A new direction for health educators in schools and colleges

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Introducing the Professional Development of Teachers Diploma

NOTE

In the context of this report the word 'teacher' refers not only to teachers in school but to lecturers in Colleges of Further Education, tutors in Colleges of Nursing, and others who share a similar professional background and workplace.

Sit back, close your eyes, and imagine a course which . . .

- Offers a postgraduate professional qualification for teachers.
- Values and makes use of a range of past experiences, in and out of school.
- Encourages participants to negotiate content and assessment criteria.
- Involves the school or college in the development and progress of the teacher and, in turn, the professional development of colleagues.
- Responds to the needs of the workplace for support in the health education curriculum and in allied cross-curricular themes.
- Helps teachers to develop skills and competencies which will enable them to be an INSET resource, increasing their value to the school and enhancing their own career prospects.
- Ultimately enhances the development of the 'healthy school' and the children who are its pupils.

No — not a dream, nor just wishful thinking, as about thirty teacher-students and their tutors can now testify. All these, and a range of other outcomes, characterise the intentions of a number of new, specialist Postgraduate Diploma courses which are either already in existence or are being developed in selected centres around the country. Such 'aims and objectives' grew out of needs which were identified by teachers, Heads, and LEA Advisers during the initial, research phase of the Professional Development of Teachers (PDT) Project; these needs were then used as guidelines in the second phase of the project, which developed a framework on which individual courses could be built.

Mis-match

The impetus for the project arose out of concern about the significant number of teachers who were applying for places on the Certificate in Health Education courses, validated by the HEA.

These courses, aimed at health professionals for whom health education is an important — though not necessarily major — part of their work, focus on the development of communication skills and elementary curriculum planning (for example the planning of content, method, and evaluation of health education with individuals or small groups of clients); health knowledge is taken for granted. For teachers on such courses, therefore, the work focuses on areas with which they are already familiar, and has little time to spend on the knowledge which they often seek.

In those cases where teachers did attend Certificate courses this mis-match was clearly demonstrated, and though the teachers enjoyed (and gained considerable insights from) the opportunity to work with other professionals, the overall investment of their time could not be justified in terms of their own professional needs.

'One outcome of course attendance is often a job application elsewhere.'

Worrying

When teachers were asked why they attended these courses their answers indicated either that there were no other courses available or, where there was provision, it was not seen to meet their needs. Since there did appear to be numerous health education courses on offer, provided through a variety of sources, such criticism was worrying.

In an effort to find out whether there was a need for something more specifically for teachers, and to investigate the range of courses and their content already in existence, the Health Education Authority agreed to fund a two-year project to be known as the Professional Development of Teachers (PDT) Project. The intention was to find out if gaps existed and, if so, what and where they might be; in the second phase of the project an appropriate response to any identified needs would be developed.

Details of the research phase have already been published by the HEA (1) and need not be repeated here, except to illustrate the main issues which became the basis for planning.

- Teachers reported that courses often lacked a 'school focus'.
- It was difficult — given the range of topic areas which are encompassed by health education — to get any real sense of direction, or to develop confidence in facing the curriculum choices inherent in such a diffuse area.
- Teachers were unable to see many of the courses as part of a coherent academic structure.
- Criteria for choosing to go on a particular course tended to be subjective and, in some cases, were reduced to straightforward convenience of location and timing.
- Provision of courses over the country was patchy — some areas had no provision whilst others appeared to have almost an embarrassment of riches!
- Some courses were award-bearing, whilst others merely rated attendance certificates.
- Once back in school, many teachers reported lack of opportunity to make use of new skills and knowledge — in some cases this amounted to positive discouragement — and a sense of isolation.
- Although some were able to work as part of a team, most felt unable to take the initiative in sharing what they had learned from the course, fearing that their colleagues might resent such approaches.

'Many courses have a bias which reflects the expertise available.'

As a consequence of lack of support in school, many teachers who attend courses (not only in health education) find that they are unable to maximise new knowledge and enthusiasm. Small wonder that one outcome of course attendance is often a job application elsewhere. Unfortunately this becomes a 'catch 22' situation, schools being reluctant to encourage staff to attend courses, since the result may well be the loss of that member of staff! At the same time, school management often lacks sufficient knowlege about the subject and its potential contribution to the school and so is unable to offer the necessary support in the face of the demands of other curriculum areas.

For those of use who have worked in schools and colleges, these findings are unlikely to come as a surprise; however, the research phase did provide hard evidence to support such 'common-sense' knowledge and thus enables us to be confident that the work on the second phase was focused on real problems and real needs. In this it represents something of a novelty in educational planning, since it is rare to have the time or money to carry out such detailed research before planning a course.

Beyond constraints

Equally valuable, in the planning phase, was our ability to work outside 'institutional constraints'. Normally, course planning in colleges and universities has to be carried out with regard not only to an appropriate theoretical base but also with an eye to facilities which are available, and to the limitations of staffing already in post. Thus, many courses have a bias which reflects the expertise available but which may only partially reflect students' needs.

In our case, although the planning phase was based in the Health Education Unit within the Education Faculty at King's College, London, we were not constrained by the particular pattern of staffing or organisation there. Because of HEA funding and the aims of the project, we had the rare opportunity to develop our response free from such problems; the challenge was to pro-

duce 'something' which both responded to needs and had a strong theoretical underpinning to justify our choices.

Initially there were no clear expectations about the kind of response that would be produced. A course similar to the Certificate was certainly one possibility, but we had the opportunity to produce quite different responses if we wished to do so. In fact, the following reasons soon led us to believe that one 'long' course would be the best way to build on the valuable but varied skills and competencies which teachers would bring with them, and would enable them to move forward in ways which were both professionally and personally rewarding.

'The courses which are developed are sufficiently similar . . . to provide a clear and coherent national network.'

- Teachers' views that health education courses lacked a progressive structure.
- Widespread uncertainty about both content selection and methodology.
- The need for a framework which would build on previous experience both of courses and in school.

A Framework for Experience

The structure which emerged, a 'Framework for Experience', is offered to selected colleges, with the support of a Professional Adviser (PA), from which colleges and universities can develop their own responses to 'local' conditions and needs, with an overall philosophy which embraces aims, methodology, and evaluation.

This flexible approach has the advantage that the courses which are developed are sufficiently similar in philosophy, approach, and academic standards to provide a clear and coherent national network. This is important, since it responds to teachers' needs to achieve a recognisable academic standard and to develop expertise in those areas of curriculum issues which are common to all schools. Indeed, our experience (reflected in changes to entry requirements following the pilot courses) has shown that the course is relevant not only to schools at all levels but also to Colleges of Further Education and to many institutions which provide professional training (for example Schools of Nursing, Colleges of Health, youth work, etc.).

One result of the achievement of a national standard is that the successful student would be able to access further academic courses; these might be in the same institution, though the award of CATS rating also enables transfer — in most cases — to courses in other institutions. CATS (Credit Accumulation and Transfer System) involves the rating of courses so that courses, modules, units etc. carry recognised values when transferring between courses and across institutions.

Following the research and planning phases the Health Education Authority has funded two more stages of the project.

Stage 1: Pilot courses

The first supported the development and validation of two pilot courses which were then monitored and evaluated. The funding enabled these initial courses to work with small groups of students so that refinement and changes could be made to both the courses and the framework, if they were shown to be necessary. In the light of that experience and evaluation, both colleges have made slight alterations to their courses, but it is also becoming clear that such changes are likely to be an on-going feature of all courses as they adapt to the needs and experience of members of each cohort. Thus, both the framework from which colleges develop their courses and the courses themselves are flexible in their original conception and in their on-going delivery. The framework itself proved to be sufficiently robust to cope with a range of variations in delivery, and modifications to content, without compromising the central philosophy.

However, it did become clear that certain changes in emphasis were needed to make priorities clear — for example, the intention to help the teacher to develop as an INSET resource to the school was accorded even higher value by both teachers and schools than we had anticipated, and is now a central feature of all courses.

Stage 2: Extending the network

A second stage is now being funded by the Health Education Authority. Already two universities have had courses validated and are, at the present time, recruiting students for the coming academic year. These developments are supported through the HEA's continuing employment of the Professional Adviser, whose task is to help course development in selected institutions, so that by 1996 there should be a network of 13–14 centres in England offering a version of this course, tailored to local needs and conditions.

Five skill areas

Since the overall aim of the courses is that teachers, tutors, and lecturers who successfully complete the course will be able to initiate and enhance the professional development of colleagues in their own workplace and to act as in-service resources in Health Education and Health Promotion, all courses offer guidance and skill development in the following five areas:

1. Planning, monitoring, and assessment in curriculum development.
2. The organisation of school-based resources (including human resources and cross-curricular co-ordination).
3. Skills to support PSHE initiatives, including curriculum selection and delivery, assessment, record keeping, and profiling.
4. Inter-professional co-operation, the use of community-based agencies, the development of 'Health Alliances'.
5. Leadership in INSET and the development of the Health Promoting School/Institution.

Work during the course depends on the school or other employer understanding the nature of the commitment.

In order to achieve all this, the courses are organised in four linked sections, which can be described as 'preparation', 'development', 'investigation' and the final 'application'.

Preparation

In the preparatory stage, interviewing and selection are accompanied by the negotiation of agreements. These are concerned with ensuring that the school (or other employer) understands the nature of the commitment and is prepared to support the 'student'. Work during the course depends on such support, and it would not be possible for the student to complete the course successfully without it.

A second set of agreements is negotiated between student and tutor, and is concerned with selecting appropriate out-of-school experience which will broaden knowledge about the work of other professionals concerned with health. In some cases teachers have spent time with Health Promotion Officers or Environmental Health Officers, but the choice is wide and the selection depends on students' needs and experience.

Development

The second section of the course is concerned with theory and planning, and focuses on the skills, competencies, and knowledge which are needed by health educators if they are to lead in-service training with colleagues in the workplace. The content will again depend on a negotiated agreement reflecting students' needs and experience. The use of knowledge and skills within the group is supplemented, where necessary, by support from the tutors and others with relevant expertise.

Investigation

During this time, there will normally be work-based practice. This can take many forms, but since it will be used to provide a basis for the final assessment phase it is likely to investigate the needs of the school and staff. On previous courses students have undertaken a range of activities, from questionnaires to staff about present and future involvement in health education to whole-school audits of the present health education curriculum (i.e. where, what, and how much health education is taking place).

Application

The final assessment takes place in the school, since this is the appropriate place to judge the success or failure of a course which aims to help the teacher to become an effective and valued INSET resource. A programme to enhance some aspect of the health education abilities of colleagues is planned in the light of the previous study, and of negotiations with the head, or designated member of the management team, who will also write a report on the activities. Students and managers are encouraged to discuss both content and methods with tutors, as well as which assessment criteria will best serve the aims of the programme. A final, reflective report, which also includes future plans for continuing development within the school, is submitted by the student.

Course structure

Around such a framework colleges develop their own organisation; some courses are offered on a modular basis, some as an integrated course. Attendance may be the traditional evening pattern, but can be long days plus distance learning or even weekends only, depending on the negotiations between students and tutors. All the four validated courses have direct links to Masters programmes for those who wish to go along that path and whose results meet the entry criteria. In a number of cases the PDT Diploma needs only the addition of a dissertation to achieve the Masters award; in others

additional modules or short courses may also be required.

Who will benefit?

It has to be said that this is not a course for every teacher. Experience on the pilot and subsequent courses suggests that those who get most out of the course have certain characteristics — they want to learn; they have experience in teaching health education; they are already 'managers' within the school, or see themselves as such in the near future; they enjoy the challenge of taking responsibility for their own learning; they are willing to share, to support others, and to examine critically their own practice and motivation. Not all teachers have such confidence. For some, the supportive atmosphere of these courses helps them to develop such qualities; for others, more experience and attendance at other courses may be the best way to get started. No course can be 'the answer' to all needs, and we have tried to be clear about this in our selection processes.

For those who have undertaken the course, and have faced the stresses involved, the outcomes have been — with very few exceptions — both exciting and rewarding. Tutors have seen enthusiasm and confidence grow as teachers capitalise on their skills and experience and develop the confidence to work with colleagues, parents, governors, and school management . . .

- There have been co-operative efforts between schools, with children and staff working together.
- Changes in school policy have come about as a result of staff workshops.
- Parents and school governors have been brought together to discuss and formulate school policy around health education.
- Valuable links with community networks have been established as a basis for future co-operation in 'healthy alliances' and the development of the 'Healthy School'.
- Staff have been supported in the improvement of the health education curriculum, both in planning and teaching methods.

For general information, and news of courses being developed in other areas, please contact the Professional Adviser, Gill Williams, at Fort Bovisand, Plymouth PL9 0AB (0752 408021).

Enthusiasm

Indeed, when all this has come out of only two courses which have now been running for three years, it is no wonder that there is such enthusiasm from colleges and tutors who want to put on such courses. Crucially, too, the involvement of the school in the assessment process has meant that students go back into the workplace with a supportive atmosphere which establishes them as an INSET resource and lays the foundation for future developments.

Already, the next four courses are in the early stages of planning and firm interest has been shown by others, so that by 1996 almost all teachers in England will have reasonable access to a course. In turn, the 'cascading' of knowledge and skills within schools means that many more teachers and schools will benefit. It is our intention to follow up and evaluate the impact of the course over several years — for further news 'Watch this space!'

Acknowledgments

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Reference

1. Heathcote G. *In-Service Provision for Teachers of Health Education.* Health Education Authority, London, 1989.

Further information

For information about the four courses which are recruiting students for the coming academic year please contact the tutor at the institution nearest to you:

University of Brighton (0273 600900) — Coralie Tiffin

Christ Church College, Canterbury (0227 767700) — David Stears

University of Exeter/ Somerset College of Arts and Technology — David Regis at UE (0392 264726); Lynne Price at SCAT (0823 283403)

Metropolitan University of Manchester — Crewe + Alsager Campus (061 247 2000) — Gaye Heathcote