some publications of the schools health education unit

young people in 1987

this major report presents the complete health-related behaviour questionnaire results from 35,800 secondary school pupils. it is believed to be the most comprehensive collection of health-related behaviour data ever published.

video pack: 'i'm extra great' 19.50 + vat

this was developed to support alcohol education in secondary schools. the well-received video depicts a teenage party, and the materials include background information, suggestions for use, and worksheet masters.

schoolchildren and drugs in 1987 2.50

the use by young people of legal and illegal drugs, based on the reported behaviour of 16,014 boys and girls between the ages of 11 and 16.

we teach them how to drink! 5.50

analysis of young people's most frequent sources of alcohol indicate that the home, and parental approval, have a strong influence. the report studies this link and suggests that parents need to decide where they stand on the issue.

parents and health education 5.50

a distillation of 507 comments made by 507 parents of primary-school children who answered a unit questionnaire in the course of a nationwide survey. the responses are grouped into 30 separate topics, including home-school conflict, shock-and-terror methods, race and religion, the hidden curriculum, etc.

health education priorities and the primary school curricula 11.50

the report of a national study of 28,257 pupils, parents, teachers and health-care professionals. it is shown that some topic have a high priority for all groups, but that others show considerable disagreement. to resolve these differences is a challenge, but the overall high approval of health education topics is reassuring.

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education and health

volume 8  may - june 1990

anne howey

three hundred thousand governors to train!

there are now approximately 300,000 school governors with the power and influence to make sex education a national, recognized, and positive element of the educational experience of all school children. to do this they need training and support so that they are informed and able to support and encourage the professional staff to provide full teaching programmes for all pupils from 5-16.

the hia governors' project advocates training for governors on sex education as part of broader training on whole-curriculum provision, and in particular as part of training on personal, social health and sex education. the context within which sex education is encouraged in schools.

it began as a local initiative in portsmouth in 1984 and is a national project, funded by the health education authority and directed by myself, in 1987. together with alvyn lewis (now responsible for health education in durham), i developed the framework for the curriculum recommendations for school, 1984-1986. lorna scott (somerby), previously an advisory teacher for health education in ilea, is a consultant to the project and has helped to develop materials and training strategies.

the project has carried out many training workshops in ileas and with groups of governors over the past three years, and i have found that governors respond positively to active learning methods and to sex education in the school curriculum. many governors who began workshop sessions by saying that they had 'already made decisions about sex education' indicated that training had proved the need to review their decisions and broaden the issue in their own schools.

humour

one of the most rewarding aspects of working with governors has been their enthusiasm and commitment to the role. usually, they also display a generous helping of sound commonsense and a great sense of humour.

governors were given responsibility for decisions about sex education in their schools under the provisions of the education (no. 2) act 1986, which required them to make a written policy statement on whether sex education was to be
Few primary schools are actually tackling health education as a planned and deliberate aspect of the curriculum. Many say that sex education is included in the curriculum when it arises, which, translated, means that it may be avoided unless children actually ask!

An enquiry carried out by the HEA Governors' Project in November 1989, in 19 LEAs, revealed that Advisers or Governor Training Co-ordinators in most of these LEAs believe that fewer than 50% of their primary schools have a written policy on sex education. The same enquiry supports another finding (suggested by the experience of the HEA Governors' Project) which identifies a differentiation between the initial decision made on sex education in the school and in the policy process, which requires governing bodies to make sex education in their schools have been misplaced, as the indications are that whilst some are saying No, most are saying Yes, at least in principle. In the 19 LEAs asked, only one could identify as many as four primary schools with a policy which did not allow sex education, and three could identify one or two secondary schools which did not teach sex education.

However, all 19 LEAs asked indicated that many schools tended not to define 'sex education', and some expected that sex education was taught but not recognised as such.

SEX EDUCATION

3. New governors Governing bodies in Voluntary Controlled schools have only just been reconstituted, and there are many new governors who will require training and advice about sex education.

4. Sex education in context The Statutory Orders For Science introduce sex education which is compulsory and which form part of sex education teaching programmes, particularly to do with human growth, development and reproduction. Governors will need help to review their policies in the light of these requirements, so that teaching about physiology is complemented by teaching which meets emotional, personal, social and moral needs.

In addition...

Local support. Governors need to encourage staff to plan sex education with the help of local support personnel such as the LEA Adviser or the local Health Promotion Officer and to press for INSET support to enable teachers to plan and deliver this important area of the curriculum.

NCCE and health education National Council guidance recognises the contribution of health education (of which sex education is a part) to preparation for adult life, and it is essential that governors are trained to ensure that health education, including sex education, is provided as part of this preparation.

The HEA Governors' Project has found that too many governors overlook the need to monitor what happens in the classroom and find it difficult to adopt a management role which allows them to see, discuss, consult and decide without usurping the professional role of the classroom teacher. Many governors resist the evidence to even approach discussion of the curriculum and, as it has to be said, some encounter opposition from the staff or the headteacher.

Conversely, the project has also had to help headteachers whose governors have dictated policy without any consultation with staff. Both situations are bad for the development of the school and are caused by lack of communication or information, misinformation, and the absence of adequate training. It is gratifying that the processes and the activities promoted by the HEA Governors' Project have been identified by governor trainers as useful models for general governor training as well as for training in health education, notably in Barnet and Solihull.

OUTCOMES

Outcomes of working with governor trainers in the project include:

Many LEAs are carrying out training which would not otherwise have the time to design and plan.

Results coming in from pilots in LEAs throughout England are positive and indicate that training in health education is likely to occur.

Better cooperation between some LEAs and District Health Authorities has resulted where they worked together on the project, with the probability of long-term liaison continuing.

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The project completed its two main tasks and full-time work in March 1990:

1. A handbook for governors on the nature and purpose of health education, entitled Governing a Healthy School. Previously delayed to take account of rapid changes in legislation and guidance, personal, social and health education, it is expected to be released in the near future.

2. A manual for professional use with governors to include training materials and information to support local training for governors on health education, including sex education and HIV and AIDS education, as well as training material to clarify the role of the governor.

(outside the project team understands the frustration of colleagues like LEA Advisers and LEAs who need support material for governor training immediately, but the manual will be produced, tested, worked on and checked before release; some LEAs will use the manual for governor training to the project.

3. Training and advice are available for governor trainers in four regional locations.

SUPPORT

The project is open to governors and LEA Advisers and LEAs who wish to participate in the project and who will, of course, utilise the strategies...
and materials designed by the project.

Colleagues can also expect a newsletter before the end of the summer term, which will give details of past and future project work and will contain contributions from other organisations involved with governor training and with health education.

There are spaces for Advisers, Advisory Teachers, Health Education Officers and other trainers on the HEA Governors' Project training programmes Working with Governors on Health Education, Sex Education and HIV and AIDS Education, due to be delivered in the autumn term.

Contact Anne Hovey, Warren House, Merrion, Castlemartin, Pembroke, Dyfed SA71 5HR (0646 661419).

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**A training scheme for school governors in Somerset**

- To look at the implications for schools and colleges of the legislation as it applies to sex education.
- To define the term 'sex education' within the framework of personal relationships, responsibility and family life.

**CONTENT**

Letters of invitation were sent to governing bodies and headteachers of each school. On average, between 60 and 70 people attended the training sessions in each geographic area, and the content of the programme included:

**Issues affecting school governors**

This consisted of a presentation on the sections of the 1988 Education Act relevant to the governors, together with statements from Health Education from 6 to 16 (HEC Curriculum Matters 6) and the DES Circular 11/87.

**Statements on sex education**

Pairs of statements were distributed at random. Governors were asked to find a colleague holding an identical statement and to discuss it with their partner. This served the dual purpose of mixing people and provoking discussion.

Some examples are shown in the box overleaf. After a few minutes' discussion, the governors were asked to voice opinions which were particularly relevant or controversial.

**What are our needs?**

This provided an opportunity for the governors to identify the issues which they wished to be addressed during the evening and every effort was made to accommodate these requests.

**Clarifying views about sex education**

Individually, the governors were given a series of statements such as "sex education is different from other forms of education", and asked to record whether they agreed or disagreed with each statement. They were then asked to confer with another colleague, compare their responses, and come to a consensus wherever possible.

The trainer was able to highlight particular issues by taking feedback on those areas where a consensus was difficult to achieve.

**Sex education in school and society**

In groups, the governors were asked to brainstorm young people's sources of information on sexual matters and then to identify the three most influential. The ensuing discussion usually identified that the most influential sources were not necessarily the most reliable.

Whilst sex education was often regarded as the responsibility of