

School governors and health education

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Anne Hovey is Director of the HEA School Governors/Headteachers Project, the aim of which is to promote health education in schools through governing bodies. In this interview she describes how she tries to widen their typically narrow view of health education and make them believe that their contribution may be as valuable as that of the 'professionals'.

J.M. My experience, as an outsider, is that during the past few years governing bodies have had their status forced up. There used to be a feeling that governing bodies were there as a sort of rubber stamp, not particularly influential, but nevertheless responsible. Could you give us your views on the background to this change and how your project fits into it?

A.H. I think the change in the composition of governing bodies, and the emphasis on partnership and greater parental involvement, is basically the result of the 1977 Taylor report, which recommended an equal number of parents, teachers and LEA governors (who are political appointees). Until 1980, in fact, parents were only observers, but the 1980 Education Act gave them a role as full governors, and it envisaged the provisions of the 1986 Act which increases parental representation to equal the LEA representatives. The power, influence, and responsibilities of governors, although they have been clearly defined by the 1986 Act, have to a large extent always been around since the 1944 Act, which in fact vested them with the responsibility of oversight of the curriculum conduct

of the schools. Recent legislation has merely clarified that.

J.M. How did your project begin?

A.H. The project framework began in Portsmouth in 1981-2 when the senior Health Education Officer there, Alyson Learmonth, began to involve governors in health-education workshops which she was running for staff. I had just decided to finish teaching to work with teachers as an in-service trainer, so I got a 6-month grant from the HEC to write up the experiences of Portsmouth into an outline for training governors. Then I realised that this was the tip of the iceberg and also that there was going to be further legislation which would affect governors and health education in schools, as well as the governors' role within health education. So I persuaded the HEC/HEA to carry on funding the project.

Now, of course, with the recent 1986 Act giving governors particular curriculum responsibilities, the whole issue of sex education and health education has become quite a priority for them, and this is shown by the number of governors taking up courses on offer and the number

of LEAs which are approaching the project to find out what it can provide, what materials are available, and what the project's advice is on involving governors with health education and sex education issues. For example, the National Association of Governors and Managers (NAGAM) now has a health education policy, and I would suggest that that is in direct response to their involvement with this particular project. They have also sponsored a couple of important national conferences on it.

J.M. Is your route mainly through LEAs?

A.H. The 1986 Act places a responsibility on local authorities to provide every governor with an instrument or article of government and also such other training as they would consider necessary. Obviously, custom and practice differ around the country, and governor training is a very patchy issue anyway because provision depends on money, on the local authority, on political complexion, and on all sorts of variables, but the whole feeling now is that governors themselves are seeing the need to be trained. LEAs are recognising this and many of them are taking up the opportunity of training, not only from voluntary organisations such as NAGAM but also through educational support grants. Ten authorities have received grants to develop governor training, and most

other LEAs and those of us who are working in the field are looking to the results of those initial grants to see what good comes of it. Some people are trying to jump on the band-wagon of governor training because they would see it, I think largely due to the 1986 Act, as fair game. That worries me because I think those of us who are very concerned about good practice would want to see that there is some sort of agreement about what is and isn't appropriate, so possibly that's an argument for some sort of guidelines.

J.M. When one of your courses is arranged, would your aim be to try to get all the three parties on governing bodies represented, or do you aim at one group, such as the parents?

A.H. It would depend, you see. If I am running a general one-day course, it is open to any governor on a first-come-first-served basis.

J.M. But you could go into a single school and take on a single school's governing body?

A.H. It would be possible, but it is better to build it in with a larger day for the most effective results. What I would call 'effective results' are a greater understanding of each other and a greater willingness to work together, so I should like to have a representation from secondary schools and primary schools on a full-day course, because I think it is very important for them to see that health education doesn't begin at five and end at eleven or begin at eleven and end at eighteen — there is a continuity which needs to be acknowledged and recognised. Having said that, I do run courses for the National Confederation of Parent Teacher Associations (NCPTA), where all the group would be parent governors or parents who are interested in becoming governors. So there are several ways of doing it.

J.M. So how do you go about advertising courses or organising them? What's the starting point?

A.H. If it's an LEA-based course, or a Health Authority based course, the host

authority will advertise it through the normal channels. I will come for a consultation and agree the content and the outline of the content. I don't ever impose a stereotyped course because although I outline the sort of modules I shall include there is always a local element that can't be ignored. That means that a course that I would run in the Midlands might not be the same course as I would run in Wales, for example, because it would have to agree with the perceptions of what the local people saw as the best use of the expertise or experience I could bring.

J.M. If the host feels the need to organise a course, then they are going to feel very positive about it.

A.H. Yes, but what I have noticed in the past is that it can be difficult to get hold of the governors themselves, so sometimes they don't hear about it until it's too late, or the chairman turns up without saying to any governors that it might be appropriate for them as well. It's getting better, however, because the project now has a good linking network – but that's a problem with all courses with governors.

J.M. Do you find that certain categories of governors are more keen than others to attend your courses?

A.H. Yes, I do. I find that the parents are by far the most keen. I do get some very keen councillors and LEA representatives, but they are definitely in the minority. Teacher governors are increasingly more interested, which I am very pleased about. Heads come, sometimes because they are worried, sometimes because they want to know what's going on so that they know as much as the governors, and sometimes because they are very keen to involve their governors and they're looking for any suggestions what might help them. I think some Heads also feel threatened by the more recent legislation. But to round that point up I think that parents are by far the most interested, the most enthusiastic, and the most likely to come to courses.

J.M. I've got quite a good idea now of how the whole thing is set up. It could be a very large group or it could be a single governing body.

A.H. It is easier for the project to set up the larger one, with several group leaders. There would be a short presentation and then a set of workshops. I like the project to work on the basis of group-work because I think that's where you do get to grips with the issues.

J.M. Could you give me a picture of a typical day in your life, actually doing a course?

A.H. If it's a group of up to 20 there will be an introduction, and we would then form a circle so that everyone could introduce themselves. Then we would move on to looking at expectations for the day, what they've come there for – anyone who works with groups or runs any sort of courses will be aware that despite sending out a piece of paper describing what's going to happen on the day there will be a variety of expectations. So I think it's important that people hear each other and see why they've all come. People are also getting to know each other and are getting used to an informal method of working, which is important because governors as a group are not generally used to working in that way – in fact a lot of Heads and teachers aren't, either.

Having dealt with expectations we would begin to look at this area called health education. They would probably do an exercise (you know the sort of thing – if you think health education is for the home only stand down that end, if you think it's a matter for the school stand here), making them begin to locate their attitudes and beliefs and their information on health education. Or it might be working in small groups and coming up with an agreed consensus on what the group thinks health education is. During the feedback I might feed in some bits of information that I think necessary and the group hasn't raised.

Then we would probably begin to look at health education in the curriculum and the governors' role. This will

lead to the contributions they might make to the school's health education curriculum – what are the health messages in the school? what's the canteen provision like? is there a no-smoking policy, and if there is, what is it? is there a school health policy and whose been involved in putting it together? Those sorts of issues might begin to arise. That would probably take us up to lunch time, and then after lunch we would have a role-play session where a governing body would discuss health education and look at what aspects of health education were appropriate for the particular school. This would include how to go about setting up the policy, so that they were put in a realistic situation that would probably face them anyway in a future governors' meeting.

J.M. Do you attempt to establish any leaders among the course members, to act as a focus for further training and input?

A.H. That is one of the things that comes up most in my mind. I won't suggest I've managed it every time, but it is to my mind a very important issue. An extension of identifying particular leaders is identifying and helping the groups to form a self-help group and continue the work.

J.M. What is your link with Teachers' Centres?

A.H. The chairman of my group is a Teacher's Centre leader. To date the connection with Teachers' Centres has not been particularly strong, but I think that's because I'm aware that governors coming on courses often prefer to be on neutral ground. Having the course in a school, or somewhere like a Teachers' Centre, may give them misleading messages about the work they will have to undertake. This was borne out by a weekend course that I recently ran – the parents there were particularly worried that they were going to have to undertake tasks that they wouldn't be able to do. Now, luckily, we've been able to take them away from the school to a residential environment, and they felt able to say what they felt, but I wonder if they

would have if they had been asked to go to a more academic environment. So I think that maybe Teachers' Centres aren't the right place.

J.M. What about evaluation? You say you'd like to go back later on to see how things have gone – have you been able to make any follow-ups?

A.H. Unfortunately I haven't. What I can say is that I have seen so many people at the end of the day say "Ooh, if only I'd known this before..." That, to me, is very important, and I think it's something that the project really needs to tackle now – to go back again to some areas and see what, if anything, has actually taken place as a result.

J.M. When you have a new group, what is your general feeling of how they view health education?

A.H. Obviously there are exceptions, but in general every group that I approach sees health in terribly narrow terms. Hygiene, sanitation, or reproduction and sex education are the most common, or else it's crisis issues like drugs and AIDS. Another strong initial feeling is that they are incompetent to tackle health education, and that it's a job for the professional.

J.M. If health education were defined as that which reflects one's experiences, would they feel confident that they had a lot to offer?

A.H. Yes, I should say that a major aim of a day would be to do that, to show them that they're not lost in a sea of professionals who know all about health education. I want to make them realise that what they bring in the form of their own experiences is a very valid contribution.

J.M. Have you had much help from Advisers to help set the courses up?

A.H. Yes, and this is increasing as well. I have found that their contribution has been invaluable, since they recognise the importance of the group and the people who are there, and see that they themselves have a role to play. For example,

last week at Merseyside I had an Adviser there to look at how the group was reacting to health issues, and she seemed to be thinking ahead — what else needed to be offered? what else could she do with this group? After all, I am someone who is there one day and gone the next, and it's what happens afterwards that is the important issue, and whether it's a Health Education Officer or a Adviser (or both sometimes) it is important that the group recognises that these support agencies are there for them to use. They really are the key people, not me.

J.M. Have you been able to produce any support materials?

A.H. Yes, of course, writing materials is an important part of the work. There are two publications currently in production. The first is called *Governing a healthy school: a school governor's guide to health education*. This is a basic handbook containing simple answers for governors who want to understand the breadth of health education, so if somebody wants to know 'what health education is about' they will be helped to delve in. It contains a wide-ranging reference section at the back.

The second publication is a training pack called *A healthy partnership*. It is essentially for professionals who wish to run a self-help workshop so that people who don't have a group or a leader can use it to work on the issues themselves. The third publication, which I was working on only last week, concerns sex education materials, because there is a tremendous demand for these from governors — they want to know how on earth they are going to tackle that responsibility, what the issues are that they need to look at, who should be involved in policy discussions, and how to decide if the outcome is appropriate.

J.M. So an Adviser, given these publications, would then be equipped to set up a local workshop?

A.H. Yes I think so — but I hope someone with that amount of experience would adapt them for their own needs. They're not blueprints to be followed

rigidly: they're there as guidelines to allow for individual responses, and I think that's a very important part of curriculum development.

J.M. When will these publications be available?

A.H. I expect that they will all be available by September. If anyone wishes to get in touch with me with regard to courses or publications, the quickest way is through my home address (Warren House, Merrion, Castlemartin, Pembroke, Dyfed SA71 5HR — telephone 064-681223). There's always someone there, because we have a full-time secretary.

J.M. I'm impressed.