

ANNE HOVEY



Three hundred thousand governors to train!

There are now approximately 300,000 school governors with the power and influence to make sex education a rational, recognised 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 HEA 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 and health education, to reflect the context within which sex education is encouraged in schools.

It began as a local initiative in Portsmouth in 1984 and as a National Project, funded by the Health Education Authority and directed by myself, in 1987. Together with Alyson Learmonth (now responsible for health education in Durham), I developed the work from its local origins, 1984-1986. Lorna Scott (Somerset), 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 commitments in LEAs 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 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

taught or not, after discussion with the headteacher.

Since decisions about sex education provision should have been taken by September 1987, you may well ask: Why, three years on, are we still discussing training for something about which decisions should have been made in 1987?

CHANGES

The answer is fourfold:

1. *Changes* Education isn't static and many developments have taken place since governors assumed their new responsibilities. By now, and certainly when the National Curriculum Council Report on whole-school planning and cross-curricular themes and dimensions is published, governors will be reviewing initial decisions about sex education in the light of school development plans, of opportunities to develop the school as a health-promoting community (using the governors' unique role as both school and community representatives), and of staff recommendations based on new guidance from DES, HMI and NCC.

OPTING-OUT

2. *'Opting out'* All the evidence from work carried out by the HEA Governors' Project indicates that, nationally, *few primary schools are actually tackling sex education as a planned and deliberate aspect of the curriculum.* Instead, where policy statements are made, 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!

Discussion with LEA personnel reveals that they view this as an opting-out position which they would like to challenge but lack the resources or authority to tackle, except where it is in obvious conflict with required elements of the National Curriculum or preparation for a public examination.

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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 (1) the initial decision that sex education is to take place in the school and (2) the second stage of the policy process, which requires governing bodies to make decisions about content and overall teaching approach.

It appears that the first step is clearly taken, but the latter is often left to staff discretion, even though it is a legal requirement.

RESOURCES

DES guidance also advises that information about resources, decisions about how parents are to be kept informed, and about use of speakers or visitors should be included in the school policy. These details together with information about the aims of sex education and how it is to be monitored and reviewed are important to meaningful policy-making and to the introduction of positive, planned and developmental sex education programmes.

Initial fears about many governing bodies deciding not to have

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 aspects of health education which are 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.

NCC and health education National Curriculum 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 lack the confidence to even approach discussion of the curriculum and, 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 they 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 co-operation between some LEAs and District Health Authorities has resulted where they worked together on the project, with the probability of long-term liaison continuing.

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 on 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.

(The project team understands the frustration of colleagues in LEAs who need support material for governor training immediately, but anticipate that the handbook, and later the training manual, will be even more useful in the long term, because they will reflect a complete picture of the legislation and guidance which influence governor training in health education.)

3. Working with governors and LEA Advisers and officers to design and carry out an initial phase of training and support for governor trainers in four regional locations.

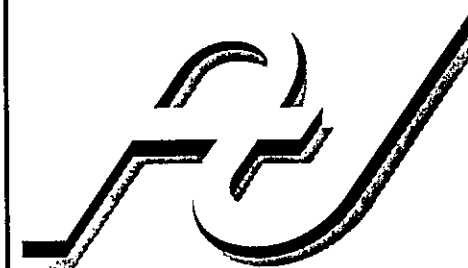
SUPPORT

The HEA Governors' Project still has important training work to do, so a new training programme for different LEAs will begin in autumn 1990. It will also provide further support for those involved in the four initial regional groups, following publication of the National Curriculum Council report on whole-curriculum planning and cross-curricular dimensions and themes, expected in June 1990.

This new phase will provide some of the support needed by LEAs and Health Authorities and will, of course, utilise the strategies

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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.

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