Schools have positive impact on health, reports Ofsted

In July 2006, Ofsted’s publication Healthy Schools, Healthy Children? found that the majority of schools do make a positive contribution to the health and wellbeing of pupils. The report was underpinned by the five key objectives from the DfES Healthy Living Blueprint for Schools and the criteria promoted in the National Healthy Schools Programme.

The survey was based on visits to 18 schools, six of which were secondary, between summer 2005 and spring 2006. The schools were identified with good practice and positive outcomes in the context of health education. The most successful schools were those in which theory and practice were closely related. Schools which had fruit and vegetable schemes in place and ensured two hours of physical activity each week were found to have a particularly positive impact on health. Other commended initiatives included:

● providing guidelines for parents on healthy lunches
● endorsing out-of-school physical activities organised by parents’ associations
● enabling ‘healthy school’ groups where staff, students, parents and governors could jointly plan events
● using the visual and performing arts creatively to communicate health-related messages.

Some key findings
PSHE was found to play a positive role in promoting pupils’ health and wellbeing. However, clear links between learning objectives and outcomes were inadequate and effective assessment was lacking despite the availability of guidance from the QCA.

At KS3 a number of schools failed to build on primary school work and made insufficient cross-curriculum links. This fragmentation reduced the positive impacts on healthy living and pupils’ wellbeing.

The poor nutritional value of school meals where food was not produced on the premises continued. It was also reported that a lack of outdoor facilities limited some schools from providing a good range of opportunities for pupils to be physically active.

What should schools do?
Ofsted’s recommendations included:

● involving pupils and parents more closely to promote healthier lifestyles
● setting clear learning objectives for PSHE and using QCA guidance for the purposes of assessment
● ensuring by 2010 that all pupils have two hours of high quality physical education per week supplemented by extra hours of sport and physical activity
● recognising the importance and value of external environments to promoting healthier lifestyles and seeking LA support where these are inadequate
● coordinating the primary-secondary transition to emphasise curricular messages about healthy living.

Further information
http://publications.teachernet.gov.uk
National Healthy Schools Programme
www.wiredforhealth.gov.uk
www.ofsted.gov.uk

PSHE subject association

Following the positive findings of the PSHE Teaching Association report (NCB, 2006), Jan Campbell, formerly principal manager for RE, citizenship and PSHE at QCA, was appointed to develop this national subject association.

The PSHE subject association aims to:

● help teachers and those working with them to better plan, manage, deliver, evaluate and monitor PSHE
● raise the status and quality of PSHE provision and its impact
● work with curriculum policy makers and developers to ensure that PSHE supports learners in their life and work in the 21st century
● represent the views of the PSHE community to government, other bodies and the media.

Currently, work is under way to shape the organisation and develop strategies for meeting its aims and objectives. The views of potential partner organisations are being collected and analysed and the institution of collaborative working arrangements with other subject associations is ongoing. An effective e-communications strategy is being established which includes a website, electronic forums and email.

Membership recruitment

Inaugural members are now being recruited to the association. Contact info@pshe-association.org.uk or use the online form at www.ncb.org.uk

Further information

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HeadsUp - giving young people a sporting chance

From 18 September to 6 October 2006, young people aged 11-19 from across the country will have the opportunity to make their voices heard in a HeadsUp forum called ‘The Great Sport Debate – Is Britain keeping up with the pace?’

HeadsUp – does exactly what it says on the tin
HeadsUp is an online debating platform (managed by the Hansard Society and funded by the House of Commons and the Department for Constitutional Affairs) where young people can develop their political awareness and participation.

The site is proving particularly useful in supporting the national curriculum and our recent forums have seen comments from several secretaries of state and their shadow counterparts.

Submissions from young people have been quoted in House of Commons debates and used to inform government policy.

Raising issues with decision-makers
Arguably the main strength of HeadsUp is that the site offers young people the unique opportunity to have their voices heard by decision-makers, often for the first time. This success can be measured by one telling statistic – that 47 parliamentarians participated in the five forums during the 2005-06 academic year (an average of 9.4 per debate).

Who is taking part in the debate?
A range of relevant parliamentarians and sportspeople have been invited to take part including:
- Lord Coe, chair of London 2012
- Dame Kelly Holmes, Amir Khan, Paula Radcliffe, Sir Steve Redgrave
- parliamentarians representing the Olympics and Paralympics and culture, media and sport.

What themes will be covered?
In each debate, the HeadsUp team breaks down the topics so there are more access points for young people to get involved. Themes to be covered in the upcoming sports debate include:
- Do you get enough exercise or PE classes in schools?
- Are there enough places to play sport in your local area, outside of school?
- Do you think that sport is still a good way of building community spirit?
- Are you worried by the British mentality towards sport?
- Are you barred from taking part in sports due to the cost of equipment, etc?
- Are certain sports still too sexist?
- Do you see sport as important to your identity and to Britain’s position in the world?

What happens to the reports?
At the end of every debate, a summary report detailing young people’s contributions and key findings is distributed to the relevant government departments, ministers, MPs, relevant all-party groups in parliament, plus a range of youth participation organisations. We ask parliamentarians who take part in the forums to feedback on young people’s opinions, which we then upload on the HeadsUp website for all participants to read and respond to.

Epilepsy awareness

An innovative programme to make pupils more aware about epilepsy has been developed by the UK’s leading epilepsy charity – the National Society for Epilepsy (NSE).

Epilepsy is the UK’s most serious neurological condition affecting one in 131. It can affect anyone at any age but is most prevalent in the young and in the elderly. Epilepsy is widely misunderstood and people with epilepsy are often stigmatised.

Learning about epilepsy
NSE has developed a Schools’ Awareness Programme which is designed to tie in with the PSHE curriculum and raise awareness of epilepsy. NSE is able to deliver, free of charge, educational packages to suit young people of all ages – from assembly talks to a programme designed to meet the PSHE and citizenship needs of KS3 pupils. This specially tailored programme allows classes to gain a greater understanding of living with a condition like epilepsy. It also refers to more general aspects of living with a long-term condition and explores society’s attitudes to, and perceptions of, health issues.

A typical programme, led by a trained presenter, will consist of:
- an introduction to epilepsy
- film footage of different types of epilepsy followed by a discussion
- information on administering appropriate first aid
- group activities using three scenarios to explore different topics dealing with epilepsy
- a plenary in which the scenarios are opened out to a class discussion.

Healthy School Standard
The Schools’ Awareness Programme has also been designed to assist schools aiming to achieve the National Healthy School Standard whilst being consistent with the objectives of the Safer School Partnerships Project.

For further information or to be put in touch with your local schools’ coordinator contact 01494 601391 or 01494 601389 or email EIN@epilepsynse.org.uk
Amanda Cleaver is senior press and PR officer for the National Society for Epilepsy www.epilepsynse.org.uk
New requirements for professional practice and managerial action often spring from the political reaction to public scandals. In Dame Elizabeth Butler-Sloss’s 1988 Cleveland inquiry the failure of professional collaboration was pinpointed. The 1989 Children Act that followed required professionals to ‘work together better’. It took the shocking results of Lord Laming’s inquiry into the death of Victoria Climbie, and the 2004 Children Act, for parliament to prescribe professional integration as the cure.

Over the same time much has been said about the difficulties of achieving effective collaboration. To function interdependently, professionals need to distinguish between their own roles and those of collaborating colleagues and use them appropriately. This is not easy. Professional integration is even more challenging. But, if it follows a Whitehall blueprint, will it look like a Heath Robinson creation?

Schools are pivotal to success
So, is the Every Child Matter’s plan to enforce professional integration with prescriptive guidelines likely to work? In the London borough of Bexley we thought not – not unless the professionals themselves could seize the agenda and design its development. By using collaborative inquiry – a form of participatory action research – headteachers are now in the driving seat of reform. Following detailed consultation with managers, heads, social work and health service practitioners we set up a ‘champion group’ to design and recommend the changes needed (Johnson, 2005).

Self image, and the importance of professional ownership of the problems and the solutions, was a critical component. At the start it was not so easy. One head put it like this, ‘we are like the client because it is us asking for help for the child...we feel like we are being “done to” and our own professional views are not being valued...our own professional experience and opinion does not count.’

The professional obligation felt by teachers was also compelling. As another head put it, ‘I feel that the school is seen to be increasingly responsible for the problems by the parents, but we don’t have the power to do anything about it other than to refer cases to social services. Our main job is to educate the children. I feel the need to do something more than that and I dread the next meeting with the parents when I can say no more than last time.’

The need to empower and support the heads was the key finding of the ‘champion group’. It was agreed to put the school centre stage – as the pivotal site from which all action now springs.

School-based practitioner team
A new school-based ‘practitioner team’ is now in place to merge the professional skills from health, social services and education best able to meet the range of needs identified by the school. Other practitioners are called on when required, but the school, with its own agenda, is in the driving seat (see box above).

From the outset participants were aware they were trail-blazing a completely new approach, one that was not prescribed in any DfES guidance. ‘For too long we have struggled to respond to challenging children without the resources and support we need while we fend off Ofsted inspections. This gives us back our professionalism,’ a satisfied head commented. But they were also aware that expectations needed to be managed, especially in the school itself. As the behaviour support worker put it, ‘We are not going to be able to wave a magic wand are we? The main benefits will be having a pool of defined skills and one channel of communication – a name to a face – outside the school system; someone who will know which services to access and act as the link person between the school head and other specialists.’

The experiences of the ‘practitioner team’ already indicate that basing work in the school itself is giving a better service to children and their families. This has reinforced the belief that the school, as a significant motivator of professional opinion, must take the lead in the development of integrated children’s services.

How does it work in theory?
To build support for the idea in all schools we need even more than this professional enthusiasm for deep cultural change. We need hard data to prove that all the effort is worth it by giving improved outcomes for children. We also need to be able to prove that the school benefits too – otherwise this initiative might be seen as detracting from the real business of education.

The data are being generated by the ‘practitioner team’ itself. We are not just ticking the boxes needed to comply with the physically exhausting joint area review but looking for the benefits to the school, the staff and, most importantly, the children being served.

The results are intriguing and persuasive. In the next of this series of articles, Nick Johnson will look at what integrated working has achieved in terms of better outcomes for children and the advantages for school attainment.

Further information

Dr Nick Johnson OBE is the chief executive of Bexley Council and visiting fellow at the Institute of Education, London University www.bexley.gov.uk/service/children/trust.html Contact nick.johnson@bexley.gov.uk
Challenging homophobia

David Watkins argues that homophobia is something we should talk about and offers practical advice for creating LGBT-inclusive schools

Homophobia is a real problem in many schools for pupils who are lesbian, gay, bisexual or transgender (LGBT). Homophobic bullying destroys lives and shying away from discussion about homosexuality can help fuel a culture of non-acceptance that sets precedents for behaviour in adulthood. One way of tackling homophobia is to talk about homosexuality. Yet for many teachers, gay and straight, talking about same sex relationships with pupils, parents and colleagues, may seem like the hardest thing to do.

Lessons on language and looks

Unchallenged homophobic language is so ingrained in everyday language that even the word ‘gay’ has been appropriated to mean anything worthless or without value. In my Year 9 classes we talked about words which form part of a young bully’s vocabulary: ‘faggot’, ‘queer’, ‘poof’, ‘ponce’, ‘dyke’, ‘sissy boy’, ‘batty boy’, ‘gaylord’, ‘gay boy’, ‘lesbie’ and ‘lesbo’. Pupils spoke openly and honestly about these homophobic words, the images they evoked and why they were so harmful. It was interesting to note that when the issues were laid open, the words were no longer taboo. In the context of the lessons pupils felt able to have frank discussions and examined their own use of language. Subsequently, they started to report homophobic language they had heard. Ultimately, my goal was for pupils to feel sufficiently confident to challenge it themselves, something that even teachers have trouble with.

In a Year 9 PSHE lesson on prejudice, I asked pupils to ‘identify the heterosexuels’ from a diverse collection of passport photos, and then to sort them from left to right on how gay or straight the people in the photos looked. This exposed stereotypes and taught pupils to correct the notion that you can tell someone’s sexuality by their appearance. In another activity we looked at the journey of a gay couple leading up to when they took AIDS medication. For some pupils it may have been the first time they had seen the day-to-day intricacies of a gay couple’s relationship, and their first opportunity to compare it with their understanding of domestic ‘normality’. In a Year 11 lesson on HIV transmission, being able to talk openly about homosexuality enabled me to discuss the risk factors involved in all forms of sexual activity and I was able to correct the myths that surround infection.

Teaching about diversity

I made use of resources from the Schools Out website marking LGBT History Month to develop KS3 history lessons which looked at symbolism in the gay community. In one lesson, pupils had to sequence the colours of the rainbow flag and in another they used the internet to study photos from Gay Pride parades. It was here that I noticed just how many websites containing information on gay issues were unnecessarily blocked by e-mail filters. Using the excellent publication Colours of the Rainbow (Mole, 1995), I planned an exercise that focused on alienation and the labelling ascribed to gays and lesbians by the Nazis. The exercise required pupils to be treated differently by their peers based only on random shapes they pulled out of a hat.

More generally, I constantly challenge gender stereotypes (‘blue for a boy/pink for a girl’) and impress upon classes the importance of individuality and uniqueness in thought and expression. I teach that they should never be afraid of expressing themselves and that they should celebrate difference. This is particularly important for boys due to the pressures of conforming to a masculine model that shuns feelings and empathy in favour of a hard, uncompromising gang culture.

Tools for change

In my school, LGBT awareness also forms part of the staff’s continuing professional development. In March 2006, the school, in collaboration with an HIV prevention project, conducted a staff twilight training session on dealing with homophobia. Staff discovered ways of talking about sexuality to pupils that didn’t revolve around shame, embarrassment or fear.

I have compiled a list of my own practical steps for making an LGBT friendly school and many are in place at my current school:

- Review all practices and policies, including equal opportunities and anti-bullying policies.
- Implement a whole-school zero tolerance approach to homophobic bullying which includes effective sanctions.
- Be vigilant and deal with the use of homophobic language both in and out of class.
- Do not be heterosexist by assuming that all pupils and staff self-identify with heterosexuality.
- Create a homophobic report log and keep a record of incidents using ABC charts. These utilise codes such as ‘H’ for homophobia and ‘B’ for bullying to show the prevalence of incidents at a glance.
- Use teaching material that shows diverse images of sexuality, relationships and families that challenge stereotypes.
- Take full advantage of the resources made available for LGBT History Month which is celebrated annually in February (www.lgbthistorymonth.org.uk).
- Provide staff training on sexuality. This includes making sure that all members of a school, teachers, governors and ancillary staff, know that Section 28 has been repealed. CPD should enable staff to have the confidence to tackle homophobic language and bullying, initiate LGBT discussions, have the knowledge and skills to teach about sexuality, and offer appropriate advice to pupils.

Schools, now more than ever, have the potential to be supportive, energising environments for LGBT adults and pupils. Is your school one of them?

Further information


David Watkins teaches in a state school and can be contacted at doesjeffknow@yahoo.com
Guidance for careers and better health

In this article, Beverley Bailey outlines opportunities for working in healthcare.

Many people, regardless of their age, assume that the NHS is made up purely of doctors and nurses. In fact, there are over 300 different jobs and careers in healthcare, including many within the field of the allied health professions (AHPs). These practitioners play a vital part in providing healthcare to millions of people in hospitals and the community.

At a time when students are making subject choices and exploring possible career options, NHS Careers offers a service that provides information about hundreds of different health professions including AHPs, as well as offering guidance with entry levels and training. Exploring career descriptions of various jobs in the AHPs through the NHS Careers website could also help students to understand more about health topics such as diabetes, cancer, or obesity, and how a patient with any of these conditions could be helped.

What kind of allied health professions are there?
AHPs encompass careers such as occupational therapy, physiotherapy, arts therapy (music, drama and art) and speech and language therapy. Therapeutic and diagnostic radiographers, podiatrists, orthoptists and dietitians are also AHPs.

Get them talking – SLT
Talking is a skill we normally learn at a very young age. Talking, though, is just one part of communication. Communication also includes listening, showing understanding, reading and writing. The aim of speech and language therapy (SLT) is to help people communicate in the best way they can.

Speech and language therapists help patients whose problems could be with:
- speaking because muscles don’t work properly
- making the right sounds
- remembering the right sounds or words
- understanding what is said to them
- stammering
- swallowing because of an accident or illness.

SLTs work in many different places. They might work in a hospital, or in health centres or day centres. They sometimes work in schools, in special units in schools, and in schools especially for children with disabilities and learning disabilities. SLTs may also go to patients’ homes. Speech and language therapists also work with people of all ages from children to adults. Patients may need help after a stroke or head injury; they may have a disease that affects the brain like Parkinson’s, or have a hearing or voice problem.

Keep them focused – orthoptics
Orthoptists look at eyes. They mainly treat problems with eye movement and how the eye sees. They will help give better vision to people, who can then have better lives. Most orthoptists work in:
- an eye department of a hospital
- a special eye hospital
- schools, mobile units and health clinics.

Orthoptists work with people of all ages from newborn babies to elderly people. They see people who have had accidents such as head injuries or people who may have an illness that is causing problems with their eyes. They also treat people who have problems they were born with, such as a squint (when an eye turns in or out, or up or down) or a lazy eye (when one eye is weaker than the other and doesn’t do any work).

A bite-size look at dieticians
Dietitians work with people to give them information about healthy eating. Nutritional advice will help to keep them healthy through the food they eat. Dietitians also help prevent health problems that may happen because of eating too much unhealthy food. They will also treat diseases – like obesity and diabetes. They use the information they have about the science of nutrition to do this. People with diabetes must pay careful attention to the food they eat because they can’t have too much sugar in their diet. There are other sorts of people who need special diets or diets without certain substances in them.

Get a life – occupational therapy
Occupational therapists (OTs) help people who have a problem due to disability or an illness. They help people to discover what they can do. They also find ways to help people do what they want to do – this might be living in their own home or driving a car or being able to go to the shops on their own. OTs work in all sorts of places: hospitals, people’s homes, clinics, schools or community centres. OTs work with every age of person right from the newborn baby to the very old. OTs could be doing a wide variety of different things including:
- rehabilitation – when people are helped to get better after an accident or an illness
- paediatrics – working with children
- environmental adaptation – when people’s homes or workplaces are changed so that someone with a disability can get around and do what they need to do.

Walking back to happiness – physiotherapy
Physiotherapists help and treat people who have had accidents, or an illness, or who are elderly. They are especially involved where the problem is with the muscles, bones, heart, circulation and lungs.

Physiotherapists work in almost every department in a hospital as well as in factories, special schools and in the sports and leisure industry. You find physiotherapists where people are at risk of getting injured in their work. They can see patients in a gym, in a hospital or give specialist treatment using hi-tech equipment. Physiotherapists are also important in intensive care units in hospitals where they give chest physiotherapy to help keep unconscious patients breathing. Physiotherapists work with:
- people who have had an injury
- people who are terminally ill
- elderly people and children
- people with all sorts of physical problems.

Bringing healthcare to life in lessons
Free literature is available for schools, colleges, universities and other education providers from the NHS Careers website, www.nhscareers.nhs.uk. Another useful website, www.newgenerations.org.uk, contains interactive and classroom-based lesson plans for younger students and downloadable resources for the 16-plus age group.

Beverley Bailey is a communications officer for NHS Careers. Contact advice@nhscareers.nhs.uk or 0845 60 60 655.
Parenting: a neglected field in the curriculum?

Ofsted’s last report on PSHE observed that parenting is frequently ignored in secondary schools. Dr Sue Dale Tunnicliffe outlines ways forward for 11-19 year olds

SRE versus parenting education

Sex and relationship education focuses almost exclusively on the mechanics and emotions of sexual relations along with the pitfalls of sexually transmitted disease and unwanted pregnancies. These topics are important and fascinating to pupils; however, they have lead to the neglect of a physical outcome of sexual relations, that of becoming a parent.

At the present time when small families are popular, few pupils have experience of looking after younger relations and may not meet babies and infants in the normal course of their daily lives. Yet data gathered from interviewing pupils about to undertake the transition from primary to secondary school showed them to be interested in babies and their care. Boys focused on fetal development and information about height, number of feeds and the hours babies sleep. Girls were found to be inherently curious about life with a baby and child development. But once pupils arrive at secondary school these aspects are seldom followed through. Long past are the days when childcare was available as a course for secondary pupils.

Parenting in the curriculum

So, are we helping potential parents-to-be? In particular, looking after children, whether as parent or professional carer, means knowing about keeping a child healthy and safe and providing a secure environment that will help them to achieve their best. Successful parenting also lays the foundations necessary for enabling a child to achieve, make a positive contribution to society and, eventually, attain economic wellbeing. With the advent of Every Child Matters, we educators should be aware of the five ECM outcomes, not only as they relate to 11-19 year olds at present but also for the children they may parent. Now, in the later years of compulsory education, is the time to discuss these issues in relation to their role of looking after children.

Through their PSHE and other curriculum studies, teenagers can be assisted in their development of values and moral reasoning with regard to parenting. Knowing about, caring about, and acting upon core ethical values, particularly that of responsibility, can seem overwhelming. Pupils need to reflect on dilemmas and their resolution and learn about choices and their effects on themselves and others, both in the long- and short-term. Parenting is a very serious responsibility for humans because the young are so dependent on their parents for many years. Discussing the roles and responsibilities of looking after a new life can shock many teenagers. It can make them think more seriously about their sexual activities and the possible outcomes on their own life, and that of a child, should they become parents.

Setting human parenting in a holistic framework puts the role in perspective

Of course it is not only human beings who are parents! Parenting should be put into perspective as a role in which most living things are engaged in some way or another. Links with the science department can develop this emphasis. One of the foundation aspects of parenting is that young people should explore the role of parenting across the living world. In all organisms that have some form of sexual reproduction, at least one parent cares for the offspring before they are self-sufficient. This includes:
- female plants laying down food reserves to tide the embryo over until it develops its own photosynthetic parts and can manufacture the ‘food’ for growth
- animals which lay down nutrients in an egg which also encloses the baby
- mammals which nourish their developing young in the uterus and then feed them milk after birth and look after them whilst they develop independence.

Setting human parenting in a holistic framework puts the role in perspective. It also prompts us to discuss with pupils both the facts and the practicalities of being a parent.

Making parenting personal

Helping teenagers to appreciate the realities of parenting is a challenge facing teachers and health workers, and society at large. We need to help teenagers to identify basic facts as they could be applicable to them individually. Key concepts which teenagers need to understand include:
- time – it takes up much time to look after a child
- responsibility – looking after another life is a huge commitment
- cost – a baby incurs many costs and the realities of financial support and housing need to be planned carefully.

Losing time for yourself is one important aspect, which perhaps young people do not realise. I attended health education lessons with Year 10s at which the instructor had a doll, which cried and was meant to simulate a baby and its behaviour. The groups passed the ‘baby’ around and were staggered at its weight (life-like) and how it responded to them. The ensuing discussion made this group begin to realise that having a baby was a 24-hour, seven-day-a-week job and that they would have to give up their own time for this!

While some teenagers have younger siblings and may appreciate the work involved in parenting, others sometimes meet toddlers through babysitting. Learning how to look after younger children can be supported by providers such as the British Red Cross whose baby sitter’s course can be run in schools by a visiting instructor. Among other things, the course deals with childcare and child development and how to deal with emergencies. It also covers aspects of the law in relation to looking after other people’s children.

There is no minimum age for babysitting. Indeed, there is no legal minimum age that a child can be left alone at home, although endangering a child by leaving them unattended is an offence. The NSPCC guidelines (www.nspcc.org.uk/html/advice/childrenathomealone.htm) recommend most children under 13 should not be left unsupervised for long.

What can schools do?

Surely we owe it to our society and the children who may follow to develop ‘before and after’ parenting programmes to discuss
and explore the facts and feelings of being a parent. Schools can facilitate such encounters through contacts in the local community:

- Ring your local National Childbirth Trust branch which may have parents who are prepared to come to school and discuss with pupils the realities of having babies and caring for them.
- Liaise with the school nurse to find out what advice and help facilities can be offered.
- Arrange visits to nurseries, crèches and play groups for pupils to observe younger children at first hand.

Ask the pupils what they want to find out and compile a question-and-answer sheet before trips so that they can make notes. Support pupils in working out the timetable for a day, and then a week, in the life of a newborn baby, a six month old and a toddler. Encourage teenagers to work out the role of the parent in the daily routine of the child. Then add up the hours of care provided. Once their timetables are completed, find a means of checking them by asking parents or health visitors, researching on the web or reading books and diaries. Arrange for pupils to watch relevant television programmes. If you have a drop-in clinic at school invite the doctors and nurses to come to answer questions about the care of babies and toddlers.

**Teens and Toddlers programme**

Britain has the highest rate of teenage pregnancies in Western Europe, so why not initiate a Teens and Toddlers programme to help reduce the figure?

There are currently 23 UK projects operating in four local authorities in London, which work with 600 at-risk teenagers (www.teensandtoddlers.org). Of the 200 teenagers who have passed through this 20-week course there have been no pregnancies. Selected teenagers, those who have been identified by their schools as at-risk, make a weekly supervised visit to a nursery for a session with a toddler.

There are two main tenets of the project. The first is establishing regular one-to-one contact between the teenager and the toddler. The second is personal development sessions where the teenagers learn about child development, parenting skills, anger management and sexual relations. Comments from participating teenagers reveal how they had an idealised vision of parenting and saw it as a means of escape from their often unhappy and stressful everyday lives. Parenting had also been regarded as a means of obtaining ‘lots of money from the government and a council house’. While the Teens and Toddlers initiative is an intensive managed programme which many schools may be unable to pursue, some of the other activities suggested above can be adapted as a means of making teenagers aware of the realities of parenting.

**Disabled teenagers and parents**

Teenagers with special needs and disabilities also become parents and require core information but often some additional information. Some of them may not be able to receive information in the same away as able-bodied pupils. This point was brought home to me when a profoundly deaf teenager was discussing the realities of parenthood. She was unable to lip-read and hence could not follow instructions.

**Teenagers reveal how they had an idealised vision of parenting and saw it as a means of escape from their often unhappy and stressful everyday lives**

There was a gap in service provision was formally identified by About Disability Pregnancy and Parenthood International (DPPi). This small UK-based registered charity (www.dppi.org.uk) promotes better awareness and support for disabled people considering parenthood and offers advice and help during and after pregnancy.

A gap in service provision was formally identified by About Disability Pregnancy and Parenthood International (DPPi). This small UK-based registered charity (www.dppi.org.uk) promotes better awareness and support for disabled people considering parenthood and offers advice and help during and after pregnancy.

DPPi argued that information on all aspects of pregnancy, birth and early parenthood was not accessible to parents and parents-to-be who have sensory impairments: those who are deaf or hard of hearing and people who are blind or partially sighted. To improve communication between health profession workers and parents or prospective parents, DPPi set up steering groups to guide and instruct the production of information and resources. These include a Guide to Pregnancy and Childbirth for Deaf Parents, which is in DVD format and presented in British Sign Language with sub-titles and voice-over. It is accompanied by supplementary information sheets. A Having a Baby Resource Pack for blind and partially-sighted parents and prospective parents is also available in Braille.

**Further information**

Home Start www.home-start.org.uk
Looking after other people’s children: a guide to babysitting www.redcross.org.uk/laopc
National Childbirth Trust www.nctpregnancyandbabycare.com
National Children Bureau www.ncb.org.uk
NSPCC www.nspcc.org
Teenandtoddlers.org www.children-ourinvest.org/TTpage.htm

Dr Sue Dale Tunnicliffe is a researcher at the Institute of Education, University of London. She is a biology educator who has served on the education committee of the National Childbirth Trust. She has been an active member of the British Red Cross, teaching childcare. Contact s.tunnicliffe@ioe.ac.uk
Singing your way to PSHE goals

Dr Christine Fanthome outlines the multiple benefits of singing in a choir

One of the best ways for young people to express their creativity, meet new friends and develop a range of skills is to join a choir. This is a pursuit that knows no age, gender, economic, geographical or social boundaries, and one which offers considerable benefits. No specialised equipment is required, costs are low, and choirs for all types of music – jazz, classical, pop, folk, musical theatre – are in operation all over the country. There is wide support for tutors regarding choir networking and special singing ventures.

The benefits of choir participation coincide with the key DFES Every Child Matters outcomes. Young people are offered a safe and healthy environment in which they can make a positive contribution and achieve personal and team success. They can explore and develop their talent and enjoy the social bonuses. The acquisition of transferable skills, such as time management and learning through self-reflection and feedback can be used later to achieve economic wellbeing.

Being healthy
Singing is a healthy pursuit which has physical and psychological rewards. Singing stimulates the production of antibodies which lowers the likelihood of upper respiratory infection and increases lung function and breathing. It also reduces stress and improves mood (Hallam, 2006), and there are many neurological benefits too.

Moreover, singing involves a disciplined approach to the care of the voice. The processes involved in communal singing, such as warm-up, breathing and toning exercises, encourage singers to take care of their voices and general health. This is a valuable strategy to adopt early in life.

Being safe
Many young singers opt to participate in choir tours and residential courses. The National Youth Choirs of Great Britain, for example, functions entirely through residential courses and tours in the Easter and summer holidays. These offer a safe environment in which young people can have fun together and visit new places in the UK and abroad.

‘Of all my choral experiences I have particularly enjoyed the residential courses. This is because the courses’ sole aims are to produce good music for concerts, so everyone works together towards a common goal, with no distractions hindering progress. In addition, you spend a lot of time with the other people on the courses and make good friends.’ (Aaron, aged 16)

Enjoying and achieving
Many choir members enjoy the intellectual and creative aspects of learning to read and interpret music, practising to achieve a better sound and overcoming any qualms in order to perform in front of an audience. Unsurprisingly, this process leads to greater self-confidence, self-esteem and pride in one’s achievements.

‘I like singing so much because it gives me a greater control over my voice and allows me to use it to do things that I had never thought were possible. Singing is also incredibly relaxing and gives you an ultimate goal to work towards and achieve. I also like how you can use your own body to achieve a musicality that is otherwise impossible to achieve without the aid of an instrument.’ (Elizabeth, aged 16)

The social side of belonging to a choir is very important and can lead to a strong sense of belonging. It provides an opportunity for getting to know new people, which can be particularly important for those, such as new undergraduates, who find themselves in unfamiliar surroundings. For adolescents it can also be a less intense way of meeting members of the opposite gender.

‘In joining a choir at university I have met many new friends across many years, people I doubt I would otherwise have spoken to, and now they are among my best friends. In addition I find it a quick and easy (and cheap) way to make music, no expensive instruments or reeds are needed. In short, the best decision I made on arriving at university was joining a choir.’ (Fergus, aged 19)

Making a positive contribution
A choir performance is a team effort in which each individual is called upon to make a positive contribution. The music has to be studied, parts learned, notation interpreted, dynamics observed, direction followed, and individual creativity channelled towards a communal goal.

‘Being in a choir is really fun because you get to share your talent with others. It helps you get used to singing with other people and keeping the beat going between 50 or so people. It also is a confidence builder because it helps you learn to not be nervous so that you can sing in front of thousands of people! Choirs also make a piece sound better because you have the bass, tenor, alto and soprano parts so that there are many different sounds singing the same piece (which is nice for a change).’ (Lucia, aged 11)

Achieving economic wellbeing
Participating in a choir enables individuals to develop a range of transferable skills that can later be used to achieve economic wellbeing in the world of work. These include timekeeping and time management, interpersonal and communication skills, working well individually and as part of a team, learning through feedback and self-reflection, building up contacts and networking, and honing self-presentation skills.

‘Choral singing is an incredibly disciplined activity: everyone must move exactly together, and feel part of a greater whole. Choral singing provides excellent aural training for aspiring musicians. It also gives the opportunity to participate in large-scale musical ensembles, which is otherwise only open to the more competent instrumentalists.’ (Daniel, music teacher)

Choir membership is dependent on an audition – are your pupils prepared?

Web resources
British Choirs on the Net
www.choirs.org.uk
International Federation for Choral Music www.ifcm.net
MusicEd www.musiced.co.uk
National Youth Choirs of Great Britain www.nycgb.net
Schools Music Association www.schoolsmusic.org.uk
The Voices Foundation www.voices.org.uk
TONSIL www.tonsil.org.uk
Young Choirs www.youngchoirs.net

Further information
Promoting peace in our time

Heather Osborne describes how PSHE and the performing arts can be used to promote peace education

On 12 May 2006, Charles Edward Brooke School (CEBS) in the London borough of Lambeth enjoyed its first dedicated PSHE day. The school mobilised its specialist arts status to promote learning about peace through cross-curricular activities which engaged students and teachers in reassessing their visions of the future and their roles in society.

Origins of a peace day at CEBS

The idea of a PSHE day arose during conversation with the deputy head about raising the profile of the subject and was inspired by watching a haka during the Rugby World Cup. The decision to base the day on the theme of peace seemed natural as the memories of the 7 July bombings were very fresh.

PSHE, an independent subject at CEBS, is already popular at this all-girl school and the students thrive on the opportunity to express themselves and to think outside the box. Delivering a day of PSHE-related activities would, I thought, be a means of satisfying a craving. I decided to play to my strengths by focusing it on the arts, which the school’s specialist status also made an obvious choice. Having a good working knowledge of music, dance and drama I decided that these would be the mainstays of the finished product, an afternoon presentation to and by all participants.

Planning for peace

Peace is a topic that forced me to think broadly and to be creative in linking activities to this theme. I decided that the students should write and record a song and choreograph a peace dance. As these tasks require a good deal of effort I asked each of the teachers involved in these subject areas to choose 20 girls who would enjoy four hours of continuous music or dance. Activities for the rest of the cohort included a two-hour poetry writing workshop, an art session where teachers and students learned how to fold Japanese paper cranes and a PE/drama session which focused on the WWI Christmas Eve truce (see box). As this was a post-SATS event I thought that the students should prepare for the forthcoming change to their groupings in Year 10 by creating groups from across the six classes of the year group. The choice was based on students’ position in the register as I felt the outcomes of the day would be sufficiently differentiated to obviate selection by ability. The students were put into colour-coded teams and given correspondingly coloured folders which contained information about Hiroshima and International Peace Day, a timetable and an evaluation sheet (see box).

Where does the haka fit in?

I had seen the All Blacks rugby team perform a haka, the Maori posture dance which is accompanied by chanted vocals, and thought that it would be an excellent stimulus for work with my students in the creation of a peace dance. I contacted the head coach of the Harlequins Rugby Union academy and a few weeks later met three Samoan players from the team. This was a great opportunity for me to ask questions about the haka’s symbolism and whether in Samoan culture, women thought about soldiers in Iraq we wondered why they couldn’t just put down their arms physically let off steam but also to engage with the mindset of those at war. When we thought about soldiers in Iraq we wondered why they couldn’t just put down their arms as history has shown that it can be done.

Performing peace

CEBS’ first PSHE day offered students and staff a demanding but rewarding schedule. The song written and performed by our girls was so moving that one member of staff cried. The poetry slam demonstrated our students’ evolutionary linguistics and their willingness to share their vision of peace with others, the dance reflected peace through support and forgiveness and the PE/drama session not only gave the girls a chance to physically let off steam but also to engage with the mindset of those at war. When we thought about soldiers in Iraq we wondered why they couldn’t just put down their arms as history has shown that it can be done.

Student comments

‘I learned a lot. I know about Hiroshima and about world war one.’ (Maria)
‘I liked that the song was written by us.’ (Nicole)
‘The poetry workshop was excellent. I liked seeing people achieve something.’ (Mafusi)

Heather Osborne is head of PSHE at Charles Edward Brooke School, Lambeth hosborne@charlesedwardbrooke. lambeth.sch.uk

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Can we choose our values?

In his regular column, Dr Graham Haydon explores the relationship between values and choice and discusses the implications for everyday life.

Being able to choose for ourselves is something that most people value. But how far can we choose what to value? The question is important for teachers of PSHE, because PSHE puts weight on young people learning to make their own, informed, choices.

In Britain in the 21st century we live in a world in which no one’s life is mapped out for them in advance. As adults we can’t rely on the state, our teachers, our parents or anyone else to provide what is best for us; whether we like it or not, we are asked to take responsibility for our own choices. As consumers we choose what to buy, and in more and more aspects of life the mainstream culture encourages us to act as consumers, not just of goods, but of services and even of relationships. We are expected to choose what kind of work we want to do, what kind of food to eat and where to get it from, where to go for health advice or care if we need it, where we want to live, whom we will live with, which school we want our children to go to, and so on.

The value of informed choice

It falls to PSHE, probably more than to any other part of the curriculum, to help prepare young people for life in a world of so many choices. Some of the choices that PSHE should be helping people with will be more or less immediate ones: what subject should I take if I have a particular career in mind? What should I do if someone offers me drugs? Should I be eating something different and taking more exercise? We want people to be well informed when they make these choices, because even if we think that more choice is not always better than less, it would be hard to argue that anyone’s choices are better for being based on ignorance.

PSHE should also be able to help prepare young people for the choices they will have to make later in life. Since no one can predict all the possibilities that may come along in future, teachers cannot now give young people all the information they will need. We may be able to give them new skills that will help them in future to find out what they need to know then. But the influence that PSHE can have on students’ future choices is likely to be more through the values that students take with them into their adult lives: those values will underpin what they do with the information when they get it.

But the values students have now will not necessarily be static. People’s values can change through experience and reflection.

Informed choice of values?

Once we recognise that people’s values can change, and when choice is so central to PSHE, it is easy to slip into thinking that people can, and should, choose their own values. But if we are professionally involved in PSHE in any way we should be careful about that idea. It can be difficult to sort out whether we like it or not, we are asked to take responsibility for our own choices. As consumers we choose what to buy, and in more and more aspects of life the mainstream culture encourages us to act as consumers, not just of goods, but of services and even of relationships. We are expected to choose what kind of work we want to do, what kind of food to eat and where to get it from, where to go for health advice or care if we need it, where we want to live, whom we will live with, which school we want our children to go to, and so on.

Without some values to underpin our comparison of one thing with another, we can have no basis for choosing at all

where we can choose and where we cannot, within the whole world of values. But if we can’t think clearly about this, we risk misleading young people about the nature of that world.

If the idea of informed choice is so important, we can extend that idea, and say that people should make an informed choice of what to value, what to put weight on, what to give priority to in their lives? Can we think of the whole range of values as being like items on a supermarket shelf?

Take that example literally for a moment. If we are serious about informed choice, then we will hope that the consumer doesn’t choose a particular product just because of the attractiveness of its packaging or the image of it presented in the TV ads. The informed customer will be thinking about the fat content and the value for money and the energy consumed in producing the product and so on. In the process, her own system of values may be gradually developing: perhaps she starts to think that organic food is best. But that opinion is not the result just of information. It rests on some underlying values that were there before; perhaps she already thought it was important that her family should be healthy and that the environment should not be spoiled. Without some underlying values like those, the information by itself would mean nothing.

That shows what is wrong with the idea that anyone could just choose their values, from among a whole range of possible values, like items on the shelf. Without some values to underpin our comparison of one thing with another, we can have no basis for choosing at all.

What are the limits on our choices?

PSHE needs young people to be aware of their own values and reflect on them; but when they do that, what happens will often be more like discovering what it is that they really value, rather than choosing what to value. PSHE also needs young people to take account of what matters to other people. So when it comes to values, there are limits on our choice. Much of this column over the coming months will be about exploring those limits. When we have to make up our own minds, how should we do that? And when we have to accept values that are not of our own choosing, what is the basis for that?

Useful websites

Action on Smoking and Health
www.ash.org.uk
British Humanist Association
www.humanism.org.uk
Eatwell www.eatwell.gov.uk
Frank www.talktofrank.com
Institute for Global Ethics
www.globalethics.org
Schools Health Education Unit
www.sheu.org.uk
TACADE www.tacade.com

I would like the discussion in this column to be two-way. Please send comments or questions to g.haydon@ioe.ac.uk

Website of the month The Royal College of Surgeons of England www.rcseng.ac.uk

Supporting surgeons today
The Hunterian Museum and Opportunities in Surgery (OIS) initiative are both part of the Royal College of Surgeons of England. The college is an independent charity committed to enabling surgeons to achieve and maintain the highest standards of surgical practice and patient care.

The Hunterian Museum is one of Britain’s oldest medical museums and contains displays on the history and modern practice of surgery. The OIS scheme supports a more diverse surgical workforce to better represent the communities it serves. It includes Women in Surgical Training (WIST), a national organisation which encourages more women to choose a career in surgery.

So you want to be a surgeon? Together, the Hunterian Museum and OIS offer a range of information, advice, practical programmes and hands-on workshops to support and encourage young people interested in a career in surgery. This includes:
- practical advice about getting into medical school, gaining appropriate work experience, how to write a good personal statement and survive the interview
- case studies of the nine surgical specialties through the eyes of the surgeons
- ‘A cutting edge career’ – surgical skills workshops at the Hunterian Museum for Year 11 and 12 students, including a chance to learn some basic surgical skills under the expert guidance of surgeons
- Surgical Taster Scheme – a widening participation collaboration with Aim Higher for Years 10-12, including student mentoring, hospital-based work placements and practical workshops at the college
- Women in Surgical Training workshops in schools across the country for girls in Years 10-12. OIS staff and local surgeons and medical students visit a school for a careers-based session including a practical surgical skills workshop
- Black History Month conference in London and Manchester – a one-day conference for black and minority ethnic students aged 15-19 years interested in a career in medicine and/or surgery.

Information on these resources and activities can be found at www.rcseng.ac.uk/museums/learning.html or www.rcseng.ac.uk/career/index.html

For further information contact Jane Hughes, audience development officer on 020 7869 6561 or email jhughes@rcseng.ac.uk

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Education for Peace
This new 8-page peace curriculum guide from the Peace Education Network (PEN) is concerned with educating to make the 21st century a more just and peaceful one. Education for Peace:
- promotes whole-school approaches to resolving conflict non-violently
- endorses child-centred and participatory methods of learning to help young people make sense of the world around them
- shows how components of PSHE and citizenship can contribute to peace education
- lists useful resources for teachers and students
- provides contact details for a range of peace organisations.

Single copies of the guide are free to schools, colleges and individuals. For multiple copies a donation is requested towards the cost of publication and to cover postage. The guide is also available at www.quaker.org.uk/qpsw and www.peaceeducation.org.uk

Contact: JaciS@quaker.org.uk or ring tel: 020 7663 1087.

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LGBT History Month
Lesbian, Gay, Bisexual and Transgender History Month is celebrated annually in February. Information and resources are now available to help schools and colleges educate for equality by:
- raising awareness of LGBT issues
- challenging homophobia in education
- delivering effective lessons and assemblies about LGBT topics
- ensuring a safe and secure learning environment in which LGBT students can thrive.

Multimedia resources aimed at developing policies and tackling bullying, name-calling and abusive language include:
- School Matters - Homophobia in Schools
- Stand Up For Us.

Full details are available at www.lgbthistorymonth.org.uk

For further information about LGBT issues and education see www.schools-out.org.uk and www.thechrysalisteam.co.uk

Contact: lgbthist@lgbthistorymonth.org.uk

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BYC BULLETin
The British Youth Council has relaunched its free weekly e-bulletin for young people.

BULLETin contains news of youth:
- events and opportunities
- campaigns and information.

As part of BYC’s remit, BULLETin encourages young people to develop their skills and abilities in order to participate in decision-making, play an active role in controlling resources and work together to take collective action. Activities promoted include:
- registering for this year’s CSV Make a Difference Day
- applying for a Youth Achievement Award
- taking part in the new Community and Cohesion Commission debate.

Full details are available at www.byrc.org.uk
**Events and Conferences**

**6 October, Birmingham**
**Developing Emotional Literacy with Learning Power**
One-day workshop for managers. Discover how to use SEELS and ELLI to develop learning environments that help young people to become more curious, resilient, creative, interdependent and strategic.

**10 November, London**
**Introducing Emotional Literacy for Learning**
One-day workshop for everyone who works with young people. What really is emotional literacy? What sort of activities promote it? How does it impact on learning? How can schools shape environments that make learning even better?
Cost: £195 (discounts apply) for participants in the Antidote Network and £195 for others.
Contact: emotional.literacy@antidote.org.uk
Tel: 020 7247 3355 or book online.
www.antidote.org.uk

**15 November, London**
**Transforming Communities through Dialogue**
One-day conference organised by the NUT’s Professional Development programme in partnership with SAPERE (Philosophy for Children). Event covers P4C skills and strategies; generating meaningful dialogue; and changing communities through dialogue. Includes workshops.
Cost: £65 (discounts apply).
Contact: online application at www.teachers.org.uk/cpd
Tel: 020 7380 4719
http://sapere.org.uk

**20 November, London**
**Children’s Rights – Do We Need Them And Why?**
First National Children’s Bureau annual lecture coincides with Universal Children’s Day. Lecture contributes to a debate on the key issues facing the children’s sector in the UK, and internationally.
Cost: £25 (free to NCB members and subscribers to Children & Society)
Contact: ptaylor@ncb.org.uk
Tel: 020 7843 6041.
www.ncb.org.uk

**6-8 December, Thailand**
**Learning Together for Tomorrow: Education for Sustainable Development Conference**
The 10th Asia-Pacific Programme of Educational Innovation for Development conference includes:
- ESD in education systems
- Innovative practices in ESD
- Exhibitions of ESD in action.
Cost: $US 250-350 (conference fee)
Contact: apeidconf@unesco.org
www.unesco.org/education/apeid/conference

Each issue of **PSHE & Citizenship Update** provides a list of short courses and events relevant to the needs of PSHE and citizenship coordinators. You can also find listings of key events by signing up to CPD Week, our free weekly e-zine dedicated to the CPD needs of our readers. Simply send an email with CPD Week in the subject line to info@optimuspub.co.uk to sign up for this free service.

Whilst every effort has been made to ensure that the material contained in this newsletter is correct, the publishers cannot be held responsible for any inaccuracies that may occur.

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  - 2 years at £131*†
- Secondary schools:
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  - 2 years at £156*†
- Other UK organisations:
  - 1 year at £114
  - 2 years at £200*†

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