

A 'primary health topics' parents' evening

A report by members of the HEC Primary Health Topics Project

Last summer, a Middle School tried out a new questionnaire to study the attitudes of parents, pupils, and staff to different health topics. At a recent parents' evening, the results were presented and discussed.

This meeting, between the staff and parents of Topsham Middle School, Exeter, Devon, was also attended by researchers from the HEC Schools Health Education Unit, Exeter University. The object of the evening was to give an account of the results of the Health Topics questionnaire described in *Education and Health*, September 1983. This questionnaire enables parents, pupils, and staff to respond to a checklist of 43 topics, indicating to what extent they would favour their inclusion in the school curriculum.

Topsham Middle School was one of six schools selected for the first trial of this curriculum-planning enquiry instrument, and the support of the Head, Bernard Lane, had been crucial to the successful administration of the questionnaire last May. The Unit's project team, consisting of John Balding, Teresa Code, and Karyn Redman, had spent many hours analysing the results and preparing them for discussion.

To refresh readers' memories, we print here the list of 43 topic areas. It should be noted that the children were asked to say which topics *interested* them, whereas the adults were required to judge their *importance* in the curriculum, as well as the most appropriate age for their introduction.

Parent participation

The response of the parents to the questionnaire was virtually 100% (all 107 families attached to the school returned the document, 103 of which were completed). All the children, and all the staff members, also completed the questionnaire. However, only 17% of families were represented at the parents' evening. Therefore, the contribution came from a small group of articulate individuals, supporting the widely-held view that only a minority of parents attend school evenings, and that this "vocal" group have a disproportionate influence on school policy. On the other hand, these parents are politically influential on behalf of the school in their capacities as governors or members of the PTA, and as such they need to be cherished.

The low attendance of parents highlights the importance of a survey such as the Health Topics questionnaire, since all parents are given a practical opportunity of expressing their views in this area of the curriculum.

Rating the topics

The Head, in his introductory remarks, emphasised the importance of obtaining the views of all concerned with the children's education, especially those of the teachers, pupils, and the parents

themselves. The value attached to each topic by each group would thus give a composite view, and would enable the curriculum planners (himself and his staff) to operate from a more informed position.

With this point in mind, it was particularly interesting to study how the parental and pupil choices fitted into the scheme of work that the staff had already implemented at the beginning of the school year. In some cases there was a good fit between the school policy and the interest shown by the pupils, but in other instances no such fit was discernible. For example, the topic *How my body works* produced a fairly uniform and positive response from the adult groups (staff and parents), but among the children only the 11-12 age group showed relatively high interest.

In other topics, the pattern was different. The parents' response to *Drug-taking and glue-sniffing* was far more positive than that of the teachers, indicating an element of disagreement as to whether it should be included in the curriculum. On behalf of the school, two important points were made: first, the practical difficulty of handling such a topic; second, the policy of the Local Health Authority was to present a "low profile" in this area. However, it was interesting to see how the parents had relegated *Smoking* and *Drinking alcohol* to a much lower status in the face of this new "evil", and

it remains to be seen how such differences of priority can be resolved.

Teaching the topics

It soon emerged that some parents had found difficulty in judging the importance of certain topics in isolation from the teaching method appropriate to them. Therefore, a debate was launched as to *how* these topics would be taught, for this might well influence the response to their inclusion or rejection. How would *Menstruation* be taught, for example: were the boys and girls to be separated, and was this desirable? The school experiences of the parents in relation to this topic were aired. *Mugging* was queried, one parent asking (tongue in cheek) if the children would be taught how to do it! This concern applied particularly to the questions dealing with anti-social behaviour and abuse of the body, but many parents indicated that they had replied to these topic proposals in good faith, assuming that the school would be emphasising the harmful aspects of such behaviour. This was what the research team had intended.

It was suggested that some topics (for example, *Smoking*) could produce a conflict of values between the home and the school, and that sensitive teaching would be required for these. It was also pointed out, by the Head, that other topics (for example, *Honesty*) were not susceptible to strict timetabling, but were considered

The 43 primary health topics

How my body works	Separation from your parents	Drinking alcohol
Human reproduction	Stress and relaxation	Swearing
Differences in growth and development	Talking with doctors, nurses, dentists	Shoplifting & pilfering (theft)
Illness and recovery	Caring for old people	Vandalism
Care of feet	Caring for handicapped people	Bullying
Spare-time activities	Understanding minority groups	Building self-confidence
Smoking	Conservation	Boys' behaviour and girls' behaviour
Drug-taking and glue-sniffing	Safety in traffic	Relationships at home
Mugging	Water safety	Death and bereavement
Honesty	Care of hair, teeth, skin	Making decisions
Responsibility for your own behaviour	Immunisation	Boredom
Getting on with boys and girls the same age as yourself	Menstruation	Health and Social Services
Feelings (love, hate, etc.)	Physical fitness	Caring for pets
	Food and health	Pollution
		Safety at home
		First aid

to be so important that they pervaded the whole structure and thinking of the school, and might therefore rank low in the staff rating of priorities for specific inclusion. It should be emphasised that the parents supported the idea of the home and the school complementing each other in all the areas being discussed.

Some "difficult" topics

The following list indicates some topic titles which caused extra discussion.

Normal growth and development The word "normal" was criticised, since anxieties might be raised in children if they felt themselves to be abnormal in some way. For example, they might be small for their age. The research team accepted this point, and amended the topic to read *Variations in normal growth and development*.

Talking with doctors, nurses, dentists It was not made sufficiently clear that this topic concerned *communication* with medical professionals, rather than school visits and talks by them.

Swearing Parents felt unsure about how children would be presented with this topic in the classroom.

Bullying This was considered, by parents, to be an important topic, but a male teacher considered that it was best dealt with as and when an instance arose.

Building self-confidence This rated a high mark in the parents' returns, but there was some discussion as to what would be involved within this topic area.

Caring for pets This was very highly ranked by the children (coming No. 1 in many cases), but rated a low priority on the parents' scale, although the teachers were much more positive than were the parents.

Fairness and justice This new topic was introduced by a parent, and it received the support of others in the room. The parents felt that children had a strong sense of what was fair and unfair, and it was an important element in their lives.

Conclusion

Introducing the parents to the views of children and teachers puts their position into perspective. When planning a health-education policy for a school, it is of great benefit to have the views of all three groups; but for the school this is only the beginning. Numerous constraints can affect the implementation of a health-education syllabus: resources, staff training and enthusiasm, and other curricular considerations have to be borne in mind, even if there is general agreement about what should be done. If there are differences of opinion, these must be resolved. In this particular study, for example, the staff will have been impressed by the importance parents attached to *Drug-taking and glue-sniffing*: broadcasts and newspapers had made them more conscious of the problem and of their own inadequacies to deal with it, and so they sought support from the school, perhaps raising new and unexpected demands.

It is also worth mentioning a possible drawback of presenting a list of topics in this way: it may easily develop the status of a curriculum guide, and make the school feel vulnerable to criticism if it does *not* have plans to include all the topics in the list. On the other hand, the presence of the list does prompt all parties concerned to reassess their priorities, and the parents' evening described here allowed attitudes to be explored and debated. It would seem, therefore, that the questionnaire had served at least one of its purposes, which is to promote a dialogue between school and parents on a sensitive area of the curriculum.

Finally, the questionnaire enquiry method has proved to be a valuable way of reaching all parents. An outsider attending the parents' evening might have thought that interest in the topics was very low, since relatively few families were represented. However, all families were interested enough to return the questionnaire, which means that there is a wealth of parental input to be tapped, if only the school goes the right way about it.