

City of London School and Communities that Care: Researching Pupil Experience to Inform Policy and Practice in the Independent Sector

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This article is an account of the decision by an independent school to participate in its local Healthy Schools Scheme. One of the factors that influenced this decision was the value the school gained from a pupil survey. The same survey was used to track the impact of the school's Personal, Social and Health Education curriculum and pastoral work on pupils' experience of the school, and academic achievement. In particular, the authors explore the role of survey analysis and consultancy advice in interpreting survey results and developing school practice. The survey contributed to pupil participation in school development. The use of an external consultant as critical friend was perceived as an aid to school reflection and self-review.

Keywords: independent schools; National Healthy School Standard; pastoral work; personal, social and health education; pupil participation; survey.

Introduction

The National Healthy School Standard (NHSS) (Department for Education and Employment, 2001) and the present requirements for the teaching of Citizenship and Democracy through the English National Curriculum both emphasize the value of pupil participation in school practice. Both provide opportunities for pupil participation in creative and concrete ways, not merely as an additional demand on the taught curriculum. One current example of the use of the NHSS, pupil participation and reflection on school ethos and practice is at City of London School. The School is using the additional thinking time made available to it by participation in the NHSS. A nationally used pupil survey designed by Communities that Care (CtC) monitors its pastoral practice, and assists in planning its future pastoral provision, with

pupil involvement via the survey questionnaire and follow-up activities an acknowledged and recognized additional resource for the School's leadership team.

Context: The School

City of London School is currently using its participation in the Corporation of London's Healthy Schools Scheme to provide the school with information on the impact and effectiveness of its Personal, Social and Health Education curriculum and pastoral work.

City of London School considered participation in the Corporation of London Scheme long and carefully before taking the decision to do so in the summer term, 2002. Since then, the school has conducted an audit of its Healthy School activity and practice, reviewed its personal, social and health education curriculum; and is looking at ways in which its curriculum and pastoral practice contribute to pupils' social, emotional and behavioural well-being – and hence academic achievement. This understanding is core to the World Health Organisation's European Office Health Promoting Schools project, to which the English NHSS contributes. In turn, this understanding has developed from much literature (cf. Maslow, 1970; Brendtro, 1990; Garcher, 1993; Goleman, 1996; Weare, 2000).

City of London School, an independent school for boys with 800 pupils aged between 11 and 18 years, is sited on the north bank of the River Thames, facing the Tate Modern Gallery and in the shadow of St. Paul's Cathedral. Owned and governed by the Corporation of London, it is one of three independent schools within the Corporation's boundaries. The school annually offers an extensive range of scholarships and bursaries.

Context: The Pupils

The school's catchment area covers the London Boroughs and the Home Counties. Currently, pupils come predominantly from north London. Family backgrounds are generally middle-class professional, but

there is a wider social mix – assisted by scholarships and bursaries – than in the majority of independent schools.

The current (academic year 2004–2005) school roll includes pupils from more than 40 nationalities. Approximately 50 per cent of pupils are white British and white Other, 12 per cent Pakistani and Bangladeshi, 8 per cent Indian, 5 per cent Chinese, 5 per cent black African-Caribbean and black African. Some 7 per cent of pupils are from families where English is not the first language. The school is non-denominational. Approximately 25 per cent of pupils are from Christian families, 25 per cent Jewish, 10 per cent Muslim and 10 per cent Hindu.

Context: The Scheme

The Corporation of London's Healthy Schools Scheme is linked through an East London Healthy Schools Scheme with the neighbouring boroughs of Hackney, Tower Hamlets and Newham, although these links are becoming less formal as the borough-based schemes have become more established. Until 31 August 2004, the Corporation retained a Healthy Schools Consultant for 18 days a year to oversee the scheme and support participating schools. This support has since been re-structured. The Corporation's partner in the health service is City and Hackney Primary Care Trust. Three schools participate in the Corporation's Healthy Schools Scheme: City of London School; City of London School for Girls; and Sir John Cass's Foundation CofE primary school. The latter is the Corporation's only maintained school.

NHSS priorities have been re-defined since the launch of the Standard in October 1999. Schools in the independent sector did not figure prominently in the early days of local schemes, but enquiries made by the Corporation (the local authority for the City of London) confirmed that local schemes could work with schools in the independent sector. This is of particular relevance to the Corporation, with its unique demography and siting of schools. (The City has a resident population of about 7000, of whom about 750 are aged 18 years or under.)

The Independent Sector: Assumption and Reality

More recently, NHSS priority is being given to schools where more than 25 per cent of pupils are entitled to free school meals. This is an attempt to concentrate resources on those seen as being most subject to health inequalities. However, it is becoming apparent that many independent schools established by or for faith groups and pupils from specific cultural or ethnic communities, often newly arrived in England, have more than 25 per cent of their pupils entitled to free school meals. This is so in both Hackney and Tower Hamlets. Such figures clearly show the need for assumptions about 'independent schools' to be reassessed. Within the 'traditional'

independent sector, which includes City of London School, staff are aware of and discuss the phenomenon they describe as 'opulent neglect', the impact this has on some pupils and ways in which school practice can respond to, and seek to counter, this factor.

The term 'opulent neglect' is used to describe how some young people from materially well-off households, including pupils at schools in the independent sector, experience a lack of personal and emotional support in their lives. Such backgrounds can result in schools observing some of their pupils appearing to be dishevelled, poorly fed and in need of attention because they are left to look after themselves. Staff in independent schools further refer to the 'emotional malnourishment' of some pupils, where material things are used as substitutes for parental time and involvement. The independent sector is, similarly, not exempt from the effects on some pupils of single-parent households and 're-constituted' households, where children may be living with one biological and one step parent, and half-brothers and sisters – situations which apply across the socio-economic range.

The term 'opulent neglect' is used by staff at the City of London School and its sibling City of London School for Girls. The authors would welcome any links which readers can make between the use of this term by practitioners and its appearance in any research literature.

The First Survey: 2001

In 2001, City of London School agreed to take part in a survey of local secondary school pupils as part of the Tower Hamlets Drug Action Team's assessment of young people's needs for substance misuse services required by the government's Drug Prevention Advisory Service. This survey used a questionnaire devised by the social research organization CtC in conjunction with Oxford University, which has been used in over 350 schools across the UK, with approximately 110,000 pupils surveyed to date. CtC provided the questionnaires and analysis; the Corporation's Healthy Schools Consultant helped City of London School to administer the questionnaire with pupils.

The questionnaire asks young people about their attitudes and experiences within their families, their communities, their schools and among friends and peers. It also profiles their involvement in, attitudes to or experience of a number of problem behaviours, including youth offending, anti-social behaviour and drug use. It enables CtC to quantitatively measure levels of problem behaviour and the associated risk and protection factors in young people's lives which make involvement in or experience of youth offending, anti-social behaviour, drug use, failure at school and

Table 1. Communities that Care Survey

Survey Questions

These are divided into the following categories:

Demographics – age, gender, ethnicity, housing tenure of parents' home, number of bedrooms, car ownership, etc.

Family relationships – rules within the family, family conflict, closeness to parents, etc.

Neighbourhood – attachment to neighbourhood, levels of fights, crime, graffiti, etc.

School – opportunities for involvement in activities, school rules, bullying, truancy, exclusion, attitudes to teachers, etc.

Alcohol, drugs and smoking – involvement (or not) in different levels of behaviour relating to these substances, age of first involvement, perceived harmfulness, etc.

Youth offending and anti-social behaviour – involvement (or not) in different types of offending behaviour, e.g. stealing, vandalism, attacking someone, drug dealing, etc.

Friends and siblings – involvement (or not) in drug taking (including alcohol and tobacco), offending and anti-social behaviour, attitudes to truancy, drug taking, offending and anti-social behaviour, etc.

Your attitudes – to rules, cheating, truancy, drug taking, offending and anti-social behaviour, getting someone pregnant, etc.

Your spare time – involvement in clubs, activities, religious activity

teenage pregnancy more or less likely. These are benchmarked against a national average. The questionnaire (see Table 1) is based on research conducted at the University of Seattle by Dr David Hawkins and Dr Richard Catalano, who pioneered the risk and protection focused approach to long-term prevention, since added to by others (Hawkins and Catalano, 1992; Catalano and Hawkins, 1996; Farrington, 1996; Anderson, Beinart, Farrington, Langman, Sturgis and Utting, 2001).

Survey Use: Acting on Knowledge

This information is intended for use by relevant agencies to design or improve interventions aimed at reducing the risk factors and increasing the protective factors over which they have control or influence. On a large scale, questionnaire analysis can help to inform the planning and priorities of local agencies, statutory and voluntary. At a school level, the responses can inform schools of the ways in which pupils experience the school environment and practice, and give pointers to ways in which schools can better their 'protective' role in pupils' lives, through the curriculum, through pastoral work, through general school practice and through the ethos and relationships prevalent in a school.

When the analysis was completed and made available to the school, staff met to discuss the findings. A second meeting with the Healthy Schools Consultant was arranged to look at some possible responses to the survey results. The Healthy Schools Consultant also made a presentation to the pupils who had completed the questionnaires, highlighting the results and implications and informing them of the use to which the findings would be put.

City of London School was impressed with the detail and usefulness of the analysis. The findings related to risk and protection in the community were of minimal value because of the wide range of neighbourhoods

and boroughs represented in the pupil cohort. Findings related to family, youth and school factors were of high value and relevance, and indicated that the school played a positive role as a protective factor in most pupils' responses in the overall analysis. This led to the realization of the importance that the school's practice and ethos played in its pupils' lives, tempered with the realistic awareness that the school should not overestimate its impact, current and potential, as a source of protective factors in pupils' lives. The School, for instance, although non-denominational, has vibrant Christian, Hindu, Jewish and Muslim Societies and bi-termly assemblies that support and encourage private religious belief.

The immediate receipt of the questionnaire analysis also prompted the school to take stock of its then current drug education and other school practice, and some apparent inconsistencies in school responses to specific incidents. This monitoring and reflection has become part of the school's on-going practice: in March 2004 the Healthy School Consultant discussed with the school the main emphases of the newly published DfES guidance on drugs and schools (Department for Education and Skills, 2004). As a result, some local procedures relating to drug-related incidents were clarified with the City of London police.

The most lasting impression made on the school was the potential value of the CtC questionnaire and report as an analytical tool illustrating the impact of school practice and enabling the tracking of responses of a cohort of pupils to school ethos, practice and provision. Internal school discussions led to the decision to commission CtC to undertake a bi-annual survey of one pupil intake at the school. A decision has not yet been taken on extending the survey into the sixth form years. The survey was to be funded partly by a bursary from the Corporation's Healthy School Scheme and partly from school funds. The school met staff from CtC to explore both the practical and theoretical issues around this survey tool before reaching this decision.

The Survey as a Planning Tool: 2003

The first survey was completed by first year (i.e. Year 7: 11 and 12-year-old) pupils in June 2003 and the survey analysis was discussed by staff and the Healthy Schools Consultant in September and October. Immediate outcomes indicated a need for some reconsideration and emphasis on stopping bullying and linked behavioural issues. This was not because the survey results indicated extensive levels of bullying but because a high number of returns suggested that some pupils were subjected to what their peers regarded as unfair and bullying behaviour which was not reported to staff (74 per cent of pupils said that there were pupils in their class who were regularly picked on. This is a higher score than the national average).

The anonymity of the survey clearly played a role here. The questionnaires are anonymous and the distribution, completion and collection of the questionnaires was supervised by the Healthy Schools Consultant, not school staff. School staff never saw the completed questionnaires: school staff saw only the analysis of the questionnaire responses. Attempts by the school to follow-up these findings in class discussions and to elicit more precise information about the nature of this behaviour and the identities of those involved were less successful. It would seem that pupils adopted a role of pointing out to the school in general terms what was happening and then passing the responsibility for taking action to the school. The school intends to emphasize to pupils that the questionnaire has helped the school, as an organization, to become aware of what pupils have to say about its atmosphere, ethos and impact on pupils, and that pupils' comments are influencing and changing some aspects of school practice. This, in turn, can be seen as one way in which pupil participation can be encouraged.

This finding was seen as confirming the school's expectations of the value of the survey but also indicated a high level of sensitivity among pupils to their peers' needs and situations. This response has raised the profile and understanding of bullying by staff. In responding to reported incidents of bullying, the school continues to find that some parents deny that their sons could have been involved in bullying behaviour, or that they respond by asking if the school is questioning the way in which they bring up their children.

Intention into Practice

Although there was this immediate finding and response, the school is clear that what is effectively to be a longitudinal study will not begin to show clearer trends until, at the earliest, the second survey, in June 2005. The June 2003 results will serve as base-line data. The 'bigger picture' intentions are to use the bi-annual questionnaires as a form of 'pastoral survey' to help

establish both what the staff see as a 'safe' school and pupils' experience of these intentions. There is a clear indication here of the school's willingness to reflect on its practice and, as a result of that reflection, to make changes in some practice and provision. Such aims are notoriously difficult to quantify, and might be described as a 'moving target'. The willingness to reflect and make changes eases future changes and flexibility, and raises aspirations on the part of a school which, in consultation with pupils, attempts to both identify and meet the 'desirable'. One recent example at City of London School was the September 2004 visit of a pupil who had left the school 2 years previously. Ostensibly to seek career advice, the former pupil's main intention was to seek a place of safety where he could talk about profound emotional and identity needs and crises in the expectation – in the event, realistic – that the school would provide a non-judgemental response and refer him on to a more appropriate and better-resourced agency to meet his needs.

Other findings from the June 2003 results included the following:

- pupils have, in the main, supportive families;
- pupils have, in the main, supportive peers;
- the prevalence of alcohol use and drunkenness among pupils was lower than the average in the national sample with which CtC was able to compare the City of London School responses;
- the parental supervision and discipline mean score at City of London School was slightly poorer than the national average;
- some family/parental attitudes to behaviour, including fighting, run counter to the school's behaviour expectations;
- although pupils did not, at this age, appear to be exposed to community risk factors around anti-social behaviour and the availability of illegal drugs, they were aware of the situations in the communities where they lived;
- there was a higher rate of moving home than among the national sample;
- there was a high positive response to the question asking how impressed friends would be by rule breaking and anti-social behaviour. It is not possible to say whether this shows passive admiration for such behaviour; or an intention to emulate such behaviour;
- there was a high score for the recognition of opportunities provided by the school for pro-social involvement;
- in a supplement to the CtC questionnaire the response to an 'asking for help' question indicated a significant minority of pupils unable or unwilling to ask for help.

Reflections and Conclusions

City of London School's expectations are that by 2007 the cumulative survey results and analyses will

demonstrate both school effectiveness and the changes in the situations, needs, skills and behaviours of a cohort of pupils as they progress through adolescence. Some of the changes anticipated include shifts of emphasis in pupils' health and social concerns and environments, increased acquisition and, hopefully, use of social and communication skills to respond to, deal with and minimize conflict, bullying and other unacceptable behaviours, a readiness to acknowledge problems or concerns and to ask for help and advice from adults, and to indicate perceptions of ethics and loyalties in regard to unacceptable behaviours and peer codes of 'honour' and silence. The School wants, however, to identify such changes by researching its own pupils' experience, not by making assumptions about similar, but past, experiences elsewhere.

One of the core intentions of the NHSS has been the exchange of information about good practice among participating schools and LEA-based schemes. This intention also formed part of the Beacon School expectations. What such exchange can do is to inform professionals of good practice which has been successfully introduced in other schools. What such exchanges can also do, however, is to effectively act as 'bench marks' for good practice, implying that examples of what is often referred to as 'best practice' are to be adopted as 'the only answer' rather than used and learnt from as 'one possible answer among several'. Thus, what might constitute 'good practice' in one school may not suit the ethos or meet the needs in another. There is no one set of prescribed rules: each school must devise its own 'good practice'.

City of London School has been confident in combining a school approach to its own practice which is reflective and formative rather than prescriptive and summative, in being prepared to make use of the Healthy School Consultant's experience in healthy school and school improvement work in UK state and independent schools and in other countries, and in being willing to be informed by pupils' accounts of how they experience the intentions and the realities of the School. The two-way involvement of pupils – asking them what they thought and telling them what they had said – has been understood by staff as one way in which the School can implement pupil involvement in School management within its traditions and ethos. It is, as yet, less clear if this understanding is also shared by pupils.

The School is aware of, and interested in, the inevitable unintended and unexpected outcomes of the surveys by the time the cohort reaches the age of 16 years.

Such outcomes, and the 'critical friend' role of the Healthy Schools Consultant, have been deliberately identified and made use of by the school as part of its willingness to reflect and change. The School's acknowledgement and use of the term 'critical friend' can be seen as paralleling the comments above about 'good practice' and 'best practice'. Terms which are introduced into professional discourse often start their life as revelatory and enlightening. Once established, they all too frequently lose their original significance and become required but meaningless jargon.

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