

Health Studies: the Scottish experience

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As part of the reform of the curriculum and assessment of the 3rd and 4th years of secondary education in Scotland (pupils of age 14+ and 15+), a new course on Health Studies has been undergoing evaluation. This article describes part of the reasoning behind a multi-disciplinary approach to health; a very brief outline of the national development programme on Health Studies; and the author's own school-based development and unique team approach, which has proved to be successful.

Background to the development of Health Studies

In 1977, the Munn and Dunning Committees reported on the curriculum and assessment in the 3rd and 4th years of secondary education in Scotland, and the basis for considering alternative multi-disciplinary approaches to issues can be found there.¹

Traditionally, secondary teachers see themselves as subject specialists, and this can lead to an attitude of rigid divisions. Munn recognised that *traditional subjects tend to obscure application to real life... and cannot be relied upon to teach pupils to be good citizens*. He further recognised that many issues, such as health, fell 'between the disciplines'.

Consequently, the need for an alternative approach to learning, based on 'learning by doing', to show relevance to everyday life, was recognised. The government's development programme (1980) announced a national investigation into the feasibility of multi-disciplinary courses in certain areas of the curriculum, one of these being health education. A course

in Health Studies was therefore proposed, principally involving the three subject disciplines of biology, home economics, and physical education, as these subjects shared some common contextual elements.

The two-year study

During the school year 1981/82, draft proposals were circulated amongst 12 pre-pilot schools. Several national residential meetings, involving HMI and teams from each of the schools, took place; sample topics were produced by each school and circulated amongst the group; and, finally, a joint working party was constituted and draft guidelines were produced. The pilot schools (now increased to 20) started teaching the course with 3rd-year pupils in August 1982.

The two-year feasibility study has been concerned with assessment mechanisms as well as with syllabus content. Consequently, a significant part of the study was related to the development of the internal assessment procedures, moderation of school-devised assessment and

syllabus, and the trialling of external examination procedures, to ensure correspondence with national standards.

Whilst pupils who successfully follow a Health Studies course will benefit in their social and health education, the course is optional within the curriculum, and is not in any sense intended to replace schools' programmes in related curriculum areas or in pupil guidance.

National guidelines for Health Studies

The function of the guidelines produced by the joint working party was to establish the general principles of the Health Studies course. This provided the schools with an insight into the rationale for Health Studies, a structured framework for development, detail of content sufficient for devising pupil materials, specifications of essential content, and systems and standards for both pupil achievement and moderation of courses. Thus, although there was some prescription of content, schools still had the flexibility to design their own courses and materials to suit their local needs and circumstances.

The stated aim of the Health Studies course is *the development of personal abilities to care for individual well-being and for the well-being of fellow members of the family and community at large*. It was, therefore, expected that pupils following the course would:

1. Acquire increased knowledge and understanding of matters of importance to human life and society.
2. Acquire new practical skills of direct relevance to everyday life.
3. Acquire increased ability in familiar skills, including communication.
4. Develop an ability to apply acquired knowledge and skills to the solution of everyday problems.
5. Develop confidence in their ability to deal with these problems.

The course was envisaged as using a new approach by a team of staff, providing wide knowledge and expertise in each school rather than the co-ordination of

traditional contributions from within each of the subject disciplines involved. Pupils were invited to make investigations based on the issues raised, and to apply their acquired knowledge and skills to problems encountered in day-to-day affairs.

Fields of study

The structure of the syllabus was divided into three fields of study, as follows:

Field 1: People as individuals This deals with aspects of personal well-being, including the structure and functions of the human body, physical performance and fitness, personality and behaviour, dietary requirements, and other factors of importance to healthy living.

Field 2: The individual and the family This deals with aspects of family life and responsibilities, including growth and development, maturation and ageing, reproduction, and the care and welfare of the family.

Field 3: The individual and the community This deals with the interaction of people with others in the community, including care of the sick, the handicapped, and other vulnerable members, as well as safety, hygiene, first aid, survival in emergencies, and community provision for health and welfare.

Each of the three fields of study is divided into two types of units of work. The first is a *core unit*, which examines the major issues within the field; then come *optional units*, in which specific issues within each field are studied in greater detail. The course depends upon the completion of three core units (one from each field) and six optional units (two from each field). The choice of optional units and detailed content of each are matters for the discretion of individual schools. However, the core material has been nationally prescribed by the joint working party.

The emphasis throughout the course is on the recognition of pupil accomplishments using grade-related criteria, implying that internal assessment is an integral part of the teaching programme. Thus,

internal assessment, using a variety of techniques, comprises 70% of the course; and external assessment, using a written examination, comprises 30%. To ensure that the school's freedom of choice of syllabus and assessment can be validated on a national scale, both are evaluated by an external moderator.

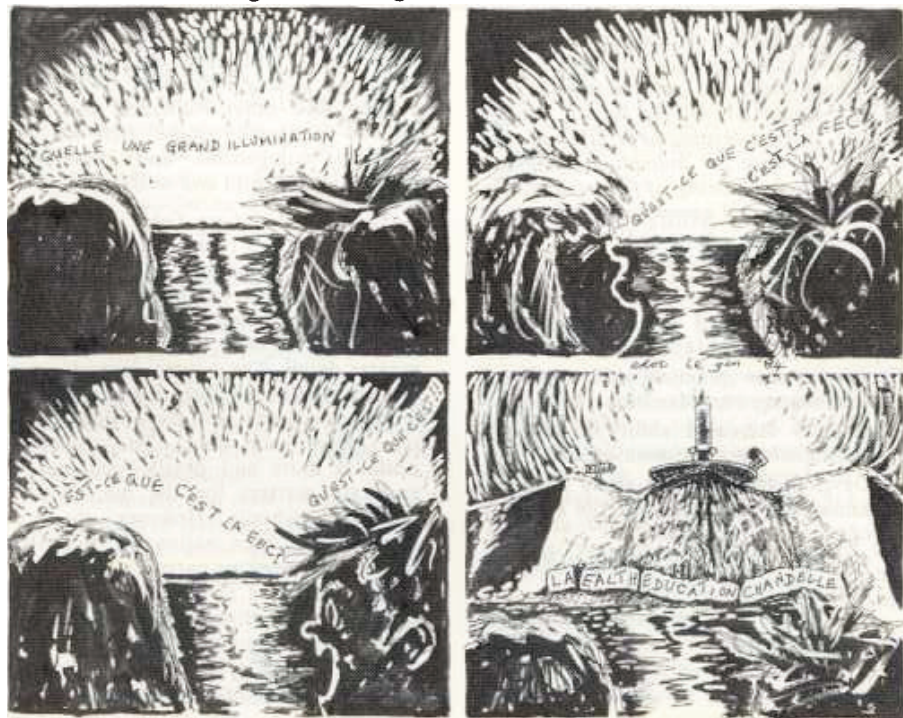
The school-based development

Two considerations influenced my attitude to the invitation to take part in the national development of Health Studies. Firstly, previous health education provisions had been rather akin to Dr Johnson's description of 'burning a farthing candle at Dover to show light at Calais', with the result that health has occupied a 'Cinderella' position within the curriculum. Only within recent years have effective health education initiatives started to be produced and some of their techniques

applied to schools. Secondly, I had considerable curriculum development experience in the national pilot study of Standard Grade Science; and, knowing the constant changes and considerable work involved, I was cautious of taking on an additional development, particularly of a multi-disciplinary nature involving three completely different subject departments. This apprehension was partly due to the difficulty (not uncommon in science departments) in reaching agreement upon common aims and objectives by resolving the different perspectives taken by each of the science disciplines. However, the experience has proved to be both refreshing and enlightening.

The Health Studies team consisted of myself, the Principal Teacher of home economics, and a physical education teacher. Several decisions taken at an early stage in our development had a crucial role in the success of the course.

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Pupils' 'health needs'

Firstly, the aims of health education had to be attended to suit the teaching context of schools, so that knowledge and understanding of human development and behaviour could be emphasised. Consequently, our course was based on the 'health needs' of the pupils in their particular environment, and relevant and functional material was prepared to meet those needs. Thus at the outset we determined clear objectives and designed suitable material to meet those objectives. This joint planning, involving much collaboration and communication amongst the team members, ensured that although the new material tended to be produced individually it was not unnecessarily biased or orientated towards one department. Furthermore, the mutual evaluation of completed materials, which had themselves been jointly planned and agreed upon, ensured that criticisms did not result in alienation of team members.

The aims identified by the school encompassed those in the national guidelines, but in addition included helping young people take more responsibility for their health; helping young people to determine where they have control over their health and what can determine their future health and life style; and using the medium of health education to help improve numeracy and literacy. Thus, we viewed Health Studies as part of the broad process of socialisation, being concerned with attitudes and the skills of decision-making as well as with relevant knowledge. The emphasis throughout was to encourage the pupils to assume more responsibility for their own health and well-being.

Introducing the 'Health Studies' teacher

Secondly, the responsibility for the design and implementation of the course was shared amongst the team members, and the course prepared in such a way that it could be taught irrespective of the subject specialism of the teacher. Thus, the

structure was designed to allow the concept of a 'Health Studies' teacher to develop, rather than using subject specialists to teach isolated aspects of health.

In practice, this involved the use of various styles of team teaching, the particular variant depending upon the nature of the unit being taught. For example, if the unit had a particular physical education bias the pupils were divided into two groups, with the P.E. specialist taking one group and the two non-specialists (fully briefed, rehearsed and equipped) team-teaching the other group. However, the basis for this approach was dependent upon the three team members being available at the course times, so that their expertise could be best utilised in the most flexible manner to promote both coherence and continuity.

A bonus factor produced by this team-teaching approach was the novel experience of seeing other teachers of different disciplines impart their unique styles and methodologies to the pupils. Since it is very rare for teachers to get an opportunity to see their colleagues in operation, it proved to be an enlightening and worthwhile educational experience. Furthermore, crucial to the success of this methodology was the compatibility of the personalities of the team members. Perhaps we were fortunate that each member accepted the agreed objectives, but a contributory factor was the extreme pressures placed upon us to produce materials within a short time-scale, so that we had to be inter-dependent and collaborate at each stage of the curriculum development process.

The nationally-designed course, with its three discrete fields of study arranged on a horizontal dimension, appeared to have missing a vertical backbone showing progressive development, application, and expansion of knowledge linking the fields, to give the course coherence and increased relevance. Thus we added a longitudinal study of the parameters of personal health (such as diet and human systems), together with fitness and performance indices which were monitored and measured over the two-year

period to make the pupils more aware and more responsible for their health.

The development programme was characterised by extreme pressures of time. Materials from the joint working party always arrived late, containing changes which ensured that work was always in a state of revision. Throughout the course we were usually only one step ahead of the pupils! Consequently, the weekly timetabled meeting for all team members was usually taken up with organisational problems, and the development depended upon the goodwill and enthusiasm of the team members meeting informally and working in their spare time.

Content and assessment

The course content was initially based on a work-sheet approach (partly as a response to the pressures placed upon us) and was a readily-available way of organising the work for both pupils and teachers. However, major changes in the team's perception of the nature of the course led away from too great an emphasis on work-sheets, to more active pupil participation and a greater flexibility in developing avenues of interest. Consequently, group and individually-paced tasks; group discussions; simulations and role-playing, audio-visual materials, personal performance tasks, problem-solving, visits to outside agencies, work experience, practical placements, and the co-operation of outside agencies in instruction within the school all took place over the two years.

Assessment of the course was based upon task accomplishment, which was found to be a forceful motivational factor for pupils. However, the application of grade-related criteria for the three assessable elements of the course (application, skills, and knowledge and understanding) produced many problems in their interpretation, precision, clarity and selection. Considerable training of teachers in the use and application of grade-related criteria will be a necessary requirement of the new initiatives on the curriculum.

Internal assessment used a variety of recognised assessment instruments, such as section tests, open-book tests, extended writing, projects, posters, etc., and these were dated, indexed and collected in a folio of each pupil's work to show a natural progression of their activities throughout the two years. This folio was then available to the examination board and external moderator for validation of our course on the national scale. As many of our pupils were disadvantaged linguistically and numerically, we found it advantageous to assess the pupils' knowledge and understanding using practical and oral tests. Using a practical assessment method I had developed in science involving a 'stations technique' we had considerable success in assessing both the process and the product of the pupils cognitive skills. In addition we attempted to assess the affective domain using oral techniques, but failed to agree upon valid or reliable criteria.

Conclusion

Little has been said concerning the pupils' reaction to the course, as this could be the basis of an article on its own. Briefly, the group of pupils which were conscripted were the least able, and contained the most disruptive discipline elements within the year-group of a large comprehensive school. Working with them was at times very hard and demanding, but over the two years we survived together and developed a reasonable relationship which resulted in none voluntarily leaving the course.

This article cannot give an in-depth treatment of all the pertinent issues, nor can it cover many of the minor aspects which failed or succeeded; but it should provide a very brief insight into front-line curriculum development in producing a relevant and functional course to meet the health needs of pupils.

Reference

1. Dunning, J.: *Assessment for All. Report of the Committee to Review Assessment in the Third and Fourth Years of Secondary Education in Scotland*, HMSO, 1977.