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# Effective PSHE – Ensuring positive outcomes for children and young people

PSHE (Personal, Social, Health Economic) education, and its many related issues, is never far from a headline, discussion, research project, government enquiry or strategy – however, it appears to be a subject that is little understood and where often, the people delivering it lack subject knowledge, understanding and appropriate pedagogy. As far back as 2005, David Bell, the then Chief Inspector of Schools, highlighted the importance of PSHE and commented upon the need for schools and parents/carers to invest in the subject in order to support young people to make sense of life both now and in the future (cited in Crow, 2008). Since that time, there have been two independent reviews of PSHE focusing upon the subject's status - both recommending that PSHE requires statutory status - and three OfSTED subject reviews - all of which have stressed the subject's importance, while commenting upon a desperate need for effective PSHE training, including it having a strategic place within initial teacher training (ITT).

This article offers clarification regarding the definition and purpose of PSHE and briefly explores the subject's development and journey. It considers the current climate for PSHE and discusses the importance of effective continued professional development (CPD) in achieving positive outcomes for the subject, PSHE professionals and young people.

### A Brief History of PSHE

PSHE education offers planned opportunities for children and young people to proactively acquire and advance the knowledge, understanding, skills, attitudes and values

required to study a range of appropriate health related issues. PSHE includes the specialist areas of emotional health and wellbeing, relationships and sex education, healthy living and lifestyles, drug education (including medicines, over the counter drugs, alcohol, tobacco and illegal drugs), careers, financial capability and safety education (including e-safety), whilst supporting skills for learning, achieving, managing change and reflective thinking.

PSHE is described as “the planned provision in schools and other settings, for promoting the emotional, social and health development of children and young people” (Babcock Education, 2016). The subject provides an explicit curriculum opportunity to address spiritual, moral, social and cultural development, whilst also exploring issues such, anti-bullying, empathy, relationships, respect, consent, positive behaviour, safeguarding, peaceable conflict resolution (restorative approaches) and emotional literacy. It is founded upon the notion of pastoral care, the rights of young people (United Nations, 1989) and the moral imperative to educate pupils in matters that affect them and prevent the impairment of health and development. Although a ‘young’ subject which began to develop in the 1960s, the underpinning ethos of PSHE is not new. The notion of education as being important for building character, confronting thinking around virtues, whilst enabling reflective and philosophical debate was emphasised as far back as Plato's Republic (approximately 380BC). In more recent history the 1944 Education Act signified the importance of a holistic education by formally stating that a school must provide for pupils' spiritual, moral,

mental and physical development. This stance was further strengthened by the DfE (2014) document 'Promoting Fundamental British Values, as part of SMSC [spiritual, moral, social, cultural] in Schools'.

PSHE's journey has proven challenging, with the policy landscape holding a huge influence over its development. No other curriculum subject appears to ebb and flow to such an extent due to the whims and wishes of Government. The 'newly' revised 2014 National Curriculum does not contain a programme of study for PSHE. In 2011, PSHE was reviewed separately to the rest of the curriculum, which was deemed 'a pity' by members of the expert panel (Pollard and James, 2011); nevertheless, the DfE (2013: 4) states that "[a]ll schools should make provision for personal, social, health and economic education (PSHE), drawing on good practice". The DfE statutory safeguarding document 'Keeping Children Safe in Education' (2016: 16) reinforced its commitment to the critical nature of PSHE by stating that "[g]overning bodies and proprietors should ensure children are taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE), tutorials (in FE colleges) and/or - for maintained schools and colleges - through sex and relationship education (SRE)."

This current confused picture is not so different to the one back in the 1980s, as demonstrated by Best (1995: 7) when he writes, "[e]ducation policy at national level has always marginalised or ignored pastoral care and personal, social education. This has been especially true since the Educational Reform Act (1988) with its emphasis on the National Curriculum and its assessment". His words very much echo the cries of today's PSHE professionals and champions.

### **The Current Situation of PSHE**

The most recent subject review of PSHE was undertaken by OfSTED in 2013. The report highlights the need for more than 40% of schools to improve their provision of PSHE. OfSTED noted that the situation has become progressively worse over a number of years and that young people consistently maintain that the relationships and sex education they receive does

not meet their needs. OfSTED affirm that a sizeable proportion of young people are left unprepared for the physical and mental changes they will face through puberty and into adulthood; particular concern was raised regarding the dangers of exploitation and vulnerability where young people do not receive effective and timely relationships and sex education. Teaching relating to safeguarding, personal safety, alcohol, equalities and discrimination and mental health were all highlighted as being areas which require improvement. Frequently, where practice requires improvement, or is inadequate, a lack of high-quality and robust training for teachers and other PSHE professionals is cited as a major factor.

Although the policy landscape for PSHE is confused, calls for statutory PSHE are louder and more vehement than ever before. The importance of PSHE is clear, the links between good physical and mental health become increasingly evident and the synergy between health, wellbeing and educational outcomes are ever more apparent (DoH, 2013; BMJ, 2014). This is why the PSHE Association campaign to gain statutory status for PSHE has the support of over 100 groups and agencies, including The National PSHE CPD Programme, NUT, ATL, National Association of Head Teachers, Alcohol Concern, NSPCC, Anti-Bullying Alliance, Royal Society for Public Health, Childnet International and The Children's Society.

In 2014, the House of Commons All Party Education Committee carried out an inquiry into the quality of PSHE in our schools and whether PSHE ought to be a statutory subject. The resulting report, [Life Lessons](#) (2015) contains within its recommendations the need for:

- PSHE to be a statutory subject
- an increased number of trained schools nurses, able to support schools with the health related elements of PSHE
- the profile of the [National PSHE CPD Programme](#) (accredited through the University of Roehampton and delivered in partnership with Babcock Education) to be raised ensuring that staff delivering PSHE are confident and well trained
- Sex and Relationships Education to be renamed as Relationships and Sex Education (RSE)

The Education Committee's recommendations are further supported by the Home Affairs Committee (2014), the Joint Committee on Human Rights (2015), the Children's Commissioner (2015) and the Chief Medical Officer (2015), all of whom [recommend](#) to government that PSHE should be a statutory entitlement for all children and young people.

Statutory status for PSHE would afford the subject, and its specialist areas, a definite position in the ITT programme, along with a consistency of approach and curriculum content necessary in order to address the many complex areas contained within the subject area (Blake, 2008; Crow, 2008; External Steering Group, 2008; Macdonald, 2009). The National Curriculum provides an excellent platform upon which schools can build needs-based, effective PSHE for their school and community requirements. However, owing to the fact that academies, free schools and independent schools do not have to follow the National Curriculum, a statutory entitlement would have to be set out in primary legislation.

After a year of deliberation, in [a letter from Nicky Morgan](#) (Secretary of State for Education) to Neil Carmichael (Chair of Education Select Committee), the government has decided that the focus for PSHE must be upon the improved delivery of the subject in schools, and not upon granting PSHE the statutory status for which so many education and health experts are campaigning. However, the government has stated that it will keep the status of the subject under review. In her letter, Morgan (2016) states, "I want senior leaders to ensure that it [PSHE] has the time in the curriculum and the status that it deserves within school and I want it to be taught by well-trained and well-supported staff". However, this comes with no offer of training for schools, no additional CPD funding and no solution to the countless issues raised by OfSTED (and others) in the many PSHE subject reviews.

### **Effective Training and CPD**

The compelling evidence from a wide variety of sources of the need for effective, credible, evidence based training in PSHE is overwhelming; and the National PSHE CPD Programme was originally developed by the DfES in 2002, for this very reason. Since its inception the National Programme has supported

over 10,000 PSHE professionals in developing their subject knowledge, skills and understanding to better embed effective PSHE pedagogy through their practice. Over time the Programme has developed exponentially and is accredited by the University of Roehampton. The Programme incorporates a rigorous approach to ensuring that personal development, inclusion, values, emotional intelligence and reflection underpin the very foundations of PSHE. This methodology helps to ensure that participants have the skills and abilities to address the many important and current issues, such as mental health, child sexual exploitation, Prevent, drug education, assessment and equalities through an empowering and normative focused approach.

CPD is increasingly effective when carried out over a period of time and according to Cordingley et al. (2015), this timescale would be approximately a year; additionally, course design must be logical and progressive, with reflection incorporated within the study - all central features of the National PSHE CPD Programme. Delivered at degree level, the Programme has ensured its rigour. OfSTED (2010) report that PSHE subject knowledge is "improved by teachers and school nurses achieving the National PSHE CPD Certificate". Indeed, recent research carried out by Willis and Wolstenholme for the Centre for Education and Inclusion Research (2016: 6) highlights the important role of the National Programme in ensuring a broad curriculum where pupils are prepared "for the opportunities, responsibilities and experiences of adult life", as set out in the 1988 Education Reform Act. Key findings include the feeling by PSHE professionals, that "PSHE was not supported or prioritised at a government level and this was listed as a hindrance to teaching the subject. Barriers included: an absence of national teacher training [for PSHE]...". The research also found huge agreement amongst teachers in the need for the delivery of high quality PSHE, emphasising its essential role in assisting pupils to effectively make sense of issues affecting their daily lives, and ultimately an imperative factor for supporting academic achievement.

With the aforementioned in mind, it is not surprising that the 2015 report by the All Party Education Committee states that PSHE should be "delivered by confident and capable teachers

[and] is crucial to improving the quality of teaching” (2015: 44). Furthermore, their recommendation is for the DfE to fund PSHE professionals to be able to take part in the National PSHE CPD Programme, “with the aim of ensuring that all primary and secondary schools have at least one teacher who has received specialist training in PSHE”. Regardless of government policy, it appears clear that PSHE needs high profile and status in order fulfil its potential in ensuring positive outcomes for children and young people.

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