DIANE CHARLESWORTH

Health education: from policy to practice

Health is the most important factor in anyone's life, but the curriculum in schools does not always reflect this priority.

In the autumn term of 1988, a Health Education Policy Statement and Health Education Handbook for teachers were circulated to all heads and chairmen of governors within the Kirklees LEA, and this statement appeared in the preface.

The policy statement included provision for evaluating and monitoring the adoption of the policy in schools and its implementation in the classroom (see opposite). This became the task of the LEA's Health Education Co-ordinator, aided by the Health Promotion Unit.

Schools did not necessarily have to adopt the LEA policy; they could write their own, or modify the policy to suit their requirements.

This report is based on a study of the current status of health education in six of the 14 secondary schools in Kirklees LEA. The sample was selected to be broadly representative of the area.

Answers

The enquiry sought answers to the following questions:

- *Does the curriculum of all pupils include a broad-ranging health education programme?*
- *Is sex education included within the health education programme?*
- *Is the teaching in accordance with the general principles set out in the LEA Handbook?*
- *Are the staff encouraged to undertake appropriate in-service training?*
- *Has the school appointed a health education co-ordinator with specific responsibility for PSHE, at an appropriate level of remuneration?*
- *Have parents, governors and other relevant groups been informed of the health education policy?*
- *Was the LEA Handbook made available to these groups?*

The information was derived from personal interviews with the head teacher and health education co-ordinator, if there was one. The heads' responses were necessary to gain an overview of policy and strategy, and the co-ordinators' responses were necessary to check whether the policy was being implemented in accordance with the guidelines and whether they had similar aims to the head.

No school had any written health education policy, and only one had a written sex education policy.

The schools were all mixed. One was Roman Catholic, one was in a deprived area with 60% black pupils; two of the six had no health education co-ordinator.

The main points to emerge from the heads' responses were that overall they thought health education necessary and welcomed the guidelines, which were sensible, practical, and not prescriptive. However, there were differences in the interpretation of the content, particularly in sex education, which was strongly influenced by culture and religion.

Some heads gave health education greater commitment than others, and this was evident in the appointment (or not) and status of co-ordinators. This was strongly influenced by pressures from the National Curriculum and examinations.

The issue of smoking had been strongly influenced by the recent implementation of the Local Authority smoking policy, and there was concern about alcohol. However, no school had any written health education policy and only one had a written sex education policy, although there were references of various kinds to health education in school literature.

Critical

The most important critical factor in the development of policy and strategy was the head teacher, followed by senior management, other interested staff, and the pupils themselves. Uptake of training was variable, directly depending on whether there was a co-ordinator in post.

Co-ordinators in post and their status varied along with what allowance, if any, they were paid. The more senior staff did have additional time (although they had additional responsibilities), but those below senior teacher level did not.

Parents were only informed of the policy through prospectuses, and no copies of the document itself were made available to them. At one school there were communication difficulties due to translation problems.

Further comments made related to the importance of the ethos of the school complementing the taught curriculum, and a range of strategies emerged for promoting health education in the taught and hidden curricula. These were clearly more organised in some cases than in others.

The main points to emerge from the co-ordinators' responses were:

- *The topic most commonly taught was Lifestyles. The least common were Public Health Services and Ecology and the food chain.*
- *The least amount of health education was taught in years 8, 12 and 13.*
- *Most health education was taught through PSHE-type subjects, followed by Science and Biology.*
- *Little use was made of the less traditional health education subject areas of English, Geography, Social Science, CDT, History, Current Affairs and Drama.*

Health education also went in through tutorial time and the hidden curriculum, although it was perceived by some that the hidden curriculum did not always complement the taught curriculum, and in some cases was in direct conflict — for example with respect to the sale of food, and the physical environment.

Too late

All schools dealt with sex education, but the content varied to take account of strong cultural and religious influences. There was a feeling with some co-ordinators that some topics were taught too late.

There was a fear that health education would be squeezed out due to concentration on the mechanics and content of the National Curriculum.

The level of implementation was influenced by whether there was a

APPENDIX 1

POLICY STATEMENT

LEA expects all its schools to promote health education and to encourage a healthy lifestyle. To this end it recommends:

1. that the curriculum of all pupils should include an effective and comprehensive health education programme;
2. that sex education should be included within that programme;
3. that the teaching of 'Personal, Social and Health Education' should be in accordance with the general principles set out in the Authority's handbook;
4. that teaching staff should be encouraged to undertake appropriate courses of in-service training in relevant aspects of PSHE;
5. that each school appoint at an appropriate level of remuneration a Health Education Co-ordinator with a specific responsibility to promote the teaching of PSHE;
6. that parents, the Health Authorities and other relevant groups be informed of this policy and of the availability in each school of the Handbook;
7. that the Authority's Educational Inspectors be asked to monitor and evaluate the adoption of the policy in schools and its implementation in the classroom;
8. that from time to time the availability of resources to support this policy be reviewed.

co-ordinator in post, and access to information in school was far easier if an audit had been done.

The panels show the recommendations that were made.

The LEA should...

Review its guidelines and plan a strategy for advising and training teachers in the light of *Curiculum Guidance 5 (Health Education)* from the NCC.

Set up training in health education for head teachers, to allow them to explore and clarify their values and attitudes towards it.
Set up a further series of 'pyramid days'.

Monitor carefully the uptake of training by co-ordinators and teachers, and note any difficulties.

Make clear the appropriate allowance for a co-ordinator, and the amount of time which should be made available.

Develop criteria for recognising a health-promoting school.

Make the links between environment and health more explicit, and offer advice to schools.

Consider translating policy and strategy documents.

Pilot the *Just A Tick* survey as a consultative tool.

Send extra copies of the revised guidelines to co-ordinators.

Schools should . . .

Write into their school development plans the audit, review, and evaluation of health education.

Review their means of communicating policy and strategy documents and of consulting with parents, pupils, governors and other relevant groups.

Take into account their hidden curriculum and take steps to rectify where it conflicts with the taught curriculum.

Review their health education programme, including sex education and alcohol, in the light of information from their primary feeder schools, and give consideration to whether topics are taught at a time appropriate to their pupils' needs.

Produce a written statement on sex education (approved by their governing body).

Contact Diane Charlesworth (Chief Health Promotion Officer), Oldham Health Promotion Unit, Dept. of Community Services, Westhulme Hospital, Westhulme Avenue, Off Chadderton Way, Oldham OL1 2PN

Co-ordinator responses to health education topics showing each of the sections in the guidelines check lists