# Theory of Change for Making Children's Rights Real in Scotland
# Evidence Paper no. 3 – Culture

### Rapid Review of the change process no. 3: "Making children's rights real by influencing attitudes, norms, values and everyday actions"

The Scottish Parliament **unanimously passed the UN Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Bill in a landmark vote in March 2021**. Many people and organisations in Scotland have since been considering how best to implement the Bill and ensure children's human rights are respected, protected and fulfilled.

While the 2021 Bill cannot receive Royal Assent in its current form (due to the October 2021 Supreme Court judgment), the Scottish Government remains committed to incorporating the UNCRC into Scots law to the maximum extent possible and as soon as practicable.

To support this transformative change, the Observatory of Children's Human Rights Scotland, Matter of Focus and Public Health Scotland were awarded a grant by the Scottish Government, to lead a **collaborative effort to develop a Theory of Change for the process of UNCRC implementation in Scotland**. The work took place between November 2021 and March 2022.

> **For further information on the project and to read through the Theory of Change for UNCRC implementation in Scotland, see the accessible summary, interactive report and full report.**

In February/March 2022, the Theory of Change project team – with the evidence strand led by Public Health Scotland – commissioned **rapid reviews on each of the four change processes making up the Theory of Change**. The reviews examined the evidence on what best effects change and how to apply this to the Scottish context through the Theory of Change.

In addition to informing the development of the Theory of Change, reviewers were tasked with writing **evidence papers providing summaries of the relevant evidence, to support policy-makers and practitioners in making evidence-based decisions towards their next steps** to further UNCRC implementation.

You can find the **four evidence papers** on the Observatory's website, including **Evidence Paper no. 2 on Capacity**, **Evidence Paper no. 3 on Culture** and **Evidence Paper no. 4 on Empowerment**. While each of the four papers is themed around one of the change processes, the interconnectedness of the change processes means that the **papers are interrelated**, with the evidence sometimes crossing over.

# Theory of Change for Making Children's Rights Real in Scotland: Rapid Review of the change process no. 3 "Making children's rights real by changing attitudes, norms, values and everyday actions"

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## Summary

In order to support implementation of the United Nations Convention on the Rights of the Child (UNCRC) (Incorporation) (Scotland) Bill, which passed in the Scottish Parliament in March 2021, the Observatory of Children's Human Rights Scotland, Matter of Focus, and Public Health Scotland undertook a collaborative and consultative process to develop a Theory of Change on UNCRC implementation. The Theory of Change consists of four connected change processes; this paper puts forth a review of evidence for the third change process, 'Making children's rights real by changing attitudes, norms, values and everyday actions', examining the existing evidence on how to influence attitudes and behaviours through social norms change.

This review examines the current existing evidence on what social norms, attitudes, and behaviours are and how to ensure that interventions targeting social norms are effective. While there is limited direct evidence on interventions to change social norms around children's rights, there is a strong evidence base around shifting social norms to impact public health, violence prevention, child marriage, gender inequities and other fields. Examples from these sectors are used to summarise key evidence that can be used to enact social norms change around children's rights in Scotland.

As outlined in the paper below, several key findings emerged from the evidence review that are important for implementing the Theory of Change:

- The best progress in shifting social norms occurs when norms are addressed at multiple levels, including socially, politically, legally, and economically. This is due in part to the fact that norms are embedded in multiple inequitable systems and structural drivers that continually sustain these norms.
- Understanding existing social norms, their influence, and who maintains these norms is vital to designing interventions that can help to shift these norms, and a variety of tools exist to better identify, understand, and analyse these norms, whether harmful or protective.
- Working with communities and identifying allies can be a vital step in disrupting social norms and reaching those that are resistant to change.

This review of the evidence can be taken as a base for the Theory of Change on shifting social norms to promote children's rights in Scotland.

## Key evidence available relevant to this change process

Several theorists have written about what defines a social norm and how best to ensure norms and cultural change interventions are successful. Many agree there are four key tenants to the definition of norms: (1) understanding one's beliefs about others, (2) their social expectations, (3) who the reference group is – or those people important for the decision or behaviour in question – and (4) the anticipated reaction of others to following or not following the social norm in the form of possible sanctions.[1, 2]

In other words, social norms are beliefs about which behaviours are appropriate within a given group of people. Norms are informal rules that most people accept and follow.[3]

The important thing to remember is that social norms refer to these socially-shared rules governing a behaviour, which are often unwritten and unspoken, and not to the behaviour itself. This is significant as programmes aiming to change norms are different from individual behaviour change programmes: the former seek to influence social expectations around rules and shared beliefs rather than the later programmes, which focus solely on individual attitudes and beliefs.[4]

Of critical importance to social norms theory and programming is understanding 'reference networks' which are people whose opinion matters to us for a particular behaviour or context. According to many experts, social norms inherently require a reference group, or a network of people with whom we identify, and to whom we compare ourselves.[5]

In practice, the strongest evidence base on social norms changes around children's rights come from studies that examine gender norms and attitudes, and public health and norms and attitudes around children's health and wellbeing. Yet, there is still a critical gap in the literature on encouraging norms changes around children's rights as a broader concept – which this current work can help fill.

From the evidence-base, several key features have emerged as being central in successful norms-shifting programmes, which are highlighted below.

*Progress is best made when social norms are addressed at multiple levels (including socially, politically, economically and legally).* There is limited evidence on the sequencing and order of interventions to address social norms change and encourage behaviour change; however, evidence from multiple reviews and analyses suggests that effective change occurs at multiple levels over what is frequently an extended period.

As noted in the flagship report 'Gender, Power and Progress: How Norms Change' from the Advancing Learning and Innovation on Gender Norms (ALIGN) Platform (see section on Where to find further

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[1] Deborah Fry, Charity Hodzi, and Tendai Nhenga, 'Addressing Social Norms that Underpin Violence Against Children in Zimbabwe: Findings and Strategic Planning Document' (Harare: Ministry of Public Services, Labour and Social Welfare, 2016).
[2] Gerry Mackie, Francesca Moneti, Holly Shakya, and Elaine Denny, 'What are Social Norms? How are they Measured?' (San Diego, CA, 2015).
[3] The Learning Collaborative to Advance Normative Change, 'Social Norms and AYSRH: Building a Bridge from Theory to Program Design', (Washington, D.C.: Institute for Reproductive Health, Georgetown University, 2019).
[4] Institute for Reproductive Health, 'Identifying and Describing Approaches and Attributes of Norms-Shifting Interventions – Summary Paper' (Washington, DC: IRH at Georgetown University on behalf of the Learning Collaborative to Advance Research and Practice on Normative Change, 2017).
[5] Maria Knight Lapinski and Rajiv N. Rimal, 'An Explication of Social Norms', *Communication Theory* 15, no. 2 (2005), 127-147.

information), when viewing norms change from an intersectional lens, multiple systems of oppression work at the same time to uphold entrenched and harmful social norms. Because all these factors that allow harmful norms to persist are interlinked, it is necessary to address harmful norms and encourage behaviour change on multiple fronts simultaneously, including through political, social, legal, and economic environments.[6]

For example, Levy et al (2019)[7] and Chandra-Mouli et al (2017)[8] both point out that successful interventions in changing norms have been implemented at multiple levels simultaneously. Chandra-Mouli et al, in a review of findings from the Global Early Adolescent Study (GEAS) on how gender norms and attitudes become entrenched in adolescence, emphasise a need for programming at multiple levels of the ecological framework (individuals, peers, families, communities, and institutions) at the same time, to change societal norms in addition to individual attitudes. A systematic review by Levy et al (2019)[9] looked into characteristics of programmes around the world which were successful in promoting the health and wellbeing of children, adolescents, and young adults (age 0-24 years) by targeting inequality and restrictive gender norms. Most programmes were found to focus on improving individual outcomes rather than systemic or institutional change. However, the most effective programs in enacting broader norms changes were found to be those that: worked across sectors and used multisectoral action; incorporated multiple levels of involvement from multiple stakeholders; and used programming that was diversified.

In discussing how harmful gender norms impact healthcare and how biased health systems reinforce gender inequalities, Heise and colleagues (2019) outline three ways in which social norms change, which are: using policy or legal reform to leverage social change; working with social movements and using citizen action; and working directly with communities to shift norms and harmful behaviours. In particular, using new policies and reforming legal codes can help to enact widespread change, but if policy-makers attempt to put in place new norms that are too different from the status quo, these policies may not be successfully executed or enforced,[10] suggesting that multiple simultaneous interventions over time may be more effective in promoting changes in norms and behaviours.

These approaches are supported by a review (Hay et al, 2019) of changing gender norms within health systems globally, which examined both how harmful norms and inequalities related to gender appear within health systems as well as how these norms and inequalities can be disrupted. The authors find that multiple disruptive solutions were useful to shifting restrictive gender norms within health systems and therefore reducing or preventing gender inequalities. The global analysis shows that gender transformative approaches were successful in shifting norms when they operated at three levels: outside health systems, using economic and social policies that supported gender equality; within health systems, to provide safety for and increase the value of female workers and service providers; and with

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[6] Caroline Harper, Rachel Marcus, Rachel George, Sophia D'Angelo, and Emma Samman, 'Gender, Power and Progress: How Norms Change' (London: ALIGN/ODI, 2020), www.alignplatform.org/gender-power-progress.

[7] Levy et al, 'Characteristics of Successful Programmes'.

[8] Chandra-Mouli et al, 'Implications of the Global Early Adolescent Study's Formative Research Findings for Action and for Research'.

[9] Jessica K. Levy, Gary L. Darmstadt, Caitlin Ashby, Mary Quandt, Erika Halsey, Aishwarya Nagar, and Margaret E. Greene, 'Characteristics of Successful Programmes Targeting Gender Inequality and Restrictive Gender Norms for the Health and Wellbeing of Children, Adolescents, and Young Adults: A Systematic Review,' *The Lancet Global Health* 8, no. 2 (2020), e225-e236.

[10] Heise, Lori, Margaret E. Greene, Neisha Opper, Maria Stavropoulou, Caroline Harper, Marcos Nascimento, Debrework Zewdie et al, 'Gender Inequality and Restrictive Gender Norms: Framing the Challenges to Health', *The Lancet* 393, no. 10189 (2019), 2440-2454.

health systems, to increase accountability at the societal and community levels. The reviewers additionally note that despite progress, restrictive and potentially harmful norms within health systems persist, requiring further innovative approaches to address entrenched social norms.[11]

*It is important to remember that norms are embedded in a system of structural drivers that intersect and sustain the behaviour(s).* Social norms intersect with other individual, social, material, institutional, structural, and global factors in sustaining behaviours that do not uphold children's rights and any effective norms change must be grounded in a holistic understanding of how these other factors intersect around children's rights.[12]

For example, a systematic review by Kagesten et al (2016)[13] sought to understand which factors shape gender attitudes during early adolescence around the globe as part of the Global Early Adolescent Study (GEAS), of which Scotland is also a participating country. The review highlights the importance of both individual sociodemographic factors (such as gender, race, ethnicity, immigration status, social class, and age) and interpersonal and structural factors (with family and peers) on influencing adolescents' gender attitudes and reinforcing stereotypes or inequitable gender attitudes. Early adolescence was found to be a key moment where social norms (including, in this instance, gender norms and inequitable attitudes) were reinforced as adolescents begin to experience different social expectations and changing behaviour of parents and peers around gender, which then become entrenched. The review found that parents and peers of adolescents are largely responsible for reinforcing inequitable norms and attitudes as the key reference networks, with some less robust evidence suggesting that schools and media also play a role.

*Evidence on diagnosing norms and reference networks*

Norms can be tricky to identify because sometimes people's attitudes (their personal beliefs about how the world should be) differ from the social norm.[14] A common example of this in social norms literature is the use of corporal punishment (both physical and emotional) in school settings. A teacher may not personally believe in using corporal punishment but may believe that other teachers or even parents expect them to discipline the children in their classrooms. Similarly, research has shown a mismatch in attitudes and norms may also exist with child marriage behaviours.[15] When most people are individually against something but incorrectly believe everyone else is in favour of a specific behaviour, a situation called pluralistic ignorance occurs.[16] In cases of pluralistic ignorance, an intervention might achieve a shift by simply unveiling the contradiction through media/awareness raising, thus creating an opportunity for individuals to follow their own preference.

Norms can also have varying degrees of influence, as researchers in changing norms around health promotion have found, ranging from the strongest in which the practice seems obligatory and almost impossible to change or resist, to the much weaker influence in which an alternative practice seems

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[11] Katherine Hay, Lotus McDougal, Valerie Percival, Sarah Henry, Jeni Klugman, Haja Wurie, Joanna Raven et al, 'Disrupting Gender Norms in Health Systems: Making the Case for Change', The Lancet 393, no. 10190 (2019), 2535-2549.

[12] The Learning Collaborative to Advance Normative Change, 'Social Norms and AYSRH'.

[13] Anna Kågesten, Susannah Gibbs, Robert Wm Blum, Caroline Moreau, Venkatraman Chandra-Mouli, Ann Herbert, and Avni Amin, 'Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review', *PloS One* 11, no. 6 (2016): e0157805.

[14] The Learning Collaborative to Advance Normative Change, 'Social Norms and AYSRH'.

[15] Cristina Bicchieri, Ting Jiang, and Jan W. Lindemans, 'A Social Norms Perspective on Child Marriage: The General Framework' (2014).

[16] Mackie et al, 'What are Social Norms?'.

possible.[17] It is important to diagnose the strength of both positive and negative norms around children's rights – from 'smacking' and use of violent discipline in the home, to norms on engaging children's participation in matters affecting them at all levels of society. Understanding which norms have the most strength is important as they will require more concentrated effort with engaging reference networks to change (if negative) or can be potential avenues to focus on (if positive).

This diagnosis of norms provides a clear understanding of existing social norms in a specific community, who maintains (or is perceived to maintain) these norms, and how they relate to behaviours. With such information, programme implementers can design more relevant and effective programmes. A recent review of norms diagnosis tools found a range of tools and approaches ranging from training staff to guiding programme and research development in a variety of fields related to health, gender and child protection.[18] What the tools have in common is measuring the four key elements of norms (beliefs about others, social expectations, reference groups and sanctions) often through participatory tools including vignettes (which according to social norms researchers is an often very effective way to gather this information).[19] It is often a misperception that social norms diagnosis can only be gathered through qualitative data, but new learning has found ways to more effectively measure the key elements of norms through surveys.[20,21] Several studies and indeed the wider social norms theory points to identifying reference networks as being crucial for norms-shifting programmes. But how do you identify these key actors and how to do you know who is a considered a reference group – e.g. upholders of the norms? [22]

The newest addition in the norms diagnostic field comes from the Institute for Reproductive Health at Georgetown University, with support from the Bill & Melinda Gates Foundation-funded Learning Collaborative to Advance Normative Change, which developed the Social Norms Exploration Tool (SNET). SNET is a participatory guide and set of tools to translate theory into practical guidance. SNET provides step-by-step guidance through materials for five phases to explore the norms that drive behaviours of interest within a specific context and offers guidance to interpret findings to inform intervention design and guide monitoring and evaluation. The five phases of SNET materials include:

1. **Plan and prepare:** Reflect on norms that may influence behavioural outcomes of interest, then define the exploration objectives, choose and prepare participatory exercises.
2. **Identify reference groups:** Use participatory exercises with project participants to identify reference groups and conduct rapid analysis.
3. **Explore social norms:** Use participatory exercises with project participants and reference group members about factors influencing specific behaviours, unpacking norms and their relative influence.
4. **Analyse findings:** Conduct participatory analysis to compare, contrast and identify themes and develop a findings brief.
5. **Apply findings:** Apply findings to design or refine programs for action, focusing on developing specific strategies to address the most important norms and engage reference groups.

[17] Beniamo Cislaghi and Lori Heise, 'Four Avenues of Normative Influence: A Research Agenda for Health Promotion in Low and Mid-Income Countries', *Health Psychology* 37, no. 6 (2018), 562.

[18] C. Davin, 'Overview of Experiences Diagnosing Social Norms' (Working paper developed for a Measurement Community meeting, Learning Collaborative to Advance Normative Change, 2017).

[19] Mackie et al, 'What are Social Norms?'.

[20] Mackie et al, 'What are Social Norms?'.

[21] Davin, 'Overview of Experiences Diagnosing Social Norms'.

[22] Davin, 'Overview of Experiences Diagnosing Social Norms'.

The SNET framework was developed with feedback from organisations and programmes that have implemented SNET in more than 15 settings between 2016 and 2019. Examples include its use in the design of a survey to determine dominant social norms regarding intimate partner violence and the justifications for those norms in Nigeria,[23] to design a programme to address barriers for women's economic advancement and the root causes of gender discrimination in Palestine, and to integrate a norms focus into an existing programme on intimate partner violence and family planning in the Democratic Republic of the Congo, among others.[24]

## *The importance of reinforcing the positive norms.*
Cislaghi and Heise (2018)[25] additionally underscore the importance of not only attempting to shift and change negative and harmful norms and behaviours, but also promoting protective norms and practices. Norms, attitudes, and behaviours will not necessarily shift at the same time but shifting social norms to scale up protective practices may influence people's behaviour to adhere to that new norm, even if their personal attitude has not yet shifted. Similarly, Heise and Manji (2016) note that building and bolstering a new norm—including positive or protective norms—can be a strategic and effective way to promote certain behaviours and may be easier than dismantling harmful norms.[26] As such, focusing on promoting positive norms, attitudes, and behaviours is also essential in challenging harmful entrenched norms and practices.

## *Working with the community as allies in norms change and how to bring on board those who may be resistant to change.*
Incorporating the UNCRC is supported by the Scottish Government and Scottish Parliament. However, there may be other power holders in society who will see promoting children's rights as challenging the existing hierarchies and this may result in strong, negative responses. Evidence shows that within a group of power holders, individual investment in maintaining the current order and willingness to shift social norms may not be evenly distributed.[27] This can create an opportunity for norms-shifting programmes to focus more on certain power holders as potential allies, working with and through them to influence and shift others to support acceptance of the norms change. For example, in some of the literature around changing norms that promote gender-based violence, working with men as allies in specific programming have often been found to be effective at shifting norms of other power holders.[28]

Similarly, an evaluation study in Ethiopia, Nepal, Uganda, and Viet Nam on changing norms related to sexual and reproductive health found that as new ideas and practices began to emerge, they were often contested, prompting resistance or a backlash against those challenging the prevailing norms.[29] This can lead people to mobilise to defend values or traditions they perceive as being attacked. The authors

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[23] Maureen Heijmen, 'The Determinants of Justification on Social Norms Regarding Intimate Partner Violence Among Nigerians', Master's thesis, 2020.

[24] Institute for Reproductive Health, 'Social Norms Exploration Tool' (Washington, DC: Institute for Reproductive Health, Georgetown University, 2020).

[25] Cislaghi and Heise, 'Theory and Practice of Social Norms Interventions'.

[26] Lori Heise and Karima Manji, 'Social Norms', GSDRC Professional Development Reading Pack no. 31 (Birmingham: University of Birmingham, 2016).

[27] The Learning Collaborative to Advance Normative Change, 'Social Norms and AYSRH'.

[28] Rachel Jewkes, Michael Flood, and James Lang, 'From Work with Men and Boys to Changes of Social Norms and Reduction of Inequities in Gender Relations: A Conceptual Shift in Prevention of Violence Against Women and Girls', *The Lancet* 385, no. 9977 (2015), 1580-1589.

[29] Julie Pulerwitz, Robert Blum, Beniamino Cislaghi, Elizabeth Costenbader, Caroline Harper, Lori Heise, Anjalee Kohli, and Rebecka Lundgren, 'Proposing a Conceptual Framework to Address Social Norms that Influence Adolescent Sexual and Reproductive Health', *Journal of Adolescent Health* 64, no. 4 (2019), S7-S9.

recommended engaging respectfully with all sections of a community to help minimise these counter efforts.[30]

One way to do this is to focus initially on those people who are more open to reflection and change. The Diffusion of Innovation theory describes these people as early adopters or people who are willing to risk negative sanctions or lose the benefits associated with adhering to an existing normative practice.[31] Working with these early adopters has been a hallmark of some successful norms-shifting interventions.[32,33]

In addition to working with early adopters, reviewing early successful interventions, and promoting those are also useful. For example, a review of evidence of parenting programmes intended to change norms around violence against children found that in order to increase the norms change, policy-makers and practitioners should focus on implementing successful programmes and initiatives at a larger scale (horizontal scale up), expanding discussion of social norms within these programmes, and maintaining these programmes longer-term.[34]

Some norms, however, remain entrenched and there will be key resisters to change. For example, while some norms change quite rapidly (such as social norms and conventions around social media, computers, and smartphones following the introduction of these technologies),[35] many remain entrenched and take decades or generations to change (such as gender norms and norms around violence). When norms do change, there is no single path to change, and norms will not necessarily change at the same pace or in the way that is expected. In addition, general trends in norms changes may mask important variations across regions, age groups, socioeconomic levels, and locations. Some norms remain 'sticky' and take significantly longer to change. As such, the results around changing social norms and behaviours is highly varied, particularly when viewed over the short term rather than the long term.[36]

Norms may remain entrenched for multiple reasons — they may serve a purpose to a specific society, they may remain unexamined and therefore unquestioned or unchallenged, or they may support the interests of a specific social group that holds power in a society.[37] Norms are maintained not just by lack of awareness about those norms or fear of social disapproval and negative repercussions for non-adherence, but also positive rewards for complying with entrenched norms, attitudes, and behaviours.[38] In addition, norms may be resistant to change not necessarily because people support them but due to pluralistic ignorance — the idea that even when people do not personally support or believe in a norm, they may still support it through their behaviour because they believe that others approve of and

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[30] Pulerwitz et al, 'Proposing a Conceptual Framework to Address Social Norms that Influence Adolescent Sexual and Reproductive Health'.

[31] The Learning Collaborative to Advance Normative Change. "Social Norms and AYSRH: Building a Bridge from Theory to Program Design." Washington, D.C.: Institute for Reproductive Health, Georgetown University. (2019).

[32] Pulerwitz et al, 'Proposing a Conceptual Framework to Address Social Norms that Influence Adolescent Sexual and Reproductive Health'.

[33] The Learning Collaborative to Advance Normative Change, 'Social Norms and AYSRH'.

[34] Rachel Marcus, Jenny Rivett, and Krista Kruja, 'How Far do Parenting Programmes Help Change Norms Underpinning Violence Against Adolescents? Evidence from Low and Middle-Income Countries', *Global Public* Health 16, no. 6 (2021), 820-841.

[35] Heise et al, 'Gender Inequality and Restrictive Gender Norms'.

[36] Harper et al, 'Gender, Power and Progress'.

[37] Heise et al, 'Gender Inequality and Restrictive Gender Norms'.

[38] Harper et al, 'Gender, Power and Progress'.

adhere to this norm.[39] By understanding why norms are maintained and entrenched, it can be easier to disrupt these norms and to bring on board those are perceived to be resistant to new social norms or to changing their behaviour.

But how do we bring on board those people who may be most resistant to change? Multiple authors underscore the importance of witnessing norms change from within their own communities. Heise et al (2019) note that when working directly with communities to enact social norms change and behaviour change, the effective change frequently comes when people witness that norms are changing through the behaviour of others—particularly when the social or political cost of transgressing against persistent harmful norms is high.[40] When examining the 'sticky norms problem' — which occurs when an entrenched social norm is so prevalent that policy-makers are hesitant to put in place policies that challenge that norm — Kahan (2000) notes that individuals are more likely to condemn a harmful practice, attitude, or behaviour if they know that others will also condemn that behaviour.[41]

Similarly, Cislaghi and Heise (2018)[42] identified eight common pitfalls of social norms interventions with eight corresponding learnings on how to integrate social norms changes. The eighth pitfall notes that designing interventions intended to shift social norms from the outside are frequently harmful, and that people-led interventions that adhere to local norms and social contexts are more effective; asking people to join a concentrated movement and collaborate with others is less likely to elicit backlash when working against established norms and conventions.

## Where to find further information

In addition to the bibliography below, the following resources are useful for understanding social norms theory, measuring social norms and current initiatives to synthesise and analyse learning from norms-shifting interventions:

The **Global Early Adolescent Study (GEAS)** is a worldwide study looking into how gender norms evolve and impact health outcomes during adolescence with the objective of understanding how gender socialisation occurs and shapes health (including gender-based and interpersonal violence, mental health, school retention, and sexual and reproductive health). The study follows the experiences of more than 15,000 adolescents (age 10-14 years) across five continents through observational research and impact evaluation of interventions. More information can be found here: https://www.geastudy.org/.

The **Gender and Adolescence: Global Evidence (GAGE)** project uses longitudinal impact evaluations in order to test programme effectiveness and see what works to enhance adolescents' capabilities and empower them and explore their gendered experiences. The study involves more than 20,000 adolescents in six low- and middle-income countries over the course of nine years (2015-2024). More information can be found here: https://www.gage.odi.org/.

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[39] Dale T. Miller, Benoit Monin, and Deborah A. Prentice, 'Pluralistic Ignorance and Inconsistency Between Private Attitudes and Public Behaviors', in Attitudes, Behavior, and Social Context (Psychology Press, 1999), 95-114.

[40] Heise et al, 'Gender Inequality and Restrictive Gender Norms'.

[41] Dan M. Kahan, 'Gentle Nudges vs. Hard Shoves: Solving the Sticky Norms Problem,' The University of Chicago Law Review (2000), 607-645.

[42] Ben Cislaghi and Lori Heise, 'Theory and Practice of Social Norms Interventions: Eight Common Pitfalls,' Globalization and Health 14, no. 1 (2018), 1-10.

The **Learning Collaborative to Advance Normative Change**, funded by Bill & Melinda Gates Foundation and led by a steering committee of organizations and donors, is a network of experts who have been collaborating since 2016 to generate knowledge and develop shared tools to promote and guide effective social norm theory, measurement, and practice. Resources can be found here: https://www.alignplatform.org/learning-collaborative.

**The Advancing Learning and Innovation on Gender Norms (ALIGN) Community of Practice**, led by the Overseas Development Institute, provides information and a resource hub on social norms related to eight themes: Education; Health; Gender-based Violence; Men, Boys and Masculinities; Child Marriage; Data, Tools, and Measurement; and Understanding Norms and Norms Change. Resources can be found here: https://www.alignplatform.org/.

**The University of Pennsylvania Social Norms Group (Penn SoNG)** is a research, training, and consulting group focusing on the field of behavioural change. Research projects have focused on understanding the factors and social norms impacting child marriage, sanitation, corruption, and violence. Resources can be found here: https://pennsong.sas.upenn.edu/.

**The Social Norms Exploration Tool (SNET),** developed by the Institute for Reproductive Health at Georgetown University with support from the Learning Collaborative to Advance Normative Change, is a toolkit and participatory guide to support program implementers to better understand social norms concepts and theories, engage community members, and use findings to design norms-shifting activities. More information can be found here: https://irh.org/social-norms-exploration/.

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