Department for Education

# Personal, social, health and economic (PSHE) education: a review of impact and effective practice

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# Contents

# Personal, Social, Health and Economic (PSHE) Education: A Review of Impact and Effective Practice

This evidence summary provides a high level overview of recent reviews of personal well-being education and interventions which could be applied during PSHE lessons. It also provides a short narrative on evidence on economic well-being. The most recent evidence is emphasised to answer the following questions:

- What is the impact of PSHE style education on pupil outcomes?
- What is the evidence on the efficacy of individual components of PSHE education?
- What characterises effective practice in PSHE education?

Due to the breadth of the subject, this paper is not intended to be comprehensive but rather to highlight the evidence on impact and best practice from recent research. While it concentrates on curricular opportunities for PSHE education, it should be acknowledged that the broader life of the school (such as pastoral systems and extra-curricular/leisure time) can substantially contribute to PSHE outcomes.

## Overview of the Impact of PSHE Education

- The evidence shows that **personal, social, health and economic (PSHE) education can improve the physical and psychosocial well-being of pupils.** A virtuous cycle can be achieved, whereby pupils with better health and well-being can achieve better academically, which in turn leads to greater success.
- **Taking a whole school approach to health and well-being is linked to pupils' readiness to learn**. A recent review of the link between pupil health and well-being and attainment advocated **promotion of health and well-being as an essential element of a school's effectiveness strategy** (Public Health England, 2014).
- While the evidence of economic well-being is less well-researched, careers education, information, advice and guidance interventions can make a difference to pupils, including increased self-confidence and enhanced decision-making skills which can act as precursors to longer-term socio-economic outcomes (Hughes & Gration, 2009).
- A statistical review of 75 studies reporting the effects of universal, school-based social, emotional and/or behavioural programmes, found that these lessons could benefit pupils across a range of outcomes (Sklad et al., 2012). Similarly, a review of the World Health Organisation (WHO) health promoting school framework for improving health and well-being found positive effects for some interventions on diet, exercise, smoking and bullying (Langford et al., 2014).

- There are a number of mechanisms through which PSHE education can make a difference. It is commonly accepted that non-cognitive or social skills play an important part in success at school and in employment (Feinstein & Duckworth, 2006; Heckman & Rubinstein, 2001). **PSHE education provides an opportunity to provide or enhance skills such as perseverance, conflict resolution, emotional intelligence, self-management, self-respect, team work, locus of control, time and stress management.**
- A review of the impact of pupil behaviour and well-being on educational outcomes, as rated by their parents, found that **pupils with greater emotional, behavioural, social, and school well-being had, on average, higher attainment and were more engaged with their schooling**, even after controlling for variables such as deprivation (Gutman & Vorhaus, 2012).

## The Challenge…..

The direct impact of PSHE lessons is often difficult to prove, as many factors which contribute to pupils' well-being and behaviour lie outside of the school environment. While there are many studies which have shown that interventions within the realm of PSHE education can result in short- and/or long-term benefits for pupils, there are many that have shown no effect. It is important to look to the evidence for effective practice.

## What is PSHE education?

Personal, social, health and economic (PSHE) education is a planned programme of school-based learning opportunities and experiences that deal with the real life issues children and young people face as they grow up. It comprises two strands: personal well-being and economic well-being.

The **personal well-being** strand can cover issues such as:

- sex and relationships education;
- drug and alcohol education;
- emotional health and well-being;
- diet and healthy lifestyle; and
- safety education.

The **economic well-being** strand can cover issues such as:

- careers education;
- work-related learning;
- enterprise education; and
- financial capability.

The framework (key stage 1/2) and programmes of study (key stage 3/4) for PSHE education are non-statutory, although some aspects do have a statutory basis, such as sex and relationships education, drug education, careers education (key stage 3/4) and work-related learning (key stage 4). Schools are expected to plan, coordinate, monitor and evaluate their PSHE education

A DfE commissioned review of PSHE education provision found there was a range of positive PSHE outcomes for pupils, ranging from having an 'opportunity to safely express views and ask questions; welcoming the break in intensity of other subjects; learning about key issues which affect them in their present and future lives; improving relationships with others; improved attitudes to health; being able to deal with serious personal difficulties; to improved classroom and playground behaviour' (Formby et al, 2011).

## What is the evidence on different strands of personal well-being?

### Sex and relationships education

Sex and relationship education (SRE) is compulsory in maintained secondary schools as part of the basic curriculum and primary schools are free to decide whether they provide SRE for their pupils. Academies are not required to teach SRE, but are required through their funding agreements to teach a broad and balanced curriculum and we expect this to include SRE according to children's age and maturity. When any school teaches SRE, they must have regard to the Secretary of State's guidance (2000).

SRE has been shown to reduce unwanted pregnancies and there is limited evidence that it can increase the likelihood of pupils using contraception during sex.

A review of school-based programmes found that multifaceted interventions, which included sex education, life skills and promoted use of contraception, led to reductions in unintended pregnancies (Oringanje et al., 2009).

There is some evidence which suggests that good quality SRE can have a protective function such as delaying initiation of sex, reducing frequency of sex or the number of sexual partners and increasing the use of condoms or other contraceptive measures (Kirby & Laris, 2009; UNESCO, 2009; NICE, 2010). An international review of sex education programmes concluded that curriculum-based programmes did not have harmful effects and did not hasten the initiation of sexual activity or increase sexual activity (UNESCO, 2009). The Teenage Pregnancy Independent Advisory Group (TPIAG) stated that, 'Good SRE taught by trained professionals gives children and young people the knowledge and life skills to resist peer, partner and media pressures and to understand issues such as sexual consent and responsibility' (TPIAG, 2010).

An earlier review of randomised controlled trials found that abstinence only approaches are not effective in reducing teenage pregnancies and may have the opposite effect, increasing the pregnancy rates of female partners (DiCenso et al., 2002). UK based research has reached similar conclusions (Wight et al., 2002; NFER, 2004).

## Drug and alcohol education

Drugs and alcohol education can enable young people to make healthy choices and have evidenced impacts on smoking, drug use and alcohol intake.

## Drugs

A recent review of universal school-based prevention for drug use found that programmes which combined social competence curricula (teaches generic self-management and personal and social skills to resist pressures to take drugs) and strategies which give knowledge by managing social norms and myths around drug taking, have better results than single approach interventions. They prevented marijuana use (at longer follow-up) and drug use overall. Knowledge-based interventions showed no differences in behavioural outcomes (Faggiano et al., 2014). EU-DAP Unplugged took a social influence model and included elements of teaching found to be most effective in an earlier review by Tobler (2000). The evaluation found that Unplugged was effective in reducing the onset of smoking, drinking to excess and use of other drugs (Eudap, 2007). Reviews by Stead et al. (2005) and Wilson et al. (2001) similarly concluded that drug education using interaction and social influences/normative education elements, is consistently shown to be more effective.

According to Mentor (2011), scare tactics and fear-based approaches have consistently been shown to be ineffective in drug education. They argue that successful approaches include interactive learning on life skills, underpinned by an understanding of social influences and social context of decision-making.

## Smoking

Multiple risk behaviour programmes and tobacco only education programmes within the WHO health promoting school framework for improving health and well-being of students and their academic achievement (HPS) have been shown to have positive effects on self-reported smoking. Pupils in the tobacco only programme were 23% less likely to report smoking at follow-up compared with pupils not on the programme (Lanford et al., 2014). A review of school-based programmes for smoking prevention found mixed results. Taking all the evidence into account they found no preventative effects for smoking. However, combining studies which included both a social competence and social influences curriculum did show evidence of smoking prevention when analysed separately. Programmes with adult presenters and those which included booster

sessions were most likely to prevent smoking at up to two years follow-up. An information only approach was found to be ineffective.

## Alcohol

A review of school-based alcohol misuse prevention programmes found that overarching psychosocial and developmental prevention education can be effective in reducing drunkenness and binge drinking (Foxcroft & Tsertsvadze, 2011). Those programmes which showed positive effects included the Life Skills Training Program, the EU-DAP Unplugged programme and the Good Behavior Game.

An NFER review on the effect of life skills training on alcohol based outcomes found positive effects for pupils' knowledge and a degree of efficacy in reducing the frequency of alcohol consumption and episodes of drunkenness (NFER, 2013). While it was unclear how life skills programmes enhanced pupils' knowledge, the reviewers found that programmes shown to be most effective in raising pupil knowledge were those which equipped teachers with the skills to deliver the programme; engaged with parents and carers; and invited external professionals to deliver parts of the message. An earlier review of life skills training on smoking and alcohol concluded similarly (Coggans et al., 2003).

## Emotional health and well-being

A report by the chief medical officer of England stated that promoting physical and mental health in schools can reinforce children's attainment and achievement that, in turn, can improve their well-being (Brooks, 2012). The evidence shows that effective emotional health and well-being programmes can have positive effects for pupils.

A review of 75 studies examining universal, school-based social, emotional and/or behavioural programmes found that these lessons could benefit pupils for seven outcome measures: social skills, antisocial behaviour, substance abuse, positive self-image, academic achievement, mental health, and prosocial behaviour (Sklad et al., 2012). The largest immediate effects were a reduction in anti-social behaviour and enhanced social-emotional skills. In the long-term, there was greatest impact for enhanced academic achievement and reduced substance misuse. While the effects were statistically small, at population level these changes are important. There was no difference in outcome for programmes delivered by teachers only compared with external professionals.
Similarly an earlier review of 213 studies involving school-based universal interventions for emotional well-being found that social and emotional learning programmes can enhance protective factors, including building children's resilience (Durlak et al., 2011). Children evidenced better social and emotional skills, attitudes, behaviour and academic achievement. Targeted provision has also found positive effects on a number of pupil outcomes including for social-emotional skills, attitudes to self, school and others and

academic achievement (Payton et al., 2008). Positive effects were sustained for at least six months after programme completion.

## Diet and healthy lifestyle education

Programmes which focus on promoting a healthy lifestyle to pupils can have a positive impact on both diet and exercise in the short-term. These programmes are generally more effective for younger pupils (primary school age). The review of WHO HSP found positive effects for some interventions on pupils' body mass index (BMI), exercise, physical fitness and intake of fruit and vegetables (Langford et al., 2014).

A review of school-based physical activity programmes which promoted exercise and fitness showed positive effects in pupils' duration of physical exercise per day, time spend watching television and level of fitness (Dobbins et al., 2013). Pupils taking part in the intervention were three times more likely to engage in moderate to vigorous exercise during the school day, compared with pupils in the control group. However, such programmes were not found to change behaviour for older pupils.

Reviews of child obesity programmes found strong evidence that effective intervention could show a positive effect on children's (aged 6-12 years) BMI (Lavelle et al., 2012; Waters et al., 2011). A broad range of different components were included within these programmes, but evidence from the Waters et al. (2011) review suggests that strategies that include healthy eating, physical activity and body image in the school curriculum allow for increased opportunity for physical exercise, improve the quality of school food and support children eating healthier foods. Those which included parental engagement were likely to yield the best results. They also noted that teachers should receive training and support to deliver these messages. A whole school approach is best placed to convince children of the importance of a healthy lifestyle (PHE; 2014; Weichselbaum & Buttriss, 2014).

## Safety Education

There is little review evidence on the impact of safety education on pupil outcomes. Mulvaney et al. (2012) found that while safety education can improve pupil's knowledge, behaviour, risk-taking and skills, there was no evidence that it had reduced injury rates. They did conclude that involving pupils in the design of safety education interventions was key to achieving successful outcomes.

## Careers Education and Work Related Learning

Careers education, information, advice and guidance interventions can make a difference to pupils, including increased self-confidence and enhanced decision-making skills which can act as precursors to longer-term socio-economic outcomes (Hughes & Gration, 2009). However, it is more difficult to quantify precisely the impact such interventions have on young people's and adults' intermediate and longer-term learning and economic

outcomes, such as attainment and future wages. No reviews on the impact of careers education and work related learning were found.

The Confederation of British Industry (CBI) (2007) suggest that work experience has a key role to play in preparing young people for the adult world because work experience provides an opportunity for pupils to see the links between the skills they can acquire at school and the competencies needed at work (CBI, 2007). Evidence highlights the importance of work experience. A recent survey (CBI, 2014) of 291 of the largest employers found that 85% of the respondents said that one of the most important factors they considered when recruiting school and college leavers was their attitude to work, something developed through exposure to the world place. In addition to the contribution work experience can make to the workplace, evidence indicates that high quality work experience can have a positive impact on applications to Russell Group Universities (Mann, 2012; Jones, 2012).

An NFER review of employer involvement in schools found it can have a positive impact on students' vocational skills, knowledge and understanding and highlights the potential benefits to employers themselves. They found little evidence of the impact of employer involvement on harder outcomes such as student achievement, in the main because the majority of studies did not measure student attainment. Step by step guidance for the effective delivery of work experience is provided by the Department for Education (2014).

## Enterprise Education

While the area of enterprise education lacks evidence on firm outcomes, a review of the perceived impact of enterprise education found that enterprise co-ordinators in secondary schools believed it can positively affect pupils' skills and understanding, including employability skills, self-awareness of their enterprise capabilities and business and economic understanding (McLarty et al., 2010). Ofsted found that in good schools, pupils were developing problem-solving and team-working skills, including negotiation, cooperation, planning and organisation (Ofsted, 2011).

## Financial Capability Education

A review found that attitudes to money are formed early and that effective financial capability education can influence desired long-term behaviour. It also highlights the role of community agencies in shaping long-term behaviour through such education (Ci Research, 2012). An earlier review found that improvements in money management and planning ahead could be achieved through effective education (Atkinson, 2008). As with other areas in the economic well-being strand of PSHE education, further, more robust evidence of impact is needed.

## What characterises effective practice in PSHE education?

There are several common themes which run through the research cited above which provides good evidence of effective practice in PSHE education. PSHE education should:

- take a whole-school approach, engaging pupils across the curriculum while creating an environment, through the school ethos, which fosters good relationships and well-being for pupils and teachers alike;
- include lessons which are interactive, participative and engaging; pupils' views should be sought and older children can be involved in the development of curriculum programmes;
- have lessons with clear objectives, taught by someone who is trained and comfortable in their role;
- be inclusive of difference, including other cultures, ethnicity, disability, faith, age, sexual orientation and gender identity;
- start early and take a developmental approach; relevant to pupils' depending on their age and maturity;
- ensure coherence, teamwork - including involvement from other agencies (where appropriate), parents, governors and members of the wider community;
- have support from the head teacher and senior management team, which reflects a respect for PSHE education and PSHE coordinators within their school;
- an element of evaluation and monitoring of both pupil and teachers' perceptions of what leads to increased knowledge and engagement and, where possible, attempt to assess longer term outcomes.

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