

## Unit 1CHEA: Personal, peer and family health

The focus for Health Studies Unit 1CHEA is **personal, peer and family health**.

This unit examines the influences on peer and family health and their interaction on the individual. An exploration is made of how peers and family can positively influence health behaviour. Students develop skills and strategies to positively influence personal health and understand and manage influences from others, especially peers and family. Through investigating relevant issues by the health inquiry process students have opportunities to develop accurate searching techniques, combine and make connections between information and communicate their findings in a variety of styles.

**This road safety support material must be read in conjunction with the Health Studies Course documentation ([www.curriculumcouncil.wa.gov.au](http://www.curriculumcouncil.wa.gov.au)).**

The information and activities have been designed to be used within the Health Studies Unit 1CHEA. They are intended to be used in conjunction with other learning activities and contexts and as such, do not cover all content areas outlined for Unit 1CHEA.

### HEALTH STUDIES COURSE

Stage P		Stage 1				Stage 2		Stage 3	
Unit PAHEA	Unit PBHEA	Unit 1AHEA	Unit 1BHEA	Unit 1CHEA	Unit 1DHEA	Unit 2AHEA	Unit 2BHEA	Unit 3AHEA	Unit 3BHEA

### CURRICULUM FRAMEWORK - OVERARCHING LEARNING OUTCOMES

#### COURSE OUTCOMES

Outcome 1:	Outcome 2:	Outcome 3:	Outcome 4:
Knowledge and understandings	Beliefs, attitudes and values	Self-management and interpersonal skills	Health inquiry

### CONTENT AREAS

Health concepts	Attitudinal and environmental influences over health	Health skills and processes
<ul style="list-style-type: none"> <li>An holistic/social view of health</li> <li>Health principles, frameworks, models and theories</li> <li>Actions and strategies for health</li> <li>Healthcare systems</li> </ul>	<ul style="list-style-type: none"> <li>Personal beliefs, attitudes and values influence health behaviour</li> <li>Social and cultural norms and expectations influence health behaviour</li> </ul>	<ul style="list-style-type: none"> <li>Self-management skills</li> <li>Interpersonal skills</li> <li>Health inquiry skills and processes</li> </ul>

## Health Studies Course: Scope and sequence

## Context: Road safety education

Content organiser	Stage 1 Units			
	1AHEA Introduction to health	1BHEA Personal health	1CHEA Personal, peer and family health	1DHEA The health of groups and communities
<b>An holistic/ social view of health</b>	<ul style="list-style-type: none"> <li>definitions of health and wellness dimensions of health (physical/biological, social, mental, emotional and spiritual) that promote an understanding of a holistic concept of health</li> <li>characteristics necessary for good health (for each dimension)</li> </ul>	<ul style="list-style-type: none"> <li>measurement of personal health status for each dimension of health</li> <li>personal health influences</li> <li>personal factors that enable and reinforce behaviours that determine health i.e. predisposing, enabling and reinforcing factors</li> </ul>	<ul style="list-style-type: none"> <li>determinants of health i.e. social, environmental and biological</li> <li>the influence of health determinants that support or detract from personal, peer and family health status</li> </ul>	<ul style="list-style-type: none"> <li>relationships between social, environmental and biological determinants of health</li> </ul>
<b>Health principles, frameworks, models and theories</b>	<ul style="list-style-type: none"> <li>health and wellness continuums/dynamic nature of health</li> </ul>	<ul style="list-style-type: none"> <li>introduction to health promotion</li> <li>individual approaches to improving health i.e. health education</li> <li>social responsibility of individuals for their own health</li> <li>models that enhance and promote personal health i.e. Stages of Change Model.</li> </ul>	<ul style="list-style-type: none"> <li>models that enhance and promote health i.e. Health Promoting Schools Model</li> </ul>	<ul style="list-style-type: none"> <li>public health with emphasis on prevention and health promotion</li> <li>characteristics of communities and groups e.g. common features, diversity</li> <li>health promotion in your community: agents and agencies and their role in promoting health e.g. local drug action groups, non-government organisations (NGOs), community action groups for special events - Leavers</li> <li>use of models to inform practical programs to promote health of groups and communities i.e., promoting health at school using Health Promoting Schools (HPS)</li> </ul>
<b>Actions and strategies for health</b>	<ul style="list-style-type: none"> <li>individual responsibility for health</li> <li>role of lifestyle factors</li> <li>actions to reduce the risk of lifestyle factors</li> </ul>	<ul style="list-style-type: none"> <li>personal health risk assessment i.e. recognising constructive and destructive risks to health: calculating risks to health</li> <li>readiness for change</li> <li>strategies for building motivation to change behaviour</li> <li>personal action plans to protect and promote and optimise personal health i.e. aims/goals, developing strategies, SMART goal setting, identifying and overcoming barriers</li> </ul>	<ul style="list-style-type: none"> <li><b>preventive actions to cope with influences on personal health behaviour and enhance health i.e. resilience, social competence, assertiveness</b></li> </ul>	<ul style="list-style-type: none"> <li>assessment of the health and wellbeing of young Australians</li> <li>measures of health status in Australia i.e. life expectancy, morbidity and mortality, incidence and prevalence of disease</li> <li>current Australian health priorities</li> <li>strategies for improving life expectancy with focus on prevention, importance of intervention, healthy environments</li> <li>group techniques for health promotion e.g. developing personal skills, workshops, seminars, self-help groups</li> </ul>

Health concepts

Content areas covered in the *Licensed* support materials are in **bold** and **lime green**.

# Health Studies Course: Scope and sequence

## Context: Road safety education

		Stage 1 Units			
Content organiser	1AHEA	1BHEA	1CHEA	1DHEA	
	Introduction to health	Personal health	Personal, peer and family health	The health of groups and communities	
Healthcare systems	<ul style="list-style-type: none"> <li>range and types of health facilities and services</li> <li>selection of health products and services that meet personal needs and priorities</li> <li>criteria for selecting personal health products and services</li> </ul>	<ul style="list-style-type: none"> <li>structure of current healthcare system i.e. two tiered system of state/federal private health insurance and how it fits into the system</li> <li>rights and responsibilities as a healthcare consumer</li> <li>criteria for choosing a healthcare professional</li> </ul>	<ul style="list-style-type: none"> <li>importance of health care as prevention versus health care as treatment</li> <li>range and types of preventative health care</li> <li>options and access to alternative health care</li> </ul>	<ul style="list-style-type: none"> <li>local, state and federal government responsibilities for health</li> <li>issues around responsibilities for health care in Australia e.g. workforce shortages, waiting lists, funding for health</li> </ul>	
Personal beliefs, attitudes and values influence health behaviour	<ul style="list-style-type: none"> <li>defining personal beliefs, attitudes and values and their relationship to health behaviour</li> <li>differences in personal values and attitudes</li> <li>formation of personal beliefs, attitudes and values about health</li> <li>relationship between knowledge, beliefs, attitudes and health behaviour</li> </ul>	<ul style="list-style-type: none"> <li>influence of personality, individual and situational factors on the formation of personal beliefs, attitudes and values</li> <li>influence of physical and structural factors on personal beliefs, attitudes and values towards health behaviour</li> <li>impact of personal beliefs about health on health behaviour</li> </ul>	<ul style="list-style-type: none"> <li>peer and family influence on the formation of personal beliefs, attitudes and values towards health behaviour</li> <li>differences between adolescents' perceptions of physical and structural factors influencing behaviour and motivation of self and others</li> <li><b>relationship between beliefs, attitudes, values and health behaviour</b></li> <li>cognitive conflict/dissonance</li> </ul>	<ul style="list-style-type: none"> <li>influence of groups and community upon personal beliefs and attitudes and ability to pursue values</li> <li>impact of multiple beliefs and attitudes of self and others on health behaviour</li> </ul>	
Social and cultural norms & expectations influence on health behaviours	<ul style="list-style-type: none"> <li>definitions of social and cultural norms and expectations</li> <li>formation of social and cultural norms</li> <li>influence of general social and cultural norms on personal behaviour</li> </ul>	<ul style="list-style-type: none"> <li>influence of peer-group and cultural norms and expectations on personal health behaviours</li> </ul>	<ul style="list-style-type: none"> <li>influence of peer group, personal, cultural, school, parental and religious norms and expectations on health behaviour of self and others</li> </ul>	<ul style="list-style-type: none"> <li>role of wider community in construction, transmission and promotion of beliefs, attitudes and values</li> </ul>	
Self management skills	<ul style="list-style-type: none"> <li>self-assessment of strengths and challenges in health</li> <li>styles of decision-making in determining personal health priorities and goals e.g. impulsive, intuitive, rational</li> <li>factors affecting choice of decision-making style</li> <li>decision-making models</li> </ul>	<ul style="list-style-type: none"> <li>skills for building self-confidence and personal motivation i.e. goal setting for short and longer term, resilience and coping with change</li> <li>impact of decisions and behaviours of the peer group on personal decision-making</li> <li>impact of values and cultural awareness on personal decision making.</li> </ul>	<ul style="list-style-type: none"> <li>skills for seeking social support among peers and family for behaviour change i.e. self-confidence</li> <li>skills for monitoring and modifying health behaviour i.e. time management, decision-making, planning</li> </ul>	<ul style="list-style-type: none"> <li>solution-focused approaches to decision-making</li> <li>prediction of barriers and enablers to healthy decision-making</li> <li>practical decision-making tools and strategies i.e. PMI, cost-benefit analysis, Six Thinking Hats</li> </ul>	
Health skills and processes					

Content areas covered in the *Licensed* support materials are in **bold** and **lime green**.

## Health Studies Course: Scope and sequence

### Context: Road safety education

		Stage 1 Units			
Content organiser		1AHEA Introduction to health	1BHEA Personal health	1CHEA Personal, peer and family health	1DHEA The health of groups and communities
<b>Interpersonal skills</b>		<ul style="list-style-type: none"> <li>importance of effective communication for better health and wellbeing</li> <li>non-verbal and verbal communication skills and strategies for effective relationships i.e. speaking, listening</li> </ul>	<ul style="list-style-type: none"> <li>assertive, passive and aggressive communication</li> <li>use of 'you' and 'I' statements</li> <li>skills for working in pairs and groups i.e. cooperation, negotiation</li> </ul>	<ul style="list-style-type: none"> <li>communication skills that build cooperation and collaboration in achieving group goals i.e. active listening, empathy, respect for others and compromise, managing conflict</li> <li>barriers to effective communication</li> <li>effective use of communication channels e.g. mobile phones, email, internet</li> </ul>	<ul style="list-style-type: none"> <li>skills for effective communication in groups i.e. mediation, negotiation, supporting others, managing group dynamics</li> <li>codes of behaviour in groups</li> </ul>
	<b>Health inquiry skills and processes</b>	<ul style="list-style-type: none"> <li>basic health terms/language</li> <li>identification of reliable sources of health information</li> <li>basic gathering and searching techniques i.e. defining and using keywords and effective use of internet search engines</li> <li>summarising information</li> <li>presentation of health information in simple report formats</li> </ul>	<ul style="list-style-type: none"> <li>common health terminology</li> <li>identification of health issues and concerns</li> <li>criteria for choosing reliable sources of health information</li> <li>effective data collection techniques i.e. keywords and phrases that define the issue</li> <li>combination and summary of information</li> <li>techniques for drawing of general conclusions</li> <li>reporting of findings to others in simple ways</li> </ul>	<ul style="list-style-type: none"> <li>identification of health concerns and issues</li> <li>effective searching techniques using a variety of reliable and accurate sources and perspectives</li> <li>combination of information and connecting similar ideas/information</li> <li>drawing of conclusions</li> <li>communication of findings in differing styles e.g. poster presentation, oral, PowerPoint</li> </ul>	<ul style="list-style-type: none"> <li>development of health focus questions</li> <li>inquiry plans i.e. type of information to be collected, timeline and audience for inquiry</li> <li>tools for organising information e.g. mind and concept maps, grouping like information</li> <li>techniques for referencing</li> <li>combination, summary and analysis of information including identification of trends and patterns</li> <li>techniques for developing substantiated conclusions</li> <li>communication of findings using common health discourse and styles to suit different audiences</li> </ul>

Content areas covered in the *Licensed* support materials are in **bold** and **lime green**.

## Unit overview

The following table shows the links of the specific content areas to the content organisers, the suggested activities and strategies, and the assessment tasks covered in this unit.

	Content area	Suggested activities	Resources	Page
Health concepts	<b>Actions and strategies for health</b> <ul style="list-style-type: none"> <li>preventive actions to cope with influences on personal health behaviour and enhance health i.e. resilience, social competence, assertiveness</li> </ul>	<b>Activity: Being assertive</b> Explores assertive, aggressive and passive responses when being influenced by others.	<ul style="list-style-type: none"> <li>Teacher notes: <i>Preventative actions</i></li> <li>Activity sheet: <i>Being assertive</i></li> <li>Resource sheet: <i>What are you saying?</i></li> <li><i>Butcher's paper</i></li> </ul>	136 137 138
	Attitudinal and environmental influences over health	<b>Personal beliefs, attitudes and values influence health behaviour</b> <ul style="list-style-type: none"> <li>relationship between beliefs, attitudes, values and health behaviour</li> <li>peer and family influence on the formation of personal beliefs, attitudes and values towards health behaviour</li> <li>cognitive conflict/dissonance</li> </ul>	<b>Activity: Peer influence</b> Examines various driver-related behaviours and what motivates and influences these behaviours. Links between beliefs, attitudes and behaviour are reviewed.	<ul style="list-style-type: none"> <li>Teacher notes: <i>Influences on behaviour</i></li> <li>Activity sheet: <i>Peer influence</i></li> <li><i>Three DVD – PBF Australia</i></li> <li>DVD player</li> <li>Resource sheet: <i>Chloe's story</i></li> </ul>
<b>Activity: The river</b> Identifies the different influences (e.g. family, friends, past experience, media and culture) which can affect a person's decisions and actions in road-related issues.			<ul style="list-style-type: none"> <li>Activity sheet: <i>The river</i></li> <li>Resource sheet: <i>River characters</i></li> <li>Rope or string to mark out a river</li> </ul>	132 133
<b>Activity: Role-Play</b> Peer pressure influences are explored by role-playing a range of road safety situations.			<ul style="list-style-type: none"> <li>Activity sheet: <i>Role-play</i></li> <li>DVD '6' available from City of Melville</li> <li>Resource sheet: <i>Role-play characters</i></li> </ul>	134 135
<b>Assessment task : Response (30 marks)</b> Create a role-play presentation that conveys assertive communication. <b>Part A:</b> Communication analysis <b>Part B:</b> Role-play presentation		<ul style="list-style-type: none"> <li>Assessment task: <i>Response</i></li> <li>Resource sheet: <i>In control</i></li> <li>Resource sheet: <i>Role-play planning template</i></li> <li>Part A Marking key: <i>Communication analysis</i></li> <li>Part B Marking key: <i>Role-play presentation</i></li> </ul>	139 141 142 143 144	

## Teacher notes: Influences on behaviour

The information and activities are designed to cover the following content from the Health Studies Unit 1CHEA:

### Personal beliefs, attitudes and values influence health behaviour

- peer and family influence on the formation of personal beliefs, attitudes and values towards health behaviour
- differences between adolescents' perceptions of physical and structural factors influencing behaviour and motivation of self and others
- relationship between beliefs, attitudes, values and health behaviour
- cognitive conflict/dissonance.

### Peer influence

Everybody, no matter how old, faces the pressure to 'fit in'. Adolescents often feel this the most because they are trying to find their place in the world. Because adolescents spend a large amount of their time with peers, it is not surprising that they play a highly influential role in their lives. The credibility, authority, power and influence of peers, is greater during adolescence than at any other time in life. An understanding of peer influence can help students.

Peer influence may arise from an individual's need to have the approval and acceptance of his or her equals. It is something that begins in childhood and continues into adulthood. However, the influence of peer pressure is strongest during the adolescence years. It is a time when teenagers are struggling to gain independence from parents, while battling to gain the acceptance of friends and fellow pupils. The urge to be part of a group to provide them with a sense of security and identity, is strong. This desire for peer approval drives much of the adolescent's behaviour.

If the pressure is positive, the upside is that teenagers, for example, can benefit from the advice of friends on how to act correctly in difficult situations. There is, of course, nothing wrong in trying to conform. It can help teenagers begin the process of separating from their parents and developing their identity while growing into adulthood.

### Does peer influence impact on behaviour on the road?

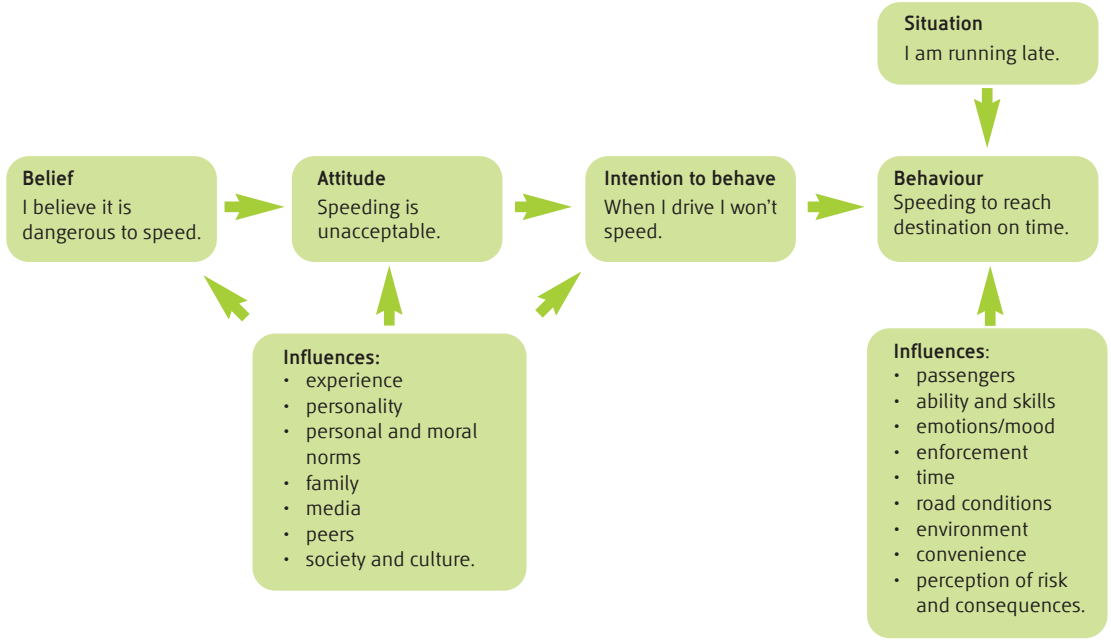
The two major issues identified in many discussions with young people on peer influence in road safety, is the pressure to drive faster and to take risks. Peers can also contribute to a teenager's decision to drink and drive. The general view of young people is that peer pressure encourages dangerous activities on roads and is difficult to counter.

### The relationship between road safety attitudes and road user behaviours

The correlation between an individual's attitudes towards road safety and their road safety behaviour is not a straightforward one. Although individuals may have a firm belief or attitude towards a particular road safety issue, their road user behaviour will not always reflect this attitude as it is affected by a range of situational influences. This relationship is highlighted in the following diagram which is an adaptation of the Theorists' Workshop Model (1991). The diagram uses the example of speeding.

The implications of this for pre-drivers, is that despite their intentions, the way they choose to behave in the road environment in a safe or unsafe manner, can be influenced by the situation with which they are faced. For example, although a young person may believe that speeding is dangerous, consider it unacceptable and intend not to speed in a given situation (such as running late or travelling on an open road), they may contradict this intention and speed.

The consequences and potential risks in a range of road safety scenarios can be explored using this model.



(Reproduced in part from *Keys for Life* SDERA, 2004)

## Activity: Peer influence

This activity will help students to:

- understand that beliefs are not always consistent with behaviours
- identify the influences that affect decision-making.

### Resources

- DVD: *Three, the choices you make* (available from PBF-prevention road, Paraplegic Benefit Fund, Australia)
- DVD player
- Resource sheet: *Chloe's story* – one per student

### How is it implemented?

1. Select various road safety behaviours such as wearing a seat belt or talking on a mobile phone, to begin a discussion on what motivates and influences behaviour.
2. Review the link between beliefs, attitudes, values and behaviours (information is included on page 19 of Unit 1AHEA).
3. Watch Chloe's story on the PBF Australia DVD Three.
4. Allow students time to share their feelings or opinions after viewing the footage.
5. Students complete the Resource sheet: *Chloe's story*. Use these questions to help students complete the sheet.
  - *What factors contributed to Chloe's crash?*
  - *Could any of these factors have been avoided?*
  - *What other options did Chloe have?*
  - *Would it have been difficult for Chloe to have said 'no' to getting into the car?*
  - *How would her friends have reacted?*
  - *How would you react if you were Chloe's friend?*
6. As a class, discuss the responses on students' resource sheets.
7. Define 'cognitive conflict' as behaving in a way that is in conflict with beliefs (e.g. talking on a mobile phone while driving, although believing that it is a dangerous practice). Explain that in these situations, beliefs are not consistent with behaviour. Ask students for further examples of cognitive conflict and how this impacts on road use behaviour.
8. Conclude with a range of the suggested processing questions or others that may have arisen during the activity.

### Processing questions

- *When might a situation change your intention to behave according to your attitude?*
- *What can you do to ensure that you don't make a decision that goes against your attitude and increases your level of risk on the road?*





# Chloe's story

**But then something happened .....**



Chloe's attitude was .....

Chloe intended to .....

So Chloe decided .....

Who/what influenced Chloe's decision?

**Think and share**

If you said 'no' to getting into a car with your friends, what reasons would you give and how would you try to use positive peer pressure to influence your friends to also make the right decision?

*(Adapted from Three, the choices you make, PBF-prevention road, PBF Australia, 2008)*

## Activity: The river

This activity will help students to:

- identify the influence that others can have on personal actions.

### Resources

- Rope or length of string
- Resource sheet: *River characters* – one per student

### How is it implemented?

1. Discuss the different influences which can affect a person's decisions such as friends, family, past experiences, media and culture. Explain that these influences and advice from others can often conflict each other, making it even more difficult to know what to do. Explain to students that the objective of this activity is to understand how some of these pressures may affect their decision-making.
2. Mark an area to be a river and choose a student to be a young person who has to make a decision related to road use behaviour. Blindfold the student. Explain that the student must listen to the advice of a range of people who will guide them down the river. Choose one of the road safety issues below for this activity.
  - *Should I drink and drive?*
  - *Should I get in the car with someone who I know has been drinking alcohol?*
  - *Should I join my friends in 'hoon' behaviour?*
  - *Should I speed?*
3. Assign other students to play the characters described on Resource sheet: *River characters*. Encourage students playing a character to think creatively about their roles. Allow students approximately five minutes to prepare the advice they will give. Place each character along the side of the river. Make sure that the 'media 1' and 'bad friend' are interspersed with the other characters. These students call advice to the young person trying to influence them up or down the river offering advice and steering them around obstacles.
4. Conclude with a range of the suggested processing questions or others that may have arisen during the activity.

### Processing questions

- *What did you notice happen to the young person in this activity?*
- *Do you face these pressures in your life?*
- *Which people were the most influential? Why?*
- *How did these influences affect the decisions you make?*
- *Which people would you refer someone to if they needed support – personally as well as professionally?*
- *Are there people in your life you can talk to and confide in?*
- *What qualities make someone easy to talk to and confide in?*



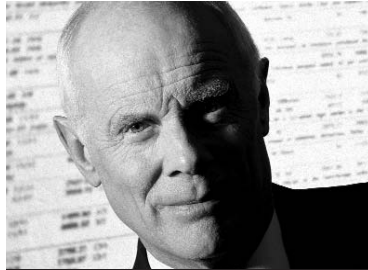
# River characters

You will be given one of the characters below. Your role is to give advice from this character's viewpoint about a road-related situation.



**Parent:**

*You tell the young person what to do, keeping in mind his/her best interests.*



**Grandparent:**

*You tell the young person what to do, keeping in mind his/her best interests. Use phrases like 'when I was your age'.*



**Religious leader:**

*You give the person moral guidance.*



**Teacher:**

*You stress the importance of everything they have learnt in school regarding road safety and give advice.*



**Bad friend:**

*You are a friend but have your own interests at heart. You are a bad influence.*



**Best friend:**

*You are the young person's most trusted friend. You truly care about them.*



**Media 1:**

*You represent one form of media e.g. TV, radio or music, that promotes young people having fun and taking a few risks.*



**Media 2:**

*You represent media that promotes road safety. Remind the young person of the most recent road safety campaigns that target this issue. Try to include some statistics or factual information.*



**Medical professional:**

*You advise the young person about his/her health. Provide the facts about driving-related incidences.*

## Activity: Role-play

This activity will help students to:

- identify the influence that others can have on their actions.

### Resources

- DVD: *6 - six mates six stories* (available from City of Melville, Western Australia)
- Resource sheet: *Role-play characters* – one per student

### How is it implemented?

1. View the DVD to stimulate discussion on the influence that peer groups can have on health behaviour.
2. Explain that students are going to role-play a driving-related situation. The role-play can be conducted by placing students in groups of six or alternatively six students can perform the role-play while the rest of the class act as observers.
3. Each student is given a card from Resource sheet: *Role-play characters*.
4. Give students time to prepare some arguments or statements to support their character's role.
5. Allow time for students to role-play the situation then use the following questions to debrief the activity.
  - *How did you feel about pressuring others?*
  - *Was it easier when someone else joined in?*
  - *How did you feel when you resisted pressure from your peers?*
  - *What would you really do in a similar situation?*
6. Ask students to summarise the issues that the role-play raised and comment on how they, or others, could deal with resisting adverse peer pressure.



# Role-play characters

## Student 1

After being at a friend's party, you get into your car to drive to another party. You have obviously had too much to drink but try to get everyone to come with you.

## Student 2

You and your friends have been drinking and decide to head to another party. You agree to go, even though you know that the driver has been drinking. You also try to convince the others to join you.

## Student 3

Others will try to persuade you to get into the car to go to a party. However the driver has been drinking and you do not think that this is a good idea. You have enough money to take a taxi and suggest this to the group. If no-one joins you then give in and go with the group.

## Student 4

Others will try to persuade you to get into the car. The driver has been drinking. You have promised your parents that you will never get into a car if the driver has been drinking. Resist for a while and then give in.

## Student 5

Others will try to pressure you to get into the car. You know the driver has been drinking. You refuse to get into the car.

## Student 6

Others will try to pressure you to get into the car. You know the driver has been drinking. You refuse to get into the car and try to persuade the others to get out of the car.

## Teacher notes: Preventative actions

The information and activities are designed to cover the following content from the Health Studies Unit 1CHEA:

### Actions and strategies for health

- preventative actions to cope with influences on personal health behaviour and enhance health i.e. resilience, social competence, assertiveness.

### Assertive, passive and aggressive

#### Assertive behaviour enables a person to:

- act in their own best interest
- stand up for themselves without undue anxiety
- express honest feelings comfortably
- exercise personal rights without denying the rights of others.

**Assertive communication** is a way of means expressing wants, needs or beliefs in an open and honest manner without violating the rights of others. The main characteristics of assertive communication are:

- a firm, relaxed and well modulated voice
- fluent speech with few hesitations
- 'I' statements (e.g. 'I like' or 'I want') that are brief and to the point
- suggestions, co-operative phrases or willingness to explore other solutions
- eye contact that demonstrates interest and shows sincerity
- relaxed, open body posture
- receptive listening.

**Passive communication** means repressing true emotions, feelings, and thoughts.

**Passive behaviour** is characterised by:

- apologetic words, failing to come to the point or self put-downs
- stooped stance, leaning for support
- excessive head nodding, wringing hands, looking down
- weak, hesitant or soft voice, frequent throat clearing or fill in words (e.g. maybe, um, sort of).

**Aggressive communication** means interacting with others, without respect for their rights and/or feelings.

**Aggressive behaviour** is characterised by:

- loaded words, threats or putdowns
- loud, tense or shrill voice
- sarcastic or condescending tone
- clenched hands, abrupt gestures, finger pointing, fist pointing
- invasion of others' personal space
- staring.

## Activity: Being assertive

This activity will help students to:

- recognise and respond to pressure from peers
- understand assertive ways of handling difficult situations involving peers.

### Resources

- Large sheets of butcher's paper – one per group
- Resource sheet: *What are you saying?* – one set of cards per group

### How is it implemented?

1. In groups, students write a list of comments or 'lines' that might be used by someone trying to influence others to act in way they would not normally. For example, 'Come on, everyone is doing it.'
2. Students then role-play situations where the list of comments may be used. Encourage students to practise responding in an assertive way.
3. Identify how students responded assertively such as voice levels, body language, stance and eye contact.
4. Students use the headings 'assertive', 'aggressive' or 'passive' to classify the cards on Resource sheet: *What are you saying?*
5. Discuss the behaviours used to communicate assertively. Have students reflect on these and identify those that are currently in their repertoire and those that need further practice.



# What are you saying?

Stands up straight.

Does not use negative or abusive comments.

Sneers or snarls.

Remains calm.

Does not respond directly to others. Uses evasive comments.

Says 'No, thank you!'

Hesitates to say what they mean.

Shakes, has a quivering lip, looks as if they are going to cry.

Maintains eye contact.

Is firm and in control, not aggressive.

Shouts loudly.

Uses a strong voice.

Has steady, well-paced speech.

Points or shakes their fist.

Uses threatening language.

Is positive and honest.

Uses 'I' statements ('I think', 'I feel' ...).

Agrees with others' opinions.

Speaks in a soft voice or mumbles.

Says 'Well, maybe ...'

Does not hesitate to express feelings or beliefs.

Has trouble making up their mind.

Uses a direct approach when stating their beliefs.

Agrees with everything others say.

Is pleasant but has a firm look on their face.

Stands up for their beliefs.

Has fast, nervous speech.

Slouches, has poor posture and downcast eyes.

Doesn't look at the other person.

Beats around the bush.





### Type of assessment

#### Response

Students apply their knowledge and skills in analysing and responding to stimuli or prompts.

At the end of this unit you will be required to demonstrate how you would apply your knowledge to complete a role-play presentation that conveys assertive communication. This activity will provide the opportunity for you to demonstrate your understanding of a response type assessment.

*This assessment task is worth 30 marks.*

**Outcomes:** Outcome 1: Knowledge and understandings; Outcome 2: Beliefs, attitudes and values; Outcome 3: Self-management and interpersonal skills; Outcome 4: Health inquiry skills and processes

**Content:** Personal beliefs; Attitudes and values influence health behaviour; Actions and strategies for health

**Context:** Road safety.

### Task 1: Record and present assertive responses to road safety situations. (30 marks)

#### What you need to do

Complete both Part A and B of the assessment task described below.

#### Part A:

##### Communication analysis

Identifying assertive, passive and aggressive responses for a range of road safety situations.

20 marks

#### Part B:

##### Role-play presentation

Plan and perform a role-play demonstrating an assertive response to a road safety situation.

10 marks

#### Part A: Communication analysis (20 marks)

1. Working in pairs, record assertive, passive and aggressive responses for each of the situations described on Resource sheet: *In control*.



**Part B: Role-play presentation (10 marks)**

1. With the same partner, plan a role-play using Resource sheet: *Role-play planning template*. **(5 marks)**
  - Choose one of the situations listed on Resource sheet: *In control*, to present in a two-minute role-play conveying assertive communication.
  - Describe two risk factors associated with this situation.
  - Prepare two assertive responses relevant for the situation and decide which of these your role-play will convey.
  - List three ways to behave assertively (e.g. voice level, body language, stance and eye contact).
  - Describe why the assertive response in this situation is a safer option than either a passive or aggressive response.
  
2. Perform the role-play. **(5 marks)**
  - At the conclusion of the role-play you will be required to explain why the assertive response was the safer option and the risks that could be reduced by responding assertively.



# In control

Complete the table below by recording an assertive, passive and aggressive response for each situation as well as the risks that be reduced by responding assertively.

Situation	Assertive	Passive	Aggressive
1 You are on the way to an early morning football match with several members of your team and notice that the driver is eating a sandwich and drinking a coffee. You are concerned as eating and drinking seems to be taking the driver's focus away from driving.			
2 You are driving tonight and do not intend to drink. Your friends know you are driving home but insist that one drink is perfectly alright and well within the law.			
3 The driver of the car you are in appears to be trying to impress you by driving very fast.			
4 Your friend invites you to join a group who are regularly involved in illegal car racing.			
5 You end up having to drive some intoxicated friends home. You are worried about their behaviour in the car.			
6 You are staying with some friends who live in the country. Everyone is going to visit the neighbours who live approximately 5km away. You are told to jump into the back of the ute as there is not enough space for everyone inside the vehicle.			
7 Your parents often collect you from parties and friends' houses late at night. They have usually had a drink but always appear to be very safe when driving home.			
8 You are stuck on the freeway in peak hour traffic. The passenger is encouraging you to drive more aggressively as you are late for your art class.			
9 The person chosen to drive has clearly had loads to drink. You never drink much and feel okay. Your friends want you to drive the other person's car home.			
10 You are a passenger in the car driving back to the Perth after a weekend away in the country. You notice that the driver is distracted by the passenger in the front seat who is selecting another CD to listen to.			



# Role-play planning template

Write the situation (from Resource sheet: In control) that you have selected to role-play.

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1 Describe two risk factors associated with this situation that require an assertive response.

1. \_\_\_\_\_  
2. \_\_\_\_\_

2 Develop two different responses that enable you to respond assertively in this situation and will potentially reduce the risks. Write these assertive responses in the spaces below.

*Assertive response (A)*

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*Assertive response (B)*

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3 Choose one of the assertive responses listed above for a two-minute role-play presentation.

A
B

4 List at least three appropriate and relevant assertive behaviours to use during your role-play that will strengthen your ability to communicate assertively.

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

5 Describe why the assertive response in this situation is the safer option in terms of risks that could be reduced.

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## Part A Marking key: Communication analysis (20 marks)

Name: \_\_\_\_\_

Criteria		Marks allocated (circle score)
1	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
2	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
3	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
4	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
5	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
6	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
7	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
8	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
9	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
10	Response is:	
	<ul style="list-style-type: none"> <li>clear, appropriate, accurate and relevant</li> <li>somewhat clear and relevant; and limited.</li> </ul>	2 1
<b>Total mark</b>		<b>/20</b>

## Part B Marking key: Role-play presentation (15 marks)

Name: \_\_\_\_\_

	Criteria	Marks allocated (circle score)
Role-play presentation	Role-play planning template is:	
	<ul style="list-style-type: none"> <li>relevant to the situation; presented clearly as an organisational tool; and appropriate in terms of assertive behaviour descriptions and responses</li> </ul>	5
	<ul style="list-style-type: none"> <li>somewhat relevant to the situation; presented somewhat clearly as an organisational tool; and somewhat appropriate in terms of assertive behaviour descriptions and responses</li> </ul>	3
	<ul style="list-style-type: none"> <li>limited in its relevancy and clarity; and limited appropriateness in terms of assertive behaviour descriptions and responses.</li> </ul>	1
Role-play planning template	The language used during the role-play is:	
	<ul style="list-style-type: none"> <li>clear; relates directly to the situation; uses appropriate assertive behaviour, responses and body language; and concludes with accurate risk reduction information</li> </ul>	5
	<ul style="list-style-type: none"> <li>somewhat clear; relates somewhat directly to the situation; uses somewhat appropriate assertive behaviour, responses and body language; and concludes with fairly accurate information about risk reduction</li> </ul>	3
	<ul style="list-style-type: none"> <li>limited in its clarity and relevancy to the situation; not appropriate in responses and body language; and little or no attempt has been made to conclude with risk reduction information.</li> </ul>	1
<b>Total mark</b>		<b>/10</b>

Teacher feedback:

Part A	Part B	Total assessment mark
/20	/10	/30