

Positive Guidance on Aspects of Personal, Social and Health Education

Stephen De Silva and Simon Blake

The full version of this report can be downloaded from

http://www.ncb.org.uk/dotpdf/open_access_2/posa_final_lores.pdf

Positive approaches to PSHE

What is Personal, Social and Health Education (PSHE)?

PSHE, as described by the QCA, helps to give children and young people the knowledge, skills and understanding they need to lead confident, healthy and independent lives. It aims to help them understand how they are developing personally and socially, tackling many of the moral, social and cultural issues that are part of growing up. It includes three elements:

- acquiring and understanding accessible, relevant information
- developing attitudes and values that underpin self-esteem, health and well-being, learning and achievement
- developing personal and social skills to build emotional development, lifelong learning and interaction with others, as well as positive health choices and active participation in society.

This publication focuses on PSHE in a public health context, but its benefits are much broader, enabling children and young people to achieve in their personal development as well as in all subject areas.

PSHE is one of four elements of the National Healthy Schools Programme, a joint initiative by the Department of Health (DH) and the Department for Education and Skills (DfES) to reduce health inequalities. Healthy Schools advocates a whole school approach to PSHE, involving pupils, the leadership team, governors and the relevant parts of the local community.

A positive approach to PSHE

PSHE has sometimes been driven by ‘problems’ which need to be solved, such as teenage pregnancy, substance misuse or obesity. In a desire to ‘solve the problem’, children and young people become targets of interventions, which, in many cases, they find irrelevant or detached from their experiences.

In a discussion on substance misuse, one young man said: ‘By the way they talk about young people you would think we were having a spliff for breakfast and ecstasy at lunch and actually alcohol hardly gets any time at all.’

PSHE lessons might focus on the exceptional in case studies, for example, by highlighting the case of a pregnant teenager rather than the strategies successfully used by the overwhelming majority of teenagers to avoid pregnancy. This can unintentionally lead pupils to a belief that becoming pregnant is more common than in fact it is, which does not enable pupils to learn from the positive successes of others.

There are four different approaches currently used for working with children and young people on health issues:

- *Health education* focuses on information about the effects on the body, both short and long term. It looks at potential harm and encourages people to consider the risks and change their behaviour accordingly.
- *Health terrorism* (the ‘shock horror’ model) involves presenting worst possible scenarios but, the more extreme these are, the less relevant or probable they seem to children and young people. So the message is not believed and adults are increasingly distrusted as a source of authoritative and credible information.
- *Social controls* involve school policies, policing and legislation.
- *Social norm/normative* approaches establish the norms amongst population groups, based on the realities of children and young people’s lives and experiences. This information is then used to correct myths and misinformation and to promote positive behaviour change.

PSHE is much more likely to be successful if it starts with positive beliefs in children and young people, and their desire to be healthy. Emphasising positive social norms from the outset presents an exciting new approach to delivering PSHE.

What is a social norms approach?

Normative approaches help children and young people understand what their peers are doing, and these are generally positive behaviours. This approach has been developed to counteract findings which show that people of all ages generally think there are fewer healthy and more risk-taking behaviours than is actually the case.

The *perceptions* that young people hold about their peer’s behaviour are often misperceptions. Common misperceptions amongst young people are:

- the healthy majority think they are in a minority – this has the potential to weaken their resolve or negatively affect their choices
- the unhealthy minority think they are in a majority, which can reinforce their already unhealthy behaviours.

Children and young people tend to under-estimate the healthy choices that they and their peers undertake and, at the same time, over-estimate risk behaviours. There also tends to be an over-estimation of ‘anticipatory behaviour’. For example, most college students assumed that the year above them was more sexually active than was in fact the case.

In another study, 25 per cent of secondary school students believed that drinking alcohol on a daily basis was the norm. The research concluded that in fact only 5 per cent of those students drank daily (Perkins, 2003).

Normative or social norms approaches within PSHE promote positive behaviours in a unique way because they tackle so many of the issues often addressed in a negative way.