Personal Social Health and Economic (PSHE) Education under the coalition government

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Executive summary

Context

PSHE has had a fairly tempestuous journey since its inception, its place in schools has been debated widely and central government policy has shifted from the subject almost becoming statutory in 2010, towards an almost entirely devolved school led 'schools know best' approach under the coalition government.

PSHE is currently a non-compulsory subject despite many organisations advocating for it to be made statutory. However, there still appears to be an expectation upon schools to teach at least some PSHE, and the Ofsted review of 2013 has outlined that the teaching of PSHE is 'not yet good enough'. Schools are expected to teach the subject despite the lack of available training for teachers or teaching materials for the subject.

This research builds on the 2011 mapping study across England conducted by the Centre for Education and Inclusion research (CEIR) at Sheffield Hallam University. This is a small scale study which attempts to investigate how schools in one local authority area in the north of England are dealing with the new policy landscape of PSHE. The specific aim was to explore the extent to which the status and provision of PSHE in schools has altered under the coalition government of 2010 to 2015.

Research questions

Three research questions were developed:

1. How are key stakeholders and PSHE leads interpreting the policy landscape of PSHE?

2. How has the status and provision of PSHE changed (if at all) in schools under a coalition government? If so, to what extent and why?

3. What are the perceived barriers and motivations for schools engaging with PSHE?

Research Methods

Data collection was undertaken through three sources:

- Face to face and telephone interviews with 5 strategic level stakeholders.
- A survey of PSHE leads in a sample of all maintained primary and secondary schools in the local authority area.
- Telephone interviews with 9 PSHE leads from primary and secondary schools in the local authority area.

Findings and conclusion

This research reveals that PSHE is very much still valued by the stakeholders interviewed and by those teaching the subject in schools. The importance of PSHE being taught in school was highlighted for the links to pupil wellbeing and to properly prepare pupils for their lives now and in the future. Despite this, the study reveals that the provision of PSHE in schools appears to be decreasing, particularly in older year groups.

PSHE leads discussed how they were finding it harder to retain their PSHE teaching time and there were concerns for the future of the subject if particular individuals who drive the subject forward, were no longer at the school.

It was widely felt that PSHE was not supported or prioritised at a governmental level, and this was listed as a hindrance to teaching the subject. Barriers discovered included; an absence of national teacher training, a lack of quality assured teaching materials, a shortage of time available in the curriculum and the continuing pressure to achieve relatively narrow academic outcomes within schools.

As this was a very small body of research, caution should be used in generalising any findings to a wider population of schools.

1. Introduction

This section of the report frames our research within the previous literature on Personal Social Health and Economic (PSHE) education[1] and discusses the policy context of the subject before outlining the research aims and questions this study wishes to address.

The history of PSHE emerges from the public school notion of pastoral care, developing and caring for the whole child. There is a history of debate as to whether this type of learning and support should be the sole responsibility of parents, however some schools began teaching Personal, Social and Health Education on an informal basis throughout the 1960s to the early 1980s (Hilton 2009). The discussion continued about the need for this type of teaching, particularly around sex education, and this was added to the curriculum agenda in 1986, but not as a compulsory subject. When the national curriculum was introduced in 1988, Personal Social Health Education was not a listed subject. However by 1990 the then Conservative government stated that the curriculum had gaps where these wider concepts were missing, and introduced cross curricular themes as a way to include elements such as health and economic education throughout the curriculum. Schools were expected (but not required to) include these elements within the curriculum of compulsory subjects, and in many schools this failed to happen. Towards the late 1990s, as the curriculum was to be revisited, the Labour government set up the Preparation for Adult Life (PAL) committee, pushing for the introduction of PSHE in schools. The curriculum was revised in 1999 and PSHE was included as a non-statutory subject for all key stages. The Qualification and Curriculum Authority (QCA) set up the aims and objectives of PSHE and these were reported on by Ofsted. PSHE was described as the '*taught planned programme of teaching and learning that promotes pupils personal and social development and their health and wellbeing*' (QCA 2005 p1)

The first national frameworks were introduced for PSHE and citizenship in 2000. This had clearly been heavily influenced by the Education Reform Act of 1988 that highlighted (amongst other things) that the school curriculum should: '*prepare pupils for the opportunities, responsibilities and experiences of adult life*' (ERA 1988). The frameworks were for key stages 1 and 2 (PSHE and citizenship) and 3 and 4 (PSHE). The National Healthy Schools Programme (1998) and the PSHE CPD programme all played an important part in supporting the implementation of these frameworks. In 2002 as a result of recommendations outlined in the Crick report (1998), Citizenship education was introduced as a compulsory subject in the English National Curriculum, PSHE however, remained non statutory.

In 2008 the then schools minister Jim Knight proposed that the subject become part of the national curriculum. Momentum towards compulsory status became further elevated in 2009 when the independent Macdonald review recommended that PSHE become statutory. Yet when the coalition government came to power in 2010 this did not happen. The coalition withdrew funding for the PSHE Continuing Professional Development (CPD) programme, meaning school staff no longer had access to training in this area, therefore potentially lowering standards. Brown et al (2011), alleged that funding for CPD being withdrawn, along with the move away from statutory status '*perhaps sends a signal about the devaluing of PSHE to teaching staff*' (Brown et al 2011, p118).

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[1] *Please note for ease in the interests of common understanding where we use the acronym PSHE this refers to Personal Social Health Economic (PSHE) education. When we refer to the subject without the economic dimension we write the subject in full and do not abbreviate.*

However as part of the national curriculum framework, the Department for Education (DfE) has stated that '*PSHE education is an important and necessary part of all pupils' education*' and that '*All schools should teach PSHE, drawing on good practice*' (DfE 2013). In addition Ofsted published a report entitled 'Not yet good enough' with regard to the provision of PSHE in England, arguably signaling a commitment to improving the quality of the provision. Nevertheless the government's PSHE education review in March of that year stated that the subject would continue to be non-compulsory.

Data collection for this research took place within this policy context and builds upon (albeit in a single local authority) the 2011 mapping study of PSHE (Formby et al 2011) across England conducted by the Centre for Education and Inclusion research (CEIR) at Sheffield Hallam University. The mapping study concluded that delivery of PSHE was varying widely across England, particularly for secondary schools and that in some schools PSHE was not given high enough priority. In order for PSHE delivery to be successful in schools, the report argued the need for '*continued strategic support from both schools and policy makers'* (p101). A concern arising from the mapping study was that non statutory provision of PSHE would result in further diminished status and reduced provision of the subject.

Since data collection on the subject began, the nature of PSHE in schools has been discussed much further. There was an open consultation review process culminating in a much delayed publication entitled 'Consultation on PSHE education' (DfE 2013a). The House of Lords debated amendments to the Children and Families Bill in January 2014, and there were hopes raised that PSHE may be made statutory, however no amendments were made. The government's justification for the non-compulsory nature of PSHE is based on their belief that the current school led system is better suited for ensuring pupils' needs are met. Elizabeth Truss MP stated that keeping PSHE optional would '…*allow teachers the flexibility to deliver high quality PSHE, we consider it unnecessary to provide new standardised frameworks or programmes of study. Teachers are best placed to understand the needs of their pupils and do not need additional central prescription.'* (Truss, 2013) The government do appear to want schools to continue to teach PSHE, despite a lack of guidance or compulsion, this is evidenced by an expectation that all schools publish their PSHE curriculum, and that (reduced) grant funding has been provided to the PSHE association to support schools with their teaching of the subject. However according to the commons education committee inquiry, these measures alone are not enough to ensure good quality PSHE teaching and were described as '*weak'.* (House of Commons 2015). The inquiry also recommended that PSHE be made statutory. There is currently a campaign by the PSHE Association for the national statutory teaching of PSHE, a campaign which over 100 organisations have joined, including charities, unions, commercial companies and campaign groups. Caroline Lucas MP also presented a bill for compulsory PSHE in July of 2015 to the House of Commons, after an earlier attempt in 2014 to push the bill through was unsuccessful.

The PSHE association states that the purpose of PSHE is to help learners *'acquire the knowledge, understanding and skills they need to manage their lives, now and in the future'* (PSHE association 2015). Proponents of PSHE argue for its importance in helping

pupils to be; '*Confident as individuals, responsible as citizens and successful as learners*' (Waters 2009). Moreover recent literature has discussed the ways in which PSHE can *'bridge the gap between positive health outcomes and educational attainment*' (Hayman 2014).

Research aims and scope of the study

The key aim of this research was to investigate how schools interpret and deal with the new policy landscape around PSHE in the context of broader educational policy, which is seemingly becoming ever more focused on the standards agenda.

We specifically explored the extent to which the status and provision of PSHE in schools within one local authority area has altered (if at all) in the 5 years of the coalition government. This research explores the views of stakeholders with strategic level remits, on policy developments, as well as PSHE lead teachers in both primary and secondary schools to uncover their views on the priority held by PSHE and how and why schools are able to dedicate time to this subject within the current context.

Research Questions

The following three research questions were developed; these were then used to inform tools for data collection.

1. How are key stakeholders and PSHE leads interpreting the policy landscape of PSHE?

2. How has the status and provision of PSHE changed (if at all) in schools under a coalition government? If so, to what extent and why?

3. What are the perceived barriers and motivations for school in engaging with PSHE?

2. Research setting

In order to provide a context to this study, this section gives an overview of the local authority (LA) in which the study took place.

Local Authority Information

The research explores PSHE within a large post-industrial city located in the north of England. The city's population is predominantly White British (81%), Ethnic minority groups including Asian, Indian, Pakistani, Bangladeshi, Chinese, Other Asian, Black African, Caribbean, and other black make up the remaining 19%[2].

School information

The below table shows the percentage of pupils eligible for free school meals (FSM) in the city and how this compares to schools within England overall. The case study area has a higher percentage of pupils eligible for FSM at both primary and secondary level.

Table 1. Pupil free school meal eligibility (percentage) in 2015

FSM eligibility	Case study LA	England
Primary	18.8%	15.6%
Secondary	17.1%	13.9%

Table 2. Percentage of pupils whose first language is known or believed to be other than English in 2015

English as an additional language (EAL)	Case study LA	England
Primary	22.1%	19.4%
Secondary	16.8%	15%

Table 2 shows that there are a slightly higher proportion of pupils whose first language is believed to be one other than English in the case study LA than in England as a whole.

Table 3 Percentage of pupils attaining 5 or more A*- C GCSEs in 2014.

	Case study LA	England
5+ A* - C GCSE grades	61.8%	63.8%

The attainment levels for the LA are slightly below average with 61.8% achieving 5 or more grades A* to C grades compared to 63.8% nationally (2014 data). For primary schools 76% of pupils reached level 4 in the LA with 79% nationally (2014 data).

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[2] obtained through local authority records.

3. Research methods

This section outlines the methods used in the study for data collection and analysis.

The research consisted of three elements. Firstly interviews with 5 key stakeholders representing clear oversight of PSHE at both a national and local level, this was followed by a survey of primary and secondary schools within the LA area, and lastly 9 interviews with PSHE leads and/or head teachers within both primary and secondary schools.

1. Stakeholder interviews

A variety of strategic interviewees were purposely identified and approached to take part in a telephone interview of between 45 minutes to an hour. The range of stakeholders agreeing to take part ensured we were able to get an insight into the PSHE policy landscape at both a national and regional level, where this research was principally focused. Table 4 below shows each stakeholder interviewee's role and the organisation they represented. An interview schedule was developed which included a set of core questions asked to all interviewees to cover the main aims of the study; however in addition to these, supplementary questions were also tailored specifically for each interviewee to fit in with their particular role.

Table 4: Stakeholder roles

Organisation	Role in organisation	Interviewee code
Institute of Health Promotion and Education	President	SL1
PSHE Association	Chief Executive	SL2
Local Authority	School Improvement Adviser	SL3
Local Authority	Healthy Schools/Health improvement practitioners	SL4
Secondary school	PSHE lead/coordinator & teacher	SL5

Interviews took place between February and April 2013 .The interviews were all audio-recorded with participants' consent and ranged between 45 minutes to 1 hour in duration.

2. Survey of schools

An online survey via a Survey Monkey link was sent to the PSHE lead teachers or equivalent in all the local authority's maintained schools, both primary and secondary (including academies and free schools). The survey aimed to gain an insight into whether the status of PSHE had altered within their school since the coalition government came to power in 2010 and the announcement that PSHE would remain non-statutory.

Although less comprehensive in detail than the 2011 mapping study (Formby et al, 2011), the survey aimed to better understand what practical arrangements were being put into place to teach PSHE (including which elements), by whom and how often etc. Additionally the survey sought to identify PSHE leads' perceptions about the

values/purpose of PSHE within their particular context. See appendix 2 for the secondary school survey tool.[3]

Due to the strong existing relationships the local authority had with the secondary schools in the area, it was possible to be provided with a fairly up to date contact list of names and email addresses of most secondary school PSHE leads or equivalents (where there was one) in each of the schools. This meant we were able to disseminate the survey link by email in a personalised manner across secondary schools.

Unfortunately, the local authority did not at the time of the research have such closely established working links with primary schools and they were not able to provide us with a primary school list of PSHE leads or equivalents. We therefore called all primary schools in the local authority and requested the name and contact details of the PSHE lead or equivalent. Following conversations with school administrators, we were rarely provided with the details of a designated PSHE lead. The reason for this for the majority of primary schools was that this role did not exist within the school, or the administrator was not aware there was such a role within the school. Additionally some schools' data protection policies prevented administrative staff from divulging contact details. The consequence of this was that it was often necessary to send an information sheet and survey link to a generic school administrator email address with a request that it be passed onto the most appropriate individual to complete the survey. Where there was no formal PSHE lead/coordinator role in the school, we asked for the survey to be sent to the most appropriate staff member, for example, head of Social and Emotional Aspects of Learning (SEAL), pastoral lead, or member of staff with responsibility for pupil wellbeing etc. The survey was initially due to be open for one month in June 2014, however due to wanting to maximise response rates it was kept open to the end of the school summer term. Reminder emails were sent to encourage participation in order to improve response rates. Furthermore our local authority contacts informally encouraged secondary schools to respond by means of an email.

Response rates varied considerably between primary and secondary schools. 13 secondary schools out of 25 responded (52%) and 12 primary schools out of 134 responded (9%). In addition one PRU school also filled out the secondary survey, this was inadvertently sent to them via a local authority representative. While, the additional local knowledge and contacts at our disposal for secondary schools may account for some of the disparity, it is unlikely to be the sole reason for such a stark difference in response rates. Primary schools not having a member of staff with a PSHE lead role may have been a key factor.

3. School based telephone interviews

We intended to interview a mixture of PSHE leads and head teachers/senior leaders in schools in the local authority, in order to develop a more in-depth insight at individual school level. The aim of these interviews was to obtain a range of opinions about the perceived value and purpose of PSHE across the schools, and specifically the rationale

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[3] The primary version was essentially the same aside from some slight terminology based differences.

of senior leaders for the extent to which their school engages with PSHE, including motivations and barriers to teaching the subject.

Due to the low survey response rate at primary school level, coupled with the relatively small number of secondary schools in the authority, it was difficult to purposively sample PSHE leads to take part in telephone interviews. Therefore we approached all survey respondents with an email request to take part in a telephone interview. Of those who responded, we also asked if they felt their head teacher/senior leader would be interested in taking part in an interview. Despite this open approach, it was necessary to send a number of email reminders and to relax the deadlines on two occasions in order to reach our final total sample of 9 interviewees. In total, telephone interviews were conducted with 4 primary and 5 secondary PSHE leads/coordinators. With the exception of two PSHE leads, who happened to also hold the role of head teacher in one case and deputy head teacher in another, we were unable to recruit any head teachers to take part in the interviews in their sole capacity as head teacher. Interviews took place between July and September 2014. A semi-structured interview schedule was utilised during interviews and they typically lasted for 1 hour each.

4. Analysis

All the interviews were digitally recorded and partially transcribed. An analysis framework was created, which was derived from the key topic areas from the semi-structured interview schedules. Further thematic analysis was then used to create themes and identify illustrative quotes which are used throughout. Our approach to analysis broadly follows that outlined by Ritchie and Spencer (1994).

A full descriptive analysis was run separately for the primary and secondary surveys.

5. Limitations

General
Owing to very small scale funding, this project was limited in scope and necessarily the reach of the study was modest, focussing solely on maintained schools in one LA area.

Interviews with PSHE leads
Given the pragmatic approach employed in relation to recruitment of PSHE leads to interview, it is important to acknowledge that those that did respond positively to our request to be telephone interviewed were likely to be more interested, engaged and possibly more positive about PSHE in comparison to the wider school population. This combined with the low number of telephone interviews undertaken means it is important to be cautious about generalising findings to the wider population of schools, both within this authority and wider, particularly in relation to primary schools.

Survey
As stated previously there was low survey response rate for the primary school survey, therefore the main focus of this report is on the secondary school survey findings.

4. Findings

This section presents the findings obtained from the three data collection activities separately, starting with the interviews with stakeholders, then the survey of PSHE leads and finally the interviews with PSHE leads.

Interviews with stakeholders

Findings here are based on data from interviews with 5 stakeholders. The headings represent themes identified when analysing the data. Illustrative quotes provide evidence from the participants.

Themes

1. Wellbeing role of the school

The idea that schools were places of care and support, and learning beyond academic attainment came out as a strong theme from the analysis. Interviewees all felt that schools have a duty to provide a balanced curriculum including supporting pupil wellbeing:

> 'It would seem to me to be absolutely essential, and this government don't talk it up, schools still have a duty to promote the wellbeing of their children. The Children Act wasn't rescinded nor were the requirements to promote wellbeing.' (SL1)

There was concern by a number of participants that the government may push the view that wellbeing issues should be the sole responsibility of parents. However interviewees claimed that the relative neutrality, reliability and trustworthiness of schools often meant they were well placed to deal with, and follow up on issues raised by pupils day to day in their lives. As another interviewee pointed out, some pupils come from homes where parents are not supportive, for a plethora of reasons, and therefore require the support that schools are in a position to offer:

> 'If they come from split parents or come to school without breakfast, if they are not having a cooked meal during the day, if they are worried about their mother overdosing on heroine, if you don't address those issues, that kid is not going to be attentive at school, so you have to get involved in that kid's life.' (SL3)

It is argued then that the school has a responsibility to support young people in their daily lives, as well as attempting to remove the potential barriers to learning.

2. Wellbeing related to attainment

There was a consensus amongst interviewees that pupils who are unhealthy or unhappy are not in a good position to learn effectively, and thus will not achieve as highly in other curriculum subjects:

> 'I mean it's an absolute truism and Ofsted pointed this out; high achieving schools more often than not, are those that have got the best PSHE and those that are not

achieving well have often ditched the PSHE to try and concentrate on the other things, it shouldn't be either or.' (SL1)

PSHE was seen to be a means to enable pupils to understand and deal with issues affecting their lives in a way that would then enable them the capacity to learn. There was consensus that good quality PSHE relates strongly to pupil attainment. However, some acknowledged that for schools, being able to justify and persevere with PSHE in the context of governmental pressure to prioritise maths and literacy could be problematic:

> *'We have examples of schools that have been turned around as a result of the investment in the pupils' personal and social development and their health, but when you're under a lot of pressure it can be easier to reduce PSHE time on the curriculum and put in more maths and literacy sessions.'* (SL2)

It was recognised that for some schools there would be a motivation to dedicate more time to 'core curriculum' subjects in an effort to improve outcome data, meaning that PSHE may be reduced or even left out of the curriculum.

3. Tokenism of PSHE

One interviewee raised concerns about the non-statutory nature of PSHE leading to schools either not engaging with PSHE at all, or engaging at a minimum level due to the pressures of the curriculum i.e.: ' *the things the government has defined as being important'*, (SL1). In the absence of the government providing support for PSHE, and the lack of any policy based incentives to schools, the continuing provision of PSHE is left, *'as it always was to the enthusiasts who have a commitment and passion to follow it up.* (SL1). However, it was stated that this is becoming increasingly difficult for individuals and schools owing to the current context, including ever-shrinking support networks for teachers and the reduction of local authority staff available to work with schools, which is discussed in more detail later.

Interviewees felt that current government policy is centred on a *'leave up to the school to decide'* approach, however schools timetables are squeezed by statutory subjects and teachers are facing increased accountability pressures meaning there is a '*disincentive for schools to focus on non-statutory subjects such as PSHE' (CEO PSHE ass).* Therefore PSHEs existence in any given school can be dependent upon individuals' perceived moral obligation and enthusiasm to allocate time to pupil's wider wellbeing:

> *'So it's almost governmental sleight of hand which pays lip service to what should really be an entitlement to all children and young people.'* (SL1)

Concerns were raised that the current laissez-faire approach leads to patchy coverage of PSHE across schools throughout the country, with some schools devoting significantly more time to the subject than others. This issue was raised by the Ofsted report 'Not yet good enough' (Ofsted 2013) which a number of interviewees discussed during the interviews as an example of the unevenness of provision:

'It's not fair… some children are getting a really good quality and some are not. It's about equality of opportunity.' (SL4)

'It's really sketchy and quite dangerous.' (SL5)

It appears then that the amount and quality of PSHE provision received is very much dependant on where a pupil goes to school and if that school has the context to support PSHE teaching.

4. Government support

Feelings were slightly mixed about the amount of support given to PSHE from the government. The negatives reported were centred around the coalition government choosing not to make PSHE a statutory subject, meaning that there is not a level playing field with other subjects, causing schools to focus much more attention on the statutory subjects:

'When you make 10 academic subjects statutory and leave the subject which is concerned with pupil personal & social development non-statutory then there's an implied message'. (SL2)

'A few years ago we were within spitting distance of having Sex and Relationships Education compulsory and we lost that. I have been saddened but not shocked in how quickly things have changed in the last 5 years.' (SL5)

Others were critical about the lack of governmental steer and felt that very little was being done to promote the subject:

'You need guidance or you are floundering in the dark. The curriculum is confusing for schools.' (SL4)

Indeed some interviewees felt there had been a deliberate '*shift*' away from PSHE and towards a more '*narrow focus on academic achievement.'* (SL2) or put a different way the government agenda was '*attainment at all costs.'* (SL4)

Nevertheless, it was acknowledged that the DfE did make the decision for schools to publish their curriculum including PSHE, which means schools must now at least consider and plan for the subject. It was also reported that there had been an increased focus on public health in local authorities, and it was noted by one interviewee that some local authorities are seeing PSHE as a potential bridge to link public health and education, therefore promoting it within schools. Lastly in the 2014 National Curriculum, PSHE is mentioned, which is the first time the subject has ever been written into the National Curriculum. These positives have given some cause for optimism regarding the future of PSHE:

'It's not totally gone…we have hit rock bottom and now we are coming back.' (SL3)

However, as one interviewee cautioned: *'the eventual goal of statutory PSHE; we've still got a long way to go on that.'* (SL2)

5. Wider Support

Reference was made to the sheer scale back of local authority PSHE teams since the coalition government; which one interviewee described as having been '*decimated'*. One local authority lead explained how they had previously had funding available to work with schools and provide schools with training and resources, but that there is now no money at all available for these activities:

> *'Our team was really cut back after the 2010 election and it was hard to give schools the support they needed.' (*SL4)

On a more positive note, there was some mention of the PSHE association being provided with nominal funding from government to provide support to its members and the number of other organisations with a remit to support schools in teaching particular aspects of PSHE:

> *'There are just a huge number of interesting organisations from the voluntary and community sector, both national and local organisations with specific expertise on drugs and alcohol, bullying or sex and relationships, who are ready to go into schools to offer that support.'* (SL2)

At a local level there was also praise for a number of 'high quality' organisations that could lead support and assistance to schools.

6. Purpose of PSHE

PSHE was said to be about educating young people for *'the challenges, opportunities and responsibilities of life… not simply for exams'* (SL2) and allowing pupils to make informed life choices:

> *'It is absolutely crucial for preparing young people for what happens outside of school and what happens after they leave school.'* (SL5)

Participants used the term 'narrow' to describe a curriculum that does not incorporate PSHE, '*and undermines the fundamental notion that education is not simply for preparing children for academic exercises, but preparing them for life.'* (SL2)*.* This was also said to be important in practical application for finding employment:

> '*Big business organisations are saying that in terms of skills for work we need a more rounded education, not just five A-C's.'* (SL2)

Although the clear link to attainment (as previously mentioned), PSHE was seen to be a subject that should be taught in its own right. The focus being on teaching 'life skills' of how to stay safe and healthy which are often not discussed in any depth in other curriculum subjects.

There was a strong feeling that PSHE content should be school context dependant and therefore driven by pupil needs, tailored more specifically to the local area in which the school is located and the issues related to the pupils within it. This should be balanced

with teaching life skills that all young people, regardless of where they live, will benefit from in order to live in a '*diverse, equal society.'*

7. Whole school approach to PSHE

Interviewees felt that PSHE is the appropriate vehicle for teaching pupils health literacy, but that it must be a whole school approach, meaning that PSHE should be taught as a discrete subject, but the wider curriculum should also link to similar issues wherever possible:

> *'I do think it is possible to deliver health related educational outcomes across the curriculum, it should not be constrained by a subject called PSHE'.* (SL1)

> *'All subjects have some link to PSHE, so it should be whole school… but there are particular skills, attributes and knowledge developed through PSHE which means it needs to have its own time on timetable.'* (SL2)

There were concerns raised that where PSHE was taught well in a school it could be seen as justification for others in the school to ignore PSHE issues in their own teaching:

> *'It is a double edged sword, there needs to be a proper planned programme that takes place regularly, with trained teachers who feel competent and confident, but sometimes where that happens then it's almost an excuse for all the other departments not to have to do anything.'* (SL3)

It was felt that PSHE should be taught both within other subjects in the curriculum, as the quotes above suggest, and crucially those messages given in PSHE be backed up within the ethos and policies of the school:

> *'We do a lot of work on sexual identity, sexual orientation and gender identity in PSHE, and we wouldn't want those positive values to be undermined by sexist or homophobic bullying in the playground.'* (SL2)

Similarly to the example above, one local authority interviewee talked about the possibility of messages about healthy eating being contradicted by certain school freedoms in relation to school meals, for example academy schools where the minimum nutritional guidelines do not apply:

> *'Academies can do what they want; if they want they can serve chips every day.'* (SL3)

This whole school approach was argued to be the only way for the messages taught in PSHE to be meaningfully received by pupils.

8. Statutory PSHE

Interviewees agreed on the importance of PSHE becoming statutory, however the point was made that this alone was not enough to ensure proper coverage across schools throughout the country:

'Absolutely without a doubt [it should be compulsory] but a massive part of that is there is only so much point in it being compulsory depending on the staff you have delivering it, If you have an unspecialised team then making it compulsory is not going to touch the surface in terms of how young people get on board with it'. (SL5)

As well as the whole school approach, it seems that schools need further support in the form of well trained teachers and an incentive to create an ethos related to pupil wellbeing throughout the curriculum and the school in order to see the benefits of the subject. It was believed that making PSHE a compulsory subject would go some way towards promoting the importance of the subject at governmental and school level.

9. Lack of subject specific training for teachers

Interviewees felt it was imperative that PSHE be taught by PSHE trained teachers wherever possible, and it should not be taught solely by outside agencies or devolved to other school non-teaching staff. One interviewee pointed out that PSHE was a subject that may be seen to be difficult to talk about and therefore teachers may look to others to teach aspects which could become problematic if this is not accompanied by a teacher led program of learning to back it up:

'While I think that school nurses can provide a hugely valuable and knowledgeable service, as can voluntary sector organisations and others, it's not just about a single session it's about an ongoing programme of learning and some issues raised in the session may need to be followed up.' (SL2)

'[It is] an area of the curriculum which should be taught by properly trained competent, confident professionals.' (SL1)

However the current lack of PSHE in Initial Teacher Training (ITT) or CPD for existing teachers means that there are an ever shrinking number of teachers qualified in PSHE:

'The biggest challenge of all is teachers aren't getting access to the training they need… you wouldn't expect a maths teacher to deliver a lesson without having had any prior training.' (SL2)

One interviewee from the local authority expressed concerns particularly for the future of PSHE, as the teachers who are currently qualified will, in time, retire leaving a cohort of teachers without the training needed and unable to gain access to it:

'The lack of CPD now, most leads have a qualification in PSHE, but the teaching staff don't and there is no future, so we are alright for where we are now, but when they leave what is the future? It's a gradual demise'. (SL4)

This again highlights the need for the subject to be supported at governmental level to ensure there is training available to those new to teaching who want to become PSHE leaders/teachers of the future, or current teachers who want to be confident and knowledgeable enough to teach the subject.

Summary

- Interviewees felt that schools are well placed to and have an obligation to support pupil wellbeing.
- PSHE was seen to be capable of removing barriers to learning, leading to improved academic outcomes; however schools may struggle to prioritise PSHE in the context of a saturated and standards focused curriculum.
- The school led system in which schools find themselves, coupled with a lack of support or guidance at central government level means that schools can feel dis-incentivised to focus on PSHE.
- Attainment at all cost, and a shift away from PSHE was the message that some interviewees were receiving from the government.
- Large local government cut backs had meant support to schools had been reduced.
- PSHE was seen to be of key importance for teaching pupils life skills, but also benefitted from being context specific.
- The importance of PSHE being taught as a high quality discrete lesson was emphasised but opportunities to engage in cross curricular work where appropriate and whole school events was deemed to be equally beneficial.
- It was agreed that PSHE should be made compulsory, but only where schools had access to the support and teacher training necessary to safeguard quality provision.
- There were concerns about the lack of teacher training available in PSHE, meaning an ever shrinking number of trained teachers in the future.

Survey of PSHE leads

The respondents

In total 26 schools responded to the survey. 13 were from Secondary schools, 12 from primary schools and one was from a Pupil Referral Unit (PRU).

Due to the relatively low response rate from primary schools (in relation to the number of primary schools in the local authority: 12/141) and PRUs, data presented below is that from the secondary school survey, with reference made where appropriate to primary school findings. Primary school and PRU findings are also presented in Appendix 1.

PSHE in Secondary schools

The survey firstly asked respondents if they were the PSHE coordinator/lead in the school, 12 of the 13 secondary respondents were the PSHE coordinators; therefore we can reliably say that opinions throughout the survey for the vast majority of respondents were those of PSHE leads in the school and not of other members of staff.

Table 5: Other school responsibilities of the PSHE coordinator/lead (numbers are given rather than percentages due to the small sample size)

Role	Number of respondents (total n =10)*
Senior leader	2
Other teaching role(s)	4
Subject lead	7
Pastoral role	2
Other	5

*Respondents were able to tick more than one answer

As table 5 shows, most PSHE leads were also subject leads for other subjects. Those who ticked 'other' where asked what roles these were, two stated that their PSHE role also involved responsibility for citizenship education, with one of these also having responsibility for health and social care in the school. One was also a form tutor; one was part of the safeguarding team and a staff governor. Lastly one PSHE lead stated that they were also a lead for Spiritual Moral Social and Cultural development (SMSC) and religious education (RE). This indicates that PSHE leads seldom hold their role exclusively, and that it often forms a proportion of their time alongside other subject specific teaching responsibilities.

Respondents were asked what PSHE was called in their schools; most (9) responded either PSHE or a variation of this, such as PSHEE or PSHCEE. A small number of secondary schools used different terms, for example: LIFE, and Learning. For one school PSHE formed part of their 'ethics' curriculum and for another school PSHE was covered under SMSC.

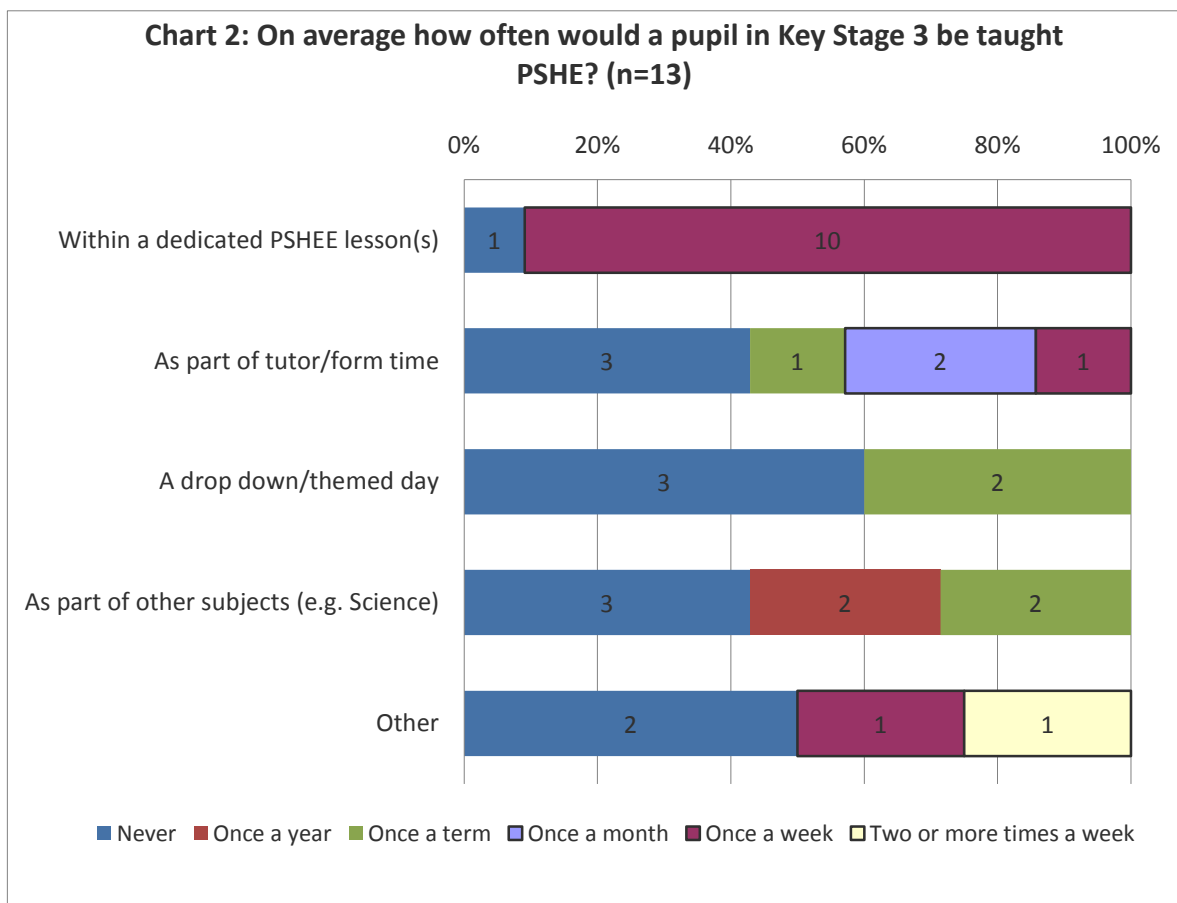Declared PSHE association membership was low, with only 4 respondents stating they had an individual membership, and there were no schools that declared they had a school level membership.

Chart 1 highlights that all but one of the secondary schools did have PSHE on their timetable. This was a similar picture in primary schools (see appendix 1)

Chart 1: Is PSHE timetabled into your school's curriculum? (n=13)

- 8% (1) No
- 92% (12) Yes

Legend:
- Yes
- No
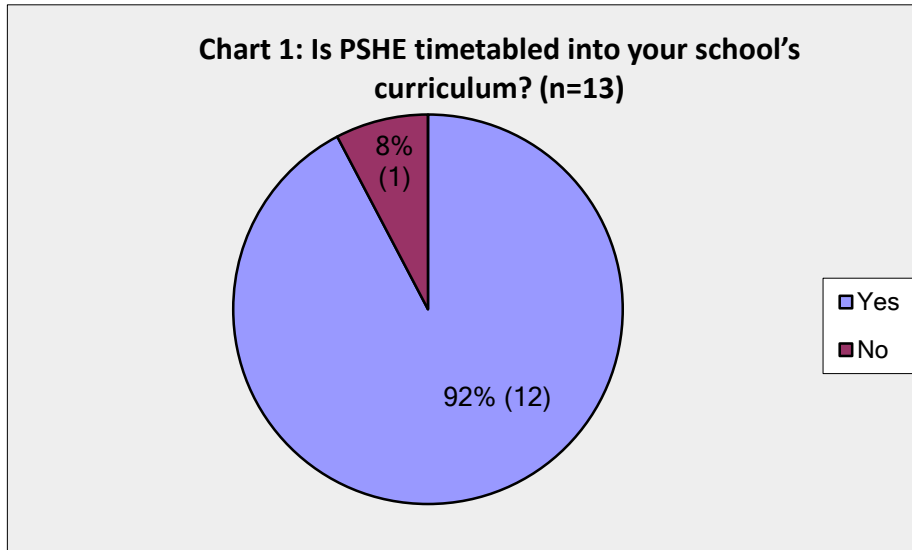
In order to explore further the frequency of PSHE teaching and in what form it was delivered, we asked respondents to give an indication of how often a pupil in both key stages 3 and 4 would be taught PSHE. The results are provided in charts 2 and 3 below.

Chart 2: On average how often would a pupil in Key Stage 3 be taught PSHE? (n=13)

Category	Never	Once a year	Once a term	Once a month	Once a week	Two or more times a week
Within a dedicated PSHEE lesson(s)	1				10	
As part of tutor/form time	3		1	2	1	
A drop down/themed day	3		2			
As part of other subjects (e.g. Science)	3	2	2			
Other	2				1	1

Legend: ■ Never ■ Once a year ■ Once a term □ Once a month ■ Once a week □ Two or more times a week

Respondents were able to tick more than one answer

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Chart 3: On average how often would a pupil in Key Stage 4 be taught PSHE? (n=12)

Respondents were able to tick more than one answer

For both key stages, PSHE was most often taught within a dedicated PSHE lesson (10 schools at KS3 and 8 schools at KS4) and this was nearly always delivered on a weekly basis. However it is worth noting the relative decline in frequency of lessons from key stage 3, where PSHE is taught weekly in 10 schools, to KS4 where this drops to being taught weekly in 7 schools.

Less regularly, schools in roughly equivalent numbers for key stage 3 and 4, also used tutor time, and the opportunity to teach across subjects to deliver PSHE. Respondents revealed that they were least likely to teach PSHE through drop down days across both key stage 3 and 4 overall compared to the other options. Those who stated 'other' explained in the comments section that PSHE was taught regularly as a combined subject, with for example 'ethics' or citizenship.

For primary schools (see appendix 1), PSHE was also most often taught on a weekly basis and carried out during SEAL/circle time or during dedicated PSHE lessons in most schools in both key stages 1 and 2. Primary schools however were more likely to use a variety of means/times to teach PSHE in addition to this, for example using themed days, integrating the subject across the curriculum and teaching it within other dedicated lessons such as science.

Chart 4: Who currently teaches PSHE? (n=12)
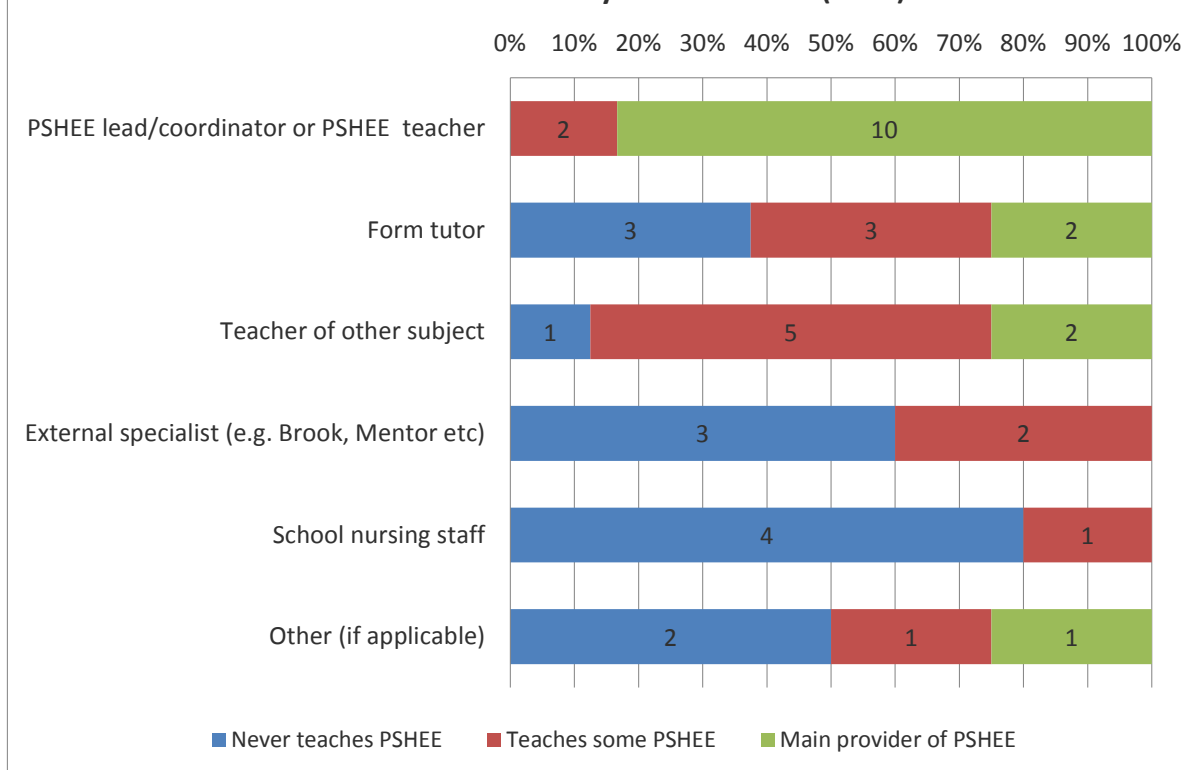
*Respondents were able to tick more than one answer

PSHE was predominately taught by a PSHE lead/coordinator in 10 of the 13 secondary schools as Chart 4 displays. Where this was not the case, the main provider was either a form tutor or another class teacher. Other class teachers or form tutors were also said by some respondents to teach some PSHE which links to responses in charts 2 and 3 (see above) which reveal dedicated PSHE lessons as the main delivery mechanism of PSHE, augmented by other methods such as tutor time, across other subjects and drop down days.

In primary schools PSHE was taught by the classroom teacher in 10 of the 12 schools, with a PSHE lead being more likely to teach 'some' PSHE.

Respondents were asked about barriers and motivations to teaching PSHE in their school. As can be seen in Chart 5:

Chart 5: What (if any) are the barriers to effective PSHE provision? (n = 13)

Barrier	Value
Not seen to be a government priority	69% (9)
Concern over teaching sensitive topics (e.g. parental resistance)	0%
Lack of teacher confidence to teach subject	46% (6)
Lack of training for teachers	31% (4)
Lack of timetabled space	39% (5)
Schools focus on attainment (standards agenda)	54% (7)
Pupils do not view it as a priority	23% (3)
Teachers do not view it as a priority	54% (7)
SLT do not view it as a priority	15% (2)

*Respondents were able to tick more than one answer

The government not viewing the subject as a priority was the most frequently cited barrier to effective PSHE provision, with over two-thirds of respondents selecting this answer.   Just over half of respondents, felt that schools' focus on attainment and teachers not viewing the subject as a priority were barriers. Pupils not viewing the subject as a priority was perceived to be a less pervasive issue to teachers, with less than a quarter identifying this as a barrier. Just under half of respondents (6) stated that lack of teacher confidence was a barrier to effective provision. Interestingly at secondary school no respondents felt that teaching potentially sensitive topics in PSHE was a barrier to the subject.
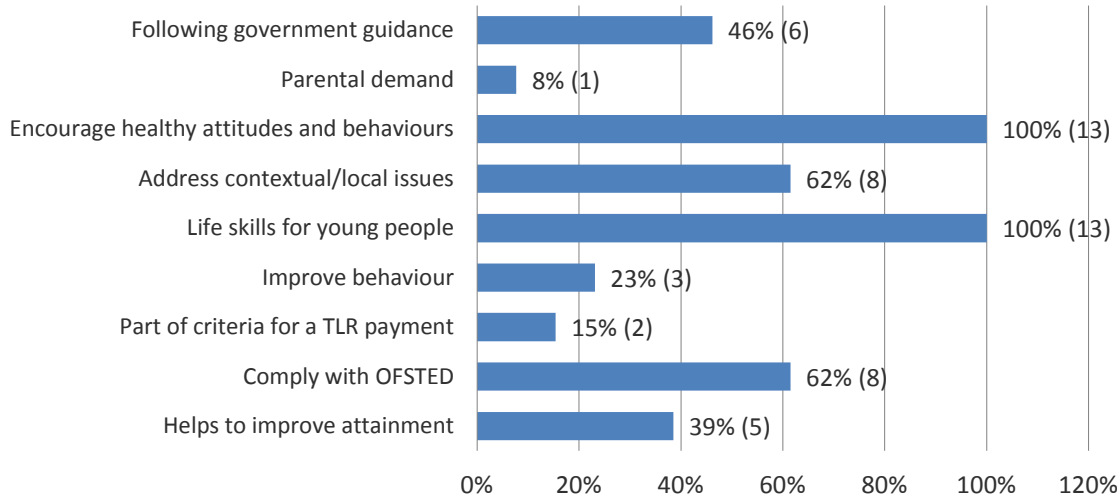
In primary schools this was a slightly different picture, as chart 5 in Appendix 1 shows teachers were more likely to cite a lack of timetabled space as a barrier. The standards agenda was also identified as a barrier.

Respondents were able to leave additional comments in response to this question. Other barriers stated here tended to link to concerns about lack of teaching confidence and insufficient training leading to the belief that PSHE was not a high priority, for example:

> *PSHE is valued at school but taught by non-specialists who, whilst enjoying PSHE, see it as a second subject.*

> *Teaching team consists of teachers from other departments e.g. Technology who happen to have spare time on their timetable. Members of the team changes every year so require training... Teachers do not see it as their priority as it is not their main area of teaching and they do not feel confident to teach it.*
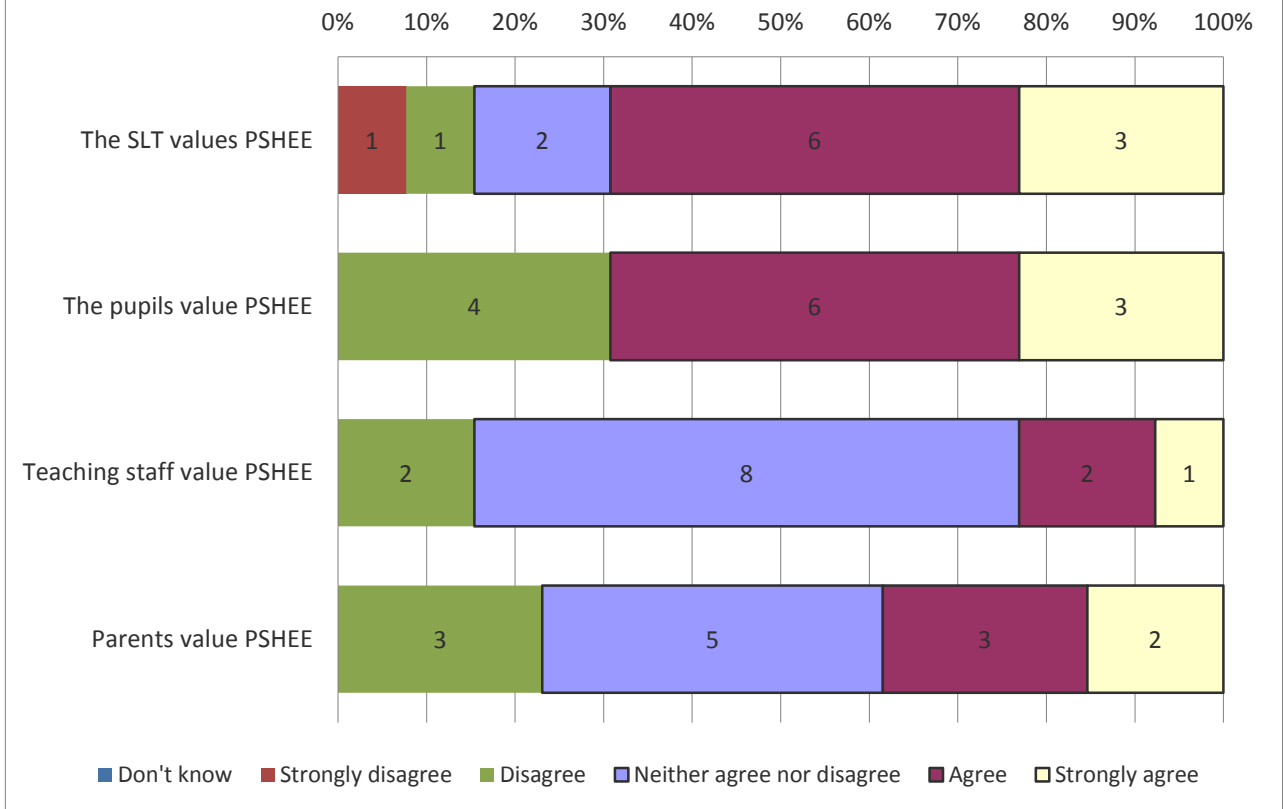
Chart 6: What are the motivations to teach PSHE in your school? (n=13)

Motivation	Percentage (count)
Following government guidance	46% (6)
Parental demand	8% (1)
Encourage healthy attitudes and behaviours	100% (13)
Address contextual/local issues	62% (8)
Life skills for young people	100% (13)
Improve behaviour	23% (3)
Part of criteria for a TLR payment	15% (2)
Comply with OFSTED	62% (8)
Helps to improve attainment	39% (5)

*Respondents were able to tick more than one answer

Chart 6, focuses on the perceived motivations to teach PSHE in school. All respondents felt that teaching pupils life skills and encouraging healthy attitudes and behaviours were motivating factors for teaching PSHE. Just under two thirds of respondents (8) felt that the teaching of PSHE was motivated by the ability to address contextual and local issues. For just over 60% (8 respondents) teaching PSHE was, at least in part, motivated by complying with Ofsted. Parental demand was very rarely perceived as a motivating factor (1) accounting for the least number of responses. This was similar for primary schools, where life skills and encouraging healthy attitudes and behaviours were chosen by nearly all respondents, however improving behaviour and addressing contextual/local issues were also motivating factors for nearly all primary respondents.
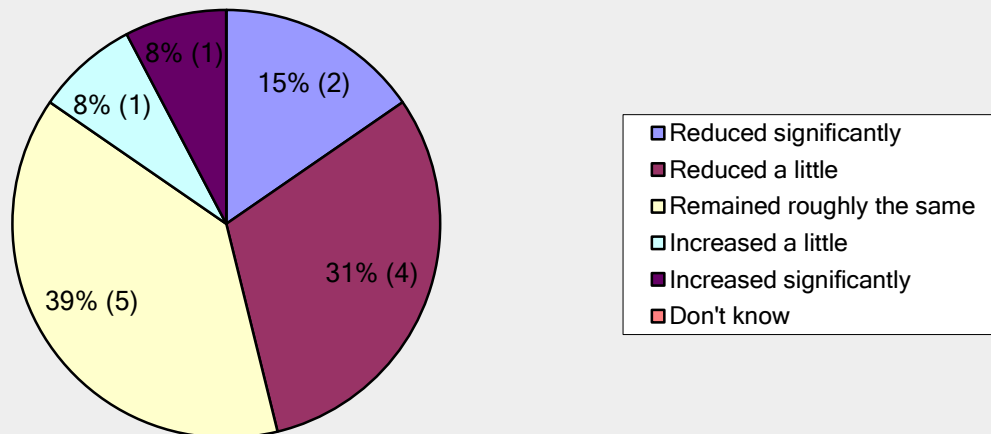
Chart 7: To what extent do you agree with the following statements? (n=13)

Statement	Don't know	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The SLT values PSHEE		1	1	2	6	3
The pupils value PSHEE			4		6	3
Teaching staff value PSHEE			2	8	2	1
Parents value PSHEE			3	5	3	2

■ Don't know ■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree □ Strongly agree

*** Respondents were able to tick more than one answer*

Chart 7 illustrates that the majority of the PSHE coordinator respondents (9) either agreed (6) or strongly agreed (3) that pupils and the SLT valued PSHE. In relation to pupils valuing PSHE, teachers responded in equivalent manner to either agreed (6) or strongly agreed (3) and the same with regards to agree but with just under a third (4) strongly disagreeing. The picture is less clear for views on other teaching staff and parents, with respondents mainly stating that they neither agreed nor disagreed with statements referring to these groups. Respondents in primary schools were more likely to strongly agree that the SLT values PSHE, slightly more primary respondents also agreed or strongly agreed that pupils and teaching staff valued PSHE.

Chart 8 : (As far as you are aware) overall since May 2010 has the amount of provision of PSHE at your current school: (n = 13)

Legend:
- Reduced significantly
- Reduced a little
- Remained roughly the same
- Increased a little
- Increased significantly
- Don't know

Pie values: 15% (2), 31% (4), 39% (5), 8% (1), 8% (1)

In order to get a sense of any changes in PSHE in the local authority schools, respondents were asked about changes to the amount of PSHE provision in their school since the change in government in 2012. As can be seen from Chart 8 above, over two thirds of respondents stated that the amount of PSHE provision had either reduced (6) or remained roughly the same (5). Only 2 respondents stated that provision had increased a little or significantly. Similarly respondents were asked about changes in the quality of PSHE provision. This was very similar for primary schools.

Chart 9 shows that 70% of respondents answered that the quality had either remained roughly the same (6) or had increased (5).

Chart 9: (As far as you are aware) overall since May 2010 has the quality of PSHE provision at your current school: (n=13)
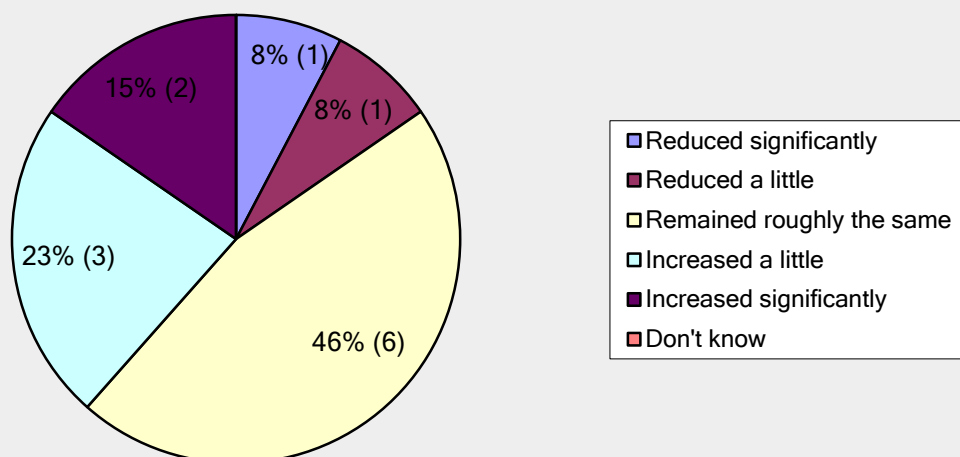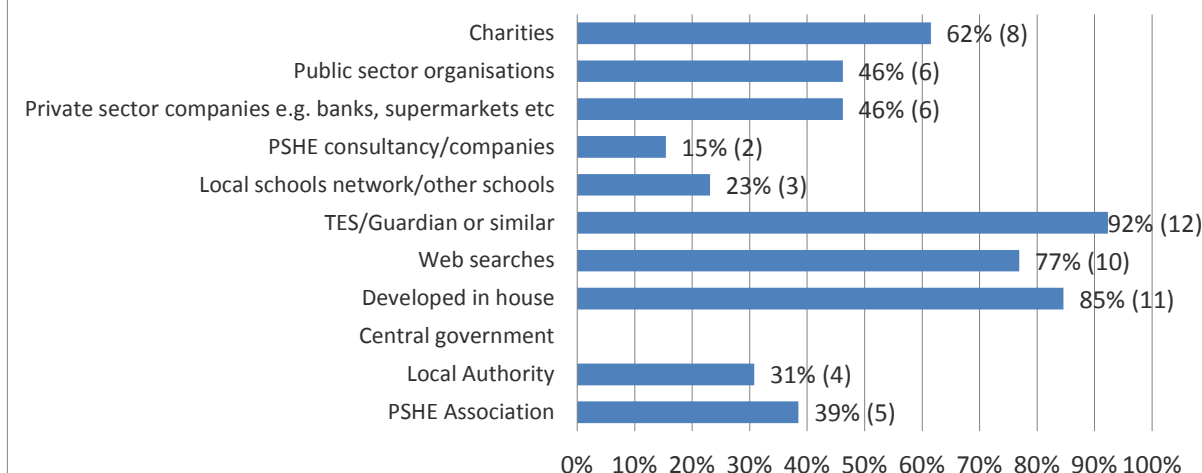

Legend:
- Reduced significantly
- Reduced a little
- Remained roughly the same
- Increased a little
- Increased significantly
- Don't know

Pie values: 8% (1), 8% (1), 46% (6), 23% (3), 15% (2)

Chart 10: Where do your PSHE teaching materials and resources come from? (n= 13)

Source	Value
Charities	62% (8)
Public sector organisations	46% (6)
Private sector companies e.g. banks, supermarkets etc	46% (6)
PSHE consultancy/companies	15% (2)
Local schools network/other schools	23% (3)
TES/Guardian or similar	92% (12)
Web searches	77% (10)
Developed in house	85% (11)
Central government	
Local Authority	31% (4)
PSHE Association	39% (5)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

* Respondents were able to tick more than one answer

Chart 10 above, shows that PSHE coordinators use a wide variety of sources for their teaching materials and resources. The most popular being the TES/guardian or similar (12) and web searches (10). Most respondents also reported developing their own resources in house (11).

Not a single respondent referred to accessing any materials from central government, with less than third (4) claiming to have sourced materials from local authorities. Only 5 respondents claimed to have received resources from the PSHE Association but this limited number might be because of the comparatively low PSHE Association membership.

This was similar for primary schools; however no primary schools reported using materials or resources from public sector organisations or private companies.

Training/CPD

Respondents were asked to give details on any training or CPD they had received in relation to PSHE. Just under half of the respondents (6) had completed PSHE related CPD at either a local or national level (For example The National PSHE CPD programme delivered through Roehampton University and more bespoke local authority run courses).

A smaller number of participants referred to PSHE related CPD more specifically orientated to a particular element. For example, sessions run by the Centre for HIV and sexual health, training specific to drugs such as legal highs and mental health training. Finally, one participant mentioned attending a conference run by the PSHE association.

Value and purpose of PSHE

Respondents were asked questions about their opinions on the appropriateness and importance of PSHE being delivered at school.

Table 6: How appropriate is it that schools have a responsibility for educating pupils' about wider wellbeing (e.g. health promotion, health literacy, social education)?

Response	Respondents n = 13
Very appropriate	100% (13)
Quite appropriate	0% (0)
Not very appropriate	0% (0)
Not at all appropriate	0% (0)
Don't know	0% (0)

As can be seen in table 6, all respondents felt that it was very appropriate that schools have a responsibility for educating pupils about wider wellbeing.
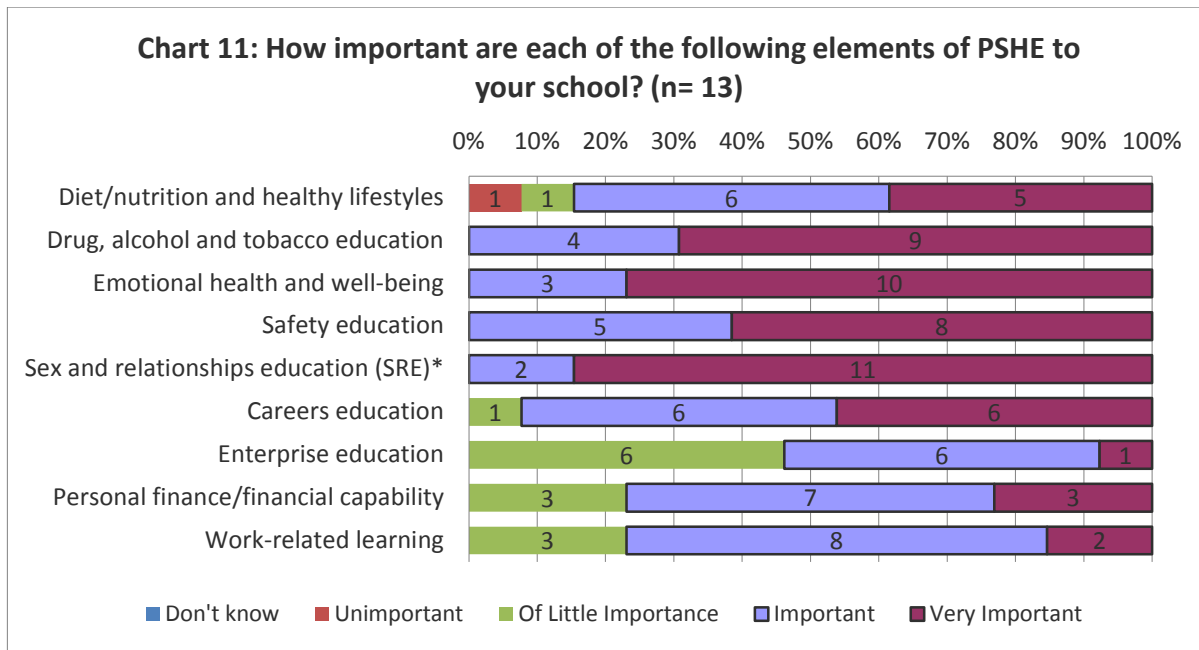
Table 7: In your opinion how important is it that PSHE be taught in schools?

Response	Respondents n =13
Very important	100% (13)
Important	0% (0)
Of little importance	0% (0)
Unimportant	0% (0)
Don't know	0% (0)

Table 8: Do you think PSHE should be made statutory?

Response	Respondents n =13
Yes	100% (13)
No	0% (0)

As tables 7, and 8 show 100% of respondents felt it was very important for PSHE to be taught in schools and 100% thought that PSHE should be made statutory.

Chart 11: How important are each of the following elements of PSHE to your school? (n= 13)

Element	Don't know	Unimportant	Of Little Importance	Important	Very Important
Diet/nutrition and healthy lifestyles		1	1	6	5
Drug, alcohol and tobacco education				4	9
Emotional health and well-being				3	10
Safety education				5	8
Sex and relationships education (SRE)*				2	11
Careers education		1		6	6
Enterprise education			6	6	1
Personal finance/financial capability			3	7	3
Work-related learning			3	8	2

*excluding that within the science curriculum

It is clear from chart 11 that most respondents believed that all aspects of PSHE were either important or very important. Respondents were most likely to say that sex and relationships education was very important (11), closely followed by emotional health and wellbeing (10) and drugs alcohol and tobacco education (9). For these three categories those who didn't tick very important ticked important.

Chart 12: Do you feel there is sufficient national guidance and support for teaching PSHE? (n = 12)
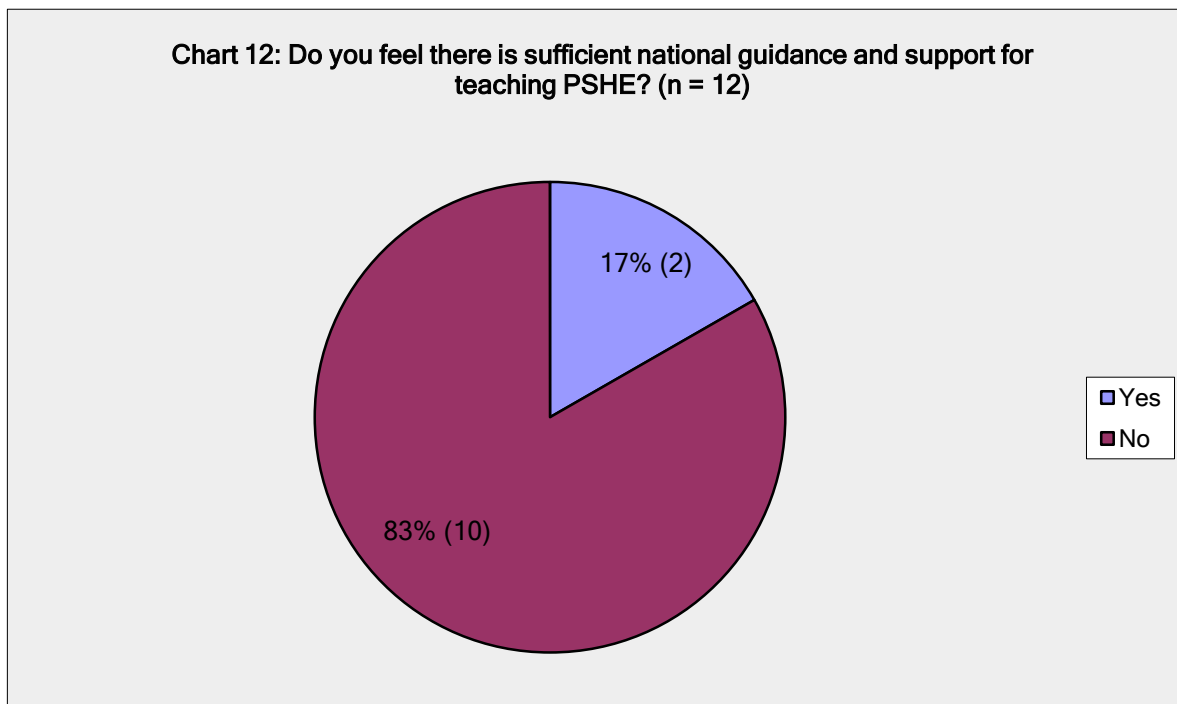
- Yes: 17% (2)
- No: 83% (10)

Chart 12 shows that 10 of the 12 survey respondents did not feel there was sufficient national guidance and support for teaching PSHE.

Respondents were also asked to what extent they thought the current government values PSHE. All 13 respondents to the secondary survey commented on this. Over half (7 of the 13) felt that the government do not value PSHE and believe this is evidenced by the lack of up to date guidance, coupled with the subject not being made statutory and the strong focus on academic attainment. Two respondents stated that they felt the government only paid 'lip service ' to PSHE. 5 respondents were more unsure, either stating that they did not know whether or not the government valued the subject or that they may do but to a limited degree. One respondent felt that PSHE is often confused with being solely sex and relationships education (SRE) and therefore felt that any debate around PSHE had been narrowed with concerns from particular groups around the teaching of SRE which in turn halts progress for the subject. This issue came out in the primary survey also:

> *They never comment in an intelligent way about specifics in the curriculum. They do not seem to understand what is appropriate to the early years foundation stage or KS1 children and give sweeping statements or sound bites which mislead the public e.g. all four year olds must have weekly sex education.*

Another secondary respondent felt that there was too much governmental pressure for schools to teach everything within PSHE, but little support on how to do this. Just one respondent felt that the government did value PSHE due to the current focus on citizenship and 'Britishness'. This respondent also mentioned that there had been recent directives from the government on key aspects to include in PSHE such as porn, consent and Female genital mutilation, indicating that PSHE is still seen to be important in schools. Comments from primary teachers were predominantly negative, with statements pertaining to the government not valuing PSHE and doing nothing to support the subject:

> *I don't think the government does value it. There are no changes outlined in the new curriculum.*

> *It says it values it but this is an empty statement with no inclusion of PSHE at all in the new curriculum, no guidelines and no statutory status for PSHE.*

Summary

- PSHE was timetabled into 12 of the 13 secondary schools, and taught weekly, within a dedicated lesson for 10 schools at KS3, reducing to 7 schools at KS4.
- Although the main provider of PSHE in 10 of the 13 secondary schools was the PSHE lead, a number of other teachers taught some PSHE.
- The main barrier to teaching PSHE recorded by 9 of the 13 respondents was the government not seeing the area as a priority.
- The two key motivations to teach PSHE recorded by all 13 respondents were to teach life skills and encourage healthy attitudes and behaviours.
- PSHE leads felt that the SLT and pupils valued PSHE but were unsure if other teachers did.
- The provision of PSHE was seen to have reduced or stayed the same for most respondents but the quality had remained the same or increased.

- As well as developing resources in house (n=11) Respondents reported accessing teaching materials from a variety of sources, predominately the TES (n =12), internet searchers (n=10) or charities (n=8), no respondents reported central government as a source.
- Less than half of respondents had undertaken training or CPD in relation to PSHE.
- All respondents thought that schools have a responsibility for teaching pupils about their wider wellbeing and all respondents thought PSHE should be made statutory in schools.
- Out of all the elements that made up PSHE, sex and relationships education was listed as very important for most teachers (n=11), closely followed by emotional health and wellbeing (n=10).
- 10 of the 12 respondents felt there was not sufficient national guidance and support for teaching PSHE.

Interviews with PSHE lead teachers

PSHE leads interviewed and their school context

Table 9 (Primary) and table 10 (Secondary) reveal basic demographic/attainment data related to the 9 schools in which each PSHE lead interviewee taught at. The information detailed is taken from the Ofsted Data Dashboard[4]. Based on national averages, schools are organised into 5 quintiles (Highest – 2nd quintile – 3rd quintile – 4th quintile – Lowest) against a variety of measures.

Table 9: Background data of the Primary PSHE leads interviewed

School code	Roll number	Free School Meals (FSM)	Special Educational Needs (SEN)	Attendance	Highest Key Stage ranking available (Writing)	Highest Key Stage ranking available (Maths)
P1	Second	Third	Second	Second	Second	Second
P2	Highest	Second	Third	Fourth	Third	Fourth
P3	Highest	Lowest	Third	Highest	Highest	Highest
P4	Second	Highest	Highest	Lowest	Fourth	Third

* Based on 2014 http://dashboard.ofsted.gov.uk/

Table 10: Secondary PSHE leads interviewed

School code	Roll number	FSM	SEN	Attendance	Highest Key Stage ranking available (English)	Highest Key Stage ranking available (Maths)
S1	X	X	X	Third	Fourth	Fourth
S2	Highest	Third	Second	Second	Fourth	Fourth
S3	Highest	Third	Fourth	Fourth	Third	Third
S4	Third	Second	Second	Fourth	Third	Second
S5	Second	Third	Highest	Lowest	Third	Fourth

* Based on 2014 http://dashboard.ofsted.gov.uk/

Overall the sample of interviewees taught at schools with significantly higher numbers of pupils on roll, lower attendance rates (particularly secondary), slightly higher rates of FSM entitlement and greater prevalence of SEN compared with national averages. The sample of primary schools had slightly higher attaining pupils than their secondary school equivalents.

Background to PSHE lead recruitment

As previously outlined in section 3 (research methods), interviewees were approached following completion of a survey sent to all maintained primary and secondary schools within the local authority.

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[4] http://dashboard.ofsted.gov.uk/

The headings below represent themes that emerged following a thematic analysis of the partially transcribed interviews. It is important to note that discussions with interviewees were to some extent contained by the aims of the study, which informed the development of the semi-structured interview schedule.

Limitations acknowledged, the remainder of this chapter encompasses the views of the nine PSHE leads[5] interviewed; four from primary and five from secondary schools, illustrative quotes from PSHE leads are included throughout.

Purposes of PSHE

PSHE Purposes and motivations for involvement

As has been outlined elsewhere (see Introduction) the policy context in which PSHE is situated is not especially favourable. Despite this, schools in our study (where interviews took place) continued to teach the subject, at least to some extent. PSHE leads articulated a diverse range of purposes which they felt PSHE fulfilled and thus motivated their continued engagement and commitment to the subject. Below we summarise some of the key purposes fulfilled by PSHE according to the PSHE leads interviewed and some of the underlying motivations for schools teaching the subject.

Pupil wellbeing

The most frequently mentioned purpose of PSHE conveyed by PSHE leads was that it contributed towards improving their pupils' wellbeing in both an emotional and physical sense.

For example, S4 emphasised how PSHE played a key role in *'equipping students with the information and the skills needed to make their own choices about how to lead healthy and safe lives'*, although they did concede that a lack of timetabled coverage impeded the extent to which this could be fully accomplished.

P3 reflected on how Ofsted had claimed they had '*never seen children that are so emotionally sound and prepared to talk about their feelings*', an outcome they attributed at least in part to their PSHE provision which helped to provide pupils with the 'v*ocabulary to express their feelings, to keep them emotionally safe and mentally healthy'*. A different primary PSHE lead; P1 stated that '*where children are not taught PSHE you see a higher stress level.*'

Addressing school specific contextual issues and exploring cultural difference

Respondents frequently referred to how PSHE acted as a useful mechanism for addressing contextual specific issues and exploring cultural differences.

Overall, a recurrent message teachers put forth was the importance of making PSHE provision context specific and utilising PSHE in a meaningful way in order to ensure pupils had the knowledge and confidence to avoid potentially harmful situations. One

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[5] One of whom was also a head teacher and one was a deputy head teacher. A further one was also interviewed as a strategic lead

secondary interviewee for example gave details of the case of a pupil who had tragically died from drug abuse, and another three leads from primary and secondary highlighted that their schools have had issues with road safety:

> *'We had two children knocked down and injured so road safety is high on the agenda; it fits in with how to stay safe and healthy.'* (P2)

A further reason put forth to tailor PSHE within each school was to ensure that the needs of each pupil were being appropriately met; particularly in areas with high ethnic and cultural diversity. One interviewee highlighted how PSHE helped to address a potential void in knowledge and understanding around sex and relationships, something that was considered to be a taboo subject for certain families within the school.

> *'Sex is just not talked about at home and so for them it's quite shocking to be spoken to about puberty, even from a science teacher… So we are breaking down those barriers which I think is incredibly valuable because they are not getting sex education at home'.* (S4)

In primary schools there was a combined approach of teaching respect for others beliefs and cultures, and challenging stereotypes that may operate within a local population. This type of work was said to be important in order for pupils to be independent and positive:

> *'The cultural aspects that women do what men say, it is a very traditional working class area and it is white as well so we have multicultural issues, the main issue is the power of women really.'* (P1)

Finally, there was a perception amongst certain PSHE leads that PSHE was more important in schools where there were specific social issues pertaining to, for example; higher deprivation levels:

> '*There are many schools like ours, they tend to be where you have to work harder with the children, so where there are issues, schools will work harder at PSHE.*' (P1)

> *'In a way it is more appropriate for kids who are struggling socially and in their family background and therefore your bright, pushy middle class parents then there is not as much need. It comes across as more useful for the bottom end.'* (S2)

The tacit suggestion being that there are certain groups of pupils more vulnerable than others to not receiving 'appropriate' messages from home; thus meaning the school needs to work harder through PSHE to teach important life skills. However, there were many other examples conveyed by PSHE leads that highlight how PSHE addresses issues which resonant across the full spectrum of schools, irrespective of demographic circumstances, giving the subject a universal appeal. For instance, interviewees from both a primary and secondary school, with more affluent intakes, used the example of drug education being particularly important for their schools, owing to the fact that their

pupils were in a position to be more able to readily access money to buy drugs where this may not be the case for schools with a more deprived intake:

> *'They hang around in the evenings and they do have money for drugs so therefore I do think this could be an issue for these children so we make sure we do a good job on drugs education'.* (P3)

Democratic right for Pupils

P3 suggested that PSHE was a democratic imperative for pupils, strongly contributing to effective pupil voice. PSHE was said to offer the dedicated space and safe environment that pupils needed to reflect, consider and express their opinion on a range of personal/social issues pertinent to them and their peers.

> *'If you don't do PSHE, children will not feel that they have a right to their own voice…I don't think we would have as mature children because I think that when children get engrossed and involved in thinking about themselves and others then it gives them more of a purpose to life really'.* (P3)

> *'Students get to learn about things in PSHE in a way that they can't in other subjects. We have very clear ground rules to create a safe space so that we can have those conversations and it is not judgemental, it's really interesting, it is a brilliant thing to teach'. (S1)*

P4 echoed a similar belief claiming that the space to discuss aspects outside of the core curriculum needed to be protected.

> *'[Without PSHE] Pupils would miss out on the opportunity to express skewed beliefs in an environment that could be discussed and looked at'.* (P4)

Contribution towards academic outcomes

A number of PSHE leads alluded to how good quality PSHE was an integral part of ensuring that pupils were able to fulfil their potential in an academic sense. However, reference to PSHE in terms of heightened academic performance was typically made in the context of being an important, but nevertheless indirect benefit flowing out of a primary motivation to ensure heightened pupil wellbeing.

> '*Children will never actually achieve well if they're not emotionally stable and fit and healthy so that all fits into PSHE. We are hounded about outcomes but you won't get the outcomes unless all those things are in place, it has to be statutory.'* (P3)

> *'They are then more likely to be able to access the curriculum and do well at school and in life.'* (S3)

PSHE Provision and organisation

Secondary PSHE leads had been through a time of flux where PSHE was concerned. One had lost an hour for Y10 and Y11; another had been made to move to drop down days in Y10 whilst another had managed to protect their PSHE teaching time.

Where the curriculum had been reduced, this led to concerns due to having to miss out completely, or rush through topics since the PSHE timetable had been reduced for the older year groups:

> *'The decision now is two lessons a week in Y7, 8 and 9 and then one lesson a week in 10 and 11, so Y11 is going to be massive revision for the lesson… They will do ok, but it's not how it should be taught, one lesson a week is micky mouse. We have had to squeeze the curriculum'.* (S2)

> *'Quality education is massively important and we know that sitting a young person in assembly for twenty minutes and delivering PSHE in schemes is not going to touch the surface and a curriculum needs to be drip fed'.* (S5)

One PSHE lead talked about how PSHE felt squeezed in the curriculum to the extent that they were not able to contextualise learning about important issues such as contraception. This PSHE lead spoke of their frustration with the situation forcing them to cover the topic in a 'one off' way, meaning they were unable to adopt an in-depth and sensitive approach:

> *'I haven't had the build up to it; about the softer relationship skills. So it's not been put against a background of sex and relationships education, it's felt more like it's thrown in, a one off lesson, and I don't want it to be taught that way, it should be taught as part of a whole scheme of lessons, but we are so rushed with the time'.* (S4)

The implications of this are firstly that pupils who are not in school for the lesson will miss the entire year's teaching on the subject, but also that the subject cannot be tackled in the required depth or meaningfully enough to address the issues surrounding it.

Within the primary school context, PSHE leads were relatively less concerned with the protection of the subject PSHE per se (and more ambivalent about the precise terminology used to describe it) and more preoccupied with ensuring that some time was protected within the school day to have the opportunity to discuss social/personal issues, and a space to act as a forum for conflict resolution, helping to reinforce whole school policies and to make pupils better citizens:

> *'PSHE should be [timetabled] I couldn't put my hand on my heart that you'll see it timetabled…I think it's an invisible curriculum. There will be at least half an hour a week where something related to PSHE is discussed at least. I think it's more likely to be somewhere near three hours a week'.* (P3)

> *'I wouldn't say they knew they were doing it, they might know they are doing SMSC. We have a list of things that children have to self asses; are they*

promoting a positive environment? Are they being a good team player, a good citizen? Some of them know its PSHE but at KS1 I thing they wouldn't know the phrase PSHE'. (P2)

Whole school approach to PSHE

As well as being a subject in its own right, teachers agreed (similarly to the stakeholder interviews) that PSHE needed to be taught across the curriculum. Having PSHE timetabled in is clearly important in order to meaningfully teach the subject, however interviewees cautioned that this alone could not replicate the benefits of a whole school approach to PSHE, that immersed the key themes/topics into all curriculum subjects:

> *'It shouldn't be the only place that things like that are covered; it should be touched on in other subjects'.* (S1)

> *'I think it is a good starting point, not the only place. It is not stand alone; it is alongside the learning mentors, the pastoral team and so on. I think it is a whole school approach. It can be implicit and explicit in a school'.* (S3)

> *'I think it's very short sighted when people do not value PSHE and make it a whole school ethos'.* (P3)

Primary schools appeared to be keen and able to make PSHE a whole school approach using themes or whole school projects. It was felt by primary leads that they were able to weave topic areas into every lesson to ensure a holistic teaching approach:

> *'So it is not just in a lesson, we are doing it all the time. So PSHE runs through the core of every lesson. It's the mainstay of every lesson, if you haven't got PSHE you can't teach'.* (P1)

This may be more difficult for secondary schools which are typically larger, and have a high number of teachers teaching different subjects across the school rather than having a more topic based approach as in primary schools.

Links to Citizenship, SMSC, and RE

Interviewees felt that there were overlaps between PSHE, RE, SMSC and citizenship, but that these were all distinct. SMSC was seen to compliment PSHE and vice versa, and sometimes there were opportunities to cover both, for example one school were designing PSHE lessons based on community cohesion:

> *'Which fits into the social aspects of PSHE and has the cultural aspects of SMSC because we want to tackle extremist views and come back to celebrating that diversity within school.'* (S4)

As SMSC is not a subject but more about a whole school approach, PSHE was seen as a strong contributor to SMSC in one primary school:

> '*I don't think schools can actually fulfil the requirements of SMSC without having good PSHE'.* (S1)

Despite the statutory status of citizenship in secondary schools, 3 of the 5 secondary PSHE leads in the study said that the school were not teaching it. It was explained that there was no dedicated time to teach citizenship and in one case it was said to be taught 'whole school' but not as a timetabled subject.

The PSHE lead role: Seniority, status and degree of specialisation

All 9 interviewees revealed they had, at least notionally, a dedicated role that included responsibility for leading PSHE within their school, although what this role represented varied between primary and secondary schools.

At the primary level, the position of lead tended to be filled by an established, experienced and senior staff member, examples in our sample included a head teacher, an assistant head teacher[6] and one SENCO. Although for P2, the role was a shared responsibility across an entire 'community team'. In contrast the secondary PSHE leads, although also typically well established and experienced teachers, with three having been teachers for more than 20 years and one for ten years, lacked any senior or middle leader representation.

At primary level no interviewee taught PSHE exclusively, which is not necessarily surprising, given the lack of specialisation across most subjects at primary level. Instead the model typically employed was that each class teacher was responsible for delivering PSHE to their own class. The primary PSHE lead role was described more in terms of being advocates for the subject. Seniority of role permitted a degree of influence for ensuring the subject retained some timetabled coverage, and on a more practical note, responsibility for ensuring resources/lesson plans were available and up to date etc.

Inevitably in circumstances where a head teacher or someone from the SLT was leading PSHE, it appeared to heighten the status of the subject:

> '*PSHE is at the heart of our ethos and vision, it runs through everything we do, it filters down from the head all the way to lunchtime supervisors'*. (P1)

> '*I regard myself now as a PSHE specialist above English and PE actually...I've retained that interest. I've led PSHE as a head and normally that isn't the case but I have because I passionately believe it has a positive effect on all outcomes...and also because it's such an integral part of school ethos'.* (P3).

In the case of one primary, the head teacher (P3) was able to use PSHE as a way to drive forward other wellbeing related, whole school policies such as global citizenship, anti-bullying and pupil behaviour. However the same head teacher outlined concerns for the future of PSHE and the associated whole school policies, if a new head teacher arrived at the school who did not prioritise it to the same extent. Implicitly suggesting that senior leader commitment towards PSHE is likely to be a predictor of the extent to which a school will prioritise wellbeing related whole school agendas too:

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[6] Also held the position of SENCO

'As head I've also led the whole school ethos, that's going to be difficult for [new PSHE lead] because she's a class teacher, she's not a senior leader'. (P3)

In contrast, all the secondary school PSHE leads were specialist PSHE teachers, three of whom were full time and two part time three days a week. In most instances their teaching allocation was solely dedicated to PSHE (although one taught 'ethics' as a result of a decision to merge RE and PSHE). However, due to the number of pupils, it was not always possible for the PSHE lead to teach all pupils PSHE. In such instances, the arrangements to address this shortfall in PSHE specialist teachers was often a piecemeal affair, with non-specialist members of staff being drafted in with little or no training, and different personal motivation to be involved. This was working to differing degrees, for some there appeared to be an underlying sense of professional isolation conveyed by the PSHE leads coupled with an implied lack of departmental identity and status. The following quotation from S4 brings some of these issues to the fore:

'I don't really have a department or a team that I can call a team because I can't really ever meet with everybody; it is comprised of people who have a spare hour on their timetable because we are slightly overstaffed…PSHE is not their priority. They are not really bothered about teaching it and they are just not interested'. (S4)

One secondary school appeared to have more opportunities in place for the PSHE lead to train a smaller and more motivated team to deliver PSHE (see below for more about training/qualifications). However, the transitory nature of the teachers expected to deliver PSHE remained a reality that made continuity and delivery of high quality lessons an ongoing concern:

'Next year I will end up with yet another bunch of people who I will have to train'. (S1)

Training

One way of mitigating against the worst effects of a high turn-over of staff might be through the delivery of high quality staff training. However, there was little evidence to suggest anything approaching a coherent training programme was in place for upskilling new staff teaching PSHE.

In terms of primary, no PSHE specific training was reported to have been undertaken during the period of coalition government. Two interviewees referred to historically accessing worthwhile training/resources relating to PSHE/SEAL via the local authority, during the period of the New Labour government at the height of the Healthy Schools agenda. Where formal training had taken place it was most likely to have occurred with regard to an aspect of or topic within PSHE, as opposed to a coherent programme, or something that was linked to an accredited qualification. For example one primary teacher mentioned doing some work with Jenny Mosely on social time and managing behaviour.

As one might expect, secondary school PSHE leads had engaged in more specific training relating to PSHE. Two leads had had PSHE as part of their initial teacher training course.

However, across both primary and secondary PSHE leads there was a strong sense that PSHE was being taught increasingly by non-specialists. Other teachers in the school drafted in to teach were said to be inadequately trained in PSHE and lacking in confidence, pedagogical expertise and often commitment towards the subject. There was genuine concern from interviewees that the delivery of high quality PSHE relied too heavily upon on a small dedicated band of individuals whom received their training in PSHE historically, and that insufficient structures were in place for safeguarding the next generation of specialists. The inevitable consequence of such an approach was said to be that the quality of PSHE teaching received by different pupils varied enormously from school to school and from class to class. One teacher testified to how frustrating it was that teaching by untrained staff would not be countenanced for other subjects on the curriculum, but that it was somehow deemed to be appropriate with regards to teaching about complex, emotive, and life affecting matters:

> *'It frightens me that we have teachers who have had no training who are teaching about topics such as abortion…put in a position where they are giving advice about contraception. They are dealing with homophobia. I think we need to give that the level of importance it deserves'.* (S4)

There was evidence that certain schools were doing their best to train staff within school, with PSHE leads driving this forward. For example, one PSHE lead described how they had been given the opportunity to meet and prepare the two members of staff due to be delivering PSHE the following term in order to discuss the role and to ensure they felt comfortable and confident to teach:

> *'What was good, and made me feel that PSHE was appreciated in the school was that it was not the people left at the end of the timetable… I will induct them both before they get anywhere near a PSHE class. It was important that it was people who were comfortable with the subject and happy to do it. If they are not happy then pupils pick up on that'.* (S3)

Nevertheless, there remained a prevailing feeling that more should be done to ensure minimum standards of PSHE coverage and quality of teaching were adhered to:

> *'There is too much freedom for schools to do what they want with it. I have a feeling it's going to go back to unspecialised teachers doing it and it being very out of date. I constantly update the materials. There is not a year goes by where there isn't a scheme of work where you don't amend and change it, current issues change, every year SRE, Drugs Alcohol and Tobacco, things are changing'. (S5)*

Use of PSHE association

The PSHE association was said to be valued more for their work in fighting for PSHE in terms of keeping it on the government's agenda, rather than as a resource in itself for

teachers, however this seemed primarily due to PSHE leads feeling they had a lack of time to explore and engage with it in this way:

> *'I don't use it. I would find it helpful if I had time to use it'.* (P1)

> *'I have been with the PSHE association for a year or two but if you are teaching 21 lessons a week you don't have a lot of time for exploration. So I'm not going to be joining it this year, I have so much on it would be a waste of money renewing it, I just don't have time for masses of exploring. They do a good job of fighting the corner although it is a losing battle of late'.* (S2)

For one primary school however, the association was utilised to a large extent;

> *'We base our PSHE scheme of work on the PSHE association, it's much easier, the three strands, we make sure we cover it all and then we moderate it'.* (P3)

Statutory PSHE

All interviewees across both primary and secondary strongly stated that they thought PSHE should be made statutory. There was an argument put forth by secondary leads in particular that a minimum entitlement of PSHE should be protected within schools to ensure that every child is taught certain arguably crucial topics. One PSHE lead cited the recent 'Trojan horse' events as a cautionary tale against a wholly devolved system of PSHE provision:

> *'If PSHE isn't statutory then we don't have control over what schools are or aren't teaching…I think there should be guidance in place that states that all schools should cover all of these topics'.* (S4)

Interviewees felt that In primary schools there was a strong feeling that the government were sending mixed messages about the importance of PSHE, given on the one hand the decisions to keep PSHE non statutory, and the key focus on exam outputs, however in addition the expectations to cover current crucial PSHE related topics, and to create a positive learning environment:

> *'After the Ofsted letter saying what they are expecting, I wanted to cry…then there has been the Trojan horse situation in Birmingham, it's really high profile at the moment. They expect everything and they don't give us enough time. It's just never ending. All the charities that you are meant to engage in, and we are expected to cover; cyber bullying, e-safety it's basically everything other than maths and English'.* (P2)

> *'I think they probably do [value PSHE] but because they hound everybody for data and impact, and Ofsted until now have not really been given a directive to focus on PSHE, it appears that they don't, I do think they pay lip service to it the importance of it but because Ofsted doesn't really seem to look at the PSHE programmes, they look at the behaviour and the learning engagement, if that's not good enough they might criticize your PSHE'.* (P3)

Due to these competing pressures, it's easy to see where schools are pushed for time, statutory subjects that lead to outcome measures could be more likely to be prioritised. Teachers in our study were keen to not let this happen, but felt that it was a constant struggle to keep the subject going in recent times:

> *'PSHE is something you have to fight for, the fact that Ofsted have increased the expectations on outcomes… it's that really, every time the government crank up their expectations we have to fight harder for PSHE'.* (P1)

> *'A few years ago we were within spitting distance of having SRE compulsory and we lost that. It's patchy. I have been saddened but not shocked in how quickly things have changed in the last 5 years'.* (S5)

One secondary interviewee summed her thoughts on the value placed on PSHE by the government:

> *'I think if the government want to make something important they make it compulsory'.* (S2)

Summary

Purposes of PSHE
- PSHE fulfilled differing purposes but the majority ascribed greatest importance to the subject's ability to improve pupil wellbeing in an emotional and physical sense.
- More practically PSHE was described as a means of providing the knowledge/information pupils needed to make informed and hopefully 'safe' choices. This was said to be particularly important with regards to SRE, road safety and drug, alcohol and tabaco knowledge.
- PSHE was seen as a mechanism to address specific school contextual issues (eg exploring cultural difference).
- PSHE provided the dedicated space and safe environment required to allow pupils to reflect, consider and express their opinion on a range of personal/social issues pertinent to them and their peers. As such it was thought to fulfil a democratic imperative that was strongly aligned to the pupil voice agenda.
- Contribution towards academic outcomes was mentioned but typically in terms of being an indirect benefit emerging from the primary motivation of enhancing pupil well being.

PSHE provision and Organisation
- Coverage of PSHE had generally been reduced particularly for upper key stage groups either in terms of less dedicated timetable hours or through merging with other subjects, for example RE or ethics. This meant tough decisions about what topics needed to be omitted. Some leads lamented not being able to contextualise sensitive topics appropriately.
- Leads favoured a whole school and cross curricular approach to PSHE. Teaching PSHE in isolation was said to be insufficient. Overall this appeared to be more difficult to achieve at secondary level.

PSHE Lead role (seniority, status and degree of specialisation)

- All interviews had at least a notional dedicated role that included responsibility for leading PSHE.
- Primary leads were generally established/experienced teachers who were part of SLT. They tended to act more as advocates for the subject as opposed to having a responsibility for teaching PSHE beyond their own class.
- Secondary PSHE leads were relatively less experienced and had less seniority. All secondary PSHE leads taught PSHE exclusively in a specialised manner.
- PSHE did not appear to have a strong departmental identity. In primary schools individual class teachers tend to take responsibility whereas at secondary a 'specialist' lead tended to take the majority of lessons along with a transient supporting staff.

Training

- Although experienced teachers of PSHE recalled undertaking various training relating to PSHE under New Labour governments. There was said to be no such opportunities available under the coalition government.
- Training as part of ITT courses was more likely at secondary level.
- There was little evidence to suggest there is anything approaching a coherent training programme in place within schools for upskilling new staff teaching PSHE.
- A lack of succession planning for existing PSHE leads was specifically mentioned.

5. Conclusion and discussion

As previously outlined in the limitations section of the methodology (see P13 for detail), this was a small scale study focused on one local authority area and therefore findings should be read with caution in terms of any wider generalisability. Taking these caveats into account, the study has uncovered a number of interesting insights around how PSHE has been perceived and organised in schools within this local authority during the period of coalition government.

This section will address the key research aim of how schools have interpreted and dealt with PSHE since 2010, by bringing together the key findings from across the three data sources; interviews with strategic stakeholders, survey of secondary PSHE leads and interviews with PSHE leads from primary and secondary schools. The discussion is presented beneath overarching headings, related to the original three research questions restated below.

Research Questions

1. How are key stakeholders and PSHE leads interpreting the policy landscape of PSHE?

2. How has the status and provision of PSHE changed (if at all) in schools under a coalition government? If so, to what extent and why?

3. What are the perceived barriers and motivations for school in engaging with PSHE?

Owing to many of the barriers to teaching PSHE highlighted in this report being related to the policy landscape, research questions 1 and 3 have been combined in the conclusion discussion.

PSHE policy landscape   &   Barriers and motivations to teach PSHE

The survey showed that **most PSHE leads felt there was insufficient national guidance and support from the government.** In addition half of the survey respondents thought that **the government do not value PSHE**; this perceived lack of priority at governmental level was reported as one of the main barriers to teaching PSHE. A view powerfully endorsed by the strategic leaders interviewed who claimed the government was paying 'lip service' to the subject.

PSHE leads conversely articulated concerns that PSHE lessons were now being monitored quite heavily by OFSTED (particularly in the wake of the Trojan horse scandal) with many making reference to the recent 'Not yet good enough' report (Ofsted, 2013). Broadly summarised PSHE leads felt there was **an accountability without support culture developing in relation to PSHE**. The implications of which were a growing sense of perceived pressure on them personally due to high expectations and monitoring of the subject but often without much of a whole school commitment to assist. This was particularly difficult in a context where delivery of the subject was partially reliant on a bank of non-specialist teachers with gaps in their timetable. PSHE leads

raised how such **teachers frequently did not feel confident to teach the subject and/or view it as a priority**. Where teachers were unconfident and/or not motivated there was said to be a high risk of poor quality teaching or possibly even avoidance of teaching sensitive topic areas all-together.

PSHE leads talked about there being **no infrastructure to support the future of PSHE in the form of training**. There was a lack of current PSHE training available meaning that teachers were not always subject specialists. Some schools did their best to train within schools. Where PSHE leads had been trained, this training tended to be historical and/or one off training, for example the national CPD PSHE programme, which is no longer available. It was notable that all of the PSHE leads interviewed, and the majority of those surveyed were highly experienced; there was genuine **concern raised about succession planning** and where the future cadre of PSHE specialists/enthusiasts would be sourced.

PSHE Leads claimed that despite the government 'rhetoric' of valuing PSHE, it was hard to imagine other subjects being taught by non-specialists to such an extent. Related to this point, just over half of survey respondents felt that **the focus on the standards agenda was a barrier to teaching PSHE,** as it meant the curriculum time was squeezed, leaving little time for non-statutory subjects. The reduction in time available to teach PSHE is discussed later.

PSHE leads were asked about where they sourced their PSHE teaching materials, **no PSHE leads listed government websites as a source of teaching resources,** suggesting that these are not available. Perhaps of cause for some concern was that the **most cited sources of materials were non quality assured varieties** such as the Guardian/TES.

Despite these barriers, PSHE leads retained a strong intrinsic commitment to PSHE and were able to identify numerous compelling motivations for teaching the subject. Participants discussed how **PSHE lessons contribute to pupil wellbeing** and that there is a **link between pupil wellbeing and academic attainment.** However what is clear from this study is that any link to attainment was not the primary reason for schools engaging with PSHE, instead it was couched in terms of being an additional positive outcome. There was universal agreement that the main reasons for PSHE being taught in schools were to **teach pupils to be healthy, safe and to gain important life skills.** It was felt that **schools have a responsibility for pupils' wider wellbeing**, particularly acknowledging that many pupils may not always be receiving the correct messages at home. PSHE leads specifically, discussed how lessons offered the ideal opportunity for **exploring context specific issues** that young people may face on a day to day basis. PSHE was seen to equip pupils with the information, knowledge and social skills needed to navigate their lives now and in the future. A number of participants implied that **effective PSHE was a democratic imperative for pupils offering a dedicated space and safe environment** that pupils needed to reflect, consider and express their opinion on a range of personal/social issues pertinent to them and their peers

Status and provision of PSHE in schools

This study shows there has been a perceived **overall reduction in PSHE provision.** It was felt by just under half of survey respondents that the provision of PSHE had reduced under the period of coalition government, and just over a third felt provision had remained the same. **Provision has diminished particularly for the upper key stages.** Although a positive finding was that PSHE is still timetabled into the school curriculum for most secondary schools in the study, most frequently taught once a week as a dedicated PSHE lesson, interviews revealed that PSHE leads were struggling to protect their allotted PSHE time at KS4 in particular, and this had been reduced over recent years. The survey findings reinforce this message by revealing that at KS3 PSHE was taught once a week at ten schools, whereas at KS4 it was only taught once a week at seven schools. A similar overall trend could be observed from the primary survey in relation to KS2 pupils having less PSHE provision compared to their KS1 peers. What can be concluded here is that **delivery of PSHE is inconsistent across schools, particularly for the older year groups.**

Inequity of provision was a central concern raised by the strategic stakeholder interviewees who claimed high quality PSHE should be an entitlement to every child, and that it was too important, even 'dangerous' to leave its provision to chance. Examples, of unease about current PSHE coverage also emerged from the PSHE lead interviews. For instance it appeared in some cases that **the seniority of the PSHE lead within the school directly correlated to the status and priority given to the subject** throughout the school. This again creates a position where the future of the subject in schools is dependent upon individuals in senior positions being prepared to prioritise PSHE.

Despite the misgivings of strategic stakeholders, and a number of examples raised within the PSHE lead interviews; **PSHE teachers themselves were clearly still passionate about the subject** and in fact stated that the **quality of PSHE provision had either remained the same or increased**. However, as has been stated elsewhere, one should be mindful that the survey sample does not include around half of the secondary schools that elected to not participate. Whilst, one can only conjecture about the quality of PSHE provision across these schools it is perhaps not unreasonable to theorise that a lack of engagement in our study might correlate to being less engaged with the subject in general.

Looking next at the scope and coverage of PSHE. PSHE leads were asked about their views on the relative importance of different elements associated with PSHE provision. **Participants identified sex and relationships education as being the most important element taught.** This was closely followed by emotional health and wellbeing, drug, alcohol and tobacco education and safety Education. Enterprise education was perceived as the least important aspect, closely followed by work related learning and personal finance. Sex and relationships education is clearly viewed as a key priority within PSHE.

It is evident that the participants in this study have some shared views on the purposes of PSHE, and that **PSHE is valued highly for a number of reasons**. It was believed by

PSHE leads that **members of the schools senior leadership team valued the subject, as did pupils**. It was felt that PSHE was very much an integral part of the holistic development of their pupils and there is evidence in the study of individuals being willing to fight for the subject despite this continued lack of support at government level (and sometimes school).

Discussion

The diminished allocation of dedicated PSHE timetabled space, a lack of materials or teacher training, allied with a perceived lack of government guidance and support for the subject makes fragmented PSHE coverage almost inevitable. As raised earlier, a clear implication of such variation in provision is that pupils are likely to be receiving inconsistent amounts of PSHE, particularly for the older year groups. Viewed positively, this presents schools with the potential to streamline a potentially bloated PSHE curriculum, to think creatively, and effectively tailor their PSHE coverage to their own local needs and context. Thereby aligning with the government's laissez faire approach to the subject and ever increasing school autonomy in relation to PSHE. An alternative interpretation would be that it leaves children vulnerable to not receiving sufficient and/or good enough quality PSHE.

Participants in our study universally agreed that PSHE was necessary to be taught in school and should be made statutory. Time in the curriculum, it is argued, is needed to ensure that positive messages are conveyed to young people in order for them to make safe and healthy life choices. However for this to be successful, there are a number of issues which need to be addresses as highlighted by this report. The below emerged as being particularly important:

-Schools need support at local and national level, as a lack of support can lead to very different approaches to teaching the subject, or even the subject not being taught at all in some schools, as this study has highlighted is the case with citizenship.

-PSHE should be taught by properly trained teachers, which means PSHE being re-introduced as an ITT subject and CPD being made available.

-Another issue which came across very strongly from all participants is the need for schools to take on a holistic approach to pupil wellbeing which PSHE forms one key strand of. Schools need to reinforce messages given out in PSHE across the entire curriculum wherever possible, as well as through their ethos and policies to ensure PSHE forms part of a whole school culture.

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7. Appendices

Appendix 1: Primary survey findings

The respondents

9 of the 11 primary school respondents were the PSHE leader/coordinator.

Table A1: Other school responsibilities of the PSHE coordinator/lead (numbers are given rather than percentages due to the small sample size)

Role	Number of respondents (total n =10)*
Senior leader	5
Other teaching role(s)	8
Subject lead	3
Pastoral role	2
Other	4

PSHE in primary schools

In all but one school PSHE was referred to by this name or by PSHE. In one school it was SEAL.

As with secondary schools declared PSHE association membership was very low, with only 1 school stating they had an individual level membership.

Chart 1: Is PSHE timetabled into your school's curriculum? (n =12)
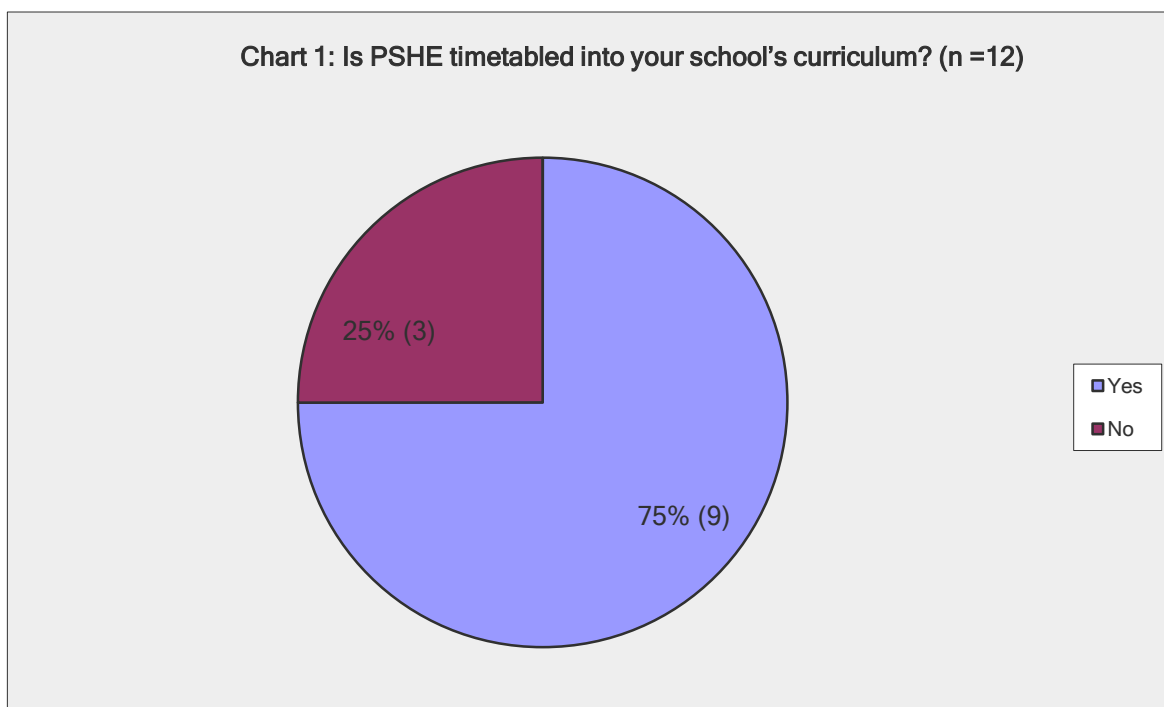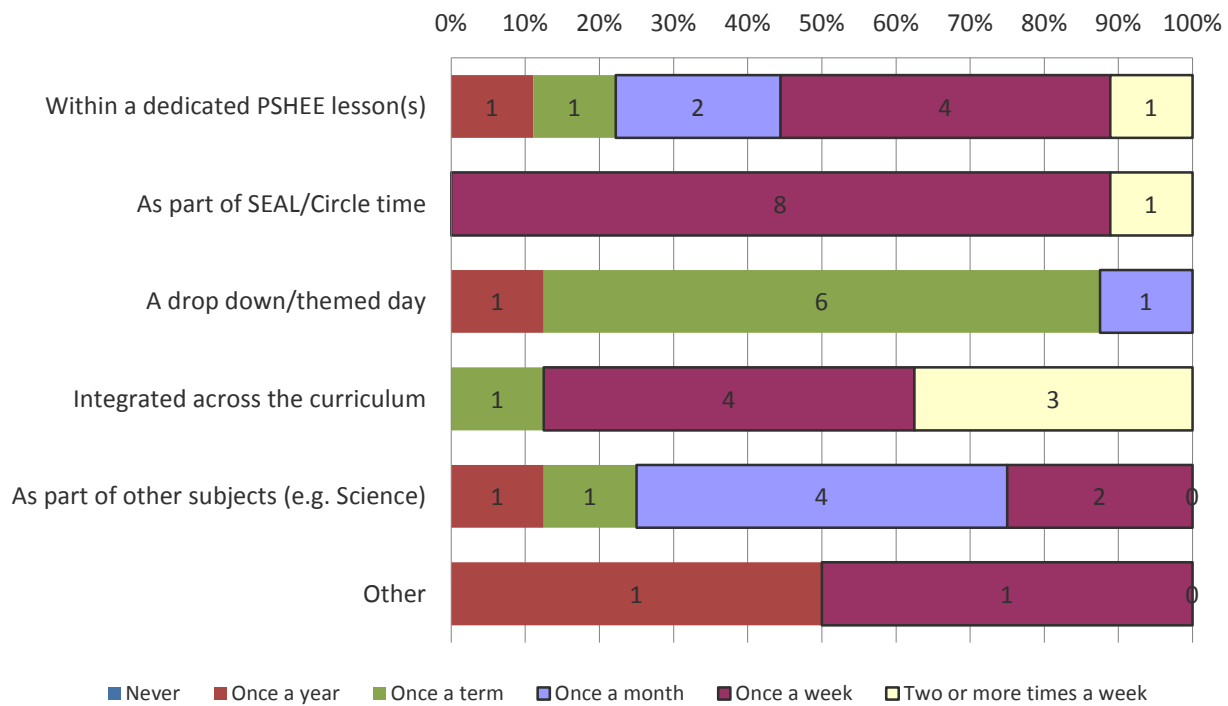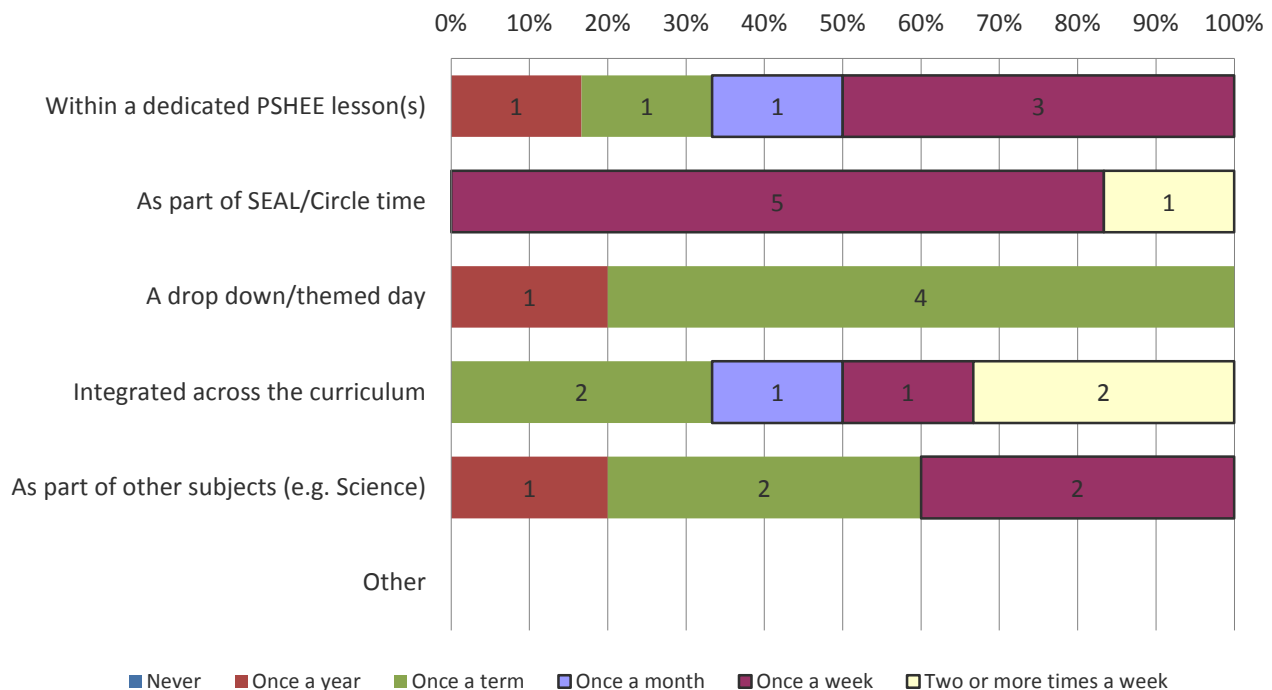
25% (3)

75% (9)

Yes
No

Chart 2: On average how often would a pupil in Key Stage 1 be taught PSHE? (n = 11)

Teaching method	Never	Once a year	Once a term	Once a month	Once a week	Two or more times a week
Within a dedicated PSHEE lesson(s)		1	1	2	4	1
As part of SEAL/Circle time					8	1
A drop down/themed day		1	6	1		
Integrated across the curriculum			1		4	3
As part of other subjects (e.g. Science)		1	1	4	2	0
Other		1			1	0

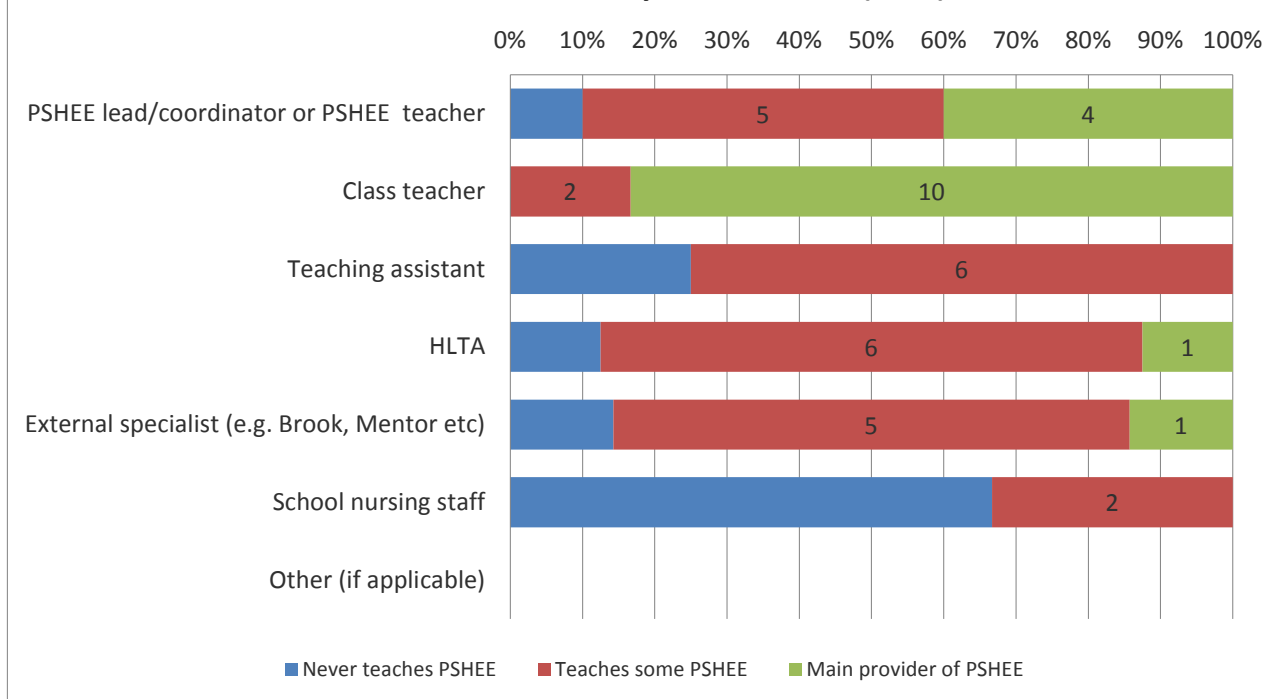Legend: ■ Never ■ Once a year ■ Once a term ■ Once a month ■ Once a week ■ Two or more times a week

* Respondents were able to tick more than one answer

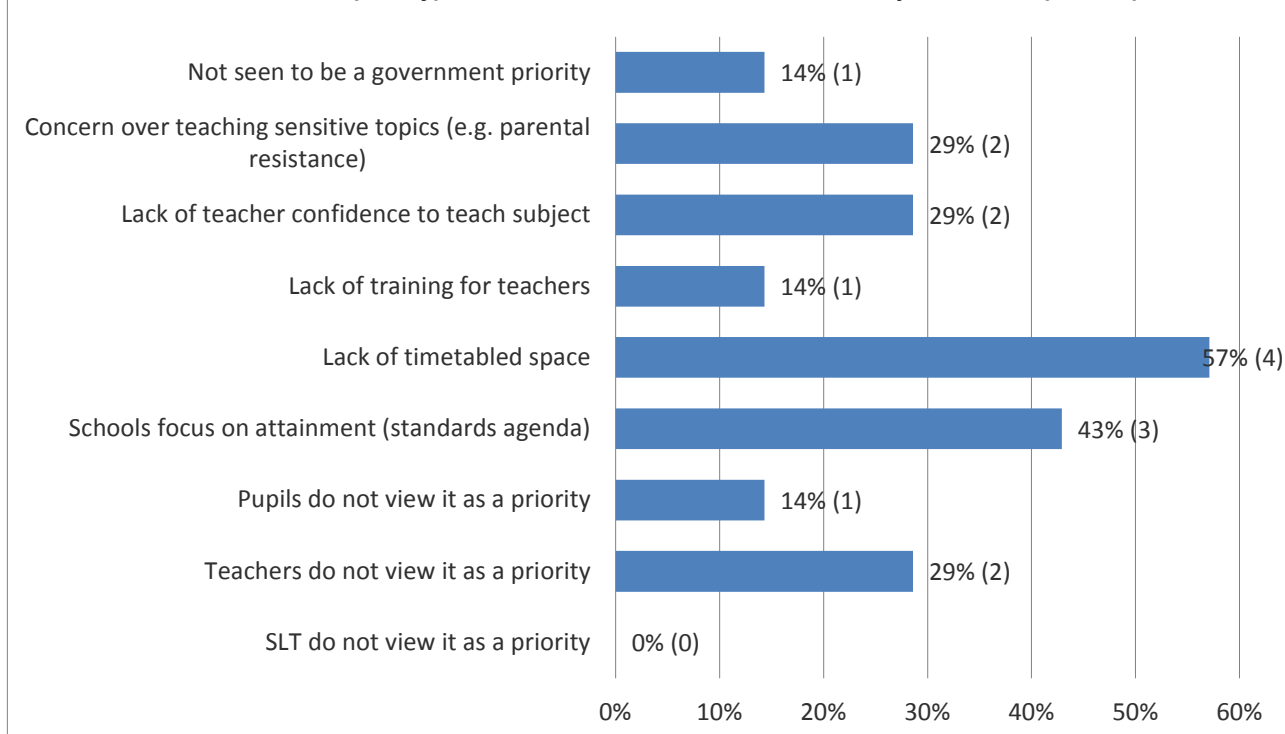**Chart 3: On average how often would a pupil in Key Stage 2 be taught PSHE? (n=7)**

Teaching method	Never	Once a year	Once a term	Once a month	Once a week	Two or more times a week
Within a dedicated PSHEE lesson(s)		1	1	1	3	
As part of SEAL/Circle time					5	1
A drop down/themed day		1	4			
Integrated across the curriculum			2	1	1	2
As part of other subjects (e.g. Science)		1	2		2	
Other						

Legend: ■ Never ■ Once a year ■ Once a term ■ Once a month ■ Once a week ■ Two or more times a week

* Respondents were able to tick more than one answer

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Chart 4: Who currently teaches PSHE? (n=12)

	Never teaches PSHEE	Teaches some PSHEE	Main provider of PSHEE
PSHEE lead/coordinator or PSHEE teacher		5	4
Class teacher		2	10
Teaching assistant		6	
HLTA		6	1
External specialist (e.g. Brook, Mentor etc)		5	1
School nursing staff		2	
Other (if applicable)			

Legend: ■ Never teaches PSHEE ■ Teaches some PSHEE ■ Main provider of PSHEE

* Respondents were able to tick more than one answer

Chart 5: What (if any) are the barriers to effective PSHE provision? (n = 12)

Barrier	Value
Not seen to be a government priority	14% (1)
Concern over teaching sensitive topics (e.g. parental resistance)	29% (2)
Lack of teacher confidence to teach subject	29% (2)
Lack of training for teachers	14% (1)
Lack of timetabled space	57% (4)
Schools focus on attainment (standards agenda)	43% (3)
Pupils do not view it as a priority	14% (1)
Teachers do not view it as a priority	29% (2)
SLT do not view it as a priority	0% (0)

* Respondents were able to tick more than one answer

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Chart 6: What are the motivations to teach PSHE in your school? (n= 11)

Motivation	Percentage
Following government guidance	27% (3)
Parental demand	0%
Encourage healthy attitudes and behaviours	100% (11)
Address contextual/local issues	82% (9)
Life skills for young people	91% (10)
Improve behaviour	91% (10)
Part of criteria for a Teaching and Learning Responsibility (TLR) payment	0%
Comply with OFSTED	27% (3)
Helps to improve attainment	55% (6)

* Respondents were able to tick more than one answer

Chart 7: To what extent do you agree with the following statements? (n=12)

Statement	Don't know	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
The SLT values PSHEE					33% (4)	67% (8)
The pupils value PSHEE	8% (1)		8% (1)	8% (1)	50% (6)	25% (3)
Teaching staff value PSHEE		8% (1)		17% (2)	42% (5)	33% (4)
Parents value PSHEE	8% (1)		8% (1)	50% (6)	8% (1)	25% (3)

Legend: ■ Don't know ■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ☐ Strongly agree
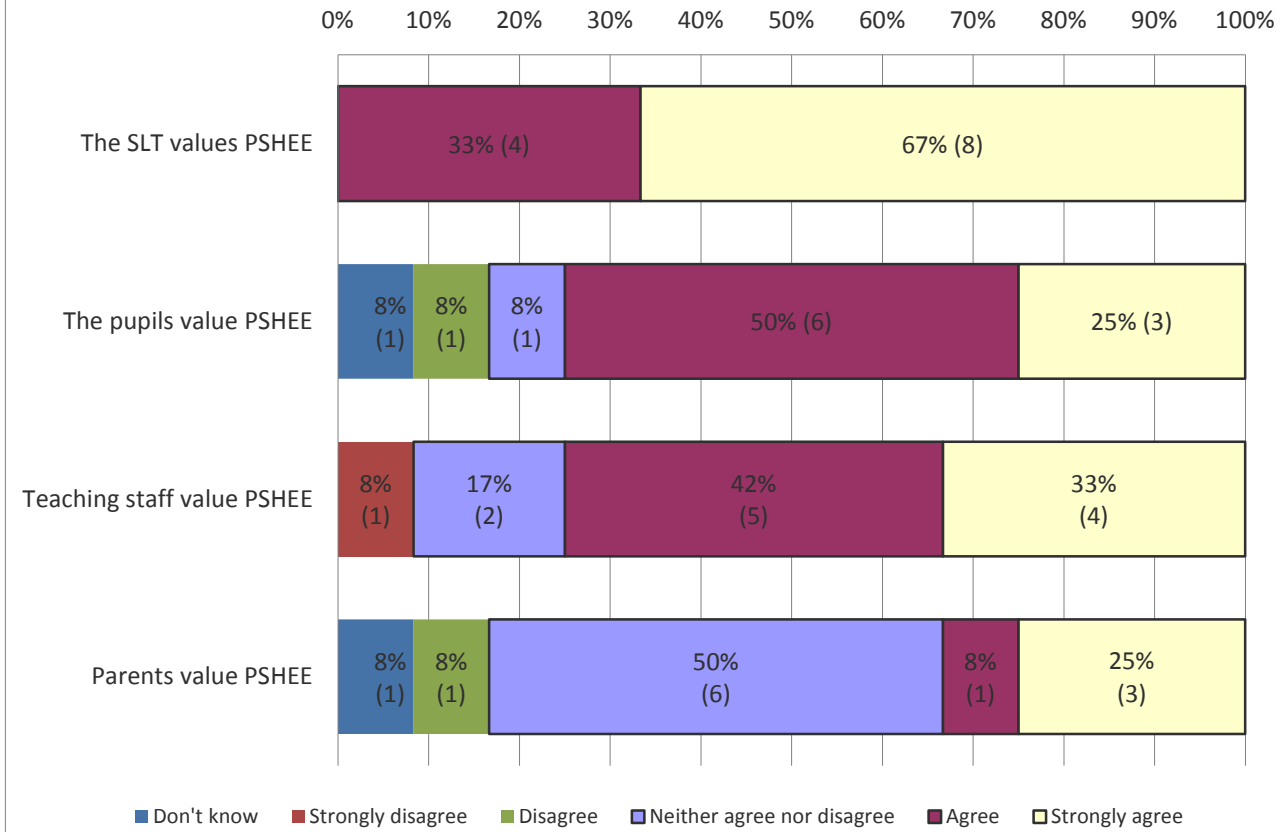
* *Respondents were able to tick more than one answer*

Chart 8: (As far as you are aware) overall since May 2010 has the amount of provision of PSHE at your current school: (n = 12)

- 33% (4)
- 42% (4)
- 8% (1)
- 8% (1)
- 8% (1)

Legend:
- ☐ Reduced significantly
- ■ Reduced a little
- ☐ Remained roughly the same
- ☐ Increased a little
- ■ Increased significantly
- ■ Don't know

Chart 9: (As far as you are aware) overall since May 2010 has the quality of PSHE provision at your current school: (n =12)

Legend:
- Reduced significantly
- Reduced a little
- Remained roughly the same
- Increased a little
- Increased significantly
- Don't know

Pie chart values: 25% (3), 42% (5), 8% (1), 17% (2), 8% (1)

Chart 10: Where do your PSHE teaching materials and resources come from? (n=12)

Source	Value
Charities	33% (4)
Public sector organisations	0%
Private sector companies e.g. banks, supermarkets etc	0%
PSHE consultancy/companies	8% (1)
Local schools network/other schools	0%
TES/Guardian or similar	58% (7)
Web searches	75% (9)
Developed in house	67% (8)
Central government	17% (2)
Local Authority	8% (1)
PSHE Association	25% (3)

* Respondents were able to tick more than one answer

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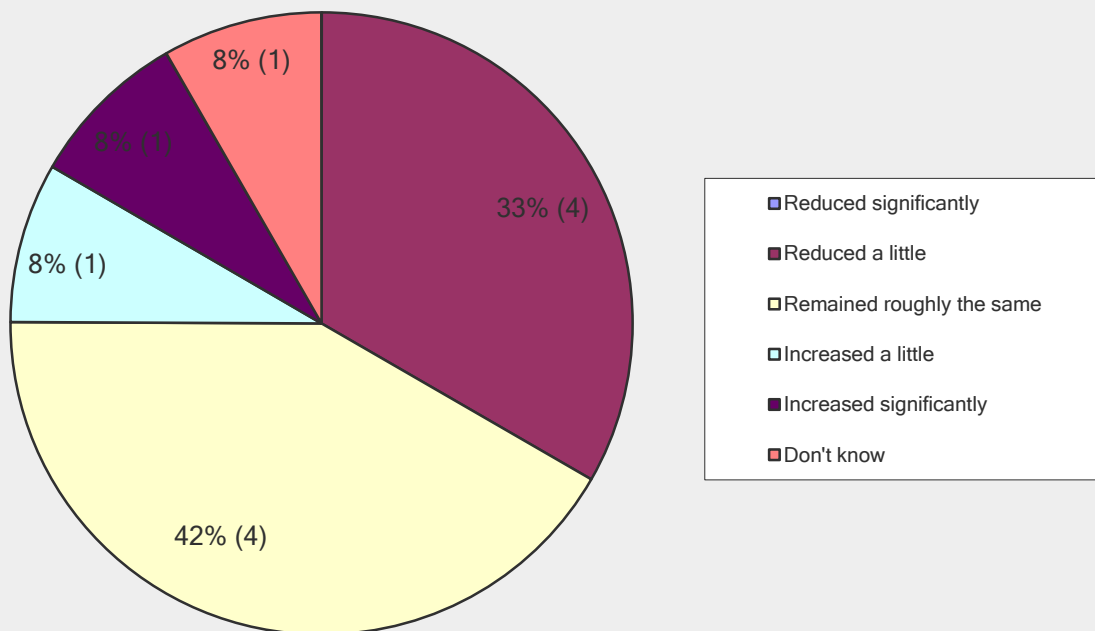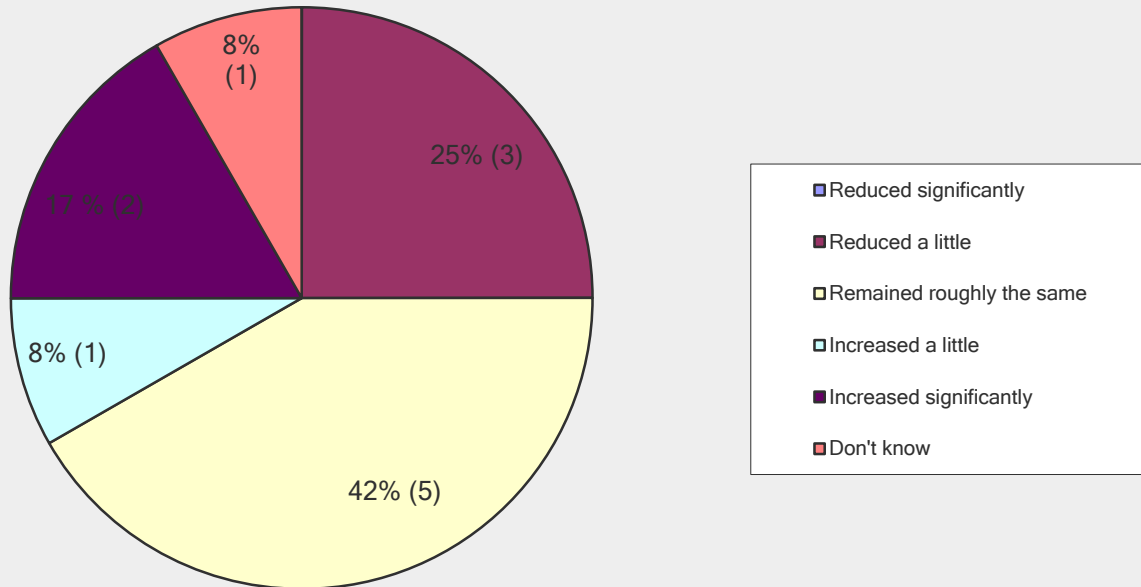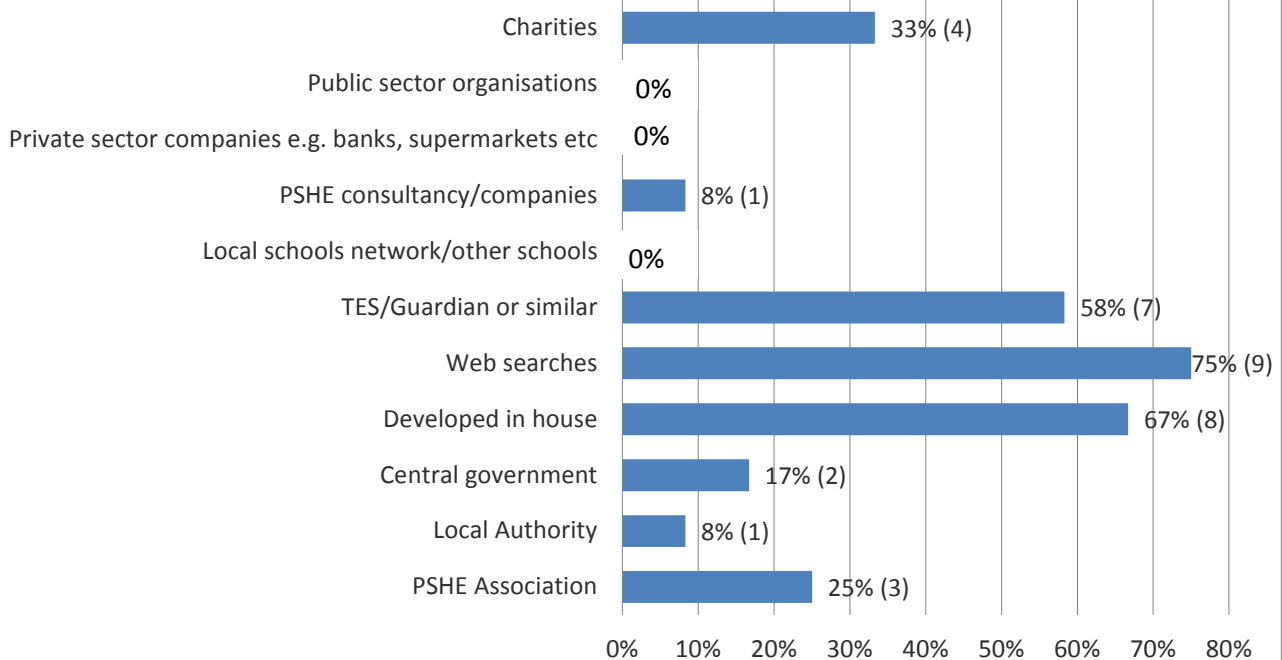
Value and purpose of PSHE

Table A2 How appropriate is it that schools have a responsibility for educating pupils' about wider wellbeing (e.g. health promotion, health literacy, social education)?

Response	Respondents n = 13
Very appropriate	83% (10)
Quite appropriate	17% (2)
Not very appropriate	0% (0)
Not at all appropriate	0% (0)
Don't know	0% (0)

Table A3: In your opinion how important is it that PSHE be taught in schools?

Response	Respondents n =13
Very appropriate	83% (10)
Quite appropriate	17% (2)
Not very appropriate	0% (0)
Not at all appropriate	0% (0)
Don't know	0% (0)

Table A4: Do you think PSHE should be made statutory?

Response	Respondents n =13
Yes	83% (10)
No	17% (2)
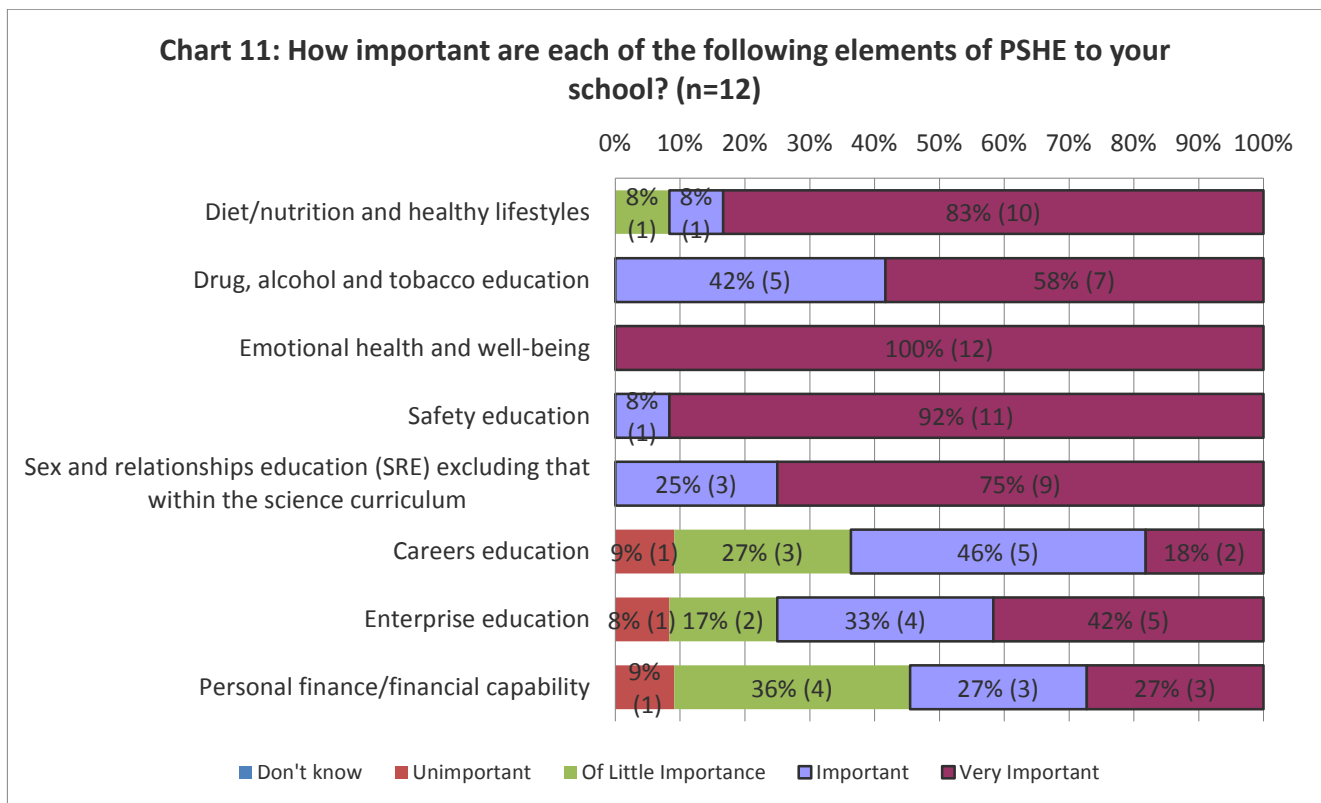
Chart 11: How important are each of the following elements of PSHE to your school? (n=12)

Chart 12: Do you feel there is sufficient national guidance and support for teaching PSHE? (n =12)

- Yes: 25% (3)
- No: 75% (9)
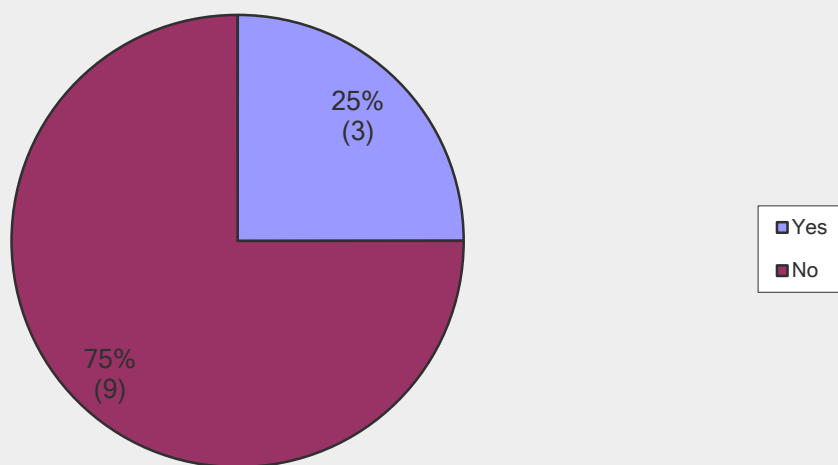
Appendix 2: Secondary school survey tool

Section 1: Background Information (you and your school)

1. Your name

2. Name of your school

3. Who is the PSHE lead/coordinator at your school?

○ Me

○ Someone else

○ We don't have one (please go to Q5)

If someone else (please specify)

4. What (if any) other responsibility does the PSHE coordinator/lead have in the school?

☐ Senior leader role(s)

☐ Other teaching role(s)

☐ Subject lead

☐ Pastoral role(s)

Other (please specify)

5. Do you have another term for PSHE provision in your school?

○ Yes

○ No

If yes, (please specify)

[   ]

6. Do you have a PSHE Association membership at: (Please tick all that apply)

☐ School membership level

☐ Individual membership level

7. Is PSHE timetabled into your school's curriculum?

○ Yes

○ No

8. On average how often would a pupil in <u>KeyStage3</u> be taught PSHE?

	Two or more times a week	Once a week	Once a month	Once a term	Once a year	Never
Within a dedicated PSHE lesson(s)	○	○	○	○	○	○
As part of tutor/form time	○	○	○	○	○	○
A drop down/themed day	○	○	○	○	○	○
As part of other subjects (e.g. Science)	○	○	○	○	○	○
Other	○	○	○	○	○	○

If Other please specify

9. On average how often would a pupil in <u>KeyStage4</u> be taught PSHE?

	Two or more times a week	Once a week	Once a month	Once a term	Once a year	Never
Within a dedicated PSHE lesson(s)	○	○	○	○	○	○
As part of tutor/form time	○	○	○	○	○	○
A drop down/themed day	○	○	○	○	○	○
As part of other subjects (e.g. Science)	○	○	○	○	○	○
Other	○	○	○	○	○	○

If Other please specify

10. Who currently teaches PSHE? (please tick all that apply)

	Main provider of PSHE	Teaches some PSHE	Never teaches PSHE
PSHE lead/coordinator or PSHE teacher	○	○	○
Form tutor	○	○	○
Teacher of other subject	○	○	○
External specialist (e.g. Brook, Mentor etc)	○	○	○
School nursing staff	○	○	○
Other (if applicable)	○	○	○

If Other please specify

11. What (if any) are the barriers to effective PSHE provision (please tick all that apply)

☐ SLT do not view it as a priority

☐ Teachers do not view it as a priority

☐ Pupils do not view it as a priority

☐ Schools focus on attainment (standards agenda)

☐ Lack of timetabled space

☐ Lack of training for teachers

☐ Lack of teacher confidence to teach subject

☐ Concern over teaching sensitive topics (e.g. parental resistance)

☐ Not seen to be a government priority

Other (please specify)

12. What are the motivations to teach PSHE in your school? (please tick all that apply)

☐ Helps to improve attainment

☐ Comply with OFSTED

☐ Part of criteria for a Teaching and Learning Responsibility (TLR) payment

☐ Improve behaviour

☐ Life skills for young people

☐ Address contextual/local issues

☐ Encourage healthy attitudes and behaviours

☐ Parental demand

☐ Following government guidance

Other (please specify)

13. To what extent do you agree with the following statements? (please tick one answer per row)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
The SLT values PSHE	○	○	○	○	○	○
The pupils value PSHE	○	○	○	○	○	○
Teaching staff value PSHE	○	○	○	○	○	○
Parents value PSHE						

14. (As far as you are aware) overall since May 2010 has the <u>amount</u> of provision of PSHE at your current school:

○ Reduced significantly

○ Reduced a little

○ Remained roughly the same

○ Increased a little

○ Increased significantly

○ Don't know

15. (As far as you are aware) overall since May 2010 has the <u>quality</u> of PSHE provision at your current school:

○ Reduced significantly

○ Reduced a little

○ Remained roughly the same

○ Increased a little

○ Increased significantly

○ Don't know

16. Where do your PSHE teaching materials and resources come from? (please tick all that apply)

☐ PSHE Association

☐ Local Authority

☐ Central government

☐ Developed in house

☐ Web searches

☐ TES/Guardian or similar

☐ Local schools network/other schools

☐ PSHE consultancy/companies

☐ Private sector companies e.g. banks, supermarkets etc

☐ Public sector organisations

☐ Charities

Other (please specify)

17. Please use the space below to tell us about any training or CPD you have received/are due to receive in relation to PSHE: (for example, what it was, duration, who delivered it, how useful you found it etc)

18. Do you think it is appropriate that schools have a responsibility for educating pupils' about wider wellbeing (e.g. health promotion, health literacy, social education)?

○ Very appropriate

○ Quite appropriate

○ Not very appropriate

○ Not at all appropriate

○ Don't know

19. In your opinion how important is it that PSHE be taught in schools?

○ Very Important   ○ Important   ○ Of Little Importance   ○ Unimportant   ○ Don't know

20. How important are each of the following elements of PSHE to your school? (please put a tick in each row)

	Very Important	Important	Of Little Importance	Unimportant	Don't know
Diet/nutrition and healthy lifestyles	○	○	○	○	○
Drug, alcohol and tobacco education	○	○	○	○	○
Emotional health and well-being	○	○	○	○	○
Safety education	○	○	○	○	○
Sex and relationships education (SRE) excluding that within the science curriculum	○	○	○	○	○
Careers education	○	○	○	○	○
Enterprise education	○	○	○	○	○
Personal finance/financial capability	○	○	○	○	○
Work-related learning	○	○	○	○	○

21. Do you think PSHE should be made statutory?

○ Yes

○ No

Why do you think that?

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22. To what extent do you think the current government values PSHE in schools?

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23. Do you feel there is sufficient national guidance and support for teaching PSHE?

○ Yes

○ No

Please use the space below to expand on this answer if you wish:

24. Please use this space to provide any other comments you have on PSHE

Thank you!

Please click on the 'done' box to submit your responses