raising and training in appropriate methodology in order to implement this component appropriately and effectively, especially in relation to illicit drugs.

### Sex education

#### Smile

Controversial issues are addressed.  
The areas of study are wide-ranging.

#### Frown

Some important terms are not defined.

Which parts of the reproductive system are to be named in key stage 1?

What is 'the basic biology of human reproduction' appropriate for key stage 2?

What 'range of sexual attitudes and behaviours' do key stage 3 pupils need to be aware of?

A number of non-mechanical and cultural aspects are omitted.

There is little attention paid to STDs, HIV/AIDS and individual responsibility.

Variation in pupil development needs to be taken into account when considering the suitability of content.

In order for teachers to be able to deal sensitively, openly and without embarrassment with the content and other matters that can arise, they may need to address some personal and developmental factors for themselves prior to attending to them with pupils.

### Family life education

#### Smile

Family life education is central — elements of other components are integral to it.

Death, bereavement and separation are included.

Some obvious omissions are mentioned in other components.

#### Frown

'Family' is not defined.

How can a school develop a consistent and coherent approach which takes different viewpoints into account, and avoids value judgments?

There are gender-stereotyping dangers.

There is no mention of special needs.

There is no reference to sensitivity of feelings, developing a respect for life, etc.

Social skills and leaving home are omitted.

Some minor rearrangements between the key stages might be necessary for aspects of progression.

### Safety

#### Smile

This component offers a useful, flexible reference point, framework and set of minimum standards.

Available tests can be used for assessment of knowledge and skills, e.g. St John's Ambulance 3-star award.

#### Frown

There are some serious omissions: the school environment, exercise, sport, water, cycling and pedestrian skills.

The development of attitudes and consequent changes in behaviour need to be reinforced rather than just knowledge.

'Basic first aid' is not defined, and is only mentioned at key stage 2. Rescue, breathing and resuscitation procedures are omitted.

Some up-dating and training for teachers may be useful.

### Health-related exercise

#### Smile

The progression of knowledge is satisfactory as far as it goes.

#### Frown

All elements in every key stage are concerned only with knowledge and not its application.

A variety of factors are omitted: pleasure, social skills, safety, positive self-image, continuation of exercise after leaving school, encouragement of a positive attitude to exercise for life...

Well-known myths are not dispelled, e.g. no pain, no gain.

Some in-service training might be useful.

### Personal hygiene

#### Smile

It is good to see the main thread of valuing oneself made explicit.

#### Frown

This can help with aims and objectives, but not with what to do.

It is theoretical, not practical.

There is not enough detail.

Dental care is emphasised with no mention of eye, foot and ear care.

There is no mention of the sensitivity required in relation to attitudes, values, cultural and social aspects.

### Environmental aspects

#### Frown

The emphasis is on knowledge, whereas this component should be as experiential as possible.

Some elements are vague and ambiguous.

Other elements ask too much.

There is no mention of the development of empathy with one's surroundings or sharing the responsibility of caring for them.

Critical and analytical approaches are not developed.

What do students need to know about the NHS (key stage 3)?

### Food and nutrition

#### Frown

The concept of a balanced diet needs to be mentioned earlier and reinforced later.

There is no mention of drink or fluid.

Religious and cultural differences need to be mentioned earlier.

The influence of the media is omitted.

Current food issues need to be addressed.

### Psychological aspects

#### Smile

It is good to see this component mentioned at all and encouraging to see such detail.

This component should and does underpin the others.

There are skills mentioned at every key stage.

#### Frown

The wording of some statements is ambiguous.

Some elements need to be attended to earlier, e.g. decision-making (key stage 4).

Other elements are unsuitable or ambiguous for the age suggested.

The teacher needs to take into account the range of emotional and social development of individuals in the group.

Some terms need to be defined, e.g. 'mental illness'.

### The report's summary of the whole CG5 document

#### Smile

CG5 is a tool for implementing Section 1 of the Educational Reform Act.

The concepts and much of the content are relevant and appropriate.

Omissions in some components are found in others.

There are obvious links between some of the components, the holistic approach demonstrated by the layout in key stages.

There are links with NCC subjects.

The overall framework is generally satisfactory.

CG5 may raise teachers' awareness of some aspects of young people's development not previously attended to.

#### Frown

There are omissions from each component.

There are some inconsistencies between components.

There is some inconsistency in the use of particular important words, none of which are defined.

Many of the elements in key stages 3 and 4 need to be attended to at an appropriate level in key stages 1 and 2.

Flexibility of approach is required to take into account students' needs and attitudes.

The areas of study outlined emphasise knowledge and understanding, attending to skills and attitudes in only a few places.

There is no clear model for implementing health education in a comprehensive, consistent and coherent manner.

Asked about the general availability of this document, Terry Brown comments that the first printing is exhausted, and that there are no plans

to republish it; but if sufficient interest is shown, this could be reconsidered. Over to our readers! — Ed.