

Once again, *Just A Tick* comes up trumps and proves how useful it really is.

When West Berkshire Health Promotion Centre decided to develop an interactive health education facility for local primary schools, the project managers also decided that they should focus on the children's natural interests. By concentrating initially on what the children were interested in, they argued, learning would be more relevant, more meaningful and more effective. And to find the information they wanted about children's own interest in health education topics, *Just A Tick* was 'just the ticket'.

### *Influencing the young*

The Schools Health Education Unit report, *Health Education Priorities for the Primary School Curriculum*, involved 10,984 pupils. A breakdown of the results showed the developers that to involve children in the 9-11 age range, the twelve topics shown in the box should be included.

But why should we bother with a health education facility for this group at all?

Much preventable ill-health comes as a result of poor choices of lifestyle behaviour options. As health educationalists, one of our current priorities is the prevention of coronary heart disease. Preventable heart disease is degenerative: that is, it occurs usually over many years. If we are to believe the experts, indications of the sort of damage which predisposes to the disease in later life can be found even in the very young.

Mindful of this, and turning our attention to the outcomes of health education, it is no feat of logic to deduce that to be really effective health education must focus on the young. Only then can we expect our work to improve significantly the statistics for preventable ill-health.

This approach has two very obvious benefits.

One, children respond to learning more positively. They are, by nature, more flexible and will, more readily,

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## An 'Interactive Health Education Centre' for 9-11's

exchange damaging lifestyle habits for those with much more positive benefits.

Two, by adopting a better lifestyle early in life the degenerative damage

*Water safety*  
*Caring for pets*  
*Conservation*  
*First Aid*  
*Spare-time activities*  
*Safety at home*  
*Physical fitness*  
*Care of the eyes*  
*Care of hair, teeth and skin*  
*How a baby is made*  
*Food and health*  
*Separation from parents*

*The twelve health education topics that came highest in the interest levels of 9-11 year olds.*

to the individual will be minimised and the benefits will therefore be optimised.

There is a third, less obvious advantage. A population which adopts a healthy lifestyle early in their lives will reduce the cost to the NHS which they might otherwise incur over a lifetime - from teeth, obesity and

coughs and colds to cancer and heart disease.

### *The 'interactive' approach*

It is with this philosophy in mind that an Interactive Health Education Centre for primary children is being planned by West Berkshire Health Authority's Health Promotion Centre.

Traditionally, health education values the *process* equally with *outcomes*. Within the educational philosophy of the Centre is embedded the concept of self-empowerment: action resulting from informed personal choice. The activities will use participatory involvement and include experiment, exploration and programmed interactive learning techniques. These will be set within the framework of a visual environment designed to excite and stimulate.

Modern technology is changing museums and exhibitions from places children visit to stimulate interest into centres of learning. The Berkshire Centre will be the first of its kind, but it will not be competing with the grander museum set-ups. Instead, it will offer an exciting and intimate local environment in which learning and exploration can take place at an essentially individual level.

### *The content*

The ideas will be developed around a number of themes. For example, a central theme of food might focus, primarily, on the digestive system with subsidiary modules of 'food and diet' and an 'experimental kitchen' for testing, tasting and adapting recipes.

The themes will be developed in three dimensions balancing genetics (what you are born with), the environment (external factors that affect you) and personal choice (what we do ourselves).

The requirements of the National Curriculum are focussing teachers' attention, and so, where appropriate, the activities are built around Attainment Targets. A centre of this nature is, though, essentially one for health education, so no compromise is made over the integrity of the content in meeting the stated aims.

Focussing on the natural interests of this age group

Focussing on participatory, experiential, exploratory and interactive learning techniques

Focussing on positive health messages

Encouraging a positive interest in health

Encouraging an understanding and awareness of an individual's personal role in the development of their 'health career'

Encouraging the development of decision-making skills

Encouraging an understanding and awareness of the broader context for health, i.e., environment, genetics and personal behaviour choices

Working through National Curriculum Attainment Targets

*How the Centre plans to promote health education for 9-11 year olds.*

The aim was to develop a positive interest in, attitude to and behaviour pattern for health in 9-11 year olds by a variety of routes (see box, bottom left).

### *Individual learning*

School visits are often overwhelming, leaving children with a random range of experiences without cohesion or meaning. To help them make sense of the assorted experiences and information there will be a series of 'links' between activities. Each individual child or group can then follow their own interests using the 'links' to form a logical sequence of very personal experiences and activities. It is hoped that this will form a practical experience of self-directed learning and engender a sense of individual empowerment.

### *Classroom material*

A range of pre- and post-visit work is to be developed. Before a visit, a classroom teaching pack will provide material to stimulate interest and raise awareness about health and lifestyle issues. Following a visit, a comprehensive selection of classroom project packs designed to develop and extend the content of the Centre visit will be available. They will be linked to National Curriculum Attainment Targets across a range of subjects. They will allow interest aroused by the visit to be developed and explored along individual lines.

### *School programmes*

The project goes further still. In order to consolidate the experiences and learning it is anticipated that a number of programmes will be developed which will run in schools. One such programme is already running in the USA, where children are taught specific interpersonal skills and then take responsibility for managing conflicts between other students. Such programmes can extend to bullying, eating policy, environmental issues, stress, exercise and leisure,

and will form a model of good practice - in practice.

### *The cost*

Schemes and programmes like this are ambitious and costly. While building space can be found, the themes must be designed and built, the teaching materials must be developed, written and produced, and the running costs estimated. The Berkshire Centre project is expected to cost around £200,000 to the end of its first year of operation.

### *The timetable*

With a proposed opening date of autumn 1992 and in excess of 4,000 children visiting the Centre each year, this innovative Centre, providing National Curriculum facilities on a local basis, is likely to become a popular and essential part of the educational experience for primary children in the area.

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### *Primary version*

**Just  
a  
tick**

A set of questionnaires for pupils, parents, school staff, and health-care professionals, designed for use by primary schools wishing to promote Personal Development and Health Education in their schools

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