PSHE Charter January 2018

The 2017 Children and Social Work Act gives the Government power to make PSHE education statutory in its entirety, pending the results of a consultation. The Government plans to introduce statutory RSE and 'relationships education' and potentially all of PSHE education from **September 2019** following a period of consultation. Whilst we await the forthcoming related guidance and regulations, Kingston has developed this PSHE Charter to support local, quality assured, co-ordinated PSHE delivery in Kingston's primary and secondary schools.

Education and health are closely linked[1,2,3] and promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve their educational outcomes *and* their health and wellbeing outcomes. Prevention can reduce alcohol, tobacco and cannabis consumption[4] as well as improve healthy eating, exercise, mental health and social skills (and reductions in antisocial behaviour[5]), and taking safety precautions like wearing a cycle helmet[6].

The effectiveness of school-based prevention programmes are affected by the quality of provision[7]. In English schools, PSHE education is the most common mode of delivery for education around key areas including substance misuse, online safety, sexual health, healthy relationships, mental health and emotional wellbeing. However, Ofsted has noted that PSHE is 'not yet good enough' in schools, pointing to a lack of confidence among teachers, who are often not trained in the subject[8].

At present, opportunities for teachers to develop expertise in prevention education are limited. Reviews of initial teacher education (ITE) providers show that coverage of different topics is variable – while child protection and emotional health are covered consistently, relationships and sex, and substance misuse are often not covered[10]. Sharing of effective practice, based on up-to-date research, is crucial to raising standards of prevention education across the country.

The principles below are based on the Key principles of effective prevention education produced by the PSHE Association on behalf of the Child Exploitation and On-Line Protection Centre (CEOP), which utilises effective pedagogical principles in the field of school-based preventative education as well as school-based programmes to build skills and attributes associated with reduced risk-taking behaviour (including social and emotional skills, and resilience).

Key Principles of Effective PSHE

1. **A whole-school approach including multicomponent interventions** ensures that the curriculum, school policies, pastoral support and the school ethos complement each other to create an environment that helps to prevent negative behaviours. It is recognised as best practice that PSHE be taught in discrete lessons as part of an

overall PSHE programme that develops essential skills and attributes (e.g. self-esteem, managing risk, and resisting peer pressure), which pupils can apply to a range of areas. Such a programme should also address related factors such as alcohol and drugs, media literacy, and equality and prejudice. A number of other models can be used to supplement these discrete lessons such as learning opportunities in other curriculum subjects (integrating PSHE topics within other subjects).

2. **Varied teaching styles addressing a range of factors**:
    - Active skills-based learning. General characteristics of active learning include involving students in more than just listening, less emphasis on facts, more emphasis on developing skills, engaging students in activities and focusing their values and attitudes.
    - Psychosocial aspects and normative education - including developing confidence, resilience, self-esteem and self-efficacy – as well as perceived risks, attitudes, values and perceived norms. Yet the (United nations Office on Drugs and Crime (UNODC) International Standards for Drug Prevention guidelines offer a caveat in the case of drug education, stating that preventive education which focuses only on knowledge acquisition, only on building self-esteem and emotional education, or which only addresses ethical/moral decision-making has been shown to be ineffective or to have adverse effects. This reinforces the need to balance a range of strategies[11].

3. **A developmental programme which is appropriate to pupils' age and maturity.**
    - Programmes should start early enough (from Reception age) to have an impact[11,12] and be appropriately timed to the age, maturity, needs and assets of pupils. To do this, educators must conduct an assessment of the needs of pupils to understand their current understanding, culture and experiences[13,14].

    - Public Health England guidance[15] on building resilience also identifies transitional periods – moves from home to school, between years 6 and 7, between years 11 and 12, or between schools – as key moments of opportunity and vulnerability, and so as ideal points at which to target interventions.

    - Pupils with learning disabilities are often more vulnerable to both online and offline abuse, and so programmes should be tailored to their particular development.

4. **Learning which is inclusive of difference and socio-culturally relevant**
   Researchers note the importance of ensuring that prevention education programmes are relevant to the communities in which they are delivered[12,13,16] as well as to diversity in relation to culture, ethnicity, faith, disability, sexuality and gender identity note the importance of developing programmes which are relevant to youth culture as well.

5. **Well-trained teachers or providers** for example through the national PSHE CPD programme.

A number of researchers note that programmes are more effective when delivered by teachers who have access to ongoing high-quality training and support, and are confident in their role[11,12, 16, 17].

6. **Theory/research-based and factual with clear goals and outcomes and with effective ongoing monitoring and evaluation.**
   This should involve clearly mapping out health goals and targeting specific behaviours, as well as identifying the protective and risk factors associated with the targeted behaviours, and how interventions are expected to impact on those factors[12]. These clear objectives should also be communicated to stakeholders, including pupils themselves[17]. Authors note the importance of evaluating approaches for effectiveness, piloting programmes, and ongoing assessment, monitoring and evaluation including collecting data on pupils' and teachers' views of the programme. Helpful resources to aid effective evaluation are available[18, 19].

7. **A positive approach, avoiding 'scare tactics' or confrontational strategies**
   Researchers note the importance of avoiding attempts to induce fear, shock or guilt[13,15,16].

8. **Support from school leadership teams and other authorities**[19]
   Role of the PSHE provider:
   - Respect the ethos and policies of the school
   - Raise awareness about the importance of PSHE and good practice
   - Provide expert support to enrich and inform the curriculum
   - Introduce new media, methods and approaches that have been shown to be effective
   - Help schools to independently sustain improvements to the quality of PSHE
   - Plan PSHE delivery in collaboration with school staff.

   Role of the school:
   - Make a considered choice about which PSHE provider to work with, why and how
   - Facilitate an PSHE curriculum that meets the needs of pupils; and brief the PSHE provider about practicalities, protocols and policies within the school
   - Brief the PSHE provider about practicalities, protocols and policies within the school
   - Ensure classroom input is planned and learning objectives agreed
   - Brief the PSHE provider on student ability, previous learning and special educational needs, and consider the benefit of preparatory and follow-up lessons
   - Manage the classroom, whilst also listening and responding to the views of pupils
   - Give the PSHE provider feedback on the effectiveness of their input.

9. **Community, parent and pupil engagement, in the design and development of the programme**
   Public Health England guidance[15] recommends building links between home and school and supporting positive parenting practices – prevention education which

operates across multiple settings, beyond school, ensuring that the intervention takes place in multiple areas of a child's life[11].

10. **Intervention must be of adequate length or intensity**
    This consideration must be balanced with the need to ensure that the resources required for the successful implementation of an intervention are consistent with the resources available, including staff time[16]. This must be considered when selecting 'effective' programmes, since poorly resourced interventions are less likely to be implemented appropriately. Ensuring that PSHE as a comprehensive programme has a timetabled full lesson time slot in school throughout the school year starting at Reception helps guarantee that no child or young person will miss out on vital information.

This school _____ will provide PSHE that is aligned to the above 10 principles of this PSHE Charter

Signed _____ (Head Teacher).

References

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[9] As a whole, the range of topics related to health and wellbeing can form less than 5% of overall teacher training[10], and later opportunities to specialise in prevention education can be prohibitively expensive: following withdrawal of government funding for the PSHE CPD Programme, the number of teachers training in the subject has fallen by 90%[12]. Unless good practice is followed, a significant proportion of the prevention education currently delivered in English schools may have little or no impact.

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