FORBES WASTIE

The 4th year do their own evaluation

Eastbourne College is a 13-18 boys' independent school. Boys are admitted by examination and spend three years preparing for GCSE. Girls are admitted to the Sixth Form houses; 66% of pupils are boarders.

Health education at the school has never had any real status. Although the School Medical Officer and other health staff have been used as deemed appropriate, there had been no attempt to examine the curriculum implications of the subject. Discussing between myself as Second Master and Hugh Graham, District Health Promotion Officer, Health Education Department, led to an agreed course of action.

1. A meeting between key health professionals and interested staff. This was to establish a working relationship and share ideas, etc.
2. An open staff meeting: the District Health Promotion Officer to be a guest and table schemes and strategies with a successful record from their use in other establishments. The SHIP 13-18 Curriculum Guide formed the basis of this input, and from this a pilot course emerged.
3. The pilot course was to be implemented over two terms in 1989, followed by pupil evaluation.

The pilot course was run over 12 sessions with a selected group of 19 4th-year pupils (in the 14-15 age group). The choice of content has been greatly influenced by the 13-18 Curriculum Guide, but was also inevitably affected by considerations of staffing. Using a variety of different adults to lead different subject areas exposed the boys not only to new material but also highlighted for them the different styles of leadership and presentation.

QUESTIONNAIRE

At the end of the course a questionnaire (see Fig. 1) was used for evaluation, each member of the group having ample time to fill in their answers. This exercise was treated with complete confidentiality, the aim being to produce an unbiased and objective assessment. Findings are summarised in question by question.

Question 1. Rating of interest and effectiveness. It is clear from Table 1 that the topic with the most impact was Physiological impact of smoking, followed by Resuscitation, and the topics with the least impact were those dealing with the more sophisticated and adult topics of Stress and Relaxation.

Question 2. Highest and lowest scoring subjects. The answers to this question varied from person to person depending on their interests, needs, and individual judgments, but the topics which featured most consistently in the top bracket were Resuscitation, Smoking, First aid, and Personal hygiene. Similarly, those which featured most consistently in the bottom bracket were Stress, Relaxation, and Diet.

Question 3. Personality of leader vs. subject appeal. This question was inserted to attempt to gain some insight into whether the pupils were responding more to the personality of the leader than to the topic itself. Subjects mentioned where this may have been the case were Advertising, Smoking, Peer groups, Stealing, etc., and Role play. The majority of these were advertising.

Question 4. Order of value. The rank order selections by the 19 pupils were totalled for each subject, and the subjects were then put in overall rank order, as follows:

<table>
<thead>
<tr>
<th>Rank order</th>
<th>Subject</th>
<th>Interest average (out of 10)</th>
<th>Effectiveness average (out of 10)</th>
<th>Interest + effectiveness (out of 10)</th>
<th>Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Smoking</td>
<td>8.0</td>
<td>7.2</td>
<td>7.6</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Resuscitation</td>
<td>7.5</td>
<td>7.3</td>
<td>7.2</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Fitness</td>
<td>7.7</td>
<td>7.0</td>
<td>7.4</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Stealing, etc.</td>
<td>7.5</td>
<td>7.2</td>
<td>7.3</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Role play</td>
<td>6.7</td>
<td>6.6</td>
<td>6.5</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Personal hygiene</td>
<td>6.6</td>
<td>6.6</td>
<td>6.5</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Peer groups</td>
<td>6.6</td>
<td>6.6</td>
<td>6.5</td>
<td>5</td>
</tr>
<tr>
<td>8</td>
<td>Diet</td>
<td>6.0</td>
<td>6.0</td>
<td>6.0</td>
<td>5</td>
</tr>
<tr>
<td>9</td>
<td>Advertising</td>
<td>4.6</td>
<td>5.4</td>
<td>6.0</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>Home problems</td>
<td>5.9</td>
<td>5.9</td>
<td>5.9</td>
<td>9</td>
</tr>
<tr>
<td>11</td>
<td>Stress</td>
<td>4.7</td>
<td>4.7</td>
<td>4.7</td>
<td>10</td>
</tr>
<tr>
<td>12</td>
<td>Relaxation</td>
<td>4.5</td>
<td>5.0</td>
<td>4.8</td>
<td>11</td>
</tr>
</tbody>
</table>

The following responses are representative:

Cleared up misunderstandings.

Convicted me never to smoke.

More awareness of other people.

Easier to cope with stress.

Better awareness of peer group pressure.

Proper knowledge of fitness.

Confidence about resuscitation.

How to relax before exams, etc.

Awareness of a proper diet.

Ability to say 'No'.

To be able to consider before making a decision.

Important of regular washing.
THE RESULT

1. In the eyes of the pupils the scheme was obviously successful, and they would like to see it become incorporated into the curriculum for either the Third or the Fourth Forms.

2. Some topics appealed more than others, which is only to be expected, and indicated individual interests and preference. But some topics, such as those relating to stress and relaxation techniques, were too advanced and sophisticated for this age group.

3. It is recommended that a Health Education Programme become part of the curriculum for all members of the Fourth Form. It should be spread over the whole school year and take the form of a single lesson every two weeks, the lesson being taken from other subjects by rotation as in the pilot scheme.

4. If it is to be incorporated as an important addition to the education of the pupils, then it must be established on a proper footing with a Master in Charge and with a departmental allowance.

Contact Forbes Wastie, c/o Headmaster's House, Eastbourne College, Eastbourne BN21 4JX (0923 37666).

About 40% of boys in all four year groups eat vegetables ‘On most days’, but the girls’ level increases from 46% in Year 1 to 60% in Year 4. Fresh fruit gives a high percentage: 50% of boys and 57% of girls in the 1st year indicate they eat it ‘On most days’, and this level remains fairly constant.

Cycling

Most primary children in this sample had bicycles and a surprising percentage were allowed to ride on the road: 46% boys and 34% girls in the 1st year, increasing to 80% boys and 70% girls in the 4th year. This may be due to different interpretations of 'road' in the question. By Year 4 45% of boys and 31% of girls had been on a cycling proficiency course.

Sports

About 50% of all the boys and girls go swimming at least once a week. About 70% of boys play football this frequently, while the girls’ percentages for dancing were about 30%, with gymnastics and netball reaching over 30% in the 4th year. Jogging was quite a popular ‘once a week’ category (about 40% of boys and 30% of girls), but during work with the children it was found that this included running down the street to the shop as well as ‘real’ jogging!

Self Esteem

About half of the boys and girls in the 1st year were in the 0-10 category, indicating low self-esteem. In the older groups however a change in the percentages across the groups can be noticed, the 14-16 and 17-20 categories showing higher percentages. This is consistent with the results in secondary schools which show that self-esteem increases with age.

Teeth

Most children indicate that they had a check-up on their last visit to the dentist, although about 20% had fillings. There were also 20% recording that they were given advice on brushing: more boys than girls!

Alcohol

As expected, more children in the older age groups indicate they have tasted alcoholic drinks. The highest are shandy and wine. Beer or lager also becomes a high category for the boys in the 4th year, with 77% of boys having tasted it, compared with 48% of girls. It is clear from these results that children have experience of alcoholic drinks at an early age.

School Surveys

Although average results for a sample of different schools are interesting, teachers will be particularly anxious to see the results for their own pupils. If you think that the Primary Health Related Behaviour Questionnaire could be useful in your school, do contact the Unit for a copy, which will come with comprehensive notes about how to carry out the survey.

I shall be delighted to send further information and to help organise a survey if you decide to go ahead with one. Perhaps feeder primary schools could collaborate, producing a survey of the health related behaviour of the future population that will meet in the secondary school?

Finally, I would like to thank all the staff and pupils of schools who have generously given time to pilot this questionnaire.