Vol. 1 No. 2 March 1983

# Education and Health

Journal of the Schools Health Education Unit, Exeter University

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## Co-ordination between schools: the rôle of the HEO

One aim of the Health Related Behaviour Questionnaire is to give schools useful behaviour profiles of their pupils. The previous issue of *Education and Health* described two instances in which health co-ordinators modified or introduced courses to take certain behaviours into account, and Part 2 of Sue Sissons' article on "Social and Personal Education", which was partly modelled around the Questionnaire, appears on page 19.

However, the Questionnaire data can be used in other ways. The school population can be examined on a regional or even on a national basis. Some work along this line has already been done, and the results must be of interest to all teachers who wish to see how their school profile compares with the "average". However, this information alone may not be enough to prompt intervention, since all "averages" conceal large differences, and it is these differences that we want to examine.

**The "Cornish ten"**

Last year, ten secondary schools in Cornwall took part in a Questionnaire survey that concentrated on their 4th-year pupils (age 14+). A total of 2,142 boys and girls responded, and the 4th year in every school was represented, giving a total of 1,072 in this age

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*Funded by the Health Education Council*

**Education and Health** is published twice a term, and contains articles, letters, and notes about all aspects of health education within schools.

Its aim is to pass on the results of recent research into health behaviour, and to provide a forum for debate among teachers, health education specialists, and others concerned with the healthy development of young people.

Contributions should be sent to: The Editor, ***Education and Health,*** Schools Health Education Unit, University of Exeter, Heavitree Road, Exeter EX1 2LU, Devon. (Tel: 0392 76311, ext 205.)

group. This population was then studied at a special meeting of all ten health co-ordinators in Truro, under the auspices of the Cornwall & Isles of Scilly Health Authority and its Health Education Officers. Not only were the Cornish "averages" studied – the health-behaviour profiles of all the schools were set out side by side, to be compared and discussed. About forty tables were studied in this way.

In the course of this article, I shall be reproducing some of these comparison tables, in which the topics concerned reveal noticeable differences between schools. Reflecting on such tables raises a totally new set of questions compared with those asked when a school ponders on its own "profile" in isolation from any others. Seeing its results in the perspective of results from other schools in the same part of the country sharpens the concepts of what behaviour is to be expected in other communities close at hand, and schools are now beginning to ask for regional results along the lines of the Cornish model. I am optimistic that the Schools Health Education Unit will be able to meet the demand.

Three such tables are presented here: they examine swimming confidence, sporting activity, and the influence of teaching on sex information. The schools are identified by letters (not in alphabetical order), and the questions are quoted exactly as given in the Health Related Behaviour Questionnaire.

***Are you confident when swimming out of your depth?*** (CONFSWIM)

Combined result:

**Boys** **No = 21.6%** **Yes = 78.4%**
**Girls** **No = 30.0%** **Yes = 70.0%**

The combined results for all ten schools showed more boys than girls reporting confidence, which is typical of

*(Please turn to page 29)*

| SCHOOL | BOYS (559) | | GIRLS (510) | |
|---|---|---|---|---|
| | No | Yes | No | Yes |
| A | 29.8 | 70.2 | 20.4 | 79.6 |
| B | 10.4 | 89.6 | 12.2 | 87.8 |
| C | 14.8 | 85.2 | 39.5 | 60.5 |
| D | 24.7 | 75.3 | 36.7 | 63.3 |
| E | 23.8 | 76.2 | 33.9 | 66.1 |
| F | 42.9 | 57.1 | 40.8 | 59.2 |
| G | 15.6 | 84.4 | 24.1 | 75.9 |
| H | 27.1 | 72.9 | 24.4 | 75.6 |
| I | 15.4 | 84.6 | 24.0 | 76.0 |
| J | 14.0 | 86.0 | 44.0 | 56.0 |
| Combined % | 21.6 | 78.4 | 30.0 | 70.0 |
| Total no. | 121 | 438 | 153 | 357 |



*4th-year responses to the question "Are you confident when swimming out of your depth?" (Percentages)*

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## Co-ordination between schools

*(Continued from page 18)*

our national survey. It is, therefore, interesting to note a marked reversal of this position in School A, and marginal reversals in Schools F and H. In general, the overall confidence for these Cornish communities is higher than for most other parts of the country, and this is, perhaps, fairly easy to accept, since the whole region has easy access to recreations and sports associated with water.

The markedly low percentages for both boys and girls in School F are quite noticeable. This particular community is not exceptionally far from harbours or the open sea, but perhaps locally dangerous conditions, or the degree to which swimming lessons and practice are available, contribute to their lower confidence. The obvious question for this school is whether it should examine the responses further, and its own chances of affecting the situation.*

***Which sports do you play and how often?***

This question seeks a "sporting activity

*Whenever mean values are produced for a comparative table, some communities will be "above average" and others will be "below average", which can carry a negative evaluation. This mean value sometimes appears to be the value that we must strive to exceed, and hence many of us are doomed by the very definition of the term. The problem is about where to draw a line, so that we are either content with our efforts or feel that we might usefully make some changes. In this section, the "least confident" school has just under 60% of boys and girls expressing confidence – if this is considered acceptable, then all figures above this value are highly satisfactory. On the other hand, the figures of just less than 90% in School B might be judged by some as too low, on the grounds that "all children must be confident". The inference now is that ***all*** communities should look to the provision of support activities.

index" in different areas, and the results for vigorous team sports (VIGTEAM) and vigorous individual sports (VIGIND) are given here. Examples of sports that fall into these categories are:

**VIGTEAM:** hockey; soccer; rugby; netball; basketball; rounders; cricket; volleyball

VIGIND: swimming; horse-riding; tennis; squash, badminton; athletics; sailing, cycling; jogging; skating; table tennis; trampolining; golf; gymnastics; roller-skating

Clearly, some of the "individual" sports could also be considered as "team" sports, but the categories given above are the ones used when coding the questionnaires. The respondents were asked to list the sports, by name, in three possible frequencies: at least once a week (index 3); at least once a month (index 2); and "occasionally" (index 1). (They were also subdivided by season, but this does not appear in the coding.) The resultant indices for all ten schools are:

| SCHOOL | BOYS | | | GIRLS | | |
|---|---|---|---|---|---|---|
| | VIGTEAM | VIGIND | No. | VIGTEAM | VIGIND | No. |
| A | 5.81 | 5.36 | 47 | 4.50 | 9.56 | 54 |
| B | 6.31 | 6.38 | 48 | 2.70 | 8.16 | 50 |
| C | 7.13 | 6.54 | 61 | 5.37 | 9.77 | 43 |
| D | 2.73 | 4.67 | 79 | 3.30 | 6.64 | 61 |
| E | 6.76 | 3.00 | 63 | 6.48 | 6.96 | 56 |
| F | 6.12 | 6.48 | 50 | 6.00 | 6.98 | 49 |
| G | 6.38 | 6.84 | 64 | 5.72 | 7.00 | 54 |
| H | 5.45 | 6.18 | 49 | 4.93 | 9.00 | 45 |
| I | 6.69 | 6.87 | 52 | 3.96 | 7.86 | 50 |
| J | 5.81 | 5.38 | 48 | 4.86 | 5.16 | 50 |
| Combined | 5.81 | 5.70 | 561 | 4.76 | 7.65 | 512 |



*4th-year responses to the question "Which sports do you play and how often?" (Activity index)*

VIGTEAM: Boys' index = 5.81
Girls' index = 4.76

VIGIND: Boys' index = 5.70
Girls' index = 7.65

There is a clear bias towards boys in team games and towards girls in individual sports, the latter being influenced in particular by tennis, gymnastics, and horse-riding.

This is one of the few questions in the enquiry which can be markedly influenced by the activities in the school. The provision of facilities, and the number of enthusiasts on the staff engaging in after-school activities must have an effect on the involvement of young people in sporting activities. The separation of the sexes for almost all the activities – both from the staffing position and also from the pupils' position – is also significant: enthusiasm and support for girls' activities in one school may not be matched for the boys, while the converse may hold in another school.

In the "free for all" discussion between the representatives of the Cornish schools, the PE staff of one school came in for some adverse comment (in their absence, it must be noted) for their attitude – I leave the reader to identify the school!

I would further emphasise that the "league table" does not spell out the level of involvement that a community should feel is desirable; but it suggests that the appropriate level should be debated.

*Who or what is your main source of information on sexual matters?* (MAININF)

It should be noted that the answer category "other sources" is not displayed in the table reproduced here. Consequently, the percentages added up across the table will not total 100.

Sex education in schools always has been, and surely always will be, a very sensitive issue. It is, therefore, of great interest to reflect on the perceptions of these 14- and 15-year-old boys and girls; and it should be recognised immediately that these are perceptions rather than

| SCHOOL | BOYS (540) | | | | GIRLS (504) | | | |
|---|---|---|---|---|---|---|---|---|
| | Parents | Teachers | Friends | Books etc. | Parents | Teachers | Friends | Books etc. |
| A | 8.5 | 12.8 | 46.8 | 23.4 | 22.2 | 5.6 | 46.3 | 7.4 |
| B | 15.2 | 8.7 | 37.0 | 21.7 | 44.0 | 0.0 | 28.0 | 14.0 |
| C | 16.7 | 31.7 | 20.0 | 21.7 | 38.1 | 35.7 | 14.3 | 4.8 |
| D | 22.7 | 1.3 | 37.3 | 18.7 | 33.9 | 3.4 | 44.1 | 6.8 |
| E | 11.3 | 11.3 | 40.3 | 24.2 | 54.5 | 0.0 | 20.0 | 5.5 |
| F | 20.4 | 8.2 | 40.8 | 20.4 | 38.8 | 4.1 | 28.6 | 12.2 |
| G | 21.3 | 11.5 | 36.1 | 13.1 | 42.6 | 11.1 | 31.5 | 3.7 |
| H | 14.9 | 8.5 | 46.8 | 14.9 | 34.1 | 9.8 | 31.7 | 4.9 |
| I | 15.2 | 2.2 | 39.1 | 23.9 | 32.0 | 0.0 | 46.0 | 12.0 |
| J | 14.9 | 6.4 | 48.9 | 10.6 | 36.0 | 12.0 | 24.0 | 10.0 |
| Combined % | 16.5 | 10.4 | 38.7 | 19.3 | 37.7 | 7.5 | 31.9 | 8.1 |
| Total no. | 89 | 56 | 209 | 104 | 190 | 38 | 161 | 41 |



*4th-year responses to the question "Who or what is your main source of information on sexual matters?" Please note that the category "Other" has been excluded from the table. (Percentages)*

actualities. A boy might see his friends as being his main source of information, even though he may in fact have derived more information from another source.

This introduces another point. People have strong feelings about who they would like to see as the major source of information about sexual matters; some teachers would like to see themselves as this source, but so would some parents. In this connection I should like to refer to an earlier version of the Health Related Behaviour Questionnaire, which contained a different question: "Who do you think should be your main source of information and advice on sexual matters?" The responses, for a Hampshire school examined in 1980, carry a very clear message: as many as 60% of boys and 85% of girls thought that parents ***should*** be their main source of information.

Looking at the combined results for all ten schools, more than twice as many girls (37.7%) as boys (16.5%) view their parents as the main source; the reverse applies to the use of books and magazines (8.1% and 19.3% respectively). Friends always feature highly in the survey results, and commonly more so for boys than for girls, although there are two reversals of this pattern in the table (Schools D and I).

My concern with supporting good practice in schools inevitably draws my attention to the role of the teacher, which, ideally, I should like to see as that of supporting and complementing the parent. It is not uncommon for teachers, upon seeing these results, to comment on the apparent low recognition of the contribution they feel that they are making to social education.

***A remarkable result.*** Most of the figures given here seem to support this conclusion, 10.4% of boys and 7.5% of girls regarding teachers as the main source. However, School C is markedly different, with the remarkable values of 31.7% and 35.7% respectively. This particular teacher is extremely able and very experienced, and she has outstanding capacity to create a very secure atmos-

phere with a class, so that very sensitive issues can be presented, discussed, and clarified responsibly. It is no surprise to me that the pupils are responding to her work.

It is worth mentioning that in all the schools except this one, both sexes declare that friends are more influential than teachers. In School C, however, the efforts of the teacher seem to have stolen the votes from the ***friends,*** not from the ***parents,*** whose contribution is consistent with the combined result.

**Co-ordinated surveys and the HEO**

Debating the meaning of these results, and reflecting on the differences in outcome with teachers from other schools in the "Cornish ten", gave new insight into the nature of the communities being served. The teachers valued the day's work highly, and I personally found the experience very helpful in two ways:

(a) It provided a measure of the use that the schools were making of the service, and highlighted areas where improvements could be made;

(b) It drew attention to the fact that most of the behaviours being measured were in no way a reflection of the quality of the school's work.

Although this article has concentrated on three areas where school intervention can have some direct effect, the majority of topics covered by the Questionnaire reflect practices in the community served by the school, which need not, therefore, feel threatened by a regional comparison of the kind described. The Health Behaviour Enquiry is about the ***total life*** of the young person, and not just the school life.

The concept of Health Education co-ordination within a school is well developed. Now, however, the experience in Cornwall suggests great potential for co-ordination between the schools in a region. The initiative described here was underpinned by the work of the Health Education Officers; my own presence at the meeting was useful to aid critical interpretation of the statistics, but it was not essential. An HEO who was familiar with the work could run such a meeting admirably. Effecting such co-ordination would achieve the following results:

**(a) It would promote debate between schools;**

(b) It would strengthen the links between the Health Education service and individual schools;

(c) It would lead to a local data bank for use by the health care professions.

I have already heard of an initiative of this type being planned in Nottingham, and I should be delighted to support similar ventures in other regions.

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**The General Questionnaire of the Schools Health Education Unit, Exeter University, has now been completed by over 19,400 pupils in 102 secondary schools. The following schools have used the Questionnaire since the list in Vol 1 No 1 was published:**

**England**

***Essex***
St. Peter's High,
Burnham-on-Crouch

***Hillingdon***
Hayes Manor

***Hertfordshire***
Alleyne's, Stevenage

***I.L.E.A.***
Dunraven, London SW16

***Leicestershire***
Beaumont Leys, Leicester

***Sheffield***
Herries

***Shropshire***
Lacon Childe, Cleobury Mortimer

***Surrey***
Bishop Reindorp C.E. Guildford

**Northern Ireland**

***Belfast***
Strathearn

***Southern***
Aughnacloy Secondary

**A master copy of the Questionnaire, from which copies can be taken for use in schools, can be obtained free of charge from the Schools Health Education Unit, University of Exeter, Heavitree Road, Exeter, Devon EX1 2LU.**