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The HEC Primary/Middle School Health Topics Project

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Developing the topics checklist

This project, funded by the Health Education Council, began in February 1983. The Schools Health Education Unit, based at Exeter University, was asked to develop an aid to curriculum planning in health education, using a method based on one developed by John Balding, the project director, which enjoys considerable success in secondary schools. Known as *Just One Minute,* it is currently available through the HEC and the Open University, and involves the use of questionnaires which are administered by the School concerned to teachers, parents, and pupils. Use of the questionnaire reveals the perceived priorities in health education of the different groups. On the basis of this information, the school is in a very strong position to formulate its curriculum in this area.

The task was, therefore, to design an equivalent series of questionnaires, with accompanying methods of administration, which would reveal the views of teachers, parents, and pupils at the primary/middle school level on a wide range of topics. Crucial to the success of the project was the formulation of a checklist of topics for consideration, and it was to this task that the research team (consisting of John Balding, Teresa Code, and Karyn Redman) first turned its attention. The age limit was loosely ascribed as being from 9-11; younger than 9 would probably require a totally different approach, while

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children older than 11 may well be catered for by secondary schools and ***Just One Minute.***

A necessary perspective

This paper is written in the closing stages of six months' intensive field work and pilot surveys. It contains a selection of aspects of the important formative work in the development of the methodology. It will become obvious that there are still areas for discussion and disagreement, and it is to be hoped that readers will offer opinions from their own experience, either directly to the project team or through the medium of the journal.

It is difficult or impossible to convey all the complexities of the research in a short article. The aim was to develop separate questionnaires for teachers, parents, and pupils; each of these passed through different versions, two or more of which might be in circulation simultaneously, and altogether no less than 12 different questionnaires were produced! To present a chronologically accurate account of the work would be like asking the reader to follow the course of a number of strands of coloured wool all twisted together.

Pressure of space, and the necessity for simplifying, means that this article will concentrate on the development of the "final" checklist of topics.

Origins of the first checklist

In drawing up the first checklist of topics, four main publications were consulted. Each was a distillation of much experience, expertise, and research.

1. ***Health and the School*** (Devon County Council, 1978).
2. ***SCHEP 5-13: All About Me*** & ***Think Well*** (Nelson, 1977).
3. ***Fit for the Future:*** Report of the Committee on Child Health Services (The Court Report, HMSO, 1976).
4. ***Health Education in Schools*** (West Midlands Regional Health Authority, 1982).

Health and the School was the outcome of 18 months' deliberation by a working party, and was important for two reasons. The project was based in Devon, and it seemed most appropriate to use local material. Also, this document was intended as a local supplement to the DES publication ***Health Education in Schools*** (HMSO, 1977).

The ***SCHEP 5-13*** material deserved inclusion since it was extensive, comprehensive, and advocated a multi-disciplinary approach. As such, it had produced an exhaustive survey of health education for the primary age. Also, its emphasis on seeking the views of a wide variety of professions associated with health education, and its constant revision of concepts and materials, made it an ideal source on which to build this method of enquiry.

Fit for the Future was included because it represented the view of central government in terms of thinking and

planning. Its task was to "review existing health services for children, judge how effective they are for the child and his parents, and to propose what the new integrated child health service should try to achieve".

Health Education in Schools, an edited transcript of the West Midlands Regional Health Authority Study Day on Health Education in Schools (March 1982) merited inclusion for its recent and wide coverage, and its range of authoritative contributions. It was also the most recent of all four publications.

In addition to discussing WHAT should be taught at the primary level, all four texts also examined HOW and WHY health education should be a part of the curriculum, and the role of the parents in this work received much emphasis. This was seen to be crucial to the success of any health-education programme or curriculum planning, and their views and support should be actively pursued. It was stressed in a 1977 DHSS directive (***Prevention and Health***) that "education and guidance on healthy living are necessary both at home and at school"; thus, schools should seek the active help of parents and reassure them that their parental role was being complemented and not subsumed, since "there is overwhelming evidence that measures that do not involve parents achieve only short-term gains" (1).

Immediate responses to the first checklist

The wide interpretation of "health" encompassed by these publications is

THE HUMAN BODY (Structure, function, location of parts)
- Heart
- Blood
- Lungs
- Digestive system
- Kidneys
- Liver
- Sense organs
- Skeleton
- Muscle
- Brain
- Nerves

FOOD
- Nutrition
- Diet
- Vegetarianism
- Eating habits
- Obesity
- Malnutrition
- Junk foods
- Starvation and poverty
- Classification of foods
- Essential items
- Vitamins
- Food chains
- Food fads
- Growing food

CARE OF THE BODY
- Personal hygiene
- Dental care
- The senses
- Rest and relaxation
- Protection against disease
- Immunisation
- Natural body defences
- Illness and recovery
- The healthy body
- Parts of the body
- Physical development
- Sleep
- Bowels/toilet training
- Medicines
- Vaccination
- Feet (shoes)
- Clothing
- Normal recovery from disease
- Healthy resistance to disease
- *Posture
- *Bedwetting

ABUSING THE BODY
- Alcohol
- Drugs
- Glue-sniffing
- Over-indulgence
- Prescribed medicine
- Self-medication
- Aspirins
- Hypochondria
- Illegal drugs
- The law
- *Smoking

HOW LIFE IS HANDED ON
- Classification of living and non-living things
- The characteristics of living things
- How life is handed on:
  - plants
  - invertebrates
  - amphibians
  - fishes
  - reptiles
  - birds
  - mammals
- Inherited characteristics
- Parental care in relationship to
  - (a) internal/external fertilisation;
  - (b) number of eggs laid

GROWING UP

Physical development/well-being
- How my body works
- Menstruation
- Sexual identity/equality
- Body size
- Body shape
- Spots
- Growth rates
- Normal variation
- *Allergies

Social development/well-being
- Self concept
- Building self-confidence
- *Communicating with adults
- *Talking to GPs
- Relationships with family:
  - my place in the family
  - a new baby in the family
- Relationships with others:
  - friendships
  - peer group
  - tolerance
- Responsibility
- *Swearing
- *Lying
- *Making decisions
- Variety of family structure:
  - size
  - one or two parents
  - nuclear/extended
  - step-brothers/sisters
  - fostering/adoption
- Competition and jealousy
- *Aggression

MENTAL HEALTH
- Childhood fears
- Childhood phobias
- Childhood fantasies
- Bullying
- Shyness
- *Inhibitions
- Peer-group pressures
- Children in hospital
- Anxiety/stress
- Divorce
- Separation
- Foster parents and adoption
- Institutional care
- Death and bereavement
- *Boredom
- *Moving house
- *Moving class

CARING FOR OTHERS
- Physically/mentally handicapped
- Care of babies and very young children
- Care of the elderly
- Care of pets
- *Links with the community

ENVIRONMENT AND COMMUNITY
- Conservation
- Pollution
- Amenities
- Race
- Police
- Minority groups
- Health services
- Social services
- Anti-social behaviour
- Vandalism
- Shop-lifting
- Petty pilfering
- Mugging
- *Rights of ownership

FITNESS
- Exercise
- Movement and well-being
- Health behaviour/life-style
- Tiredness and sleep
- Leisure pursuits

SAFETY
- Traffic safety
- Water safety
- Home safety
- Play safety
- Risk taking
- Firework safety
- Poisonous plants
- Personal safety (don't go with strangers)
- Dial 999
- Outdoors/indoors
- Safety of others
- First Aid (elementary)
- Country code
- Animal safety
- *Safety consciousness/awareness of danger

reflected in the initial list of 137 topics, arranged under 11 general headings, which is reproduced in this article. This long list was clearly unwieldy, but necessary at this stage to act as a focus for judicious pruning to a more manageable list of topics for consideration. The aim was to provide as comprehensive a coverage as possible of a very wide field of health issues.

The list was initially submitted to three Heads for comment, and in fact it grew even larger, to 154 items, as a result of these interviews. The extra topics are indicated by an asterisk. Many topics, of course, were recommended to be deleted or subsumed under one heading, and we finished this stage of the study with only 53. The list aimed at suggesting areas that should be considered, but did not claim to be exhaustive within those areas. For example, ***Eating habits*** and ***Nutrition*** were retained as representative of the whole area of diet, and 11 items previously included (such as ***Obesity, Vitamins,*** and ***Food chains***) were rejected.

The first people to study the full list were a Plymouth teacher, Alyson Moon, and her Head. Mrs Moon had recently completed an HEC-supported 1-year certificate course in health education for health-care professionals at Rolle College, Exmouth, and had, as part of her course work, designed a questionnaire for use in the primary school. Her experiences were felt to be potentially valuable to our work, and the interview confirmed this.

Her Head raised the question of the "hidden curriculum", feeling that many of the topics would fall into this area. This led to a debate on the virtues of the "planned versus incidental" approach to the curriculum, and the inclusion of this consideration in our prototype questionnaire to teachers later on.

The list was also given to two Exeter Heads to comment upon in conjunction with provision of resources, planned versus incidental approach, and group size. It is interesting to record that both Heads immediately focussed on the area of mental health, despite its being halfway down the list and required tactful prompting to consider the topics individually, starting from the top! Both endorsed health education as being very important in a school curriculum, and felt that a good school would do most of the topics anyway.

The prototype questionnaire

Following these interviews, the much shortened list was incorporated into a series of prototype questionnaires, one of which is shown opposite. At this point, the research emphasis focussed on questions to ask adults about the topics (i.e., the column headings below which the respondent was to tick his answer), rather than the topics themselves.

For example, one type of question examined the influence of available resources on the views of teachers regarding priorities in health-education curriculum planning. Similarly, another questionnaire sought knowledge of any gaps in the availability of materials, due either to unsuitability for the primary age group or to their being out of date. For example, was the "smoking" material designed mainly for secondary pupils, or was some of it appropriate for use in primary schools? These questions were posed alongside the central enquiry, which concerned the importance of including the topic in the curriculum, since links between these answers were likely.

Another pilot questionnaire explored the area of a planned versus incidental approach to a health-education curriculum; we wanted to know if the topic under discussion determined the approach, or whether a particular school favoured a planned or an incidental approach, or a combination of both. Similarly, questions revealed the extent to which the organisation of pupils according to group size was influenced by either the school policy or the nature of the topic.

Interviews with Heads and staff

Discussions with head teachers raised several important points. Many East Devon schools were in the process of

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	Importance for inclusion in curriculum for 9–11 yr olds				Suitable place(s) in the existing curriculum where the topic might be included, if approved: e.g. Language (L), Maths (M), etc. Please use code to suit your school.
	Must be included	Useful but not essential	Not important	Does more harm than good	
1. How my body works					
2. Eating habits					
3. Nutrition					
4. Human reproduction					
5. Personal hygiene					
6. Care of hair, teeth,					

formulating responses to the County's directive on health education, which required every school to develop a clearly-expressed policy with regard to health education. The questionnaires were regarded as thought-provoking for Heads and staff alike.

Certain topics were felt to be sensitive (for example, ***Human reproduction*** and ***Menstruation***), one Head saying that he would be unwilling to tackle them, since his staff would be ill-at-ease and ill-equipped. Another declared an interest in the work being tackled by an "expert", with the teacher doing follow-up work. Connected with this topic, but running throughout the whole area, was the fear of some Heads that by tackling health education in school they were subsuming the parents' role, something that they would be most reluctant to do. Many cited the area of personal, social, and moral development as being of crucial importance, and central to any health-education programme, yet the need to guard against encroachment on the parents' province was again mentioned.

Discussion of the most suitable group size for the various topics resulted in a Head adding assemblies to the initial combination of "individual/small group/class" size. We decided to add this aspect of planning to the questionnaire, and it would seem that non-teaching Heads favoured this approach.

In four schools, questionnaires were distributed to members of staff via the Head, accompanied by an explanatory letter detailing the purpose of the questionnaire. Comments were invited as to any ambiguities present, or on the choice of topics, since the list was (and still is) open to criticism and change.

Traditional topics such as ***How my body works, Hygiene,*** and ***Safety*** scored highest amongst staff for inclusion in the curriculum. Interestingly, social and moral topics such as ***Honesty, Responsibility,*** and ***Emotions*** were also given a high score. However, "not important" was the verdict for ***Illness and recovery, Medicines and immunity,*** and ***Allergies,*** whilst those considered to "do more harm than good" were ***Glue-sniffing*** and ***Illegal drugs.***

A Primary Adviser's suggestion

While the results of staff comments regarding a crowded curriculum were being discussed, a Primary Adviser, Mark Lear, suggested asking staff where they felt that health-education topics could be fitted into the existing curriculum. This approach, by focussing staffs' thoughts on WHERE rather than HOW a topic could be included, seemed more

positive. It would also indicate how health education was currently being implemented in schools.

A new questionnaire, incorporating these suggestions, was sent to two large middle schools in East Devon. The response was good, one school producing a 100% return, and the other holding a staff meeting and returning a composite view. There was a plethora of suggestions as to ***where*** topics might be included, ranging from language, biology, drama, and PE to school ethos and social awareness. The latter two presumably reflect the "hidden curriculum" mentioned previously by Heads. Both schools, however, listed health education as a separate subject area, so that it seems as if staff envisage it having its own identity, in theory if not in practice.

The views of five GPs

Dr Peter Gentle, the new District Medical Officer for Exeter, proved to be enormously supportive of our aims. He encouraged the use of GPs, school nurses, and health visitors, and offered to make the initial contact with these groups.

Five GPs accordingly completed and returned questionnaires. In addition to being asked the standard question regarding ***Importance for inclusion in curriculum for 9-11 year olds,*** Dr Gentle prompted us to task them to indicate the ***Age group or groups where education would be most effective.*** The age range offered was from 5-13+.

Only five topics were unanimously selected as essential. These were ***Human reproduction, Smoking, Traffic safety, Menstruation,*** and ***Responsibility for own behaviour.*** A spread of ages, beginning at 5 and continuing through to 13+, was suggested for the first three, but the latter two had specific ages preferred. Education on ***Menstruation,*** the GPs thought, would be most effective at 11+, with ***Responsibility*** beginning at 9-10 and continuing on upwards.

Six further topics were indicated by four GPs as "must be included", the fifth declaring them "useful but not essential". These were ***How my body works, Glue-sniffing, Normal growth and development, Water safety, Home safety,*** and ***First Aid.***

Looking at those topics embraced by ***Abuse of the body,*** the medical view in rank order of importance would be ***Smoking*** at the top, followed by ***Glue-sniffing,*** then ***Alcohol,*** and lastly ***Illegal drugs.*** The topic ***Medicines and immunity*** produced a spread of opinion, one GP isolating ***Immunity*** and putting it in the column "does more harm than good".

Another result deserves comment. ***Death*** and ***Bereavement*** were listed separately, and produced very different responses. Four GPs indicated very positively for the inclusion of ***Death,*** while the fifth indicated "does more harm than good"; whilst for ***Bereavement*** only one was very positive.

School nurses and health visitors

Sheila Davison, Nursing Officer (health visiting/school nursing) in the Exeter Health Authority, also offered suggestions. In her view, ***Immunisation*** ought to be separated from ***Medicines and immunity,*** for it was a vital but vastly underrated topic. Adverse publicity had had a severely detrimental effect upon the numbers being vaccinated, and it was proving difficult to persuade parents to use the safe vaccines. This was particularly unfortunate, since immunisation was an area where preventative medicine had proved itself to be a very positive force.

The problem of access to schools was raised, for both health visitors and school nurses would welcome a more positive role in schools. At present, however, this is both limited and poorly defined. Closer co-operation between schools and these groups would lead to a raising of status for health education, since children, by noticing the close collaboration, would rightly assume it to be important.

A Health Education Officer's view

Diana Wynne Owen, a London HEO, obtained copies of the pupils' questionnaire with a view to using them in a pilot scheme of in-service training for first-school teachers. She recommended widen-

ing the age range to include first schools (already suggested by two advisors consulted by the research team), and saw immense value in having a common health-education questionnaire and syllabus for the 5-16 age range. This would strengthen the health message, since otherwise it could be inferred that "health education" means different things at different ages, resulting, in her view, in a weaker impact. The introduction of a mini-conference attended by staff and health-care professionals associated with a school, to devise a curriculum appropriate for that school, was also suggested. Such a multi-disciplinary approach, used in conjunction with the questionnaire, would produce a composite view of health-education needs for individual schools, and deserves attention.

Final modifications to the checklist

It will be remembered that the original list of topics was pruned down to 53 entries. Two months into the project saw the production of the first questionnaire for pupils, with a revised list of topics, reproduced here, the number now having been reduced to 42. A new title, ***Personal Development and Health Education Enquiry,*** was introduced to reflect the comprehensive nature of the checklist, which was to be common to all three groups being questioned — teachers, parents, and pupils.

Nineteen topics remained unchanged, but several topics (for example ***Allergies, Moving house/changing class,*** and ***Poisonous plants,*** were rejected as not being important enough to merit individual attention, and would be covered by remaining topics. ***Drug-taking*** and ***Glue-sniffing*** became combined, since previous results had indicated similar responses to these two areas. A single topic ***Separation from your parents*** dispensed with the previous distinction of short- or long-term separation. ***Death*** and ***Bereavement*** were similarly combined. Some topics were split.

Prompted by the nurses' view, ***Medicines and immunity*** gave way to ***Immunisation,*** in recognition of its perceived importance.

Conclusion

The checklist given here is by no means the final one. Results are still being processed, and these will influence any future alterations. Also, it has been possible to pick only a few highlights from the team's consultations with a wide variety of interested groups. These have all been carefully recorded, however, with a view to reproducing them in the final report.

Reference

1. ***Fit for the Future*** (HMSO, 1976), p24.

The "final" checklist of 42 topics

How my body works	Water safety	Stress and relaxation
Human reproduction	First aid	Making decisions
Immunisation	Understanding minority groups	Care of hair, teeth, skin
Smoking	Leisure activities	Menstruation
Differences in growth and development	Illness and recovery	Sex roles
Getting on with boys and girls the same age as yourself	Drug-taking and glue-sniffing	Physical fitness
Feelings (love, hate, anger jealousy)	Caring for handicapped people	Eating habits / nutrition
Boredom	Responsibility for own behaviour	Alcohol
Separation from your parents	Mugging (bullying)	Relationships at home
Caring for pets	Death / bereavement	Talking with adults (GP, nurse, dentist)
Vandalism	Care of feet	Swearing
Traffic safety	Honesty	Shoplifting / pilfering (theft)
Safety at home	Conservation	Health and Social Services
	Pollution	Building self-confidence
		Caring for old people