Health education in West Sussex schools

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A recent study of primary and secondary schools in one region in the UK documented the health-education provision in their curricula. The report concludes, among other things, that only a small proportion of the schools had comprehensive health-education programmes; that resources were not being used to their full potential; that the provision for health education at sixth-form level was particularly weak; and that some topics received too little attention, or were badly timed.

During the autumn term of 1984, a survey was carried out amongst all the schools in West Sussex in order to ascertain the extent of health education undertaken by the County's schools. The survey was instigated and carried out by the Health Education Departments of the Mid-Downs, Worthing and Chichester Health Authorities, and was approved and supported by the Primary and Secondary Advisers and heads of Professional Centres of Sussex Education Authority. It was undertaken in order to achieve three aims:

1. To provide the Education Authority and Health Authority with an overall picture of *how much* and *what type* of health education was carried out by the County's schools in each year group.
2. To provide the Education and Health Authorities with information regarding the stated health education *needs* of schools and teachers.
3. To provide a *baseline* by which the success of future programmes designed to support and encourage school health education could be measured.

The questionnaire was based on one designed by Barking, Havering and Brentwood Health Education Unit, and it was distributed via the Education Authority to all primary, middle, secondary schools and sixth-form colleges in West Sussex. It was felt that the questionnaires were not appropriate for special schools, as the topics/age groups might not be applicable, so they were not included in the survey. Distribution was through the local Professional Centre, and this method generated a 65% return rate.

Some possible improvements became apparent after the survey was underway, and a revised questionnaire suitable for a further survey has been developed.

The returned questionnaires were coded and analysed by the HEOs working for the District Health Authorities, in collaboration with a District Information Officer, who was able to design a computer program capable of producing a breakdown of health education topics taught by year group in comparison with the potential total school population within that year group.

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Primary survey results

The results for the 140 out of 212 primary schools returning a questionnaire suggest that, in general, health education is seen as the responsibility of individual teachers, who will deal with topics when they feel it to be appropriate. Approximately a quarter of the schools have co-ordinators, and these tend to cover a slightly wider range of topics than those without.

In the younger age ranges, health education is centred around care of the teeth, road safety, personal hygiene and relationships. At the upper age range (9-11 year olds) schools are introducing a wider range of topics, including nutrition and environmental issues. However, care of the teeth and road safety still appear as the subjects covered by most schools. This may reflect the availability of outside speakers on these topics.

Topics which are covered by the majority of schools include care of the teeth, personal hygiene, relationships with family and others, and safety topics (see Table 1).

Some areas of concern. Only half the schools with pupils in the 10-11 age range deal with menstruation, slightly fewer than those covering physical development. This should also be highlighted as an area

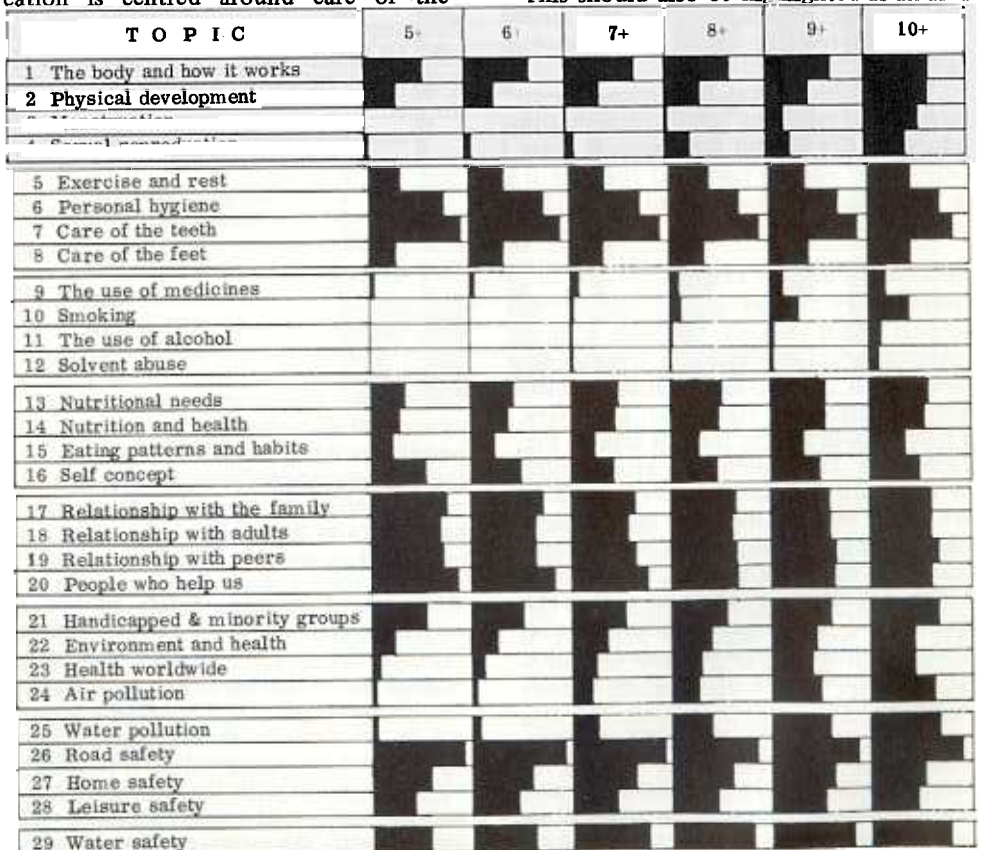


Table 1. Health education topics included in the curricula of primary schools. The shaded portion represents the percentage of schools including the topic in each age group.

of concern, as pupils should receive information on these topics before the onset of puberty.

Education about smoking receives little coverage. This is, perhaps, of concern, particularly when attitudes towards smoking are starting to be formed at the top primary-school age range[1]. The use of alcohol and solvent abuse are covered by very few schools.

Primary schools make use of a wide range of outside speakers. The dental health educators (53%), school nurses (34%), road safety officers (33%) and police (31%) were mentioned most frequently.

Television programmes such as 'Good Health' (21%) and 'Merry go Round' (19%) are used to support health education in many schools. Very few, however, use specific teaching packs; the most widely quoted are dental health packs (17%), and HEP 5-13 (7%).

The health education service is seen largely as providing the dental health educator (24%) and the school nurse (21%); few schools state that they use it in an advisory capacity, and only 13% used it for 'resources'.

Secondary survey results

Overall, very few of the 45 out of 70 schools which responded provide a comprehensive health education programme (see Table 2). This is surprising, since approximately half stated that they have a named co-ordinator for this area of the curriculum. The co-ordinator's role should be to ensure that health education topics are dealt with at the most appropriate time during the pupils' school careers, that sufficient time is given to reinforce health education teaching in each year group, and also that a planned and evaluated programme is instigated in order to avoid duplication of effort or missed opportunities.

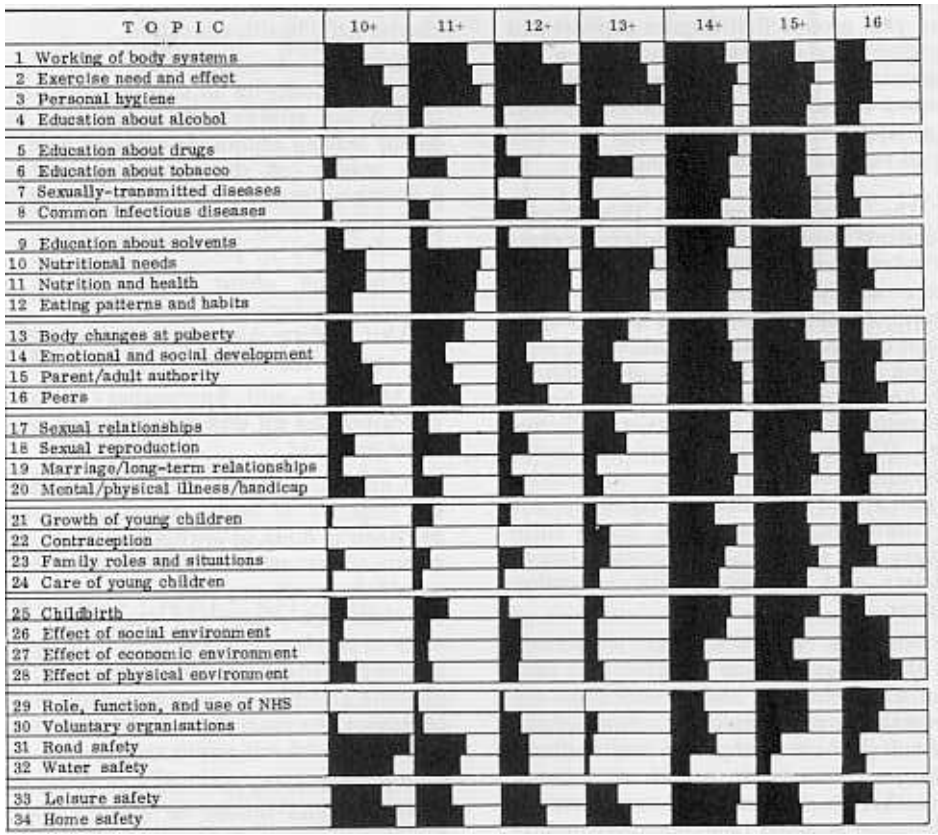
The majority of secondary schools deal with health education in the 14-16 age range; pupils below or above this age range receive little health education. It is probable that this situation exists because of pressure on the school curriculum. However, there is ample opportunity within existing subjects for health education to be dealt with across all ranges. Middle schools appear to concentrate their health education on traditional topics such as the working of the body, whilst most notably *not* engaging in topics such as anti-smoking, body changes at puberty, and drug education in its widest sense. Sixth-form students in secondary schools and colleges appear to be particularly poorly provided for in all aspects of health education. This is probably due to the fact that these students find their curricula crowded with examination subjects.

Too little, too late? With regard to specific subjects, *smoking education appears to be tackled too late in many schools.* The majority of schools concentrate their smoking education in the 14-16 age range; however, we know that it is in the 10-11 age range that attitudes and behaviours towards smoking are being formed[1].

Education about drugs is also covered by the majority of schools in 14-16 age range; education about both legal and illegal drugs is a vast topic, which will involve all pupils in health decisions as they progress to adulthood. There are now several well-developed curriculum packages for schools within this area, for example the TACADE material[2], which recommends that drug education programmes should span a child's school career. Other topics that are particularly poorly provided for include the role of the National Health Service, the care of young children, mental and physical handicap and illness, and environmental influences on health.

A successful strategy. Safety education receives good coverage in survey schools between the ages of 9 and 11, and bears witness to the agencies that concentrate on this aspect and employ officers whose job is to promote these topics within schools and the community. This strategy obviously works with the 9-11 age range, and the agencies concerned must be well pleased with the coverage they are able to achieve. After 11 years of age, pupils are less likely to receive road and water-

Table 2. Health education topics included in the curricula of middle and secondary schools. The shaded portion represents the percentage of schools including the topic in each age group.



safety education; however, leisure and home safety education are covered by many schools across all age ranges.

Currently a number of schools use a wide range of outside speakers, the larger group being dental speakers (24%), but it is not generally seen as a great priority that more outside speakers be provided or pursued to enhance school health education programmes. A minority of schools are using specific health education material, such as HEP 13-18 (16%) and television programmes.

Overall it would appear that, whilst a majority of secondary and middle schools have reasonable health education components to their curriculum, there is a definite need to expand and improve existing health education teaching within the middle schools, secondary schools and sixth-form colleges responding to this survey.

Conclusion

The results obtained from this survey do not provide information about methodology or quality of health education that is provided by these schools [nor the extent to which it is core curriculum or special course work.—Ed.]; rather, they give an indication of those planned health-education sessions that schools are able to identify and believe are carried out. In times when health education is rightly being urged to prove its effectiveness, the data that the survey generated will serve as a very useful benchmark for future evaluation of health education develop-

ment, following interventions by Education or Health Authority to support schools. The results from the survey also provide information regarding those topics and year groups that require support and development if they are to assume the importance that they warrant within the school curriculum. The following points may apply to health education in many or all parts of the United Kingdom.

1. The survey shows that those topics receiving support from full-time workers in safety and dental health are covered more widely in schools than are other health education topics. It is the experience of other health authorities and education authorities that *the appointment of health education officers or health education advisers is the most effective way of supporting and stimulating health education in schools.* In the Oxford region a joint appointment has been made between the education and health authorities of a joint health education school adviser and district health education officer.

2. Whilst a reasonably high proportion of the survey schools reported that they had an identified health education co-ordinator, *only a small proportion of the schools had comprehensive health education programmes.* It would seem therefore that co-ordinators require in-service education in order that they can function more efficiently.

3. Several schools stated that they would like the opportunity to *exchange ideas with other schools on approaches to health education.* This 'good practice' style of curriculum development could be encouraged through teacher support groups.

4. It would appear that very few teachers are using or are knowledgeable of *the vast range of health education teaching material now available.* The Health Education Council is now the country's largest curriculum development agency in this field, and a large number of teaching packs and programmes are available to schools.

5. *Special efforts should be made to increase the health education component of sixth-form students' curricula,* as at present sixth-form students are likely to receive little health education.

6. Smoking education needs to be given a higher priority in all schools, especially in the age group 8-14. A third of the pupils leaving school do so as smokers[3]. The results of the survey show that *a disappointingly low number of schools, especially primary schools, provide smoking education.*

7. *Education about body changes at puberty, especially menstruation, are tackled too late by many schools,* and in any case by too few schools.

8. Attitudes and approaches to *drug education,* in its widest sense, may need to be reviewed.

9. Currently, within secondary schools, the majority of health education that is provided is done so within the 14-16 age group. This means that topics which would be more appropriate for younger or older age ranges are dealt with too early or too late. Schools need to draw up a comprehensive health education programme covering all year groups, in order to ensure *the most logical and consistent cover of health education topics.*

10. The following subjects require special attention, and should be given a much higher priority in the work of all schools:

Education about the National Health Service and Voluntary Services.

Education about people with a physical and mental handicap or illness.

Education about environmental influences on health.

References

1. Murray, A. *et al, The effectiveness of the HEC "My Body" School Health Education Project.* Health Education Council, 1982.
2. *Free to Choose* (drug education pack). TACADE, Manchester, 1983.
3. Office of Population Censuses and Surveys, *Smoking Attitudes and Behaviour.* HMSO, 1984.