

In 2009 the PSHE Association commissioned Dr Jenny McWhirter to carry out a comprehensive review of the academic literature that documents researched best practice in PSHE education. The results of this review are available to read in the following report and remain highly relevant in 2013/14, though some of the references are now out of date as we wanted to retain Dr McWhirter's original 2009 text (examples include subsequent changes to the National Healthy Schools Programme and that the SEAL materials - though still used in many schools - have now been archived.)

Personal, Social, Health and Economic education

From theory to practice

Dr Jenny McWhirter

**On behalf of the PSHE Association Curriculum Models Project
Co-ordinated by CSN Consultancy Ltd**

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PART 1: Introduction and rationale

What is the purpose of this briefing paper?

This paper summarises the evidence for best practice in PSHE education. From the evidence we have derived 10 principles which will help you to know if your teaching in PSHE is likely to be effective.

The aim of this paper is to improve the quality of teaching and learning in PSHE, through an understanding of the evidence for effective practice, taken from a wide range of sources.

Who is this document for?

This paper has been written for all those with an interest in promoting the 5 outcomes of Every Child Matters, but particularly for:

- PSHE education teachers and co-ordinators
- healthy school co-ordinators
- senior managers with responsibility for curriculum design and management
- teacher educators, preparing for the transition to PSHE education as a statutory subject
- Connexions and other staff concerned with careers education and guidance
- governors and parents

What is PSHE education?

PSHE education is Personal, Social, Health and Economic education. Personal, social, health and economic (PSHE) education is a planned programme of learning opportunities and experiences that help children and young people grow and develop as individuals and as members of families and of social and economic communities (PSHE Association <http://www.pshe-association.org.uk>).

From 2011 PSHE education will be a statutory subject in schools in England. In secondary schools PSHE education comprises two programmes of study 'Personal wellbeing' and 'Economic wellbeing and financial capability'. Together, these programmes of study ensure that young people are able to learn about a wide range of issues which affect their everyday lives, now and in the future: their health, their safety and their social and economic wellbeing. The two programmes of study include 9 key concepts, one of which, risk, is common to both programmes (<http://curriculum.qca.org.uk/key-stages-3-and-4/subjects/pshe/index.aspx>).

In primary schools PSHE education will be explored through the programme of learning 'Understanding physical development, health and wellbeing'. In both primary and secondary school what children and young people learn in PSHE education will contribute to their personal development.

Why is PSHE education important?

PSHE education helps children and young people to identify, celebrate and manage the many personal, economic and social challenges they face, while they are at school, and in the future. Through PSHE education children and young people acquire and extend the knowledge and skills they need as they (and their communities) grow and change, so that they can be safe, healthy and economically secure.

What can PSHE education be expected to achieve?

PSHE education enables children and young people to develop the knowledge, attitudes, skills and understanding to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well being

(Every Child Matters, 2004)

Effective PSHE education facilitates learning. It enables children and young people to draw on their talents and skills, and on the resources provided by their families and communities, to achieve their full potential.

However, PSHE education is not the only aspect of school which impacts on these important outcomes.

What can PSHE education not be expected to achieve?

The aim of PSHE education is not to determine how people should behave or what lifestyle, career or financial choices they should make. PSHE education is about the provision of information and the development of skills and attitudes which enable children and young people to make effective choices and take opportunities which will help them to live happy, healthy, successful lives, now and in the future.

Making effective choices includes young people being able to recognise and assess risks and benefits within a social context and act on their best intentions. Often these choices have to be made when young people feel under pressure, so PSHE education is about influencing young people's attitudes and their skills to manage different kinds of pressure, as part of their personal development.

What does PSHE education have in common with other school subjects?

As the programmes of study show, PSHE education has a body of knowledge, is based on well known and understood concepts and includes a clear set of skills and competences. PSHE education can be differentiated according to a child's needs and abilities. It can be assessed in a range of ways, depending on what is being taught.

How does PSHE education relate to other school subjects?

PSHE education provides the opportunity for pupils to reflect on the personal and social elements of some topics which they may learn about in other areas of the curriculum. For example substance misuse may be part of science, the effects of exercise may be part of physical education, calculating the cost of a loan may be taught in mathematics and safety and enterprise are important elements of design and technology.

While the science curriculum describes the physiological effects of, for example, smoking, PSHE education provides an opportunity for children and young people to reflect on what this information means in their lives, what influences people to start smoking and how smoking affects them, their friends and families and their communities. PSHE education also encourages young people to think about the personal, financial aspects of smoking and the alternative uses for the money spent on tobacco.

In PSHE education children and young people also have opportunities to bring together skills developed elsewhere in the curriculum, which are transferable to other aspects of their learning. For example weighing up the costs and benefits of a holiday may involve deciding whether to pay with a credit card, with cash or take out a loan, but also to consider what the health risks and benefits of a holiday might be.

Importantly, PSHE education also provides an opportunity for pupils to reflect on issues which do not arise elsewhere as part of the formal curriculum, for example understanding themselves, their interests and needs, managing challenging relationships in and out of school, understanding their personal response to risk, recognising the contribution they make to the wider community.

How is PSHE education different from the other school subjects?

PSHE education deals with real life issues which affect children, young people, their families and their teachers. It engages with the social and economic realities of their lives, their values, experience, attitudes and emotions they bring to their education as well as their knowledge and understanding. Because of this, it is often said that PSHE education starts where children are.

Some of the traditional topics within PSHE education such as drugs, sex and relationships, careers and financial capability education may have a moral, social or political context, which is more apparent than in other subjects such as Maths or French. However, teachers of English, Religious Studies, Geography and History also have to deal with important and complex moral and political issues. What is unusual in PSHE education is that the moral and political is also personal; personal for teachers, parents and carers and also for the children and young people. This means that what is learnt in PSHE education can have an immediate application in the lives of children and young people. It also means that some aspects of PSHE education can be challenging and also exciting for teachers.

Importantly, PSHE also draws on a body of knowledge about health and economic behaviour, which are not common elements of a teacher's training or professional development.

What is the relationship between PSHE education and Healthy Schools?

This may seem obvious, but it is important to remember that PSHE education is only one part of what schools contribute to the personal development of children and young people. Being a Healthy School establishes a policy framework within which PSHE education is most likely to be effective. It is easier to make healthy, safe and responsible choices if those choices are available and the social environment supports those choices. In particular Healthy Schools encourages everyone to have a voice in how their school promotes the personal development of pupils and staff, and supports positive relationships with families and the wider community.

What is the relationship between PSHE education and Social and Emotional Aspects of Learning (SEAL)?

SEAL recognises that young people need to be emotionally and socially healthy if they are to be able to learn. The SEAL programme has been designed specifically to help teachers introduce social and emotional aspects of learning into their teaching across the curriculum. Teachers who use the SEAL materials help children develop skills and attitudes which will enable them to understand their own emotions (intrapersonal skills) and those of others, communicate their needs clearly and to enjoy the relationships they develop in and out of school (interpersonal skills). PSHE education provides a curriculum context for the social and emotional skills developed using SEAL resources, helping children and young people to apply what they have learned to a range of situations in and out of school. However, SEAL does not replace PSHE education in schools.

What is the relationship between PSHE education and the My Money programme?

PSHE education is a key area of the curriculum within which to learn about personal finance. Exploring personal finance in PSHE helps children and young people to develop knowledge and understanding and vital skills such as decision making. Personal finance education in PSHE also provides opportunities to explore attitudes which can inform personal choices addressed in other aspects of PSHE, such as drinking alcohol or having a baby.

Financial capability is the ability to manage one's finances and become a confident, questioning and informed consumer of financial services, now and in the future. Personal finance education is a planned programme of learning opportunities and experiences designed to increase the financial capability of all young people. Its aims are to enable young people to develop knowledge and understanding about money, and financial products and services; to inform their judgements and decisions in this area; to be able to take personal responsibility for their decisions; to critically examine the claims made for some financial products; and to develop day to day financial skills such as budgeting and monitoring bank and credit card accounts.

'My Money' is one of several projects intended to support the development of financial capability in the secondary school curriculum. It is funded by the Department for Children, Schools and Families and led by **pfeg** (Personal Finance Education Group)¹ in partnership with the PSHE Association, National Children's Bureau (NCB) and EdComs.

¹ See www.pfeg.org

What is the relationship between PSHE education and Citizenship Education?

The aims of citizenship education are to help children and young people to become informed and responsible citizens, with the skills and knowledge to make an effective contribution to society. Citizenship and PSHE education often consider the same issues, but from different perspectives. In PSHE education pupils may consider how the risks they take with their personal finances can affect their daily lives, but in citizenship, they will reflect on the national and global implications of financial risk taking. Similarly, while pupils may consider the individual health and social risks of using illegal drugs, in citizenship they will reflect on the local and national issues which arise from the use of, and trade in, illegal drugs, for example, in the context of the criminal justice system.

Citizenship also helps children and young people to understand the society they live in, including its government, its laws, its diversity and the principles upon which these are based. In citizenship children and young people will consider topical issues of importance locally, nationally and globally. Many of the principles developed in this paper apply equally well to effective teaching and learning in citizenship.

What is the relationship between PSHE education, careers education and Information, Advice and Guidance (IAG)?

‘Careers education’ and ‘Information, Advice and Guidance’ (IAG) are complementary activities which equip young people with the knowledge, skills and understanding to make informed decisions about their future career, and take action to make these plans a reality.

PSHE education includes the concepts and skills that are central to careers education in the programme of study ‘Economic Wellbeing and Financial Capability’. Information, Advice and Guidance is concerned with the provision of information on the full range of opportunities available, and on financial support, personal issues and sources of further support. Advice and Guidance includes one to one support to help individual young people think through their choices and identify and deal with potential barriers.

Both careers education and IAG are essential, and are most effectively delivered in partnership, drawing on the strengths of the school’s PSHE education programme and tutorial system, the specialist IAG from the Connexions / IAG service and inputs from the full range of providers. Ofsted inspections now include judgements about the extent to which young people make progress towards the Every Child Matters outcomes. Evidence of informed decision-making and successful transitions between phases of learning for all young people are outcomes which are built on effective careers education and IAG provision.

So what? What can we do to ensure that what we teach in PSHE education makes a difference in the lives of children and young people?

As we have seen, PSHE education is an essential part of a well developed and rounded curriculum. It has the potential to contribute effectively to the personal development and wellbeing (as defined by the ECM outcomes) of children and young people. When part of a whole school approach, PSHE education adds value to what families and communities do to nurture and help children and young people achieve their potential.

The remainder of this paper explores the evidence for effective practice in PSHE education, summarised in the form of 10 principles. Some of the evidence is based on what is known about child development and sound educational practice. Some of the evidence is based on what is known about how children and young people acquire an understanding of economics and making effective career choices. Some of the evidence is based on what we know about health and health related behaviour.

Not all of the evidence we would like to have is available for all the different aspects of the PSHE education curriculum. For example we know more about health related decision making than we do about career choices and decision making. However, we are reasonably confident that, taken together, the evidence we have reviewed supports the recommendations we are making. If everyone involved in PSHE education works towards the 10 principles we describe, we believe that children and young people will be more able to make safer, healthier, economically responsible decisions in the future.

PART 2: The evidence

What do we need to know about children and young people to teach PSHE education effectively?

There are many theories of teaching and learning, all of which rely on an understanding of how children and young people develop, how we acquire language and the ability to reason, as well as how we develop socially and morally. Theories of child and adolescent development in turn have some basis in the development of the human brain and the extent to which that development is predetermined (nature) or shaped by experience (nurture). In this section we consider how some of this knowledge and understanding has shaped PSHE practice in the last 20 years:

- Children and young people gradually develop the ability to move from concrete to abstract forms of reasoning. Some argue this happens in stages which are fixed, but others say that effective teaching can accelerate development from one 'stage' to another. It is also known that some aspects of development can happen independently of one another so that learning can be 'domain specific'. For this reason we cannot expect a child or young person to show the same level of maturity in all aspects of PSHE education at the same time.
- Introducing abstract concepts such as 'health' and 'economic wellbeing' can be problematic for young children. Using active forms of speech such as 'being healthy', 'staying safe' rather than 'health' or 'safety' can help convey meaning more clearly. Similarly descriptions of complex ideas which rely on analogy may also confuse young children. Evidence suggests that it is unhelpful to represent concepts, such as infection or safety, as characters for young children as this just adds another layer of information for them to untangle.

In PSHE education we first need to discover what young children think and feel about themselves, their health and wellbeing to help them to learn and achieve the five outcomes identified in Every Child Matters.

- Children gradually acquire a language with which to describe their inner world. Some research suggests children do not learn to think until they acquire language, others believe that language develops alongside thinking skills. Either way, activities which develop children's vocabulary and language are vital in PSHE education. The language of feelings is particularly important as this helps children and young people to recognise and manage some of the emotions which they experience.
- Children and young people do not come to their education in PSHE as 'empty vessels'. They make sense of new information by reference to what they already know and understand, and what they half know and understand, as well as what they may have misunderstood. Unless they have an opportunity to tell us about their experiences and understanding, we cannot hope to help them to make sense of the important information we have to share with them.

Principle 1

Start where children and young people are: find out what they already know, understand, are able to do and are able to say. For maximum impact involve them in the planning of your PSHE education programme.

- Most children and young people learn in small steps, building on what has gone before. We need to structure their learning opportunities so that these steps are manageable, with increasingly specific language and content and more and more complex skills.
- Children and young people develop socially at different rates according to their experiences. Every interaction with an adult, whether at school, at home or in the community, shapes a young person's social development. Children who have experienced bereavement, whose parents have experienced sudden redundancy or marital breakdown, who become carers for their own parent, or sibling, or who have themselves been seriously ill, can demonstrate resilience in the face of adversity. However, children do not have to experience adversity to develop resilience. PSHE education, supported within a whole school approach to young people's personal development, encourages the development of resilience.
- Moral development is just as complex as other aspects of a child's development. Young children can perceive issues such as smoking or borrowing money as a choice between 'right' or 'wrong'. As they mature they are more able to see things from different points of view and their moral reasoning also matures.

Principle 2

Plan a spiral programme which reflects and meets the individual developmental needs of the children and young people.

- Children learn by imitating others. As they grow and develop they continue to reflect on, and often adopt, the attitudes and behaviours of those around them. In adolescence the influence of the peer group can be very powerful but other social norms, including those of families and significant adults, have a powerful influence on the choices young people make.
- Personal identity changes as we develop and as we encounter the wider world. Knowing yourself is an important developmental task for all of us, especially for adolescents. Identity, choice, health and wellbeing are closely linked. When our sense of self is challenged by our experiences, such as moving to a new school, starting a new job or by being bullied, it can be very distressing. Choices we make at these crucial moments can have profound effects on our present and future wellbeing.

Principle 3

Recognise that the PSHE education programme is just one part of what a school can do to help children and young people to develop the knowledge, skills, attitudes and understanding they need to fulfil their potential.

Link the PSHE education programme to other whole school issues such as healthy schools, Information, Advice and Guidance and to pastoral support, providing a setting where the responsible choice becomes the easy choice.

Encourage staff, families and the wider community to get involved.

- The brain develops rapidly in the first few years after birth. We now know that this development continues and that some of the most important changes coincide with adolescence. Some of the behavioural traits of adolescents may be explained by these neurological changes. However, the social and emotional environment also has a profound influence on how we develop.

- Children and young people do not always learn in the same way. Some prefer to read, some to be very active and some prefer to listen. Presenting information in different ways will enable more children to access their entitlement in PSHE education.
- Boys and girls tend to behave in different ways. They also tend to learn in different ways. Teaching and learning opportunities should recognise these differences and enable all children to access PSHE education in ways which best respond to their needs.
- Children and young people learn in informal as well as formal ways. Some of the most powerful learning in personal development is informal. While we cannot (and should not!) manipulate every informal learning opportunity, we can create situations and structures which create and reinforce positive social norms, which in turn help to influence young people's choices and decisions. One example of this is a school savings bank or enterprise project. Another is the 'healthy school', where policies, procedures and relationships help to make the healthy choice, the easy choice.
- A wide range of evidence demonstrates that interactive learning is one of the most powerful tools throughout PSHE education. Interactive learning can include experiential learning, independent research, discussion, role play, work-based learning and physical activity. In interactive teaching the teacher often takes the role of facilitator, creating a safe and supportive environment where children and young people can explore new and challenging information and ideas.

Principle 4

Offer a wide variety of teaching and learning styles within PSHE education, with an emphasis on interactive learning and the teacher as facilitator.

- Children and young people do not readily transfer their learning from one situation to another. However, this transfer is essential if we are to manage the content of PSHE education within the whole curriculum. It is also essential if young people are to be able to apply what they have learned in the real world of work and leisure. Children and young people need time to reflect on, and assimilate, their learning in one aspect of PSHE before moving on to something else.
- The two programmes of study in PSHE education have a common concept: risk, and a common process: risk management. Together these offer an opportunity for children and young people to develop 'risk competence' – the capacity to recognise, assess and manage risk and benefit in stimulating and challenging situations.

Principle 5

Encourage young people to reflect on their learning, the progress they have made and to transfer what they have learned to say and to do from one school subject to another and from school to their lives in the wider community.

What do we need to know about the development of children's understanding and economic wellbeing to teach PSHE education effectively?

How children learn about economics – about money, how to acquire, manage and make use of it - has been studied since the 1950s in different age groups and in different, sometimes changing, cultures. One of the most important things we can learn from this work is that children's economic thinking develops alongside their ability to think and reason and their ability to understand increasingly complex social and moral situations. Children's understanding of economics develops incrementally, based both on past experience and the conflict or challenge that new events pose to their existing understanding.

Education for economic wellbeing, therefore, is not simply about acquiring arithmetical skills, although these are clearly useful on a day to day basis. Some researchers say that by the age of 12 years children have the same capacity as an adult to understand economic situations and structures. From this age they need more experience to understand how particular institutions operate in the society in which they are living. In some countries, where children are obliged to contribute financially to the family income, young children have a very clear understanding of what money is, where it comes from and how wealth is created. Even where children do not have to be economically competent to survive, experience of managing money brings benefits. Children whose parents give them pocket money are more able to manage 'credit' than those who have not managed their own money, no matter how small the amount.

Children's attitudes to saving relates closely to their ability to defer gratification. By the age of six 'saving' is seen as a good thing, even though 6 year olds do not like saving, and may not be successful savers. However, saving is not the only way children can get more money for what they want – it is just one of a range of alternatives. For example, in the UK, children aged 7-8 years also associate money with work.

In the UK, children's understanding of banking changes as they experience how banks operate. Five year olds think that money is kept physically safe in a bank and they will get back precisely the coins they deposited, while their more sophisticated 11 and 12 year old friends know 'interest' is added to their savings, but don't know how or why.

Research shows that children's own economies, which exist without benefit of money, are based on bartering, swapping and sharing skills and assets. In fact the structures and systems created by children have much in common with the adult economy of labour, demand and supply, profit and loss.

However, children appear to hold different values about money, compared with adults. Children aged 6-12 years old can weigh up social benefit versus the individual financial benefit, and often place more value on social benefits, behaving more altruistically than adults in a similar situation. Perhaps this is because they are still more dependent on others, and so recognise they have more to gain from a social contract than adults.

Education for economic wellbeing requires children and young people to learn how to manage their money on a day to day basis and to plan for a future where they can earn their own money through enterprise, as a worker or manager, either in the private or public sector. To be effective, education for economic wellbeing will follow the same principles as other aspects of PSHE. While the content and the kinds of experiences children may need to learn will vary, teaching and learning strategies will be similar.

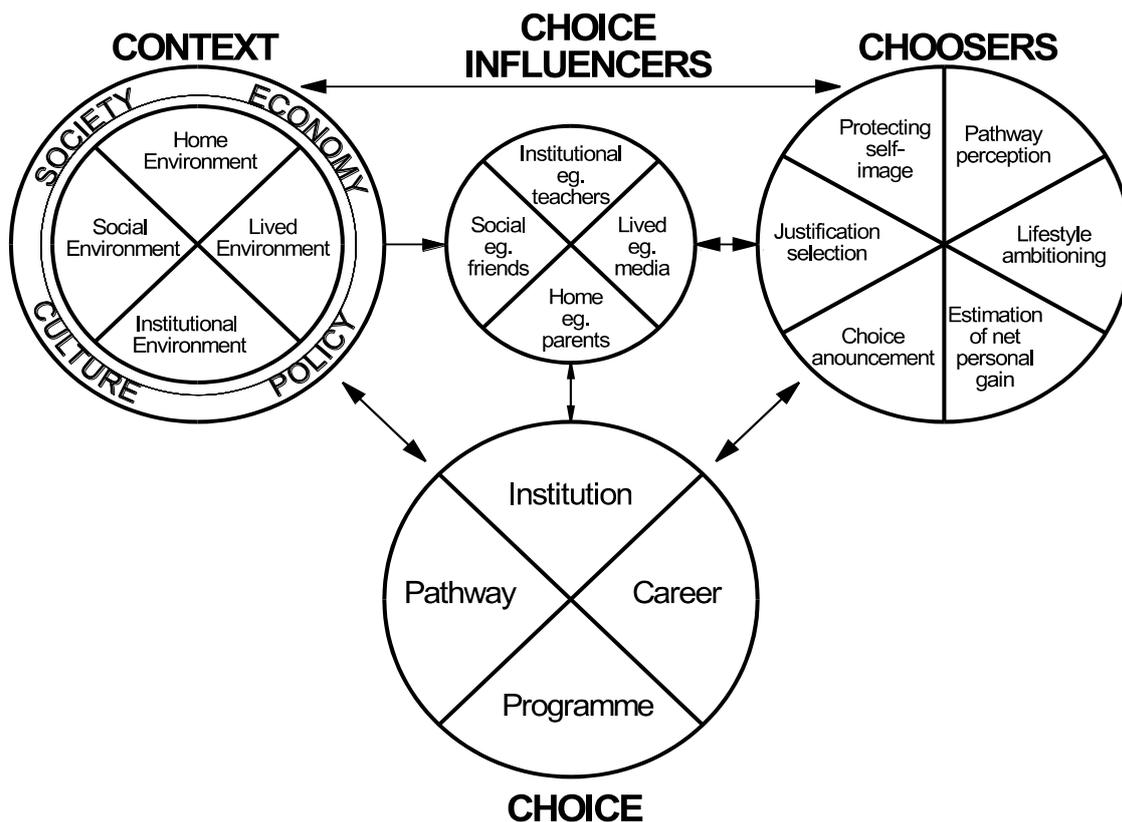
What do we need to know about how young people make career choices to teach PSHE education effectively?

Some of the most important decisions a young person makes during their time at school are about the kind of work they would like to do when they leave, whether that involves continuing in education, training, or employment.

Careers education and Information, Advice and Guidance (IAG) aims to help children and young people to become active agents in the decision making process. Research suggests that career decisions are heavily influenced by family and community norms, by the aspirations of young people and their families and by the extent to which they feel in control of their lives, as well as the resources available to motivate and support them to make well informed choices.

While some models of decision making encourage us to think of choice as a static, rational and linear process, other models recognise the importance of more dynamic elements such as self image, perception of control and cultural factors.

The diagram below summarises a dynamic view of the many factors which influence young people's career choices with different pathways having more or less influence, depending on the circumstances at the time.



From Hemsley-Brown, J and Foskett, N (2001)

In this model PSHE education can be seen as a mediator between those making the career choice (young people) and the wider social and cultural context in which they are making their decisions. Other mediators are family, friends and the media to which they are exposed. The extent to which PSHE education can influence young people's choices depends on the opportunities offered and accessed by young people. Knowing oneself and understanding how we are

influenced by people, institutions, the media and our environment are all crucial for effective decision making with respect to future careers and key elements of PSHE education.

Principle 6

Provide opportunities for children and young people to make real decisions about their lives, to take part in activities which simulate adult choices and, where they can, demonstrate their ability to take responsibility for their decisions.

How can an understanding of health related behaviour help us to teach PSHE education effectively?

Much of PSHE education is rooted in our understanding of health promotion, which aims to improve the health and wellbeing of individuals and communities.

The health of the population of the western democracies has improved considerably since the 19th century. Economic development and public health measures aimed at the whole population, such as better housing and working conditions, cheaper food, improved sanitation, vaccination and other advances in medicine, have all played their part. Improving health has led to longer, more economically active lifestyles for a large majority of the population, but not for everyone. While public health and medicine are important for the health and wellbeing of the population, genetic differences also influence our health and wellbeing. Finally, we also have to consider the influences on individual health related behaviour when we have real choices about the way we eat, how we exercise, what we do with our hard earned money.

Just as biology is fundamental to much of our understanding in public health and medicine, the social sciences such as psychology, anthropology, economics and sociology have increased our understanding of health and health related behaviour. This understanding also needs to be employed if our PSHE education is to be effective.

Human behaviour is complex and changes throughout the life course. There are several models and theories of health related behaviour which help to describe this behaviour. The models and theories also help to predict what will happen if we try to influence the way individuals behave. What follows is a description of some of the better known models and their implications for PSHE education.

Remember, in PSHE education we are trying to create the circumstances where the responsible choice is the easy choice, and to enable young people to act on those choices. We are not trying to prescribe what choices they should make.

The Health Belief Model

This is one of the oldest and simplest models of health related behaviour change. Its basic premise is that we need a stimulus to change unhealthy behaviour to healthy behaviour. The model assumes that each person knows and understands the benefits of changing their behaviour (for example giving up smoking) then makes a rational decision based on the costs and benefits of the change.

services and goods cost. A non-smoker may think she is not likely to have heart disease, even if she takes no exercise. This gives the impression that young people think they are invulnerable – and this in turn can lead adults to exaggerate the magnitude of the problem, or to use scare tactics to emphasise the risks.

A similar problem arises with moral aspects of health or financial issues. Children find it difficult to see how someone they believe to be ‘good’, such as a parent, can also do something morally bad, such as provide unhealthy food, or drive without a seatbelt. So approaches to PSHE education which attempt to make people feel guilty are also likely to fail.

Another criticism of the Health Belief Model is its simplicity. As with career choices, health related decision making is very much more complex than a series of rational calculations based on factors over which you may have no immediate control.

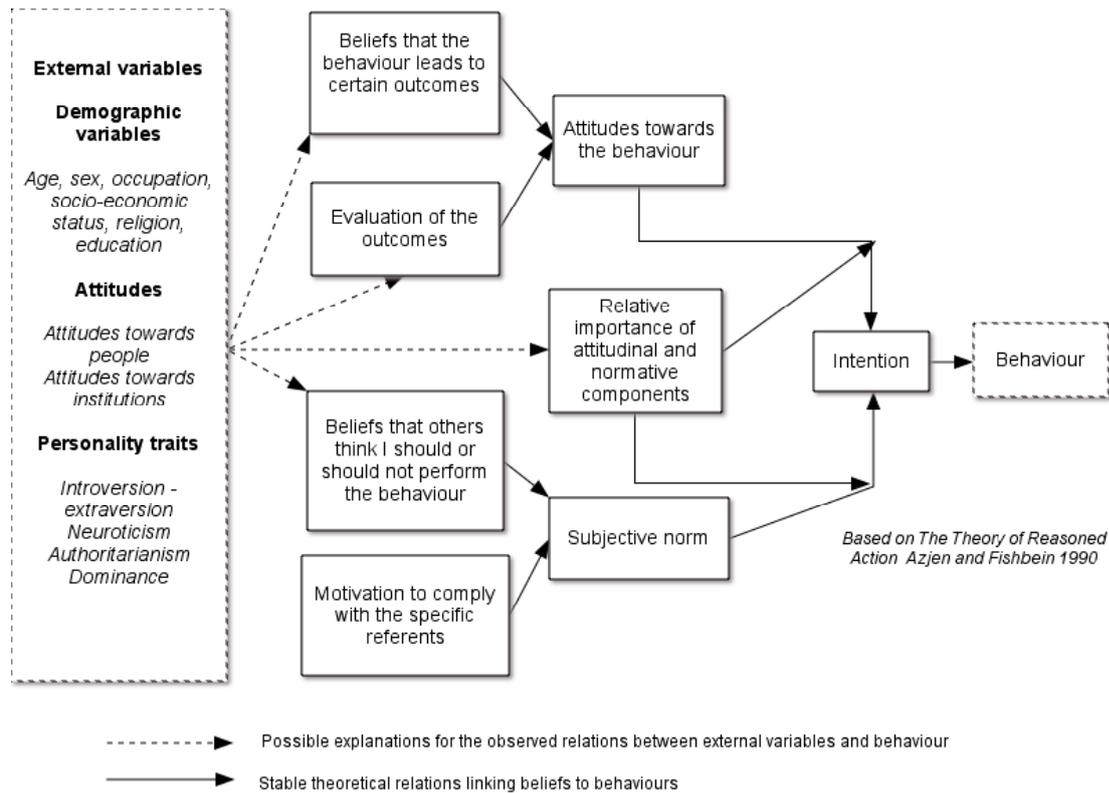
Where the Health Belief Model has been most successful is as a part of ‘motivational interviewing’. This approach encourages individuals, rather than groups, to recognise the risks to their health, but focuses on the benefits of changing their behaviour and to consider what would help them to change. There is an emphasis on empowering people to make small, manageable changes which can be built upon as confidence grows. Brief motivational interviews with young people who are beginning to have problems with drugs have been shown to be a very effective, when carried out by trained workers.

Principle 7

Take a positive approach which does not attempt to induce shock or guilt but focuses on what children and young people can do to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing

Theory of Reasoned Action

As its name implies, this theory also suggests that health choices are rational choices. However, this theory recognises that our behaviour is determined by our attitudes and intentions. The Theory of Reasoned Action recognises that we do not always behave as we intend, but that the stability of the belief underpinning our intention is crucial. This means that beliefs which have been held and reinforced over a long period, which are held by other people in the same social group and which coincide with other related beliefs are more likely to influence our behaviour.



One of the most important things we can learn from the Theory of Reasoned Action is how important social norms are in influencing our intentions. Social norms are what we believe to be acceptable values, beliefs and behaviours. They are often the unwritten, sometimes unspoken, rules by which we conduct our everyday lives. Social norms vary from culture to culture, but also from one age group to another within a social group. Social norms may be communicated explicitly through the law, or by a formal religious custom, but also in more subtle ways such as how we dress, what words we use and what topics of conversation are acceptable.

Adolescents seem to be particularly alert to the social norms amongst their age group and may be eager to conform, as not conforming can result in being shut out or ostracised by their peers. This is known as 'peer influence' and is more subtle (and more powerful) than peer pressure, which is direct and overt.

It is important to realise that social norms are often informal and some are more accurately described as perceived social norms. For example, young people may believe that most people in their age group regularly use illegal drugs. However, this norm may be influenced by a few prominent members of their peer group, by the media - and by the exaggerated fears generated in PSHE education lessons! Carefully constructed and properly administered anonymous surveys demonstrate that most young people of school age in the UK do not use illegal drugs. As far as substance misuse is concerned, it seems that the actual norm is very different from the perceived norm.

Similarly there may be a perception that most people have credit cards and have uncontrollable debt. The reality may be different from this. Most people borrow only money they can afford to repay.

PSHE educators have a responsibility to challenge perceived norms where they may have a damaging influence. Young people who believe, erroneously, that most of their peers use illegal drugs would therefore also observe that most do not suffer any ill health consequences. As a result they may dismiss any information about the potential harm caused by illegal drugs as

exaggeration, whereas they have simply overestimated drug use among their peers. Challenging perceived norms by encouraging discussion and reflection of the facts about young people’s drug use is known as normative drug education and this has been shown to be effective in several studies.

If we reflect on the Theory of Reasoned Action, challenging perceived norms about health behaviour can have two benefits. It can reinforce the majority who have made healthy choices and help to change beliefs which may contribute to unhealthy choices.

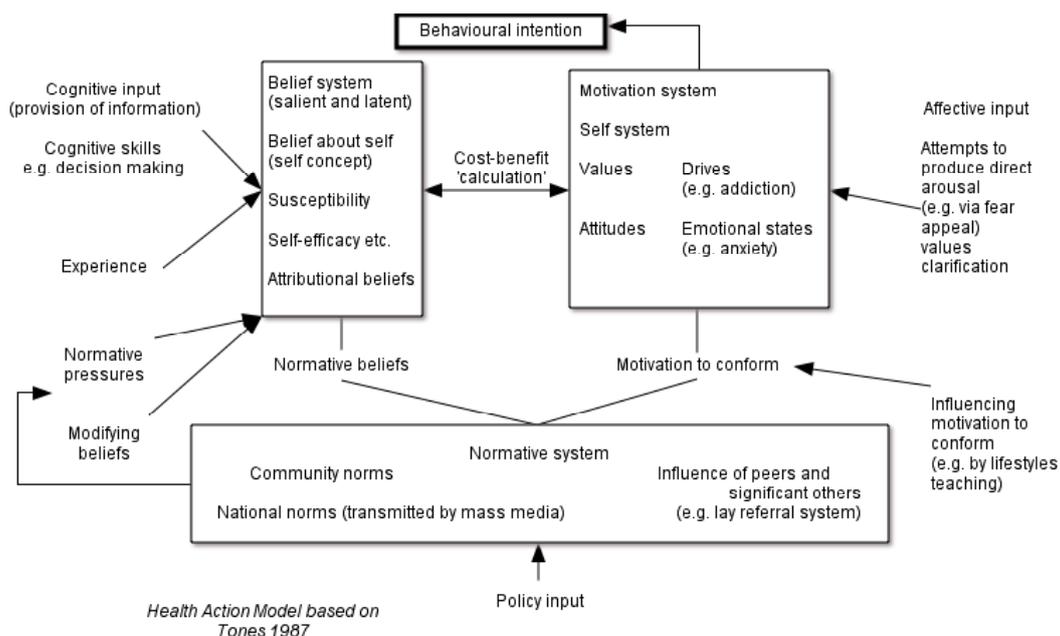
Principle 8

Provide information which is realistic and relevant and which reinforces positive social norms, such as not using illegal drugs or saving for the future.

Health Action Model

This model focuses on the way people see themselves and on their motivation for health decisions and behaviour. In addition to beliefs about health and about how susceptible we are to illness, this model includes our beliefs about ourselves, and about how others see us.

Although this model is not as well known as the others it is included here because some elements of the Health Action Model are particularly useful for planning in PSHE education. For example, this model suggests that efforts to help young people to feel good about themselves and to feel capable and confident in carrying out their decisions will help them to become more able to act on information which can improve their longer term outcomes. It also suggests that the policies of a school can contribute to the perceived and actual norms of the pupils, teachers and parents. Whole school approaches to health and wellbeing provide the best evidence for the effectiveness of this model. There is growing evidence that healthy or health promoting schools contribute to the development of confident individuals who are competent in their decision making and are resilient in the face of difficulty. Interestingly there is also evidence that becoming a healthy school can lead to improved academic outcomes.



In practice the Health Action Model requires that young people have structured opportunities to make choices and decisions and to take risks in a safe and supportive environment. This could be

through role play, team building and physical challenges which test their competence. Role play, theatre in education, simulations and scenarios can never be exactly like the real world, but should provide a stimulus for young people to reflect on their actual experience. Schools can also provide real opportunities for young people to make and sustain responsible choices in a range of ways, and to demonstrate they can help to influence the health, social and economic wellbeing of others through their choices.

Principle 9

Provide a safe and supportive learning environment where children and young people can develop the confidence to ask questions, challenge the information they are offered, contribute their own experience, views and opinions and put what they have learned into practice in their own lives through responsible decision making.

The Health Action Model also pinpoints where different approaches to teaching and learning in PSHE can influence the intentions of young people to behave in particular ways. This suggests that different approaches, combined, might be more effective than focussing on one or another.

What do we need to know about what makes children and young people vulnerable to poor outcomes to teach PSHE education effectively?

We know that some children grow up in circumstances which make them more likely to have problems now and in the future. These circumstances are known as risk factors. Similarly, some children grow up in families and communities which are associated with fewer problems. These are known as protective factors and are not always the reverse of risk factors. It is important to remember that risk and protective factors do not **predict** outcomes for children and young people. Some children grow up in very adverse circumstances and lead happy, healthy and successful lives. Others appear to have many advantages and yet experience serious problems. Also risk factors are not static; they can change according to the broader social and economic situation in which the child is growing up. Risk factors can be divided into several domains:

- individual (e.g. knowledge or skill)
- school (e.g. policy)
- peer group (e.g. attitudes)
- family (e.g. stability, parental rules) and
- community (e.g. crime rates).

Risk factors also vary according to the problem, so risk factors for bullying are different from those for child abuse, although there are some which are common to both. Some problems can become risk factors and can lead to a child becoming vulnerable to other problems. For example, young people who have serious problems with substances may report that they were bullied when they were younger, or suffered abuse or neglect at the hands of adults.

Similarly protective factors are not static and can vary from one problem or issue to another. However, protective factors which promote resilience, such as stable, supportive relationships with significant adults, achievement which is recognised and valued by school or the community and engagement in a range of activities, are often cited as protective for a range of potential problems such as substance misuse and bullying.

Principle 10

Embed PSHE education within other efforts to ensure children and young people have positive relationships with adults and feel valued, and those who are most vulnerable are identified and supported.

Ten principles for effective PSHE education

1. Start where children and young people are: find out what they already know and understand, are able to do and are able to say. For maximum impact involve them in the planning of your PSHE education programme.
2. Plan a 'spiral programme' which introduces new and more challenging learning, while building on what has gone before, which reflects and meets the personal developmental needs of the children and young people.
3. Recognise that the PSHE programme is just one part of what a school can do to help children and young people to develop the knowledge, skills, attitudes and understanding they need to fulfil their potential. Link the PSHE programme to other whole school issues such as healthy schools, Information, Advice and Guidance and to pastoral support, providing a setting where the responsible choice becomes the easy choice. Encourage staff, families and the wider community to get involved.
4. Offer a wide variety of teaching and learning styles within PSHE education, with an emphasis on interactive learning and the teacher as facilitator.
5. Encourage young people to reflect on their learning and the progress they have made, and to transfer what they have learned to say and to do from one school subject to another, and from school to their lives in the wider community.
6. Provide opportunities for children and young people to make real decisions about their lives, to take part in activities which simulate adult choices and, where they can, demonstrate their ability to take responsibility for their decisions.
7. Take a positive approach which does not attempt to induce shock or guilt but focuses on what children and young people can do to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic wellbeing.
8. Provide information which is realistic and relevant and which reinforces positive social norms, such as not using illegal drugs or saving for the future.
9. Provide a safe and supportive learning environment where children and young people can develop the confidence to ask questions, challenge the information they are offered, contribute their own experience, views and opinions and put what they have learned into practice in their own lives.
10. Embed PSHE education within other efforts to ensure children and young people have positive relationships with adults and feel valued, and those who are most vulnerable are identified and supported.

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