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.

Curriculum planning in primary schools – 2

The HEC Primary Project National Survey

Trefor Williams
Project Director, Health Education Unit
University of Southampton

The HEC Primary Schools Project has used the Just A Tick material as one of its data-gathering instruments. The aims and scope of the project are outlined here. By bringing together schools in different LEAs, it is beginning to achieve one of its aims – the identification of key health-education areas in the curriculum.

Research has shown that, while health education is actively pursued in primary schools, there is a lack of planning in terms of timing and sequencing, and a growing desire for a curriculum framework within which schools might begin this process for themselves. As a consequence, the HEC funded the Primary Schools Project, whose major aim is to provide such a framework for planning.

The project commenced in September 1984, and the first requirement was seen to be a preliminary enquiry to seek the concerns, views, and attitudes of all those involved in the work of primary schools – children aged 4-13, their parents, their teachers, and health-care professionals. For children in the 8-13 age range, this enquiry was to be carried out using the Just A Tick materials developed by John Balding and his team at Exeter University, and described in the previous article. For the pupils in the 4-7 age range, the Southampton team devised a different strategy to discover young children's perceptions of what it is they do to make and keep themselves healthy – the Early Years technique.

After this first phase of the project, which also involves returning the processed data to the 128 schools taking part in the survey, work will begin on the second phase. This involves establishing key areas of health education in the primary curriculum.

Setting up the national survey

The survey was carried out in 11 LEAs spread throughout England, Wales, and Northern Ireland in order to provide a representative sample of the national community. These LEAs are as follows:

- Devon
- Shropshire
- Hampshire
- South Glamorgan
- Liverpool
- Newcastle
- Norfolk
- West Midlands
- Northern Ireland

Each of these LEAs had an appointed liaison officer to link with the schools. Normally this was an LEA Adviser, but in the case of Gwynedd, Northern Ireland, and Nottingham a District HEO was used. The task of the liaison officer was, initially, to select at least ten schools to take part...
in the survey, bearing in mind the need to present a balanced selection from within the LEA. The following criteria were to be borne in mind:

Area served Inner urban, outer urban, rural
School type Nursery/infant, nursery/first, infant, first, primary, first/middle, middle, junior; size; sectarian, grant-aided
Organisation Open plan, vertical streaming, family grouping, mixed ability, streamed, formal/integrated day, team teaching

In each LEA, Heads and teachers from each school had a meeting with a member of the Southampton project team, during which they were coached in the administration of the Just A Tick and Early Years instruments. On occasions when a school could not be represented, project team members visited individual schools to brief the Head and staff. Doubts, queries, and worries could be aired and shared informally after the meeting. Wherever we went, the project team member received tremendous support and commitment from the schools, and the teachers conducted the survey during the following weeks, taking on the responsibility of explaining the project to the parents and other members of the staff, distributing material, and collecting and sorting the responses.

Data processing, and the next phase
A total of 22,602 children took part in the surveys, of whom 13,020 were aged 8-13 and 9,583 were aged 4-8. Questionnaires were also completed by 15,722 parents and 1,148 teachers. Returns from health-care professionals are still being collated. All this data is being processed by the HEC Schools Health Education Unit, and, as it becomes complete for each LEA in the study, a meeting is held for participating teachers, LEA Advisers, and HEOS.

The purpose of these meetings is to enable the schools to extract and compare information from their own data, and to recognise the implications of the results for the development of health education in their schools. In this way they are anticipating the next phase of the national project – the recognition of key health-education areas in the curriculum – which is already developing in many exciting ways.

The next article gives a few 'highlights' from a single LEA's results. Formal publication of the data from this first phase of the project is expected early in 1987.

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**Review**

*Nigeria in Change 1979: Centre for World Development Education (CWDE)*. Teachers' pack, £30. This pack consists of four slide sets and notes examining aspects of life in Yorubaland, south-western Nigeria. We have examined Set No. 4, *Food and Nutrition*. Among some starting introductory facts are these: (1) An 'average person' in the UK consumes 60 times as much energy resource as does a Nigerian, and (2) in 1974 there was one physician per 32,000 of population, compared with one per 750 of population in the UK. This set contains 2) slides, and has accompanying notes addressed to geography, home economics, and biology teachers in the secondary school, and also to primary teachers. The primary-school notes cover suggestions for developing themes in health, nutrition, diseases, and medical services; the home economics notes touch on health, child development, nutrition, traditional foods, and sex roles. It is also noted that this pack has been designed to serve as a resource for HEP-5-13.

Informative black and white cartoon sheets and commodity sheets are also available from the same publishers at 30 pence each. We have seen the cartoon sheets called *Towards better health and Feeding the world*, and commodity sheets for maize, rice, bananas, and wheat. Each of these unfolds to a total printed area of 6 A4 sides, and is aimed at secondary level. Another publication, *Change and Choice: discussion papers*, is a 54-page document with sections on environment, trade, investment, food and health, and aid. The gap between developed and developing countries, and the threat of commerce to the environment, is emphasised throughout. This is not so suitable for school use, but teachers of students aged 16+ might find a great deal of useful information here to bring into their courses. This costs £1.80.