Ticking the topics: did the school get them right?

John Balding is Director of the Schools Health Education Unit.

Consultative curriculum planning

An effective consultation called Just A Tick was introduced about ten years ago to help schools design a health-education curriculum by consulting pupils, parents, teaching staff and health-care professionals. The pupils were added later and should now form a more significant group in the consultative process. Just A Tick contains a list of possible topics to be included in the curriculum, numbering 44 for primary schools and 49 for secondary schools. Each one is awarded a tick to signify a response ranging from high approval to strong disapproval. A separate questionnaire has been designed for each group.

Just A Tick was designed to work as follows. A school receives the questionnaires and guidance notes from the Unit, including sample letters to the parents and to the governors. The pupils (usually a representative sample) complete their questionnaires in class time using a carefully prescribed routine administered by their teacher. All pupils take the parents’ letter and questionnaire home with them. The enquiry is anonymous, and no individual children or adults can be identified. To date, 219 schools and 53,144 individuals have completed the different questionnaires.

The results of their survey are exceedingly interesting, and we have been given permission to publish them here. In our experience it is always a risky strategy to publish its own data, because things grow from the data which perhaps are not there, and the more sensitive findings get lost out of context, characterized by the Press.

The method of inquiry used is known to be very sensitive to local situations and recent history in the school can affect the responses to the questions. Another survey at another time, or in another school, could produce at least some significant differences.

In the list, some of the activities actually address the problem whereas others simply and only report the emotions aroused by the problem. Many pupils report talking and thinking about it. Many others report indulging in other activities, perhaps to hide from the problem. There are noticeably high percentages, particularly amongst the girls, indicating that they smoke to help resolve the problem or the emotions.

With increasing age, smoking and listening to music become more popular strategies for coping with problems, although the particular type of problem is not specified in the question.
The first 25 topics in the Just A Tick secondary questionnaire, with the rank order (out of all 49) indicated.

This ordering refers to the category 'Should be included' for the adults, and 'Very interested' for the pupils, which are the most positive levels of approval.

The commentary draws attention to outstanding examples of difference or uniformity between the selections of the different groups.

ones may be re-timed, others may clearly need to be added; some may be more popular with the pupils than was expected, while others may need to be 'zeroed on'.

The following commentary on some of the results obtained by the school in question will show what may be discovered, and rehearse some of the implications. I ought to point out that none of the adults or pupils rank-ordered the topics themselves; the ordering has been achieved in the data processing. When a topic comes out top, this means that it was selected by the greatest number of respondents as being very interesting or important.

Differences and similarities...

We do find some substantial differences in apparent priorities, for example Responsibility for your own behaviour (36), where the adults group's views appear to show very high priority, and the pupils' results, except for the year 10 girls, are exceedingly low. One view here is that the adult view of 'behaving responsibly' is for the young people to do what the adults want them to do, and the view may well be shared by the adolescent youngsters.

The subject of Menstruation (10) is high in the list for the parents and teachers, very low for the boys, which comes as no surprise of course, highest with the youngest girls and lower for the older age groups. Such a set of results across these groups fits expectations.

The level of interests shown by the boys and girls in First Aid (23) is really quite remarkable. It is also fairly high on the list of priorities for both the adult groups as well.

There are two topics here, Death and Bereavement (25) and Cancer (49) where the adult views are quite negative about their level of importance but the comparative levels of interest indicated by the rank ordering show that these topics are really high in the pupils' apparent priority.

In fact Cancer for year 9 boys comes top of their list, although only the school would know whether this has been affected by local recent history.

It is very interesting, looking at the rank order position of the parents and teachers, to discover that there is a substantial amount of agreement, and it is apparently just on a few topics where there is a suggestion of a different level of emphasis. Topics in this category would be: Staying Well (2) — teachers more positive than parents.

Family Life (23) — teachers more positive than parents.

The results for Building self-confidence (33) are really quite remarkable, since it is very high in the parents' list and down in the teachers' list. For the pupils it comes very high in the list for year 10 boys and year 9 girls — in fact it is top of the list for year 10 girls.

In connection with topics 42 and 43, Pollution and Conservation, there are some very interesting observations to be made. The adult groups' results may suggest that they are viewing them as synonymous, the rank order positions being 30, 22, and 21. However, a glance...
at the rank order positions of the boys shows that the
Pollution issue is clearly higher in the list than the
Conservation one, with two of the boys' groups,
years 8 and 10, placing Conservation
down in the 40s. For the girls, their interests
appear to be the reverse of the boys, with the
Conservation priorities typically higher in the
order than the Pollution ones.
Topic 26. Stress (why people worry), is low
for both adult groups (into the 40s), whereas
for the boys and the girls, particularly the older
groups, it is high in their order.
As usual, there are some interesting and not
unexpected boy/girl differences.
Topic 15. Physical Fitness, is very high for
all the boy groups and markedly lower for the
girl groups.
Topic 14. Separation from Parents, is the
reverse for the girls than for the boys — particularly the older
girls.
For topic 27. The difference between boys'
and girls' behaviour, it would appear that in
this school the girls are more interested in this
difference than the boys are.
Perhaps in keeping with topic 27, topic 31.
Feelings (love, hate, anger, jealousy), also
comes higher in the list for the girls than for the
boys.
Contraception (44) is also noteworthy,
although it is not necessarily low in the order
for the boys it is much higher in the order for the
girls.
It is, however, too easy to concentrate on
differences. For example, topic 46, Sexually
Transmitted Disease, is high in all groups,
adults and young people. High levels of agree-
ment are also found for topic 18, Health and
Social Services, which is uniformly low in the
order of interest or importance. Another one at
the bottom end of many lists is Talking to Doc-
tors, Nurses and Dentists (5), as is Care of Feet
(5).

Who should decide?
Clearly the content of the rank ordering tables
promotes a lot of comment and debate, and one
of the issues that arises from it is not so much
where should the education take place (because
it is taking place all the time, everywhere!), but
rather on who should decide on the priorities within
the school-based component? Clearly the reality
of the situation is that the teachers decide the
priorities, but only very rarely will they have the
level of information presented here to take into
account. From a professional point of view one
might argue that teachers would know anyway
what is best and most appropriate to do, but how
does one reconcile their viewpoint with the
child's perspective? Where indeed should one
put the parent's point of view? With these three
different points of view to take into account,
where do you make your judgment with respect
to priorities?
The Just A Tick method of enquiry has in fact
been used many times over, more frequently
inside primary schools than in secondary
school. These data are exceedingly interesting
and exciting because they are recent and there
has been a gap between the last use of this
particular method of inquiry.
The 'crunch' issue always is: Now have we
got the data back, where do we go next? The
survey results presented in this way are highly
stimulating, and ideal for generating debate.
They do, however, need to be understood carefully.
There are some pitfalls for the unwary in
drawing conclusions from a random ordering, and
these dangers as well as other subtleties are
spelled out in the support materials that go to
schools using the survey method. They also
include ways of looking at the data with staff in
the school, and ways of examining the data with
and parents. The latter is of vital importance,
as joint curriculum review by the school and the
parents is a significant step towards building
contacts with the parents, hopefully leading
towards co-operative attitudes and practices
over a range of health and social issues throughout
the school life of the child.
To promote the co-operative spirit of
attention is given in the materials to the negotiation
of a shared commitment to health education (in
particular, relationships and sex education)
through meetings aimed at parents from the first
and second years of secondary schooling (Na-
tional Curriculum years 7 and 8).
Parents' evening following the collection of
the data typically produce statements and
demonstrate attitudes which clearly show that
the parents have been pleased to be consulted. An-
other thing which usually comes out of the meet-
ings is the realisation that the parents are often
unaware of the extent to which the school has
thought about its policy in the past years in so
many areas of health and social education. A
very common comment from parents is that it is
not just the youngsters who need this health
education, but the adults as well!

Professional Development of Teachers Project
One of the most exciting developments in
INSIGHT in recent years is the Professional
Development of Teachers Project, whose
research and pilot phases have been funded by
the HEA. Based on an investigation into the
INSIGHT needs in health education perceived
by teachers, Heads and LEAs, a framework for
postgraduate diploma-level courses was
developed. During 1991-92 two pilot courses
have been running, and three more are in the
planning stage, with their first intake likely
during the academic year 1992-93.
Early evaluation indicates a high level of
teacher satisfaction with what has proved to be
a challenging course. So far, Heads and LEA
advisers report real benefits to the whole school
from the teachers who have been on the course,
so that time and money spent has proved a sound
investment. This aspect will undoubtedly be
important in the new climate of limited budgets
and the need to make the best use of INSErT
resources.
Although the pilot courses have focused on
health education topics, experience has shown
that the understanding of principles, and the
development of skills has a much wider appli-
cation, not only to other subject areas but espe-
cially to work on cross-curricular themes and
their attendant methods of evaluation, monitor-
ing, and pupil profiling. For the future, the in-
tention is that approximately 12 courses will be
developed with the support and guidance of the
professional adviser who will be funded over
the next three or four years by the HEA.
Teachers who are interested in finding out
more about the course and the names of the
colleges that may be offering it are invited to
contact the professional adviser, Gill Williams,
at Port Bovisand, Plymouth PL9 5AL (01752
408012).

Young People in 1991
The Health Related Behaviour Questionnaire results
for 23,928 pupils between the ages of 12 and 16
The report includes 106 tables covering the following aspects
of young people's lifestyle: Diet, Doctor & Dentist, Health &
Safety, Home, Drugs, Money, Sport, and Social & Personal
Notes and comments to aid interpretation accompany each table
Cheques should be made payable to the Schools Health Education Unit,
and sent to Sally Forster at the Unit's address