

*The HEC Primary/Middle School Health Topics Project***(4) BERNARD LANE****A head teacher's view**

Several middle schools in Exeter were invited to take part in a trial run of the Primary Health Topics questionnaires. Among these was Topsham Middle School, whose Head, Bernard Lane, arranged to administer the survey to all children, parents, and staff. In this interview he describes the experience, and explains how he feels that the new instrument could help with curriculum planning.

Do you think that an enquiry instrument like the one you have been testing will be of use to many primary schools?

Probably yes. Devon does have a policy relating to health education in primary schools, and we are asked to mention in our handbook to parents that health education — including human reproduction — is covered. That is a positive directive from the Authority. So from that angle alone — yes, I think that many schools would be interested.

But, from your experience of different schools, you would expect some to be more receptive to it than others?

Yes, I think that's true, irrespective of what curriculum area is involved. I think that timing is a big thing: in other words, **when** schools are approached. Just because a school says "No" to a particular curriculum innovation, it does not follow that the school or the Head is against that particular innovative measure — it could well be that the school is involved in other areas of curriculum development work. You can only do so much, particu-

larly if staff, parents, and teachers are all involved, as they are here in this particular health topic.

Now that you have done this survey, you may be looking afresh at what's going on. On what did you base your ideas on curriculum planning in this area beforehand?

This is an interesting question. It has to do with this matter of timing. When John Balding approached us with his proposal, we had already produced draft proposals for our health education — so it was very timely. If he had come to me, say, six months earlier, I might have had to say "Sorry, no", as we were very much involved in other curriculum areas.

We had developed our thinking up to that time by surveying a whole range of published schemes and resources, which included the various Schools Council Project materials, the Nelson material, and information from the BBC and ITV relating to their health programmes. We were also familiar with the Exeter Area Health Authority resources catalogue. Certain aspects of health education were already included within the school curriculum; for example, the basics of good health, cleanliness, diet, exercise, etc., as well as human reproduction.

Had you thought of doing any kind of investigation to discover what the children were interested in, or — more important, perhaps — what the parents would find acceptable?

No, I hadn't. I must be honest with you, this is probably one of the most contentious areas of the curriculum, and my

attitude would certainly have been an extremely cautious one as far as contact with children and parents was concerned. Also, I doubt whether we would have had the time or the expertise to develop a suitable form of questionnaire.

As well as taking part in an interesting experiment, you were, obviously, seeking information. Which of the three groups of participants — teachers, parents, and children — caused you the most anxiety at the outset?

Oh, the parents. With any mixed population, with various ideologies, philosophies, and attitudes towards health, one's got to be very, very careful in terms of how you approach the subject. Originally, the project was to involve only the pupil questionnaire, which would have been fine, with the proviso that the parents knew about it. This was very important. I was adamant that the parents should be made fully aware of the project *before* the children were presented with their questionnaire in school. So John Balding designed a letter, and I went through the draft, before it went out under joint names. Later, when we thought in terms of a parents' questionnaire, at least we had a lead in — and we sent out another letter to the parents, asking if they would answer a questionnaire.

It did cross my mind whether in fact it might have been better to have administered the parents' questionnaire first. It might have been more diplomatic — at the time — although in fact it made no difference.

What about the questionnaire to the staff? Did you think that it might be difficult for them to be honest if it meant stating views that weren't in the main line of thinking — or that it could weaken your position if there seemed to be disagreement?

No, that was the least of the worries. All our curriculum work at Topsham Middle has been developed through very close consultation with everyone, so I knew that was fine. As far as the children's questionnaire was concerned, we did

think long and hard on that, and in fact we did suggest certain changes and modifications to the questionnaire.

Yes, there were some problems over the language, weren't there?

That's right. And even in terms of what should be included. The "mugging" question, and glue-sniffing — the idea of "are we drawing children's attention to these things?" We have no evidence of such problems here, so was there a need to include them? We did think about those, and also about the question dealing with menstruation, being used with children in the lower years (1 and 2). Remember, we are talking here about what should be included in the questionnaire to pupils, and not about what should or should not be taught.

Were there any responses which particularly surprised you?

It's a little early to talk about the individual responses, because I haven't had all the analyses yet. But, in general terms, delighted — because there are 107 families in this school, and we did have a response from every single family, as well as from all the children and all the members of staff. One hundred per cent response across the board.

I did say to the research team, though, that the only area we didn't tackle was, perhaps, the governors. Now, that might be interesting!

It could be a very positive statement of your belief in the value of their opinions.

That's right. Having said that, though, there are three parents and two members of staff on the governing body of 12 that have already been surveyed. But perhaps it would have been nice to have surveyed the other seven. Something for future surveys, maybe!

But there was something else that interested me. This was the whole area of timing — timing of topics in terms of when to introduce them to children of different ages. The one that springs to mind, always, is human reproduction and menstruation. We were discussing this

aspect before the project started, and at one stage our initial views became polarised. I've taught in three other middle schools in Exeter. In one school, this aspect of health education was covered in the first year. In two other schools, it was introduced in the third year. Now, we were discussing when we should include it — there was even a suggestion from one member of staff that we should do it in the fourth year! It appears, in the preliminary analyses of both parents and pupils (I haven't seen the staff results yet) that the second year would be a reasonable time to introduce this topic. That appeals to me, very much.

The other thing, having discussed the results very briefly, is that there appears to be a fair degree of match between the parents' view and the children's, in terms of timing. Now that is nice, and it will be very interesting to see how the staff responses, including my own, match that.

How do you intend applying the results of the survey?

Well, we have got our draft policy for health education done anyway. That will be implemented in September, and will not (other than perhaps the timing of the human reproduction element) be affected by the survey. But, in that month, John Balding and his team will bring down their analysis of the data — in words, rather than masses of statistics (but coupled with analysis tables) — and present the findings to me. I shall then discuss them with the staff.

In the light of all this analysis, and full discussion, we shall modify the draft where necessary, prior to its presentation to parents at an arranged Health Education Evening at school.

Have you any plans for using the results in the classroom, as a teaching resource?

We've not examined them in any detail as yet, but it would certainly be a fascinating idea. If it did seem to us that these results were of interest — for example, on the diet side, maybe — then it could well be worth considering. These are meaningful figures, after all. I should be very

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open to considering the use of our results as an authentic teaching resource.

If you were going to do this survey again, or to be involved in planning it again from the start, are there any major changes or improvements you would suggest?

Well, we have re-vamped elements of it as we went along. Certain words, the language — perhaps the sequence, with parents being the first ones to do it. We may have been lucky — I don't know. Perhaps getting the response of the parents first could be a sign of how things are likely to go — if used as a barometer it could give very good, positive feedback to the research team in terms of their strategy.

But you're happy about the actual format? The children didn't have too much difficulty?

No, that was all right.

In the course of the Unit's Health Related Behaviour Questionnaire work in secondary schools, ten Cornish schools carried out their own independent surveys and then came together to look at all the results and make comparisons. Do you see any value in a group of schools doing the same thing with this study, on a local basis?

I think it would be interesting, very interesting, because I am convinced that what is right for one school is not necessarily right for another school — different staff, different children, different school size, etc. When I first came here, I was amazed at the different sort of role-play in which children here get involved. For instance, meaningfully playing with small

toys and cars in the higher years – this would be frowned on, maybe, by boys of the same age in the city schools. There are differences, I think, in terms of area, catchment, the ethos and philosophy of the school, etc.; and it would be very interesting to compare the results and implementation of this health education project from a variety of schools.

Finally, I think it is crucial to arrange a meeting with parents – once all the analysis and so on is complete – to give parents comprehensive feedback in terms of what has happened, based on the results, and to outline our plans in terms of how we are now going to tackle health education within this school. That is a vital part of the operation.

(We hope to be able to present the final version of Topsham Middle School's health education policy, with an account of any modifications prompted by the Health Topics survey, in a future edition of Education and Health – Ed).