What is 'good practice' in health education?

Tina McGrath

Norris Bank Primary School
Stockport, Greater Manchester

Five primary schools in the Greater Manchester area, with a local reputation for 'good practice' in health education, were discovered to differ in size, catchment area, and internal organisation, and to have varied experience of running a health education programme. However, a number of common points emerged as a useful checklist for other primary (and possibly secondary) schools involved in planning or reassessing their own courses.

There is clearly something of a 'Catch 22' situation as regards the current position of personal and social education in the primary school... PSE is likely to be one of the most 'taken for granted' aspects... precisely because of this 'taken for grantedness' it may be extremely difficult to get primary teachers to think about PSE at anything beyond a superficial level. (Lang, 1988.)

However, Wragg (1986) suggests that the extent to which school health education can realistically expect to change behaviour is minimal. Making an impact on behaviour patterns conditioned by years of imitating elders and now reinforced by expensively funded commercial advertising, is quite different from trying to improve knowledge or skills, the traditional aims of the education system. A major reservation about the success of school-based health education to change attitudes is the failure of many programmes to involve parents or to match the subtlety of mass media campaigns. We seem now to be saying that there is little hope of effective good practice, and of course, measurement of success is extremely difficult. In this study, therefore, I am just looking at the elements I have found in school practice which have been perceived by others to be 'good', and I am not concerned with measuring the results of that practice.

Finding the right approach

There is a variety of approaches to health education/PSE which could be applied to classroom practice (Tones, 1981.)

The educational approach increases children's knowledge by giving them information and then helps them develop skills.

The preventive approach aims to persuade and motivate children to modify their behaviour.

The radical approach identifies a health problem and aims to change the social or physical environment to make healthy behaviour an easier choice.

The self empowerment approach aims to enhance the children's abilities to make their own decisions and control their lives.

Having looked at the various possible approaches to health education, I considered whether differences in philosophy in primary schools would lead to differing approaches being used in the classroom.

However, despite the fact that the philosophy of each school could be described as having a different emphasis, they were all concerned with the knowledge, skills and attitudes which would help the children towards a healthy lifestyle through their health education programme. Each school's approach may have a firm philosophical background but these approaches are not a prime consideration. It seemed likely that different approaches could be appropriate at different times in any of the schools depending on the particular classroom situation, and that results in the classroom could be the same using various approaches.

The primary school is special

The primary school is a special place for many reasons. The children come to the reception class with a wide variety of skills, and the teacher cannot count on shared pre-school experiences. Also, the growth of a child from four years to 11 years old is huge.

During their time in the primary school the children are struggling with both spoken and written language, and the opportunities for health-related work are numerous, but while language and numeracy skills are readily measured it is more difficult to evaluate health education. The primary school is not constrained by exams, but it will be interesting to see how much difference the National Curriculum tests will make to the activity-based work and the integrated subject matter, available time and resources which have been the strength of the primary curriculum.

The schools

The selection of schools in which to try and find the elusive 'good practice' was, because of constraints of time and resources, almost a process of self selection. I approached the Health/Drugs Education Co-ordinators of five local authorities for ideas of schools who, in their opinion, had 'good practice' and would be prepared to talk to me about it.

I was eventually able to visit five schools and took the following notes from discussions with the Headteachers or Health Co-ordinators. I then recorded the points which seemed to me to be important in the development of health education in each school.

School A

This group 5 school is situated on the outskirts of Stockport in a middle class area. The Headteacher is committed to health education and is particularly interested in parental involvement. Health education has been established in the school for eleven years, since an Adviser brought in a copy of the Schools Council Health Education Project and gave some support in the drawing up of schemes of work using the materials. Other resources have been introduced and woven into the scheme of work.

The staff decided to include sex education and integrate it into topics at several stages through the school. They use the resources of the Health Promotion Unit, the Health Visitor, and the School Nurse as well as the parents when a class 'adopts' a Mum and her baby.

The spring term each year is given over to a health-related topic all through the school. In this way it can be ensured that each class has covered certain aspects of health education and it is a time when the whole school is working together on a similar area. There is a set plan for each year group but they try to be flexible within that plan. At this school they feel that the advantages of working in this way outweigh the disadvantages.

The parents are very much involved in the life of the school, and sometimes parents who are committed to the school's health education programme are used to talk to other parents who are worried about it.

JUST A TICK is just the thing for planning in HE or PSE. Consult staff, pupils, parents, and governors. The pack costs £2.50 from the Unit. A primary and secondary version is available.

The school policy states that health education is very wide and embraces not only physical health and hygiene but also the emotional and social facets of human life. They believe that teachers should draw on the children's out-of-school experiences and also on their values and attitudes towards health-related behaviours which are already forming at an early age.

School B

School B is situated in a residential area of predominantly private housing in a pleasant suburb of Stockport. The Headteacher and her Deputy have only been in post for two years and over the last few months they have been looking at the health education policy in this group 4 primary school.

The Deputy produced a draft document of aims which defined health education as being concerned with health and well being, with physical, social, emotional and intellectual development and with relationships and responsibilities. Key ideas and concepts were then planned in a spiral curriculum with the teachers deciding if they could fit into a topic or if they should form the basis of a topic themselves. The scheme of work for the school underlined the fact that it is important for the particular health issues identified for that year group to be taken into account when the themes are planned. Staff were then asked to discuss the draft document, existing practice was included, and a new policy was formed based on both these elements.

Once the policy had been agreed, a parents' evening was held to discuss health education and get the parents' views. The policy was outlined to the parents and they were asked to fill in a questionnaire of the *Just A Tick* type to say which topics they thought should be in the curriculum. However, curriculum planning was a professional decision and was not influenced by the parents' views on this occasion. Despite this, the parents were pleased to have something presented to them and it was felt to be a worthwhile public relations exercise for the school. There was also a display of resources and children's work so that the parents could see the cross-curricular links. Many important issues were touched on in the discussion, and the partnership between home and school in health education had been clearly shown.

Health education at School B is obviously still in its infancy, but it is interesting to note that some significant points for its successful start are emerging already.

School C

School C, a one-form entry primary school, is situated in an urban area near the centre of Leigh. The Health Co-ordinator is also a State Registered Nurse, which gives credibility and status to health issues. The Headteacher still retains an interest in the health education programme and is allowing his school to be used to pilot some work on drug education for Wigan.

In the first place the staff looked at what they were doing in health education and decided that they needed to assess exactly what they all meant by it. They made a list of areas and were pleased to note that they were already doing quite a lot. At this stage it was seen as important to tackle areas in which the staff felt safe.

The next step was to send three members of staff for in-service training. As a school they then planned a scheme of work for health education including one subject each one liked so that it was sure of being covered. These schemes were planned into a spiral curriculum and the Health Co-ordinator offered help if it was needed. She led an in-service course, and from this a group of teachers worked together on a project. As this was successful each department was asked to take a topic and explore it together.

The next step was to use the *Just A Tick* survey and the school found that they were doing more or less what the parents and children wanted. Having gained in confidence the staff now felt ready to tackle the 'drugs issue'. They began by finding out what the children already knew and discovered that by the age of 10-11 their knowledge

was extensive. The school is now evolving a scheme to include drug education in the curriculum.

As this part of the programme is becoming established the Health Co-ordinator has plans to link P E and fitness to the existing scheme. In this school the health programme is a moving and changing set of ideas adapting to needs and new ideas.

School D

The Headteacher has only been in post for two years at this school, a two-form entry primary school with a nursery unit in an urban area of Bolton. The school is housed in a large Victorian building on three floors: despite its obvious difficulties the building has advantages because parallel classes can be joined by connecting doors to give team teaching areas. In this way much of the school was being opened up in philosophical as well as physical terms. The Health Education Co-ordinator had been involved in this process and now has a half teaching/half management role in the school. She is also part of the Bolton Working Party on Drug Education in the Primary School. Both the school and the Headteacher have therefore been seen to have a firm commitment to health education.

The school's guidelines consist of a list of objectives stating that the children should gain some knowledge and understanding of health issues. The school tries to ensure that these are covered at an appropriate level for the ability of the children. Each teacher was asked to consider the breadth and balance of her work in health education compared with other curriculum areas.

There are many pressures on such a large urban school and it seemed to be quite difficult to sustain a high level of interest in health education. For this school the 'one-off' approach has worked well in the recent past. The school had been involved in Bolton's 'Healthy Living' campaign, resulting in an examination of the health-promoting aspects of its work. The staff spoke enthusiastically about the project, and the children I spoke to remembered the campaign and could discuss diet with some understanding. The school had obviously benefited enormously from the experience of all working together, getting the parents and outside agencies involved and having a concentrated campaign on a health-related issue.

School E

This sees itself as a neighbourhood school on an estate of flats and high-rise dwellings in the centre of Wigan.

In thinking about the curriculum the staff start from the idea that the children in their care will be leaving school in the 21st century, and much of our knowledge-based learning will be inappropriate. They firmly believe that education is about people, relationships, and self-esteem, and that being healthy is also about these things.

A visit from HMI a few years ago made them look at health education as part of the total curriculum, and with the help of the Advisory Teacher they brought the discussion to the front of their thinking. All the staff went on an in-service course and from this came the realisation of what health education is in broad terms and that it is important to consider self-esteem and formation of the right attitudes as central.

The school has no written guidelines but health issues are part of everything they do: the curriculum has a thematic approach, and each theme must offer activities in all aspects of the curriculum including health. The school keeps a full record of all the experiences a child has had so that they can be sure that important areas have been covered. There is a set structure to the health-related topics through outside agencies such as police, fire service and Health Visitor, who run courses with certain year groups.

The school is committed to the idea of active learning through situations set up in the classroom. The school also has a programme of structured play right through from the nursery to age 10-11. Many health issues are explored here, and a great deal of work is done in heightening self-esteem and skills of decision-making. The children are learning to co-operate, solve problems, and plan their work.

Table 1. Grid analysis of the common points of good practice discovered in the health education/PSE programmes in five primary schools.

Points of good practice	School A	B	C	D	E
PLANNING:					
Structured planning	•	•	•	•	•
Spiral curriculum	•	•	•		•
Involved in pilot studies and trials			•	•	
ORGANISATION:					
Access to good resources	•	•	•	•	•
Continuing evaluation and adaptation	•	•	•	•	•
Well-established programme	•		•		•
SUPPORT IN SCHOOL:					
Commitment of Headteacher	•	•	•	•	•
Senior staff member as Health Co-ordinator	•	•	•	•	
Total staff support	•		•		•
SUPPORT OUTSIDE SCHOOL:					
Parental involvement	•	•	•	•	•
Advisers/HMI/LEA support	•		•	•	•
Outside agencies to promote health issues	•	•	•	•	•

Although School E seemed to be quite different and even revolutionary in its approach to health education, compared with the other four schools, many of the same points seemed to be brought out. These are summarised in Table 1.

Conclusion

It became clear early on in my search that 'good practice' varied enormously from one school to another. I was told many times how the system in any particular school "suits us but it might not suit everyone". None of these schools claimed to have got it absolutely right and they were usually very anxious to hear what other schools were doing and thinking. It seemed to me that teachers who are enthusiastic about health education are in danger of becoming rather isolated because of the cross curricular structure of the topic and the large part of the work which is contained in the so called 'hidden curriculum'. The whole area can be lost in science, environmental studies, PE, or even in the details of the internal organisation of the school.

The history of health education and the way it had been introduced was quite different in each school. The classroom styles were varied and reflected the individual teachers concerned. The size, organisation, and catchment areas of the schools differed a great deal although they are all in the Greater Manchester area. None of these points seemed to be significant in the search for 'good practice'.

Despite the many differences an amazing pattern of similarities emerged. After each visit I noted points which I considered to be significant in understanding the success of the topic in that school. The analysis grid (Table 1) shows that six points seem to be most important because they were present in all the schools. The *interest and commitment of the Headteacher* was evident in every school, and this led to *good appropriate resources* being made available to the staff. In each school the *parents' involvement* was welcomed, and in some cases their opinions were sought in the content of the curriculum – also, other *outside*

agencies such as the fire service, police and school nurse were involved in the health programme. Each school was, in fact, outward-looking in its approach. 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 *HMI or Advisers* was seen to be important, and most of the schools had absorbed the concept of the *spiral curriculum* into their planning.

The other points seemed to be less significant as they were only present in a few of the schools, but this may be misleading. The *total support of the staff* was perceived to be important in all the schools, although not all of them had yet achieved this. All of the schools I 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

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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 lager. 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 undersized boy, backward with his reading. He has a world-weary air, yawns a lot, and lacks concentration. "The 'turn' [comedy act] was brilliant last night, Mrs Clegg," 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. The drink? Tetley'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 am frequently told my attitude is Victorian. I rest my case. – Joan Clegg (Mrs), 19 Low Green, Bradford BD7 3LU.