agencies such as the fire service, police and school nurse were involved in the health programme. Each school was, in fact, experimenting and its programme. It was also noted that all the schools had made an attempt to structure the planning of their programme: not every school was happy with the plan, but they were all going through the continuing process of evaluation and a willingness to adapt the curriculum to the needs of the children was evident in each case.

Some further points were seen to be significant in four out of five of the schools. As well as the Headteacher's interest, a senior member of staff had been appointed as Health Co-ordinator to organise and structure the work. The support and guidance of staff was perceived to be important in all the schools, although not all of them had yet achieved this. All of the schools visited would acknowledge some problems, and none would be entirely satisfied with their achievements so far.

Finally, the success or failure of any curriculum or hidden curriculum lies with the skills and enthusiasm of the classroom teacher. It is therefore vital to engender enthusiasm and offer support at classroom level. The role of the Health Education Co-ordinator would seem to be the key factor here, with support and credibility from the backing of the Headteacher.

References

Contact Tina McGrath, Norris Bank Primary School, Green Lane, Heaton Norris, Stockport SK4 2NF (061-432 3944).

Viewpoint...

I read with interest the newspaper comments on your new publication We teach them how to drink! I am a grandparent of two children aged 12 and 8, and a great aunt to around 14 children. In my spare time I work as a volunteer in a local middle school, and I am chairman of the local Community Association. Both school and the association hall are situated on the fringe of the inner city. I offer the following personal comments:

The scene, Sunday lunchtime, mother seated outside a public house on a rustic bench with Sam (aged 4) and his sister Kate (aged 2). Father brings a tray of drinks from the bar. A glass of lemonade for Sam, served with a cherry - 'Hurry up and drink your lemonade, Sam.' Sam eagerly drinks. Mum tops up his drink with ginger. Sam carefully holds his glass and shares the drink with Kate. Mum, a teacher, says that this improves Sam's self-image - he doesn't like to feel different from his parents.

Paul, aged 10, is an undistinguished boy, backward with his reading. He has a world-weary air, yawns a lot, and lacks concentration. The world-weary air was brilliant last night, Mrs Cleugh,' he told me - the turn was on stage at a working man's club. Paul arrives home around midnight on Saturday, Sunday, and Wednesday nights. He meets his friends there too, which to him is a bonus. He drinks from his father's glass freely during the evening. 'Do they drink?' Tety's bitter - 'a man's drink'.

An upper school in the area runs a yearly day trip to France for 47 children aged 14 - 15 - 4 teachers. Drinking on the outward journey is frowned on. The children are 'let loose' when the boat docks - on the return journey some are 'merry', some drunk; but to quote: 'They know the score, if they don't drink, they don't go on the trip'.

The incidents are true, I have changed the names. The parents of these children were themselves raised in the swinging sixties - I often repeatedly told my attitude is Victorian. I lost my case... Joan Cleugh (Mrs), 19 Low Green, Bradford BD7 3LJ.

‘The Extra Guest': not just another alcohol video!

John Balding

HEA Schools Health Education Unit
University of Exeter

'Alcohol education' can easily become information-based, negative, and prescriptive. When the Schools Health Education Unit was offered the chance of evaluating and developing teaching materials for a new 'alcohol' video called The Extra Guest, it was soon realised that here was a rich resource for general social education. The video is attractive, absorbing, and raises a multitude of issues that are relevant to PSE work with secondary pupils.

Some three years ago I attended a meeting where representatives of the police, health & welfare, and social services professions reviewed some 'alcohol education' materials for use in schools. They were not very cheerful viewing - fifth-formers sitting around in an empty classroom explained why it was foolish to drink, and a white-coated medic with a skull on the desk exhibited a jar containing an addled liver.

The solemn messages conveyed by these videos went down quite well with the audience, an officer from the drug squad commenting that he had found the one with the skull was the best, and he used it all the time. I have a feeling (or is it a hope?) that a group of practising teachers might have given the videos a merrier passage, given the evidence that social behaviour is strongly affected by social rather than cognitive forces.

I wonder what that audience would have made of The Extra Guest, which begins with crates of drink being loaded into a youth club, and birthday boy's Dad telling him to 'keep the nippers off the booze' before clearing off and leaving them to it. One thing is clear - it is going to be a good party, and plenty is going to happen before the 28 minutes are up!

As you would expect of a resource funded by the drinks industry, the theme is sensible drinking, not abstention. However, it is the hidden messages that emerge from the characters and situations that make it a first-class teaching resource. The value I already saw in it at my first viewing has increased enormously as a result of repeated viewings, experience of its use in the classroom, and the insights of other teachers.

What the video does

The stated objectives of the video and accompanying materials are to help pupils in the following ways:

1. To be aware of the physical, social, and emotional effects of alcohol misuse.
2. To understand laws relating to alcohol use.
3. To recognise the pressures and
influences which can lead to alcohol misuse.
4. To identify situations where these pressures may be applied.
5. To develop the confidence and assertiveness skills to resist these pressures.
6. To be able to make informed decisions about their drinking or non-drinking behaviour.

However, the extent to which the issues raised by the video exceed the limited brief of orthodox alcohol education may be seen by the following checklist of some of the issues, comments, and criticisms that were raised during its pilot use in secondary schools:

- Under-age drinking
- Parental responsibility
- Titch (a very young boy) should not have been there
- Don’t mix drinks
- Offence: drinks easily available
- Publican on the ball
- Bringing additional drink to the party
- Spiking drinks
- Resisting pressure
- Unsociable behaviour (Andy’s neglect of Jane, Bob on machine)
- Spacing of drinks

Support materials
The Unit was contracted to develop materials to support the use of The Extra Guest in the classroom. The use of the

video and the development of supporting materials and their methods of use were studied in two separate projects in Devon and Somerset, altogether involving 45 teachers and 2500 pupils in 37 schools. The work proved the material to be stimulating and relevant for pupils between the ages of 13 and 19, as well as for their parents — the older pupils often said that it was not really for their age groups, but were nonetheless enthusiastic about examining, from their own experience, the issues raised.

The realisation that its scope was much wider than the makers may have intended is reflected in the range of activities presented in the final version of the materials. In addition to knowledge about and attitudes towards alcohol consumption, there is a substantial section devoted to character-study. To help discussion, distinguishing labels can be attached to each character using the label shown in Fig. 1, and the pupils’ feelings about each one may be examined and recorded using the grid in Fig. 2.

Teaching strategies for PSE
One of the general aims of health education is to encourage individuals to take responsibility for themselves and their responsibility for themselves and their behaviour. The most effective approach for achieving this is for the teacher to do the following:

1. To act as a ‘facilitator’ of children’s learning, directing them to the sources of information, rather than handing it to them on a plate. The teacher does not have to be the fount of all knowledge.
2. To share the control with the class. This leads to children being able to take some responsibility for themselves and their own learning, whilst the teacher is there for support.
3. To accept that in spite of all the information, attitude work, and skills considerations, pupils may form opinions and behave in ways of which the teacher disapproves.

In association with Sue Plant, formerly Senior Advisory Teacher for Health Education in Devon, a list of appropriate teaching strategies have been derived. As well as being suitable for use with the video, they will prove valuable for any PSE course: one example of a teacher’s worksheet is reproduced in Fig. 3. The important point is made in the materials, and repeated here since it applies to all experiential work in the classroom, that
Fig. 3. Part of a worksheet from 'The Extra Guest'. Most of the strategies described in these materials are appropriate for general group work in PSE.

TS8
Attitudes

Social norms and attitudes related to drinking

Drinking Choices

With regard to alcohol

Alcohol Education Syllabus 11-16

Technique

In order to look at attitudes and values in relation to those of others, good methods are to ask pupils...

Either to stand on an imaginary line which has an opposite point of view at either end;

Or to go to different corners of the room according to how strongly they feel about the statements.

Discussion takes place between people at different areas or parts of the line, and pupils can move to different places as they begin to think again about the issue.

This is a most effective technique, which is well worth persevering with until the teacher and the class feel at ease with it. Both teacher and class will need to learn to organise themselves and co-operate in the task — PE and drama teachers are often well equipped to carry out this activity, and

many of these activities may be seen by pupils as inconsequential games unless the teacher (1) is clear as to the purpose of the activity (in other words, has established clear aims and objectives), and (2) allows time to examine the outcome of the activity in a debriefing session. This will ensure that the 'process' of learning is complete. Such questions might well be...

How did that feel? And why?

How does it apply to me?

What have I learned from the experience?

How can I use what I have learned?

Parents can be invited to see the video and discuss the programme prior to the children receiving it, thus providing information, allaying fears, and establishing channels for dialogue between parent and child. Under such conditions children will, it is hoped, receive maximum support. This can be very helpful for parents in clarifying their position with respect to their children's use of alcohol: the video also provides a productive agenda for debate at parents' meetings.

The first edition of the video and support materials was published in 1987. The package has been completely revised and reprinted, and consists of teachers' notes and photocopyable worksheets, as well as the 28-minute video.

A review of 24 issues of Education and Health finds little mention of 'wellness', well-being or the wellness movement. This suggests that the movement is not yet well established in the United Kingdom. Assuming that this will change, this article is intended to serve as an introduction.

Wellness, as it is observed by this writer, is a process intended to improve individuals' status in specific areas of structure and function. Wellness professionals, operating out of centres in hospitals, factories, or universities, develop and implement programmes to improve body composition, cardiovascular endurance, smoking cessation, dietary practices, and stress management. These programmes utilize a number of approaches in fostering improvement, including health education, counselling, and participant involvement in a variety of risk-reducing activities. These programmes can be found in a variety of settings, including educational institutions, hospitals, health maintenance organizations, and an array of work sites. The professionals who staff these programmes are trained in areas such as exercise science, health education, dietetics, counselling, psychology, and business management. Graduate-level programmes in wellness management are now offered in two American universities. (1)

A wide variety of people participate in wellness programmes. Participants include students, employees of corporations and institutions, and persons whose involvement has been ordered by their physicians. The observable outcome of their involvement is a leaner body, better cardiovascular function, freedom from smoking, improved eating patterns, and more effective approaches to stress management. Participants are told that involvement in these programmes will result in enhanced life satisfaction, or, as it is referred to by wellness professionals, a sense of well-being. Corporations that have wellness programmes anticipate lower use by employees of group health insurance, greater job productivity, and enhanced employee morale.

To this writer, the most interesting aspect of the wellness movement in the United States has been its ability to market itself as being significantly differ-