Chapter 1

An introduction to Personal, Social, Health and Economic (PSHE) education

Chapter objectives

This chapter

➜ Explains what PSHE is and how it has developed in primary schools
➜ Gives a rationale for the presence of PSHE in schools
➜ Outlines the political factors in the debate for PSHE in schools
What is Personal, Social, Health and Economic education?

Reflection point

Take time to consider what you think personal and social education is exactly. If a parent asked you to explain what this ‘PSHE thing’ is, how would you answer? Jot down a few notes giving examples of the types of themes or activities that could be classed as PSHE.

The Macdonald Review of Personal, Social, Health and Economic education (DCSF 2009b: 16) proposed that ‘effective PSHE should equip children and young people with the knowledge, understanding, attitudes and practical skills to live healthy, safe, productive and fulfilled lives.’

This in many ways mirrors the earlier definition taken from the national curriculum (DfEE 1999).

Personal, social and health education and citizenship help to give pupils the knowledge, skills and understanding they need to lead confident, healthy, independent lives and to become informed, active, responsible citizens.

DfEE/QCA 1999: 136

It is notable that these two definitions give less of a description and more of a summary of the outcomes or benefits of good PSHE.

Reflection point

How do you react to these outcomes or purposes? Do you see them being addressed in schools today? Were they present in your schooling as a child? Perhaps more importantly, you might want to discuss or think about whether you fundamentally agree with having PSHE in primary education. Should primary teaching be about achieving these outcomes, or should it be more limited, more subject or knowledge focused?

This discussion has still not brought us closer to understanding what exactly PSHE is. One of the earliest official definitions may be the clearest. It came from a guidance booklet for schools on the subject of PSHE produced by the government appointed but independent Her Majesty’s Inspectors of Schools (HMI) in 1989.

Personal and Social Education is concerned with qualities and attitudes, knowledge and understanding and abilities and skills in relation to oneself and others, social responsibilities and morality.

HMI 1989: para 4, p.1

This definition is precise in that teaching PSHE involves not only transmitting knowledge and giving children opportunities to develop and practise their skills but also concerns the instilling of attitudes and values. This is what makes it so hard to
teach and assess because it is not just about facts but about beliefs, moral principles and behaviours and attitudes.

Essentially, PSHE consists of two equally important components, personal education and social education.

**Personal education**

Personal education is concerned with self-knowledge, self-acceptance and valuing of the self as well as the acquisition of skills in keeping well and safe. It includes work as prosaic as personal hygiene and as demanding as safeguarding oneself from paedophilic lures, to the enhancement of personal resilience and maintenance of self-belief and self-respect. It encompasses self-motivation, cultivating independence and developing gifts and talents.

**Social education**

Social education centres on interpersonal skills and attitudes in a range of social situations, e.g. friendship, cooperative groups, emerging sexual relationships, working together, leadership and following. Skills include communication, assertiveness and compromise, empathy, emotional literacy and making moral choices in the treatment of others and their property. Values and attitudes include acceptance of difference, loyalty, empathy and respect. It also involves the development of skills associated with resisting peer and media pressure to engage in unhealthy or risky activities. In its broadest definition, it also requires active participation as a global, national and local citizen.

**How is it delivered in school?**

QCA (2000) guidance on PSHE recommended a whole school approach and delivery through four types of delivery: discrete curriculum time, such as in designated PSHE timetabled lessons or regular circle time, via other curriculum subjects, such as RE, literacy, history or science, through PSHE events and activities such as anti-bullying week and through the development of pastoral care systems. These remain the key ways PSHE is delivered in most schools (NCB 2006). This will be discussed in more depth in the next chapter.

A second process is embedded in the delivery of PSHE however. This is referred to as the hidden curriculum. It is the lessons subconsciously passed on to pupils when they witness and experience the way members of the school staff treat the pupils and each other. These covert messages about how to behave and what is important in life are projected by the school in its organisation, its routines and rules (Pring 1984). It can be sensed in the ethos of the school, but essentially it revolves around relationships and modelling. This hidden curriculum is more powerful and more effective than overt teaching simply because it is unconsciously received and therefore remains largely unquestioned or challenged.
Chapter 1 An introduction to Personal, Social, Health and Economic (PSHE) education

Reflection point

Think for a few moments about your own schooling as a child. What messages did your school give to you through the way they treated you or other pupils, or what they allowed in the way pupils treated each other? Did you have any explicit teaching on PSHE themes? Did it run counter to those hidden messages? An example might be an assembly where the school pupils are told that ‘we all respect each other and are polite in this school’, then a teacher shouts directly in the face of a child for making a mistake and calls them ‘stupid’. Which of these two messages is likely to stay with that child as the real one?

A history of the development of PSHE in the English primary curriculum

Awareness of instilling moral values and insisting on moral behaviour in children were always present from the emergence of compulsory schooling in the late nineteenth century. RE was the principal curriculum route for moral education, but mostly these concepts of right and wrong were acquired through the simple and powerful lessons learnt from the application of occasional rewards and many severe punishments. A full century later, in the late 1980s, physical punishment was made illegal in state schools (1986), then all schools (1998) and emphasis was placed on the management of behaviour (and thus the instillation of moral values) by the application of sanctions or withholding of privileges (NSPCC 2009). However, the Bulger case (1993), where two primary-aged boys kidnapped a two-year-old and tortured him to death, prompted the then government to instruct Ofsted, its schools inspection agency, to make explicit judgements about the effectiveness of a school’s moral education as witnessed in behaviour and personal values of children in the playground and classroom. This sat rather incongruously with the main inspection focus which at that time was standards of English and maths. Modern references in official circles now tend to concentrate more on behaviour, especially behaviour for learning, than moral education, but it is still a primary driver in schools and a critical requirement of most parents that children be taught right from wrong in school and be encouraged, some would say made, to behave accordingly. Much social education undertaken in schools centres on the treatment of others.

If moral education has been in place since the nineteenth century then other aspects of PSHE came more to the fore in the 1970s when the anti-discrimination agenda of the Labour government (race, class and gender) filtered down into education, thus issues of inequality were officially addressed with anti-sexist and anti-racist education programmes and policy reform.

PSHE as a discrete subject emerged in the 1980s with seminal authors in the field such as Pring (1984) and Lang (1988). PSHE at this time was mostly delivered through the hidden curriculum but units of Health Education (anti-smoking, sex, drugs education) were beginning to appear in some primary schools, despite their controversial nature. The rising acceptance of PSHE as a subject is reflected in the publication of the HMI Curriculum Matters Series: Personal and Social Education in 1989, just as implementation of the new centrally and politically determined National Curriculum
(DoE 1989) effectively killed it off. Ironically, the national curriculum did refer to PSHE as a cross-curricular dimension to be woven through the ten-subject curriculum delivery but it proved ultimately tokenist as schools struggled to deliver an over-weighty, legally-enforceable subject curriculum.

Other influences in the 1990s kept PSHE at bay, particularly the aforementioned Conservative government’s ‘back to basics’ agenda even though the Education Reform Act (1988) had an aim which encompassed a broad approach to children’s learning. The development of inclusive education practice was also beginning to emerge through the 1990s and this directly challenged stereotyping and discrimination again, particularly for those with learning or physical disabilities (UN Salamanca Statement 1994; DfES Excellence for All Green Paper 1997).

By the end of that decade the new Labour government established an Advisory Group to consider whether citizenship should be part of the formal school curriculum. It reported in 1998 with the recommendation that citizenship should become statutory (Citizenship Advisory Group 1998). Schools were consulted but rejected the proposal on grounds that the curriculum was already overloaded. In the end the government accepted this in part and provided a non-mandatory syllabus on the back of their newly revised National Curriculum Guidance for primary schools (DfEE 1999). Citizenship, however, was introduced compulsorily at secondary school level from 2002 in an attempt to address young people’s disengagement in political and democratic processes. It is interesting that since the 2011 summer riots, citizenship education is again becoming high profile. Like the Bulger case, when there is a public moral crisis concerning the behaviour of children, young people and adults, the press and the government turn to schools to solve the problem.

Simultaneously with the release of the new version of the national curriculum in 1999, the government initiated the optional National Healthy Schools Standard as a means of improving health education and encouraging PSHE in schools. In 2000, the Foundation Stage Curriculum was published by the DfES/QCA. It included Personal, Social and Emotional Development (PSED) as one of the six Key Areas of Learning, ensuring that young children at least received support to develop personally and socially. When this guidance merged with the Birth to Three Syllabus and became the Early Years Foundation Stage (DCSF 2008) PSED was confirmed as central to early learning and mandatory in all state-funded early years provision. The most recent government sponsored Tickell Review of the Early Years Foundation Stage affirmed the central place of PSED in early years education (Tickell 2011).

Perhaps the most significant development in the story of PSHE in schools came about with the legal requirement of all schools to implement the five outcomes of the Every Child Matters agenda (DfES 2003) codified in the Children Act (2004).

1. Be healthy
2. Stay safe
3. Enjoy and achieve through learning
4. Make a positive contribution to society
5. Achieve economic well-being.

It required schools to take responsibility for the education and development of the whole child and provide support for vulnerable children or children at risk. Since then,
the focus has been on meeting those broad legislative demands. Correspondingly, there has been a noticeable growth of learning mentors and new staff roles with the responsibility for the support of vulnerable children, including inclusion officers, home-school liaison officers, attendance officers and school counsellors. Although the present coalition government has now reduced emphasis on the ECM outcomes, at the time of writing, it remains a legal requirement of all children’s agencies including schools.

The Ofsted Report Time for Change? (2007) highlighted both the need for, and the success of, the government sponsored Social and Emotional Aspects of Learning Syllabus (SEAL – DfES 2005) and other PSHE programmes in compulsory school phases. It reaffirmed the need for this subject to become a compulsory part of the curriculum. The Labour government decided to accept Ofsted’s recommendations and consider making PSHE compulsory. They appointed Alasdair Macdonald to lead a review of PSHE to consider how that could best be achieved at both primary and secondary levels. His recommendations were published in 2009 (DCSF 2009b). Secondary PSHE was made compulsory from September 2009, but since the government had invested in a Review of the Primary Curriculum (Rose Review) it decided to incorporate the principle of compulsory PSHE into that work.

The Final Report of the Rose Primary Curriculum Review was published later in 2009 and placed PSHE in several strands but also as a core element in the new curriculum intended to come into operation in September 2011. Due to the calling of the general election in April 2010, legislative progress of the Bill to make the primary curriculum statutory was suspended. When the new coalition government formed in May 2011, the new secretary of state cancelled plans for the new primary curriculum and initially suspended all government funded PSHE initiatives (DfE 2010a). The justification was both ideological (this is not what education should be about) and financial (the introduction of a new curriculum would be costly).

It came as a welcome surprise that in the coalition government’s Schools White Paper (DfE 2010b) was a critical clause that affirmed the value and place of PSHE to the state education system.

Children can benefit enormously from high-quality Personal Social Health and Economic (PSHE) education. Good PSHE supports individual young people to make safe and informed choices. It can help tackle public health issues such as substance misuse and support young people with financial decisions they must make.

DfE 2010: clause 4.30: 46

Subsequent press releases have confirmed the government’s commitment to PSHE as a vehicle for social change (PSHE Association 2011). The government went on to set up a consultation process where agencies and individuals were invited to comment on a review of PSHE to establish good practice (DfE 2011b). The review findings are expected to be published in 2012 but are likely to be used in an advisory way rather than to inform any statutory requirement.

The Department for Education is also undertaking a major curriculum review. The Report from the Expert Panel established to evaluate the present system in the light of high-performing countries published its recommendations in December 2011 (DfE 2011a). This identified the significance of ‘personal development’ as one of two key aims of education, the other being ‘socially valued knowledge’ (DfE 2011a: 11).
The Expert Panel takes the view that awareness of and provision for both of these elements is important for effective learning and educational quality. For this reason, we have highlighted the overarching aim of providing a broad and balanced curriculum and have affirmed the significance of subject knowledge and various dimensions of personal, social, health and economic (PSHE) education.

DfE 2011a: para 1.5, p. 12

The Expert Panel also recommended that it should form part of what it termed the ‘Basic Curriculum’ (DfE 2011b: 24) an area of the state curriculum based on a legal and national entitlement, but free from the constraint of a specific programme of study or syllabus. This implies that, although its place is expected and required in school, what is taught is not specified beyond a general outcome of personal development.

The government has delayed implementation of the new curriculum until September 2014 in the light of this report (DfE 2011c). It may well not act on the report’s recommendations, but this report is at least encouraging in that it establishes a place for PSHE, albeit one without a determined content.

Thus, despite the progress made during the first decade of the twenty-first century to raise the status of PSHE, and now, three independent government reviews recommending its introduction, the present situation leaves schools no further forward, a frustration to many in education who see the critical need for such a syllabus as part of the essential work of a primary school.

Yet, until the personal and social well-being of children is placed as highly as their achievement in Key Stage 2 SATs testing in English and maths, schools are unlikely to take PSHE seriously, even if they are encouraged to do so by subsequent Secretaries of State for Education. PSHE may not be politically important but there remains a clear and powerful rationale for PSHE in primary schools.

A rationale and analysis for the place of PSHE in the primary curriculum

Justifying the need for PSHE in the primary curriculum can be identified from several separate perspectives. These include:

- Legislative compliance
- Social need
- A means to raise educational standards
- Human rights.

Each will be discussed in turn.

Legislative compliance

Taking a legal viewpoint one could argue that successive education legislation from the Education Reform Act (1988) through to the Education Act (2011) places an obligation on schools to provide education in personal and social skills, knowledge, values and attitudes.

The Education Reform Act which established the national curriculum opened with a powerful statement about the nature of the curriculum to be delivered in all state funded schools.
It should be:

\[
a \text{balanced and broadly based curriculum that:}
\]

\[(a) \text{ promotes the spiritual, moral, cultural, mental and physical development of pupils}
\at\text{school and in society}
\]

\[\text{and}
\]

\[(b) \text{ prepares such pupils for the opportunities, responsibilities and experiences of}
\text{adult life.}
\]

DfEE 1999: 12 (my emboldening)

This entitlement was confirmed in the Education Act of 1996 and later in the
Revised National Curriculum Framework (DfEE 1999) and is still considered to be
the main philosophical thrust of the newly proposed curriculum (DfE 2011b). The
present national curriculum syllabus identifies the purpose of the state education
as broad, not simply academic, and acknowledges its need to be responsive to the
developing demands of living in a rapidly changing society. It can be argued that the
present education system fails to deliver these broad aims (White 2007). However, its
expression fits into the concept of a holistic and liberal education to enable children
to become:

- successful learners who enjoy learning, make progress and achieve
- confident individuals who are able to live safe, healthy and fulfilling lives
- responsible citizens who make a positive contribution to society.

DCSF Primary Curriculum Review website (2010)

Additionally the requirements of the Five Outcomes of the Children Act (2004)
confirms the need to promote children’s physical and psychological health, their safety,
their attitude to learning, their earning potential and their active involvement in society.
These requirements have become embedded in the mindset of school heads (Crow
2008: 8 and 45).

In 2007 Parliament passed an amendment to the Education and Inspections Bill to
make governing bodies responsible for promoting the well-being of pupils. This came
into force in September 2007 and strengthens the requirements of the 2004 Children
Act. In addition the new 2012 Ofsted Inspection Framework (Section 5 Education Act
2011) requires schools to be judged on pupil behaviour and safety and their delivery
of spiritual, moral, social and cultural education among other judgements. The case
for PSHE and pastoral care in primary schools can rest entirely on this legal compliance argument.

**Social need**

A second perspective is that of pragmatic social need. This argument is that schools
need to support the development of children personally and socially and particularly
address already existing personal and social problems or vulnerabilities both through
PSHE and pastoral support, because if that doesn’t happen the emerging adults are
more likely to be dysfunctional, less economically productive, costly in terms of health
service provision and possibly criminal. Certainly there is evidence of increased levels
of young people experiencing mental health difficulties (Davidson 2009), engaging in self-harming (Hall et al. 2010), committing suicide and engaging in health-damaging behaviours (Davidson 2009, Best 2009).

It is also argued that PSHE is a necessity to prevent a further deterioration in levels of children’s unhappiness as identified in The Children Society’s (2009) Good Childhood Survey which discovered the UK had the most unhappy children and young people in Europe. Indeed it subsequently recommended that ‘the development of children’s personal and emotional capabilities should be given the same priority as the development of their cognitive abilities’ (ibid. unpaged). Palmer’s (2006) work, Toxic Childhood, chimed in with the Good Childhood Survey findings, namely that there was a damaging impact on children’s well-being and health caused by modern ways of life and necessitating school and health intervention to repair that ‘damage’.

Even the measured tones of Macdonald’s PSHE review refer to the necessity of this type of intervention. ‘PSE education also makes a key contribution to the promotion of pupil wellbeing and, potentially, to wider wellbeing outcomes’ (DCSF 2009b: 18).

**Raising standards**

There is also the perspective that proposes that raising levels of pupil psychological health and well-being leads to raised levels of academic achievement as measured by the government’s ‘standards’ indicators, performance in literacy and numeracy SATS and GCSE grades. Crow’s reflective article (2008: 45) on PSHE and the changing curriculum cited the work of West-Burnham and Otero (2004) and the views of the National College for School Leadership (2006: 10) that ‘Educational achievement and children’s well-being are interdependent . . . they are indivisible and an essential part of driving up standards’.

**Human rights**

Perhaps PSHE’s ultimate rationale is ‘that it is essential for all children and young people to have an entitlement [my emboldening] to a common core of knowledge, skills and understanding in PSHE education’ (DCSF 2009b: 16). In other words it is a basic human right for children to be helped to ‘develop the personal, social and emotional attitudes that will help them flourish in life and work’ (ibid.). This point is reiterated in the National Convention for Children’s Rights (Articles 17, 28, 39), ratified by the British government in 1992 (http://www.unicef.org/crc/files/Rights_overview.pdf).

There are, of course, critics of this human rights perspective. Chris Woodhead, former head of Ofsted is well known for his more conservative stance on education. PSHE represents much that is at fault with the education system, he frequently argues. In a newspaper article by Griffiths for the *Sunday Times* he is quoted as writing this mocking narrative that may reflect the views of other traditional educational thinkers.

> What did you learn in school today, Johnny? Johnny beams, ‘How to be happy, Mummy. I am proud of who I am.’

> A lesson on safe sex (Johnny is nine). And an hour of being a good citizen. Not much spelling, little arithmetic. . . . Psychotherapeutic froth has swept notions of education from ministerial minds.

Woodhead, C. 2007: 11
There is also a growing revisionist movement represented strongly by Frank Furedi in the UK that has been challenging the notion of a therapeutic culture, one which portrays the child and adult in society as a weak, helpless and troubled individual in need of therapy to succeed and be happy. This approach argues that a therapeutic culture essentially weakens the resilience of individuals (Furedi 2003, 2002). Furedi is particularly hostile to the use of compulsory schooling as a means of ‘curing’ children of social and emotional issues, arguing instead for an education system that focuses on knowledge and ‘the transmission of cultural and intellectual achievements’ (Furedi website).

Connect and extend

Kay Wright’s (2008) article on ‘Theorising Therapeutic Culture’ provides an interesting critique and balanced discussion of these issues. Frank Furedi’s (2009) book Wasted: Why Education Isn’t Educating, may also be of interest.

Conclusion

Perhaps the ultimate argument for PSHE in the primary classroom comes from teachers and head teachers themselves. Anyone who has spent any time in a classroom and worked with children in their learning will know that a child is not simply an academic achievement machine, a product being manufactured by being processed along a conveyor belt that is the education system. Children bring with them into the classroom and all its interactions, their home world with its problems and joys, their own doubts and confidence, their early conditioned values and attitudes and preconceived ways of making sense of the world. A school’s academic programme cannot function efficiently if children are not trying, not concentrating, disrupting others, or are anxious, ill, tired or afraid. Teachers and support staff have to live and work with real children who themselves live in unique and often complex situations. Teaching isn’t just about delivering a curriculum with its achievement of measurable outcomes, it’s about creating a climate where these unique children with blends of qualities, experiences and potential can develop, academically, socially and personally. Every child has a right to be supported and assisted in their development as an individual, as a member of society and as an active agent for the improvement of the quality of their own life and others.

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Chapter objectives

This chapter

➜ Provides understanding of why primary schools need to offer substance abuse education

➜ Supplies knowledge of how to deliver substance abuse education effectively as part of the health education programme

➜ Develops understanding of what might limit or prevent its delivery and the ability to adopt strategies to overcome these

➜ Discusses the ability to deliver class lessons on this issue and respond in the event of a child found to be in possession of illegal substances or under their influence
Introduction

Substance abuse education, in the primary school context, normally focuses on three main health related issues, anti-smoking, alcohol misuse and drugs education, though it can also address issues such as solvent inhalation and any locally practised substance abuse (DfEE 1999). The local environment and community issues in this aspect of health, which are experienced by children in their daily lives, are relevant here in determining the most relevant curriculum. Substance abuse education also includes self-esteem raising, resisting peer pressure and safety strategies when offered drugs, cigarettes or alcohol (Ofsted 2011, DfEE 1999).

The teaching of this type of health education in primary schools can be controversial. From personal experience as a PSHE coordinator, professional development trainer and governor, the principal objections (usually cited by governors, parents and teachers), are that:

- it is irrelevant to children this young (it is more a secondary school issue),
- it’s not needed in this area,
- the giving of information about drugs and other illegal substances will encourage experimentation.

On occasion it can also raise objections because it implies criticism of parents’ lifestyles. Opposition by teachers usually centres on a lack of specific knowledge about the subject and a fear of upsetting parents.

Nonetheless, substance abuse education is part of the statutory Science curriculum at present (DfEE 1999), and it is an element of the non-statutory PSHE syllabus (DfEE 1999).

Primary schools are required to have a drugs education policy which includes the procedures for managing incidents where substance abuse has happened and where children or staff are found in possession of illegal substances (DfE/ACPO 2012; DIE 2011b). Clearly some schools will be obliged to put this policy into practice more than others, but all schools should have written agreed procedures and policies in place.

The present government has, as part of its drugs strategy (Home Office 2010) acknowledged the need for drugs education in schools at primary and secondary levels and has supported the value of early intervention programmes such as the Family Nurse Partnership (networks.nhs.uk 2011). It has initiated a review of PSHE in schools (DfE 2011a) and has endorsed the presence of PSHE as a necessary subject for the new curriculum (DfE 2010).

Most of the advice and curriculum support for this subject is pitched at the secondary school level, but this chapter tries to give some practical advice about the key content and strategies for delivery at primary level, but it is also recommended that you access the Drugs Education Forum website which has a wealth of information, resources and advice for professionals.

Why is substance abuse education necessary?

Very few children of primary school age have taken alcohol, smoked or taken drugs (Drugs Education Forum (DEF) 2012, Chamberlain et al. 2010). The latest government survey conducted in 2010 with 7,296 11–15 year-old pupils recorded the number as taking substances as follows:
Why is substance abuse education necessary?

Drug use (including... volatile substances)

- 18 per cent have taken drugs in their lifetime... 12 per cent had taken drugs in the last year and 7 per cent in the last month (all these figures show a drop of a quarter to a third from the 2001 figures)
- 8.2 per cent took cannabis in the last year (down from 13.4 per cent in 2001)
- 3.8 per cent of pupils inhaled volatile substances in the past year
- 2 per cent of pupils usually took drugs each month
- 28 per cent of pupils said they had been offered drugs
- Boys were more likely to take drugs than girls.

Smoking

- 27 per cent of pupils have tried smoking – down from 53 per cent in 1982
- 5 per cent are regular smokers (weekly)
- 0.5 per cent of 11 year-olds smoke
- Girls are more likely to smoke than boys.

Alcohol

- 55 per cent say they have never drunk alcohol (up from 39 per cent in 2003)
- 13 per cent say they have drunk alcohol in the last week, down from a peak of 26 per cent in 2001
- 1 per cent of 11 year-olds drank alcohol last week.

It is evident from this analysis that the last decade of drugs education has been effective in reducing usage and altering attitudes in the young but it still remains a problem for schools to tackle. From a straw poll of the primary teachers, it’s alcohol abuse that worries them most in the primary age range. This seems to cross all catchment areas for all types of schools.

The figures above tally roughly with the Tellus4 National Survey Report findings conducted for Ofsted in 2010 with children and young people in school (Chamberlain et al. 2010). It reports that:

- approximately 50 per cent of children and young people say they have never had an alcoholic drink
- approximately 40 per cent report that they have had alcohol
- 10 per cent say they have been drunk at least twice in the previous month
- 90 per cent of Year 6 children have never smoked (leaving 10 per cent who have)
- By Year 10 those who have smoked had risen to 40 per cent
- 10 per cent in Year 8 and Year 10 say they’ve taken drugs but only a few say this is often.

These two surveys are self-reporting studies where children and young people complete anonymous questionnaires about their own use of substances. Obviously this is an important research tool since how else can a researcher find out what children are doing where the behaviour is covert? It can, however, lead to questions about the accuracy of its findings (Robson 2002). In addition, official studies sample only pupils aged 11 and above, thus it is difficult to account for usage among
primary school children (Ofsted 2010). What parent is going to consent to a research questionnaire which asks their eight-year-old child about personal alcohol, smoking or drugs use? This presents a problem for the assessment of educational needs and prior knowledge which forms the basis for all PSHE curriculum development in school. The same applies to sex and relationship education and will be discussed in the next chapter.

Access to substances that are illegal for children to consume is frighteningly easy, despite increased legislation to have cigarettes placed ‘under the counter’ and to require age-identity proof for those buying alcohol or cigarettes (Drugs Education Forum 2011; NHS 2011; Home Office 2010; Doward 2008). The home, family and friends including older siblings, are often the sources (IAS 2011, Percy et al. 2011; Eadie et al. 2010).

Children are surrounded by media images and accounts of substance abuse. They talk about the issue and have street-knowledge of it (Eadie et al. 2010). On the other hand, recent research of news media messages in relation to alcohol found that the messages are much more negative in tone which is a reversal of earlier ‘it’s normal/it’s cool’ messages. Clear gendered messages emerged that male drinking would result in violence and female drinking would result in looking stupid and incapable (Nicholls 2011).

Children are quite likely to experience alcohol use, and possibly abuse, in their own households, and to a lesser degree smoking (Alcohol and Families website 2011, Percy et al. 2011; European Commission 2011; Eadie et al. 2010); Even less, but still present, there are children who come from families where carers and older siblings are regular users of drugs, or are alcoholics (Alcohol and Families website 2011; Home Office 2010). The risks of substance abuse for these children are considerably higher compared with the general child population (Alcohol and Families website 2011; Bokony et al. 2010). For these reasons, children’s street knowledge, availability and family modelling, primary schools need to get involved in this area. The most recent government guidance on drug abuse for schools includes a very valuable list of useful organisations to help professionals and parents (DfE/ACPO 2012).

The content and strategies for effective delivery of substance abuse education

The content of any substance abuse programme might first draw on the existing curriculum requirements and be mindful of official Education Department guidance. The most helpful Government Drugs Education Guidance is old (DfES 2004) but has valuable information about teaching approaches and good practice. The most recent guidance is also valuable but focuses on legislative and procedural advice, rather than teaching and learning approaches (DfE/ACPO 2012).

The current Science national curriculum requires that children study:

- KS1 Sc2 – 2d ‘about the role of drugs as medicines’
- KS2 Sc2 – 2g ‘about the effect on the human body of tobacco, alcohol and other drugs, and how these relate to their personal health’ (www.nc.uk.net 2011).
In addition the non-statutory guidelines for PSHE and citizenship suggest:

- **KS1 – 3f** ‘that all household products, including medicines, can be harmful if not used properly’
- **KS2 – 3d** ‘which commonly available substances and drugs are legal and illegal, their effects and risks’
- **KS2 – 3f** ‘that the pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong’

These components focus on knowledge about what is harmful, when, and in what amounts it is harmful, why it is harmful and what is illegal. It also develops skills in avoidance and promotes positive attitudes to health and autonomy and negative attitudes to substance use and misuse.

**What do children already know or think or need?**

From this starting point it is recommended that an assessment of the children’s existing knowledge and ideas and what they want is made in class (Ofsted 2010). The Drugs Education Forum (DEF) (2012) recommend simple techniques like draw and write/tell where teachers give the children the title smoking, or drugs, or alcohol drinking and get them to draw their picture of this and label it with key features. Older children can add a commentary if they want. Discussion groups are also a valuable way of assessing opinion and attitude. Alternatively, the DEF suggest other tools for assessment that can be accessed online (see DEF (2012)).

It is also important to be aware of any vulnerable children in the class, especially those with parents or carers who are known substance abusers. Sensitivity and consultation are needed here to ensure children are not unduly upset and are supported. If possible these parents also need to be consulted about the content of the topic. Finally safeguarding policies need to be followed in the event of any specific disclosures that arise from curriculum work.

**Taking parents into partnership**

Working in partnership with parents is really valuable and is a mark of good practice (Ofsted 2010; Stead *et al.* 2009; Mir 2008). This gives them opportunities to voice concerns and be reassured but also to input into the curriculum design and content. Consulting in the planning stage demonstrates a genuine interest in parental attitudes and ideas rather than simply telling parents what will be covered when it is about to go ahead. Since it is beneficial to encourage parent–child dialogue over this issue then additional help sheets and resources can be made available for parents to use (DEF 2012).
How do we teach it?

The DEF provide a very helpful summary of effective strategies (DEF 2012: The Principles of Good Drug Education) from which some key points have been summarised here together with Ofsted’s (2010) recommendations and my own.

- Make sure it isn’t just taught in Year 6 or when an incident happens but have a planned programme of substance abuse education that provides continuity and is developmental.
- Make sure the programme links with other aspects of PSHE and is underpinned by a whole school approach which includes protective measures for children (Ofsted 2010).
- The classroom climate needs to be open, accepting and respectful.
- Make sure the activities are engaging and active, involve children talking and doing things (role play, art, creative writing, research) in small groups where discussion is easier (see DEF (2011) section on ‘Advice for Teachers on Delivering Drugs Education’ (King 2004) for more detailed ideas and the DfE (2011) PSHE methods effectiveness evaluation report).
- Recognise and take account of prevailing and different cultural practices and attitudes but don’t be frightened to present alternative ways of living.
- Use current evidence to challenge misconceptions that drug taking is ‘normal’ and ‘acceptable’ and ‘safe’ but be factual not dramatic. The children need to trust the teacher to be honest.
- Don’t frighten children, the facts speak for themselves.
- Be open to an exchange of views and explore attitudes to substance abuse and use.
- Actively teach skills to resist and to be safe (role play, scenarios, story).
- Evaluate the effectiveness of the programme including accessing the opinion of the children and parents (see link at DEF 2012) and make necessary modifications.

Ultimately teachers need to present a transparent, planned and justified curriculum programme that lets children explore these issues safely and openly but within a strong framework of care and fact.

The use of outside agencies

There is detailed advice and caution in government guidance (Ofsted 2010; DfES 2004) about the use of visitors in this topic. The caution is endorsed by the DEF (2012), ‘Though visitors or outside agencies can have value, great care is needed to negotiate suitable content and integrate their contribution fully into your programme, preferably through team teaching’ (King 2004: 5).

Although outside speakers and local authority drugs prevention teams do have a valuable place, they are mostly utilised in secondary schools (DfE 2011a). The content of the programme at primary doesn’t generally require specialist knowledge. The use of outside
specialist resources like the Coram Life Education Life Bus is designed specifically for primary age ranges and is quite popular but local authorities can offer advice on other locally available resources and specialists.

**Overcoming constraints**

Very early on in the chapter several issues were identified that might get in the way of a substance abuse programme. Governors’ and parents’ concerns can be overcome with sound evidence for the need for the programme and the value of it in preventing future unhealthy behaviours. There is substantial research evidence which confirms the principle that information doesn’t lead to experimentation, rather it leads to reduced experimentation (O’Neill *et al.* 2011; European Commission 2011; Ofsted 2010; Stead *et al.* 2009; Hurry 2000).

If teachers consult early with parents and get a widely sampled summary of collective concerns and opinions (not just those who are vocal in their complaints), they can adjust programmes to account for this and establish a genuine partnership. In addition teachers can marshal their evidence to offer a counter argument to strong opposition.

Teachers need support and confidence building, especially if they haven’t taught this type of programme before (Ofsted 2010). Team teaching is helpful here, with the PSHE coordinator acting as an experienced co-educator and modelling the approach. Clear curriculum plans help too. Additional training might also be helpful, using PSHE consultants or local authority advisors, where available.

**Connect and extend**

There is a major constraint in the ambiguity of attitudes about the harm from drinking alcohol that doesn’t tend to exist for other substances (Alcohol and Families website 2010; Eadie *et al.* 2010). Alcohol is deemed by society and most parents to be socially acceptable in moderate amounts and this prevailing cultural practice may make discussion of the issues around alcohol misuse sensitive, since they are so powerfully connected with family practices and modelling. I would recommend an excellent research article by Eadie *et al.* (2010) that is easy to read in its summarised form on the Joseph Rowntree Foundation site. It looks at the 7–12 age range and identified their knowledge, behaviours and their attitudes to alcohol and also the impact of family on these.

**Classroom strategies for substance abuse**

Substance abuse education can often be incorporated into science lessons. This, however, usually takes the form of how substance abuse affects the human body. Therefore it also needs to be addressed in PSHE in order to cover the wider issues; such as ways of dealing with peer pressure, giving in to temptation and risk taking.
Reflection point

Have you ever been in a situation where you felt under pressure to join in with the crowd against your better judgement?
Did you succumb to the pressure?
If so, how did that make you feel afterwards?
If you resisted, what was the reaction of the crowd and what were the strategies you used to avoid joining in?
Were there any long-term repercussions to either action?

The following circle time for KS2 could be used in conjunction with a science lesson on substance abuse.

Example

Circle time KS2 safe choices

LO
To recognise risk in certain situations and to make safe choices.

Rules
As given in Chapter 2.

Silent statements
Change places if you have ever been in a situation where adults are drinking alcohol.
   Change places if you have ever tasted alcohol.

Question round
If you have tasted alcohol, what did it taste like? If you haven't, what do you think it tastes like?
   Why do you think people drink alcohol?

Open discussion
Is drinking any alcohol at all bad?
   Ask the children to recall what they have learned in their Science lesson and give examples of some of the effects of alcohol on the body.
   Do you know that the government has set safety limits for the drinking of alcohol?
   Make the children aware of what these are.
   Government guidelines: two to three units daily for women, three to four units daily for men. 1 unit = 10ml. Have a glass with liquid in so the children can see exactly what a unit looks like.
   Why do you think the government has set these guidelines?
   Ask the children if they know anything about drink driving and the law. Make the children aware that there is a limit to the amount of alcohol you can drink if you are driving (8 mg alcohol per 100 ml of urine). Ask if anyone has seen the adverts on TV about this.
   Why do you think there is a drink driving limit?
   Also make the class aware of the consequences of drink driving.
   Anyone caught drink driving will be banned from driving for at least 12 months, and fined up to £5,000. You can also be sent to prison for up to six months. Imprisonment, the period of disqualification and size of fine depend on the seriousness of the offence.
There are many outside agencies which can be used to reinforce substance abuse messages:

- health visitors
- drug education officers
- theatre groups
- the police
- the Life Bus (www.lifeeducation.org.uk).

**Scenario**

Present the following scenario to the class:

You have gone on a camping trip with another family. During the evening the adults are having alcoholic drinks. All the children are sharing a tent. When you are all in bed someone produces a bottle of wine, which has been sneak ed into a bag during the evening. It is suggested that the bottle is passed round and everyone has a drink. What do you do?

Let the children discuss in pairs and then report back to the class.

The teacher needs to pick up on any strategies suggested where the right or safe decision has been made, particularly if this has avoided ‘losing face’. The teacher needs to introduce and explain the term ‘peer pressure’ and let the children know that they recognise how resisting peer pressure can be very difficult.

**Conclusion**

Ask if anyone knows what the term ‘teetotal’ means. Why do you think some people may choose to become teetotal?

Give the children a list of famous people and ask them to guess which ones are teetotal. Include the following teetotal celebrities:

- Tom Cruise (actor), Peter Kay (comedian–his father died of alcoholism), Chris Martin (of the band Coldplay), Jim Carrey (actor), Eminem (rapper), Elton John (musician), David Beckham (footballer), Cristiano Ronaldo (footballer), Naomi Campbell (model), Kelly Osborne (presenter), Russell Brand (comedian).

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**Reflection point**

We live in a society where the majority of social events involve the drinking of alcohol. As a parent who enjoys an alcoholic drink, how difficult is it to discourage your children from drinking too much alcohol as they get older?

Are there any strategies which could be adopted to highlight responsible drinking?

**Substance abuse education – a learning mentor’s perspective**

The learning mentor often works directly with families and children where there is a history of substance abuse, to provide support and safeguard the child. These children may be vulnerable and need the opportunity for confidential conversation and emotional
support from the learning mentor. All actions taken and support offered has to be adopted within the safeguarding policies of the school. In addition, learning mentors may work in a team role with teachers to deliver the substance abuse education curriculum. This is an example of one such shared scheme of work.

Case study – Drugs education with Year 6

The learning mentor was asked to liaise with the school nurse, who had undertaken training in this area, and to work together to ensure that children in KS2 (Year 6) are given the knowledge to ensure they can make sensible and informed choices to keep safe from harm. The school nurse brought mock samples of drugs into school so that children were aware of how they might look in the event that they were offered drugs on the street. Lots of discussion took place, some of which centred around incorrect information children had already received and also the slang expressions used on the streets. Some children had been exposed to syringes on the ground in areas where they lived and emphasis was put upon the fact that under no circumstances should they touch anything and should remove themselves from the area as soon as possible.

It wasn’t only illegal drugs that children were made aware of, tobacco and alcohol were also discussed, even though children would already have received input on this via a visit from the Smoking Cessation Team, and would therefore already be aware of the dangers to health from smoking.

Children were given the opportunity to discuss any issues which came out of the session at a later date together with the learning mentor. Children have to be given a forum to discuss moral questions and schools have a duty to provide a forum within a safe environment for children to share their thoughts, ideas and feelings.

KS1 and lower KS2 classes undertook sessions with their teacher and the learning mentor on the role of drugs as medicines. This is a rolling programme year-on-year so that by the time children reach Year 6 they have developed ideas and opinions and are equipped to think about their possible choices. Drugs education is then continued when children make the transition to secondary education.

The learning mentor may be working separately one-to-one with children who worry about their parents who abuse alcohol or who smoke heavily or use drugs, so it is essential that the mentor becomes involved with drugs education within the whole school. The learning mentor will be aware of these children in the classroom situation and will ensure that this aspect of their education does not impact too heavily upon their emotional state. Working together and sharing information is paramount when looking at sensitive issues.

Conclusion

There is ample research evidence, particularly that of the current NHS and Ofsted surveys, that substance abuse programmes have actively contributed to a reduction in children’s and young people’s substance abuse (NHS 2011; European Commission 2011; O’Neill et al. 2011; Ofsted 2010; Stead et al. 2009; Hurry 2000). Although we are living in a fluid world of change where drugs, alcohol and other substances that can harm have fashion trends, and the stresses of life seem to crowd in on children, an open and strong approach to harm prevention will always help and could save lives. It is worth undertaking.


**Useful agencies**

Directgov’s page on young people and alcohol

NHS Choices – drugs and alcohol

Drugscope

Alcohol Concern

Drinkaware

Life Education

Drug Education Forum

Pride 123

Re-solv

Tacade