



# Education and Health

Journal of the Schools Health Education Unit, Exeter University

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## Health Education Council: Health Education in Initial Teacher Education

It would seem to be a sensible and basic requirement of initial teacher education that the experiences provided for students should reflect the educational, social, and health needs of children. It is therefore something of a paradox that, while schools are generally re-discovering health education and are reinstating it in their curricula, it has been allowed to wither to insignificance in the majority of teacher education establishments. To be fair, teacher education (both the Bachelor of Education [BEd] and Postgraduate Certificate in Education [PGCE] varieties) has suffered many body-blows over the past ten years, and even now the future is blurred, to say the least. The claims of health education have to be placed, of course, alongside the legitimate demands of other important educational issues such as computer studies, special education, multi-cultural education, pastoral care, and environmental studies. In the context of a PGCE course lasting 32 weeks, ten of which are spent on teaching practice, it is, therefore, not difficult to see how health education might lose out: particularly if there is no-one to make a strong and consistent case for it.

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Special issue:  
SAFETY EDUCATION



The Health Education Council

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**Education and Health** is published twice a term, and contains articles, letters, and notes about all aspects of health education within schools.

Its aim is to pass on the results of recent research into health behaviour, and to provide a forum for debate among teachers, health education specialists, and others concerned with the healthy development of young people.

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This, then, is the general background within which the Health Education Council invited me to direct a research and development project concerned to stimulate and promote the cause of health education in teacher education. The work actually commenced in 1981, but officially started to operate as a three-year project from September 1982. It can be described in four phases, only the first of which has yet been completed.

1. Investigation
2. Writing materials – forming writing groups of colleagues, from initial teacher education
3. Trial and evaluation of materials
4. Dissemination

## **Preliminary investigations**

The investigation in *schools* took the form of a postal questionnaire to a 12½% random sample of all primary and secondary schools in England and Wales. Although the questionnaire concerned itself with a variety of matters relating to health education, its basic purpose was to find out (a) what schools were up to in terms of health education and (b) what they thought ought to be happening in initial teacher education.

- The returns were quite pleasing – 73% response from primary schools and 83% returns from secondary schools.
- Just over 91% of all schools in the returned sample said that they taught or had plans to teach health education.

- There was overwhelming support from 98% of schools for the inclusion of health education as a core programme of health education for all students in initial teacher education.

The early design of the pilot questionnaire to the *teacher education establishments* proved to be so cumbersome and unwieldy that it resulted in a drastic rethink which led eventually to a simple one page enquiry. This was followed by visits to and interviews in just over one third of the institutions. The basic data from this combined investigation revealed

- Institutions offering health education input of *some kind* – 63%
- Institutions offering a *health education option* – 33%
- Institutions offering a health education input as a *core for all* – 24%

## **Further studies in teacher education establishments**

The purpose of the visits to the colleges and departments of education had also been to explore:

- (a) The most promising avenues for health education in the curriculum of initial teacher education;
- (b) To determine the materials necessary to sustain, resuscitate, introduce or develop health education in initial teacher education.

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### Initial Teacher Education

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A second questionnaire was sent to *all* the teacher education establishments, seeking their views of the best avenues for health education and the most useful materials to complement them. The response to this questionnaire helped to shape the project's views on the direction it should now take. The second questionnaire was followed by seven regional meetings with colleagues from the institutions in order to explain and discuss the results of our investigations and to set up writing groups in each of them.

A questionnaire for students relating to health education in initial teacher education has also been piloted during the year — the results of which show that 90% of students expect to contribute to health education in school. The result of the full survey — a 50% random sample of institutions — will be available in early autumn 1983.

#### **Developing materials for use in teacher education**

In the second stage of the project, which is now beginning, the following materials are to be developed:

*A student text* offering background reading to students concerning the place, context and rationale for the inclusion of health education in the school curriculum.

*Workshop materials* relating to the areas of health education identified by colleagues through questionnaires and interviews as worthy of some in-depth treatment. These are set out below:

#### **Relationships**

Mental Health

Abuses: Drugs, Alcohol, Tobacco

Community Health

Human Sexuality/Sex Education

Food, Nutrition, Exercise

Growing and Developing

Other workshops are planned in the following areas:

Schools Broadcasting and Health Education  
 Special Education and Health Education  
 Safety Education and Health Education  
 The School as a Health Promoting Institution

Each workshop will consist of several Units, and each Unit should provide one hour's activity for a group of students. Each workshop will also have a Key Unit which can, if necessary, be free-standing in the event of shortage of time.

Other essential ingredients of the workshops agreed with our colleagues are as follows:

- To employ a variety of learning/teaching methods which might offer models for the student's own teaching;
- To be aimed at the student's own intellectual level;
- To provide strong links with available school-based materials in health education;
- To include clear aims and objectives;
- To also include means by which each of the Units might be evaluated.

**Tutor's Guide.** The need for a tutor's guide becomes obvious when one considers the enormous differences in organisation, content, and available time between the various initial teacher education courses.

**Films** Colleagues in initial teacher education are unanimous in their desire for films or video recordings illustrating the teaching of health education in the classroom. A film demonstrating health education in the primary school will be available early in 1984. It is hoped that illustrations of health education in secondary schools will follow.

**Specialist subject areas** In addition to the materials outlined above, the project is in the process of forming national groups to consider the place of health education in the context of the preparation of teachers in the specialist subject areas of Biology, Home Economics, Physical Education and Primary School Science. These groups, to be convened early in 1984, and will involve the preparation of additional materials, the nature of which will be determined later.

**Immersion courses** Because of the severe restriction of time available for health education in PGCE courses, the project has suggested the development of an immersion course lasting a working day. The immersion course allows exposure of the entire student body, working in groups, to a variety of experiences concerning the nature, purpose and content of health education. Several of these are planned to take place next academic year in selected PGCE courses, and will be carefully evaluated from the point of view of both students and staff. The intention is also to provide a follow-up 'option' course using the workshop materials referred to earlier.

### Conclusion

Needless to say, the whole project rests upon the goodwill, experience, and expertise of colleagues in teacher education, and it is particularly gratifying to record that nearly 50% of all the institutions are involved in one or other of the writing activities. This, of course, provides a large base from which dissemination to every institution can proceed. I would like to end by thanking all our friends and colleagues for their tremendous and enthusiastic support: the professionalism, good humour and warm relationships which the project team has encountered has been the epitome of what health education should really be all about.

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