

Consultative curriculum planning

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Ticking the topics: did the school get them right?

Inviting the staff, the parents and the pupils to share the planning of a programme of health and social education may sound highly desirable. But is it possible?

How do you decide what is important in the programme? How do you bring together the staff, the parents and the children in deciding what is appropriate? How much should be done at home? How much should be done at school? How much is the responsibility of the parents and how much is that of the teachers?

It is refreshing and perhaps astonishing to find a secondary school which is trying to base a cross-curricular programme of health and social education on consultation. This school, not more than 15 miles outside London, has very recently carried out its own research (with our support) to discover the priorities for inclusion in the social education programme. They approached the young people in the school, the teachers who provide the programme of courses, and the parents who are clearly heavily concerned in this area.

The results of their survey are exceedingly interesting, and we have been given permission to publish them here. In our experience it is always risky for a school openly to publish its own data, because things get read into the data which perhaps are not there, and the more sensitive findings get taken out of context, particularly by the Press.

The method of inquiry used is known to be very sensitive so that 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.

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 (governors were added later and should now form a most 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 works 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 are returned to the school in the form of tables showing the percentage of each group that responded positively or negatively to each topic. The topics are also presented in rank order form, and this is how they are reproduced here for the school in question.

Equipped with the results, the staff planners are now in a position to make informed decisions about if, where, and when the different topics can be accommodated. Some existing

Joint curriculum review by the school and the parents is a significant step towards co-operative attitudes and practices.

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.

	Parents	Teachers	BOYS				GIRLS			
			7	8	9	10	7	8	9	10
1. How my body works	1	9	23	19	25	14	22	31	39	36
2. Staying well	32	13	36	10	10	25	33	37	26	36
3. Immunisation	34	40	36	25	42	46	15	31	32	23
4. Illness and recovery	45	45	46	25	6	19	45	39	30	20
5. Talking to doctors, nurses, dentists	43	44	40	44	42	25	39	43	45	36
6. Care of hair, teeth, skin	24	27	4	33	17	34	39	23	9	11
7. Care of eyes	26	26	12	14	5	25	22	18	19	16
8. Care of feet	36	37	40	44	42	48	49	43	41	43
9. Human reproduction	3	2	22	2	6	11	6	4	10	11
10. Menstruation	4	1	49	48	39	49	6	25	38	20
11. Food and health	13	11	12	10	6	11	27	18	23	14
12. Drinking alcohol	8	7	28	33	34	14	42	12	30	32
13. Glue-sniffing	5	4	23	38	40	37	15	25	35	16
14. Smoking	1	2	7	24	10	14	3	10	12	3
15. Physical fitness	14	9	3	6	4	1	27	9	19	32
16. Understanding the needs of handicapped people	30	32	34	39	33	46	15	15	26	26
17. Understanding the needs of old people	30	34	40	33	17	42	15	12	26	32
18. Health and Social Services	46	42	48	48	47	42	48	43	41	36
19. Safety at home	27	23	21	25	36	19	12	39	26	32
20. Safety in traffic	17	11	17	33	36	25	27	31	39	36
21. Water safety	25	14	7	7	28	8	22	18	32	23
22. First aid	10	15	2	5	1	2	1	4	1	4
23. Family life	40	30	28	14	28	37	33	25	17	18
24. Separation from parents	39	37	23	25	33	25	12	25	19	9
25. Death and bereavement	38	30	17	2	2	8	9	6	5	2
Total sample	162	28	31	36	27	31	23	23	29	30

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 'worked 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 these 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 adult groups' 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* (22) is really quite remarkable. It is also fairly high on the list of priorities for both the adult groups as well.

The second 24 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.

	Parents	Teachers	BOYS				GIRLS			
			7	8	9	10	7	8	9	10
26. Stress (why people worry)	41	42	46	10	10	4	27	31	7	7
27. The difference between boys' and girls' behaviour	37	41	7	29	47	34	12	18	10	18
28. Physical growth and development	21	18	17	14	17	37	9	15	23	26
29. Relationships with other boys and girls of the same age	31	35	7	32	10	19	33	10	12	14
30. Understanding people of different race or religion	23	18	32	46	47	42	33	18	41	26
31. Feelings (love, hate, anger, jealousy)	28	33	17	19	22	19	6	18	4	8
32. Bullying	15	25	31	19	25	25	15	15	35	26
33. Building self-confidence	5	28	23	19	17	4	15	25	7	1
34. Making decisions	19	23	36	14	22	11	43	43	17	23
35. Honesty	10	18	28	46	40	19	26	31	16	26
36. Responsibility for your own behaviour	7	4	44	42	33	34	45	43	32	20
37. Spare time activities	47	49	36	31	22	3	27	43	47	26
38. Boredom	48	47	40	39	28	42	43	43	45	42
39. Caring for pets	49	48	4	29	10	4	3	31	23	46
40. Vandalism	18	16	12	7	42	25	22	37	41	44
41. Stealing	16	20	34	7	28	37	39	39	48	46
42. Pollution	20	21	12	19	10	14	33	8	35	46
43. Conservation	22	21	23	42	25	41	15	6	22	46
44. Contraception	12	6	12	10	17	19	33	2	3	4
45. Parenthood and child care	33	30	4	14	10	14	11	18	12	4
46. Sexually transmitted diseases	8	9	1	4	2	8	2	1	1	9
47. Control of body weight	42	35	32	39	28	25	27	12	12	11
48. Violence on the TV screen	43	46	4	33	42	25	45	49	49	45
49. Cancer	35	39	7	1	6	7	3	4	6	2
Total sample	162	28	31	36	27	31	23	23	29	30

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 priorities. In fact *Cancer* for year 8 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 positions 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.

Bullying (32) — parents more positive than teachers.

The results for *Building self-confidence* (33) are really quite remarkable, since it is very high in the parents' list and well down in the teachers' list. For the pupils it comes very high in the list for year 10 boys and year 9 and 10 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 20, 22, 21 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 the two 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 24, *Separation from Parents*, is the reverse, being higher 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, for 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, all too easy to concentrate on differences. For example, topic 46, *Sexually Transmitted Diseases*, is high in all groups, adults and young people. High levels of agreement 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 Doctors, Nurses and Dentists* (5), as is *Care of Feet* (8).

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 *who* should decide on 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 schools. 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 we have 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 clearly. There are some pitfalls for the unwary in drawing conclusions from a rank 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 contracts 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 this co-operation, special 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 (National Curriculum years 7 and 8).

Parents' evenings following the collection of the data typically produce statements and demonstrate attitudes which clearly show that the parents have been pleased to be consulted. Another thing which usually comes out of the meetings is the realisation that the parents are often unaware of the extent to which the school has thought through its policy and practice 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!

The *Just A Tick* pack, which contains an introduction to the survey method, may be obtained by sending £2.50 to Sally Forster at the Unit. Please state if the primary or secondary version is required.