

It's a risky business: The place of risk within the curriculum

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Abstract

This is a discussion document, which explores the notions of risk and safety within the Health and Physical Education Curriculum. The focus on risk management and safety are a consequence of concerns and recognition of 'risk' in communities; risks to children's health, and safety issues when keeping children safe. The National Administration Guidelines 5 (i) and (ii) (Ministry of Education, 2003), which direct schools to provide a 'safe physical and emotional environment for students' and to comply with any legislation to 'ensure the safety of students' is a manifestation of this concern. Mention is made of the effect that this emphasis on 'risk' and safety has on teachers' practice.

A risky world

In today's world, risks and dangers surround us. There is the media's reporting of health scares, risky events, accidents, and dangers lurking in the backyard and in the global community. This is part of our current heightened awareness of risk in the physical and social environment. One recent experience was of the media attention at the height of the SARS (Severe Acute Respiratory Syndrome) outbreak. There was huge media coverage of the spread of the disease. We were bombarded with safety warnings, knowledge of its transmission (that was known at the time), rate of onset, effects, the progression of the virus worldwide, to safety warnings for travellers (my tertiary institution e-mailed all staff to cancel or defer unnecessary travel to Asia). Later when the death toll had risen throughout the world, we were informed of the fate of economies and tourism. The file that I have in my office is bulging, although little has been added in these last months – it has nearly disappeared from view at least in the media.

Recently there have been other areas of risk to focus our attention on, not nearly as immediately frightening as SARS, at least in the here and now, but possibly harmful in the future. The genetic modification (GM) of organisms is one such case. A weekend newspaper focused on GM with double page articles on the topic (The New Zealand Herald, August 23-24, 2003). The editorial called for assurance that GM was safe, the Environmental Risk Management Authority (ERMA) was asked to weigh up the risks of GM to our health and environment to our exports, and we warned that even organic food was at risk of contamination during processing (NZH, August 23-24, 2003). Managing risks was possible we were told, but was GM really safe?

There are of course other risks and dangers to worry about, three of which were reported in the same newspaper; a collision between a motorboat and a board sailor in Waitemata harbour, groups wielding dangerous weapons fighting on the streets of Auckland and the risk of being attacked by the Iraqis if you were an Iraq weapons expert.

Risk society

There are plenty of dangers in our world. There are the ones that we know about, and can manage, and there are the ones that we have heard about but cannot determine, yet have heightened levels of anxiety about. In the first case there are the dangers of driving on the motorway in Auckland, or the rural highways in New Zealand, or there are the dangers of walking alone down a darkened street or of drowning in a local pool. In the latter case there are the dangers of GM food, pesticides in food, emergent viruses or nuclear meltdown - possible huge scale disasters with unimaginable consequences - global risks that are beyond our comprehension to consider and even solve.

Giddens (2002) mentioned two kinds of risks, one identified as external (traditional risks), and the other as manufactured risk. Manufactured risks are those that have arisen because of what we have done to nature, i.e. global warming, nuclear meltdown or acid rain in forests (Giddens, 2002).

The unforeseeable consequences of what we have done, the resultant uncertainty, the growth of risk awareness, or risk consciousness, have been identified as elements of 'risk society'. A number of writers have contributed to the formulation and analysis of this notion of 'risk society' within contemporary sociology, notably Douglas (1985), Giddens (1990) and Beck (1992). A focus on risk awareness has become apparent in many areas of our lives; concerns of possible damage and harm to people and the environment, and a sense of uncertainty as to the consequences.

As a result there has been the need to quantify the risks, to find ways to manage them, minimize the harm from them, or eliminate them, to tame the world and 'know' the unknown, a solution that was suitable in times when 'traditional' risk and dangers could be ascertained and managed. Of the numerous risks in today's world, management of them is not possible to the extent that some would have us believe. Ropeik & Gray (2002) for example, have produced a practical guide for deciding what's safe or dangerous in the world around us. The guide covers a long list of activities, or occurrences that can be hazardous, ranging from air pollution, to tobacco use, mad cow disease, the use of microwave ovens and GM food. Ropeik & Gray (2002) have devised a safety meter to assist people when making personal decisions as to the level of risk that they are prepared to deal with. However, according to Douglas & Wildavsky (1983), when faced with endless possibilities of danger, how can anyone calculate the probabilities of harm?

Peterson (1996) noted that to live in a 'risk society' is to be constantly aware of the tentativeness of all decision-making, and of the possibilities and uncertainties accompanying any course of action. The extent to which we attempt to make the world manageable and safe is not 'absolutely' possible - the SARS virus is a case in point. That is not to say that we are unable to have some sense of control over our world. With the SARS virus for example, while we do not know what the eventual long-term outcome will be (we do not even know where it came from), there are encouraging signs. The mapping of the virus has taken considerably less time than in the past for similar viruses; scientists are joining forces working collaboratively across the globe as advances in technology have made possible a rapid spread of information

about SARS via the internet and email. Time will tell for the success of dealing with the virus.

On a lighthearted note, the 2002 Statistical Abstract of the United States lists injuries associated with consumer products. There are a number of products listed that defy imagination as to the ways that they could cause injury. For example this abstract identifies, amongst others, 196,111 injuries from household containers and packaging, and 455,027 injuries from sofas, couches and davenports. I was alerted to this by Bill Bryson in his book 'Notes from a Big Country' (Bryson, 1998) when he mentioned an 'intriguing read' of the abstract;

More than 400,000 people in the United States were injured by chairs, sofas and sofabeds. What are we to make of this? Does it tell us something trenchant about the design of modern furniture or merely that Americans are exceptionally careless sitters? What is certain is that the problem is worsening. The number of chair, sofa and sofabed injuries showed an increase of 30,000 over the previous year, which is quite a worrying trend even for those of us who are frankly fearless with regard to soft furnishings. (Bryson, 1999, p.20).

He notes the higher statistical likelihood of harm/risk from consumer products compared to crime and doesn't find the statistics comforting. The soft furnishings figures make for a fearsome world should they be interpreted in this way. This is our risky world.

Risk management

Methods of control and management of risk are an attempt to deal with the uncertainty of risk situations. There are many systems devised to assist us with defining, assessing and predicting outcomes for risk situations. Ropeik & Gray's (2002) guide mentioned earlier is an attempt to assist individuals in determining levels of risk. A 'safety consciousness' operates here, but it only succeeds to the extent that we can calculate the probabilities of harm, given the tools that we have.

Health and Safety legislation sets parameters for safety and risk reduction. For example, the safety regulations in New Zealand schools are an indication of our need for a safe world (the school) and to ensure that children are kept safe from harm. Again, this is not 'absolutely' possible. We cannot ensure that children will always be kept safe from harm. Recent events bear this out in the Coral Burrows case (The New Zealand Herald, Sept 20-21, 2003). I was in a classroom during the week of Coral's disappearance and noted the teacher's care in roll taking at the beginning of the day. This was her 'safety' response (and her school's) to this case.

Another area of risk headlined in the media at the same time as the GM issue, was that of the danger that children are in from teachers. This was another huge one page special that in the light of the Peter Ellis case is likely to increase parental fears about children's safety with teachers. Mention was made much further down the page, in small print, of the 55 registered teachers (of the nation's 86,000) who were considered for cancellation of registration, and of those, the 17 who were struck off the teachers register (The Sunday Star Times, August 24, 2003). It was not noted that each year many children are more likely to be injured, maimed and abused by members of their own families than by teachers. Jones (2004) however, has explored the risk to children from teachers and has noted the need for an informed appraisal of the 'real' risks to children from teachers as actually the real risk is for the teacher being in a 'high-risk' occupation.

Surveillance is a feature of risk society where there is no certainty of results or outcomes. In risk situations we simply do not know many of the answers (Giddens, 2002; Troman, 2000). Yet systems continue to be developed to predict the unknown. The Singaporean government for example, attempted to stop the spread of SARS by introducing draconian measures of regulation; people who flouted them would face fines or prison terms without court hearing. At the same time, the NZ government introduced health screening of visitors to NZ from countries that had cases of SARS. Risk assessment can be difficult in these times of uncertainty and huge global changes because how can we know the risks that we face?

Safe Schools

Consideration for the safety of students in teachers' 'care' is currently of prime concern for teachers, parents and others. Schools are required to provide a safe physical and emotional environment for students (Ministry of Education, 2003). This involves children's personal safety as well as teaching safely about safety, for example; outdoor education, swimming, technology, sport and games and even art (should students use knives for potato prints?).

The Health and Safety Code of Practice for State Primary, Composite, and Secondary Schools (Ministry of Education, 2001) is an 83 page document that considers all possibilities of accidents, harm and damage to all members of the school community when undertaking activities. There are guidelines to assess staff competencies, hazard identification, equipment checklists, RAMS (risk analysis management systems), SAPs (safety action plans) and policies and staff development for those staff who will be responsible for activities. (Dare I mention the 'old days' of school camps when preparation involved booking the campsite and organising any/all parents who were available, had a tent and could do the cooking!)

Health and safety curricula

While 'risk society' is evident in health and safety legislation and practices that pertain to schools (and other institutions and workplaces), it is also evident in curricula and programmes of teaching and learning. The Health and Physical Education Curriculum (Ministry of Education, 1999) has key areas of learning (KAL) and achievement objectives (AOs) that relate specifically to risk and safety. One such achievement objective from level 5 states,

Students will investigate and practise safety procedures and strategies to minimize risk and to manage risk situations, *for example, procedures for food preparation, treating sports injuries, outdoor activities, beach safety, first aid, and CPR (cardiopulmonary resuscitation), strategies for managing the risks of sexual decisions, drug use, and participation in sport, and strategies to use*

when responding to peer pressure or at risk of physical threat, rape, or harassment. (Ministry of Education, 1999, p.22)

Other AOs refer to managing personal safety in a range of situations where supposedly children have some control, i.e. safety in the sun, unwanted touching, evacuation drills and safety procedures that relate to fire, roads and water. These wide ranging school safety programmes often have the aim of reducing or preventing harm from risk-taking behaviours.

In the United States, statistics from the Youth Risk Behaviour Surveillance System (YRBSS) which are used to monitor priority health risk behaviours and measure progress in national health goals, are also used to improve educational programmes to reduce youth behaviours associated with risk (Kahn et al., 1996). Task forces are established on the basis of the data from the YRBSS e.g. the Task Force on Violence (Everitt, Kahn, & McReynolds, 1997; Kahn et al., 1996).

The YRBSS identified that 72% of all deaths among youth and young adults aged 5-24 resulted from only four causes: motor vehicle crashes, unintentional injury, homicide and suicide (Everitt et al., 1997). Other risk categories included, inter alia; tobacco use, alcohol and other drug use, dietary behaviours and sexual behaviours that contribute to unintended pregnancy, sexually transmitted infections and HIV.

The New Zealand Health and Physical Education Curriculum (Ministry of Education, 1999) has areas of instruction that specifically relate to these health risk issues. A sexuality education guide for Principals and Boards of Trustees (Ministry of Education, 2002) has a front piece that lists risk areas for young people in NZ e.g. teenage pregnancy, abortion, HIV/AIDS and cervical cancer. Heins (1997, p.17) notes that there should be good coverage of health risk areas in health education curricula, and 'matching a program of instruction to the current needs of students is a well-established principle in education'. He supports that 'current secondary health education documents have rather overlooked key health risk areas, particularly for young men. Suicide, depression, motor vehicle accidents and

other accidents all deserve more space' (Heins, 1997, p.17). Certainly in the Health and Physical Education Curriculum (Ministry of Education, 1999) they have space. But what does this do to teachers?

Anxiety

When the curriculum was released as a draft document for community consultation in 1996, there was concern from some groups over the inclusion of sexuality education. This was supported by my research (Sullivan, 2001) which uncovered these teacher concerns.

You get questioned more by the public about the health syllabus than anything else, the public are scared of it, they're scared of sexuality (p.51).

I can understand why male teachers are nervous because male teachers have a lot of things to be nervous about unfortunately, even if they're not doing anything wrong. They don't want to be standing talking about vaginas with girls (p.52).

You know, teachers of junior children would be talking, you know, that sexual language would become part of - just the norm - that you would talk about those things to children. And I would feel personally really uncomfortable (p.52).

These comments are indicative of worry and anxiety. Both Wilkinson (2001) and Glassner (1999) have explored the links between risk society and anxiety and fear. Media scaremongering too has contributed to increased levels of fear and anxiety about the risks in our lives as noted previously for teachers and child abuse. Teachers also become 'supertuned' and watchful towards students in their care. There appears much to be worried about.

This is supported by my recent experience of an early childhood summer camp in Michigan USA, where elementary school teachers were most averse to getting involved with children in the playground because of accident and liability concerns. They stood back from involvement in children's activities.

Dealing with Uncertainty

While our processes for determining risk factors have become more complex, they are unable to predict totally safe outcomes. The 'real' danger for children in schools is relatively low, so the 'one size fits all' approach does not even come close to protecting every single child from every possible form of harm. According to Warner North (1998), rather than having more systems for risk assessment and safety procedures, we need better processes for dealing with uncertainty and complexity. Giddens (2002) too notes the need to look for different ways of relating to uncertainty.

Perhaps this is an avenue to be explored by teachers and educators as teachers are able to have some measure of control in curriculum decision making in teaching and learning spaces. Both Sanguinetti (1999) and Johnson, (1995) have discovered that teachers will 'get around stuff they don't want to do' (Sullivan, 2001, p.47).

There is so much to be careful of, fearful of, worried about. If anxiety is a feature of risk society as has been suggested (Wilkinson, 2001), is it because we are more risk conscious and we cannot know what the future might hold? According to Wilkinson (2001), while on one hand 'knowledge of risk implies certainty of calculation, controlled planning and assured prognosis', on the other 'it may serve to give weight to our uncertainty and do no more than expose the haphazard indeterminacy of our fate' (Wilkinson, 2001, p.100). Is this how it is? Or two months after September 11, 2001,

If people have drawn any reliable lessons about risk in the last couple of months it is that it's safer to be in a bungalow than a skyscraper; it's safer to work from home than in a big political center; that a decentralised terrorist organisation such

as al Qaeda can be more effective than a bureaucratic system like the CIA. The future may lie in us acting more as individuals and making our own estimates of risks. On whichever side of the fence they lie. (Adams, 2001, p.10).

Postscript

While discussing health and safety issues, risk and regulations, a colleague of mine suggested that a post-modern way of dealing with risk would be to write to the Ministry (of Education) and tell them that we are reconceptualising risk and safety, and will be making the appropriate decisions as the need arises.

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