

## Curriculum planning in primary schools - I

# The 'Just A Tick' materials and their use in schools

John Balding

HEC Schools Health Education Unit  
University of Exeter

To clarify the nature of the *Just A Tick* questionnaire enquiry instrument, which was used extensively in the national HEC Primary Project described in the second article, the following interview reflects upon its development and discusses some of the insights gained from its use both in trials and in the national primary survey.

*What is the object of the 'Just A Tick' package?*

The object is to discover, from both children's and adults' points of view, priorities for inclusion in the primary curriculum in the areas of personal development, health education, and social education. Basically the object is consultative - in the jargon, this is 'negotiating the curriculum' - and in the area of personal and social development it is very clearly the business of the parents. But, as young people spend a lot of time in school, inevitably social development takes place there, and the whole environment of the school participates in the shaping of this. Therefore, to have the views of important people connected with the young people before planning a programme or identifying a programme makes sense.

*Is the questionnaire list of topics the same for the pupils as for the adults?*

Yes, the same list of 'health' or 'personal development' topics is used - but in the case of the children we wish to discover their *levels of interest* rather than the

*perceived importance*, which is the question addressed to the adults.

*So this questionnaire package consists of a list of topics. How was this list researched and developed? I assume that this was the starting-point of the enquiry?*

Well, one of the major responsibilities of the project is to get a check-list that is valid, and the method arose from an earlier enquiry method I had developed between 1975 and 1978 called *Just One Minute*, which was prepared for curriculum planning, in the same style, in secondary schools. A check-list of 28 topics was used, and this had in fact been derived from one which was round about a hundred long. Four sources were originally used in compiling the *Just A Tick* check-list, and more detailed reference to these, and to the early work of the project, will be found in *Education and Health* for September 1983. But even the original sources were, in turn, summaries of a lot of professional points of view. Having got, from this work, a very long check-list, we then pruned it down as best we could by many, many interviews with individuals concerned with the

growth and development of young children, and eventually ended up with round about 40, which we used in various pilot stages, and finally settled on 43.

*Have there been any major modifications, other than the selective process you have described?*

The order in which the topics appear has gone through some change. Originally we had two separate lists in which both 'orthodox' health and 'social and environmental' health topics were intermingled. We believed, you see, that youngsters might have difficulty in tackling one list of 43 topics. However, this belief was unfounded, and we now have a single list extending over two sides of the questionnaire. The list tends to run from the 'orthodox' on the first page to the 'social and environmental' on the second.

*The 'Just A Tick' package, unlike the earlier 'Just One Minute,' has a separate questionnaire for health-care professionals. At what point was the decision made to include them as a separate group?*

Very early on, in fact, because when we were validating the contents of the list we went to teachers, to Advisers, to medics, to HEOs, and so on; and I think it was an HEO who said that it would be rather nice to have an HEO point of view, while a District Medical Officer suggested that GPs could also usefully be consulted.

*When you took the pilot instrument into schools, what sort of response followed?*

Well, first of all, we were welcomed into schools; Heads were glad to see us, and we had good times with the children and the teachers. Quite often, in the early stages, as soon as we went in with a check-list Heads would grab this and photocopy it, and seemed about to act upon it without even using it as a consultative document! It was already being used as a definition of Health and Social Education.

I'd like also to mention that the London Borough of Brent (through their Senior Inspector Lesley Smith) came across the method almost by accident,

and used it in a very raw state, and discovered that it had this superb effect of bringing parents into the schools. That came as a surprise – and a delight. Subsequently other schools in the pilot work came to the same conclusion: that it can be used to foster a link with all parents, and not just the more articulate ones who come to PTA meetings.

*This is very much a consultative document, as you said at the beginning, and the parental dimension is clearly seen as a very important one. Yet some schools are less keen than are others on parental consultation over curriculum matters.*

The degree to which they will welcome this dimension depends a lot on the Head. Some Heads feel threatened by the prospect of the parents taking over the curriculum! In this particular area, though, I think that it is very good for a school to feel an abundance of support, and this is what seems to happen.

*Perhaps a difficulty here is that different groups of respondents may tend to put different interpretations upon the same topic 'label'.*

The *Just A Tick* package will do two things. You can use it as a *survey*, in that you can get the responses back from different groups (parents, teachers, and so on) and collect them together, and analyse the percentage of responses recording different levels of approval or disapproval for each topic. From the length and depth of the preliminary work, we can guarantee that members of each group will on the whole share a similar interpretation of the question; but we also know that the interpretations between different groups can vary quite a bit, and also within the same group it is stratified – younger children and older children can have different interpretations. The professional teacher will have insights as to how a particular topic may be addressed in a school, and so on. The next stage is to create an *agenda for debate* by bringing representatives of the different groups together to discuss how they interpreted the question; and then you get a dialogue going, with all sorts

of exciting contact between the different groups. I've never seen health-care professionals in on this, but I've certainly seen teachers clarifying views amongst themselves.

*It seems to me that the questionnaire has been designed very carefully, so that as far as possible differences of interpretation are minimised; but what is coming out of this work is that there are always going to be differences of interpretation, and that therefore you are defining not topics but viewpoints. Did you hope, initially, that you might be able to define the topics so precisely that the different groups were debating about the same thing?*

Well, I always strive to do this, but my experience is that it is almost impossible. I think that all through this, we keep using the expression *providing an agenda for debate*. The survey results which come back are extremely exciting; and without debate you can, for example, note that 55% of the Junior/Middle school parents consulted from one region said that *Menstruation* should be in the curriculum 14% would like it in if at all possible, 5% were undecided, and 26% had various reasons for saying No to its inclusion. That statistic on its own has a message. But to find time to debate its meaning, in my experience, means an awful lot more is gained from it.

Returning to the point about the precision of the questions, there are some, such as *Human reproduction*, which I think are precise, and others which are less so, but not necessarily valueless because of it. For example, the interpretation put on *Health services* varied according to what was the respondents' current experience of what they thought was connected with health services, but it was not felt appropriate to miss it out.

*So, by keeping it in, you have opened up a potentially very useful debate.*

Well, that's why it's still in. From a purely research point of view, it would have had to come out.

*Could you say something about how a school might go about using the 'Just A Tick' package?*

I think that a school will need help, of the kind I hope we shall be able to offer from the HEC Schools Health Education Unit, if they are to be able to get the most out of it. If it could be promoted by an HEO or an LEA Adviser so that a group of schools used it, that would enhance its use enormously – in a sense, in the way it's being modelled in the nationally organised HEC Primary Health Education project. However, in the pilot work we have had schools manage the whole thing internally, in their own community, admittedly with good support from the Unit.

*What is your impression, so far, of the use to which 'Just A Tick' results have been used to influence curriculum planning in schools?*

In some schools I think the Head has reflected on the results and they have gone no further. In other schools, individual teachers have been involved in looking at the results from the different groups of respondents; one local school had the data analysed extremely carefully, and had a parents' evening after many staff discussions, and they re-planned their personal and social curriculum in

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the light of the data that they had collected from the children and the priorities that they, as teachers, had seen reflected in the returns from parents, governors, cleaners; possibly the school cat would have been included if we had developed a suitable enquiry instrument.

*Even in cases where there were no visible outcomes, you believe that invisible benefits may have resulted?*

One of the things I'm seeing now is that the very first feedbacks from the first region processed in the national survey is that Head teachers are reflecting upon the apparent position of their staff members, which is, after all, very important; and that's becoming clarified for them.

*Could you say a little bit about its future extension into the secondary school age-range?*

Yes. The *Just One Minute* questionnaire instrument, which is still available from the Health Education Council, contains major differences when compared with the new topic list in *Just A Tick*. Now that we have recognised that our questionnaire actually tends to define what is 'health and social education', we should not have separate topic lists for different ages if in reality health and social education do not change significantly with age; there will be some changes with maturation, but the major health issues remain. So what we have done is to take *Just A Tick* (primary) and consider very carefully if there are additional topics which

should be included for secondary-school pupils. In fact we have added six, making a total of 49, so that there is continuity right up through the whole school age-range, and even right through life.

*In the course of the National Survey, some 30,000 'Just A Tick' questionnaires have been completed, and they are now in the process of being analysed. Do you feel that the package is now in a 'final' form suitable for general use by schools?*

My guess is that we shall find some parts we'd like to change, but largely it is likely to stand. This massive amount of information about people's points of view in 1985 will certainly have an effect upon decisions taken about curriculum planning. But individual LEAs in parts of the country not touched by the national survey could well see value in taking it on and doing their own survey to see where they fit into the scene portrayed by the project. But I'd also like to see its occasional use by individual schools or groups of schools, perhaps through a Teachers' Centre; and secondary schools may well wish to take it on as part of the planning process leading to a negotiated curriculum, perhaps in conjunction with our Health Related Behaviour questionnaire. A group of Hampshire schools may soon be undertaking this kind of 'total' enquiry, and I should welcome this linking between 'priorities' research and 'behaviour' research in future curriculum planning.

### To all users of the Version 10 Master Questionnaire

Small revisions have recently been made to our secondary-school questionnaire enquiry instrument.

If you already possess a master copy, it is likely to be one of the earlier editions. Please write or telephone the HEC Schools Health Education Unit (0392 264722) for the current edition if you are planning to conduct a survey.