

The Unit's Health Related Behaviour Questionnaire is so widely used throughout the UK that teachers may be forgiven for thinking that it is our only curriculum-planning instrument!

In fact, the 'Just A Tick' method pre-dates it by several years. It is completely different in content and administration, but its ultimate aim is the same — to help schools plan more effective courses in health education.

The philosophy behind 'Just A Tick' may be summarised as follows:

The effectiveness of a health education programme reflects the degree to which it represents the interests of the pupils and has the support of their parents, the school staff, and the governors.

The ideal scenario will never occur, but 'Just A Tick' does allow the levels of interest and support to be taken into account. This leads to reassessment of an existing programme, or gives a sound framework on which to design a new course.

TOPICS

The enquiry instrument consists of four sets of questionnaires — for pupils, parents and governors, school staff, and local health-care professionals. A well-researched checklist of topics (43 for primary schools, 49 for secondary schools) is marked with the degree of approval for each one, and the results are presented in tabular form for analysis.

Samples of two questionnaires are shown overleaf. It will be seen that the pupils are asked to indicate their level of *interest*, whereas adults indicate the *importance* they attach to the teaching of each topic. Clearly, when the tables are compared, similarities and differences may be expected to appear with respect to the way different groups view the same topic.

JOHN BALDING TERESA CODE

'Just A Tick' surveys: a voice for all in the curriculum

The interesting task then for each individual school is to reconcile these differences by taking into account the differing viewpoints, and through discussion and debate to reach an acceptable form of curriculum content. The use of 'Just A Tick', therefore, does give the staff and governors confidence that all opinions have been obtained and considered before making any decisions about the curriculum.

Those topics which show a similarity of response, whether positive or negative, from all groups, put the staff and governors in a strong position to make decisions without further debate.

What kind of agreements and differences are likely to occur?

Each school community and catchment area is unique, and the results will never be exactly duplicated elsewhere. But the following results, based on our analysis of over 25,000 questionnaires completed in primary schools in England, Wales, and Northern Ireland, give a guide to the likely responses to certain questions:

WINNER

Among topics of high importance for primary children, the 'winner' is often *Caring for pets*, closely followed by *First Aid* and

Conservation. Also highly placed are likely to be *Water safety* and *Safety at home*, *Physical fitness* for boys, and *Care of hair, teeth and skin* for girls.

For adults (taking parents, teachers, and health-care professionals together), the high-importance topics are likely to be *Safety in traffic*, *Water safety*, and *Being honest*. *Care of hair, teeth and skin*, *Safety at home*, and *Being responsible* are also likely to be highly placed.

PETS

It is interesting that *Caring for pets* also appeals to teachers of infant or first school classes, but at the junior or middle school level it appears well down the priority list of choices. Faced with this evidence that youngsters right through the primary-school years are much more interested in 'pets' than in a more orthodox topic such as *How my body works* or *Staying well*, curriculum planning in this area may prove more successful by concentrating on 'pets' and animals as a way into these human biology topics.

The typically low rating of *First Aid* by teachers, and the high interest expressed by children, may again force staff and governors to

Personal Development and Health Education Enquiry

(Pupils' Version 7 J/M)

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HEA Schools Health Education Unit, Exeter University. Tel. 0392 264722

How interested would you be in these topics?

	Very interested	Quite interested	Not sure	No!
1. How my body works				
2. Staying well				
3. Immunisation (injections and drops)				
4. Illness and recovery				
5. Talking with doctors, nurses, dentists				
6. Care of hair, teeth, skin				
7. Care of eyes				
8. Care of feet				
9. How a baby is made (human reproduction)				
10. Menstruation (periods)				
11. Food and health				
12. Drinking alcohol				
13. Glue-sniffing				

Personal Development and Health Education Enquiry

(Teachers' Version 1 Sec)

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HEC Schools Health Education Unit, Exeter University. Tel. 0392 264722

Please place ticks in columns to indicate your views -- one tick per line

TOPICS	Importance for inclusion in the school curriculum					
	YES		?	NO		
	Should be included	Useful if time available	Undecided	Not important in this age group	Should be covered outside school	Does more harm than good
26. Stress and relaxation						
27. The difference between boys' behaviour and girls' behaviour						
28. Physical growth and development						
29. Relationships with other boys and girls of the same age						
30. Understanding people of different race or religion						
31. Feelings (love, hate, anger, jealousy)						
32. Bullying						
33. Building self-confidence						
34. Making decisions						
35. Honesty						
36. Responsibility for your own behaviour						
37. Spare time activities						
38. Boredom						
39. Caring for pets						
40. Vandalism						
41. Stealing						

face what looks like an unwelcome topic. The reasons for its low priority would have to be considered. Could it be that most teachers do not feel competent to handle it, or because of organisational problems, or because they think the children are too young to learn?

Undoubtedly it could one day be vital to have some knowledge of First Aid, and if the pupils are keen to learn, can teachers refuse to include it? Can First Aid instruction be linked to NC provisions? Must they find someone from a Road Safety Unit, or can they 'borrow' a PE teacher from the local comprehensive?

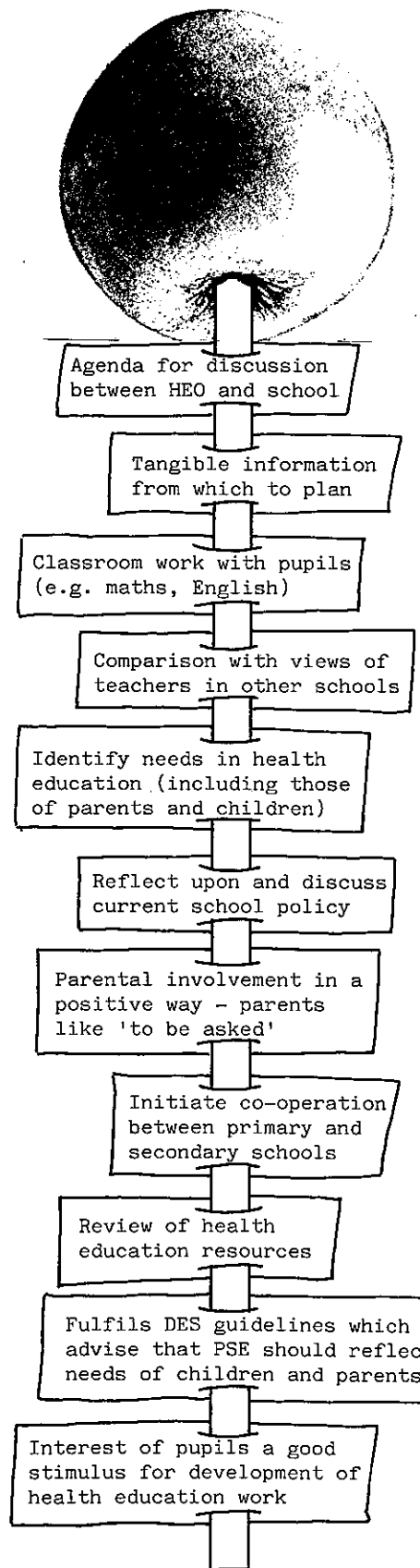
PARENTS

However, our experience based on reports from samples of the 200 schools using this planning method, as well as time spent in the schools, at teachers' meetings, and at parents' feedback evenings, shows that the benefits extend beyond simply 'reconciling differences'. Establishing links with parents has proved enormously important.

'So much of health education is concerned with attitudes and habits which are often firmly established at home,' wrote one primary Head to us. 'School "lessons" which may not corroborate these are given a nod of approval but do not seem to actually change anything (e.g. teeth care, consideration for others, etc.). Hence this project -- and the need for parent education.'

Another wrote: 'Although not all parents returned the questionnaires, the ones that did evidently gave much thought to their replies and indicated their interest to the staff.' In fact the response rate to the parents' questionnaires is typically very high, from 60-70% upwards, and we have cases of schools recording 100% returns.

This positive response has implications:



Attractions and benefits of the 'Just A Tick' toffee apple, as seen by teaching staff.

- It means that parents are glad to be consulted and given the opportunity to express an opinion.
- It means that the school has possession of far more views than are gained at selectively-attended PTA meetings.
- It opens a productive route for further parental involvement in the school.
- And overall it helps establish that firm base for successful health education -- support of the parents. The success of school-based health education in changing attitudes must involve parents -- it is a partnership between home and school.

The results also help in planning the 'loops' in a spiral curriculum, since the views of children of different ages, and their parents, can be incorporated. Sex education and its ramifications is an obvious example, but when, for instance, should 'smoking education' or 'alcohol education' start?

DIFFERENCES

It is interesting to discover from national figures that junior and middle school teachers put 'alcohol education' near the bottom of the list of priorities (as do most of the pupils), despite plenty of evidence that a large number of pre-secondary youngsters are already consuming alcohol! Certainly parents are likely to see this topic as more important. The difference is still greater in national figures for 'glue-sniffing', where parents indicate that it is something teachers should tackle, but both teachers and pupils give it a low rating.

The completed staff and governor questionnaires in a primary school are far outnumbered by the pupil and parent ones, but the 'statistics' produced by six teachers in a small primary school will nevertheless be very significant, as they represent

the views of the ones who deliver the curriculum in that school.

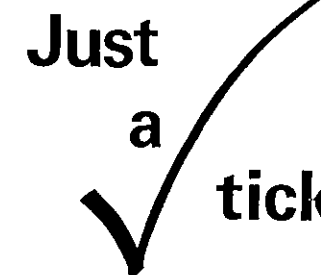
How should the different views be reconciled when they occur? First, the topics are considered and debated privately ("What on earth has that got to do with health education?"). Then, perhaps, they are discussed. Later, they are compared with the results for pupils and parents, and the matches and mismatches considered.

There may then be a session at which the governors (who have gone through the same private debate) also try to reach a collective decision, and out of this will come a considered school programme for possible presentation to the parents who have contributed so much to the process.

If you wish to find out more about the practical operation of running *Just A Tick*, an explanatory pack, costing £2.50, is available from the Unit. This contains just about everything you need to know, and includes a sample letter to parents which schools have found particularly useful. When ordering, remember to mention if the materials are for use in a primary or secondary school. Other queries can be settled by a telephone call.

Contact Sally Forster, Schools Health Education Unit, School of Education, University of Exeter, Heavitree Road, Exeter EX1 2LU (0392 264722).

Primary version



A set of questionnaires for pupils, parents, school staff, and health-care professionals, designed for use by primary schools wishing to promote Personal Development and Health Education in their curricula