

# **Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness**

**Eleanor Formby, Mike Coldwell,  
Bernadette Stiell, Sean Demack, Anna  
Stevens, Lucy Shipton, Claire  
Wolstenholme and Ben Willis**

This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

## Acknowledgements

This project was funded by the Department for Education (formerly DCSF). The authors would like to thank all those schools and individuals who participated in the research; Chris Anderson and Julia Hirst who acted as advisors to the project; the DfE steering group, and colleagues at CEIR who supported the research.

### Research team

Project directors: Mike Coldwell (responsible for survey strand)  
Bernadette Stiell (responsible for case study strand)

Project manager: Eleanor Formby

Researchers: Sean Demack (lead statistician)  
Lucy Shipton  
Anna Stevens  
Ben Willis  
Claire Wolstenholme

Administrators: Louise Glossop  
Ian Chesters

Contact details:  
Mike Coldwell  
Centre for Education and Inclusion Research  
Sheffield Hallam University  
S1 1WB  
[m.r.coldwell@shu.ac.uk](mailto:m.r.coldwell@shu.ac.uk)  
[www.shu.ac.uk/ceir](http://www.shu.ac.uk/ceir)

## List of abbreviations used

APP - Assessing Pupils' Progress  
CPD - Continuing Professional Development  
DAT - Drugs, Alcohol and Tobacco  
DCSF - Department for Children, Schools and Families  
DfE - Department for Education  
DfEE - Department for Education and Employment  
DfES - Department for Education and Skills  
ECM - Every Child Matters  
FSM - Free School Meals  
GOR - Government Office for the Region  
KS1-4 - Key Stages 1-4  
HS - Healthy Schools  
IV(s) - Interview(s)  
LA - Local Authority  
NCB - National Children's Bureau  
Ofsted - Office for Standards in Education  
PE - Physical Education  
PFEG - Personal Finance Education Group  
PSHE - Personal, Social, Health and Economic (education)  
QC(D)A - Qualifications and Curriculum (Development) Agency  
SEAL - Social and Emotional Aspects of Learning  
SEN - Special Education Needs  
SHU - Sheffield Hallam University  
SIP - School Improvement Partner  
SLT - Senior Leadership Team  
SRE - Sex and Relationship(s) Education  
VLE - Virtual Learning Environment

## Contents

Executive summary.....	1
1. Introduction and methodology .....	1
2. Key findings .....	1
2.1 Schools' strategic approaches to the provision of PSHE education .....	1
2.2 Delivery models and curriculum provision .....	2
2.3 Workforce, support and materials.....	2
2.4 Assessment.....	3
2.5 Measuring outcomes and effectiveness.....	3
3. Concluding discussion .....	4
3.1 Effective delivery of PSHE education: Integrated and fragmented approaches .....	4
3.2 Support to help develop integrated PSHE education approaches.....	4
3.3 Purpose and status of PSHE education.....	5
3.4 PSHE education expertise.....	5
3.5 External influences .....	5
3.6 The need for continuing support .....	6
1. Introduction .....	7
2. Methodology .....	10
2.1 The survey .....	10
2.2 Modelling and assessing effectiveness .....	11
2.3 The case studies .....	12
3. Schools' strategic approaches to the provision of PSHE education.....	20
3.1 Strategic leadership of PSHE education.....	20
3.2 Views on the purpose of PSHE education .....	21
3.2.1 Primary schools.....	21
3.2.2 Secondary schools .....	23
4. Delivery models and curriculum provision .....	25
4.1 Primary schools .....	26
4.2 Secondary schools.....	37
5. Workforce, support and materials .....	49
5.1 PSHE education workforce: Skills and qualifications .....	50
5.1.1 Primary schools.....	50
5.1.2 Secondary schools .....	51
5.2 Professional development .....	53
5.2.1 Primary schools.....	53
5.2.2 Secondary schools .....	54
5.3 Use of external partners in PSHE education .....	55
5.3.1 Primary schools.....	55

5.3.2 Secondary schools .....	57
5.4 Sources of support .....	59
5.4.1 Primary schools.....	59
5.4.2 Secondary schools .....	60
5.5 Curriculum materials and perceptions of quality .....	61
5.5.1 Primary schools.....	61
5.5.2 Secondary schools .....	64
6. Assessment, evaluation and consultation .....	66
6.1 Assessment strategies .....	66
6.1.1 Primary schools.....	67
6.1.2 Secondary schools .....	69
6.2 Evaluation and consultation .....	72
6.2.1 Primary schools.....	72
6.2.2 Secondary schools .....	73
7. Measuring outcomes and effectiveness .....	76
7.1 Measuring effectiveness.....	77
7.2 School views of effectiveness: Survey data.....	80
7.2.1 Primary schools.....	80
7.2.2 Secondary schools .....	81
7.3 Modelling influences on effectiveness .....	82
7.3.1 Examining how perceived effectiveness and Ofsted measures are statistically associated.....	83
7.3.2 Possible influences on effectiveness used in the models.....	83
7.3.3 Primary sample .....	85
7.3.4 Secondary sample.....	88
7.4 Cost effectiveness.....	91
7.4.1 Primary schools.....	92
7.4.2 Secondary Schools .....	93
8. Conclusions and discussion .....	94
8.1 Synthesis of key issues .....	94
8.2 Discussion.....	98
9. References .....	102

## Tables and graphs

Table 1.1 PSHE education curriculum elements .....	7
Table 1.2 Research questions, methods and reporting chapters.....	8
Figure 1.3 A simple model of PSHE education impact.....	9
Figure 2.3.1 Levels of case study research .....	13
Table 2.3.2 Case study participants.....	14
Table 2.3.3 Summary of case study LA contexts .....	16
Table 2.3.4 Summary of case study school contexts .....	18
Figure 3.1.1 Staff responsibilities and policies for PSHE education .....	21
Figure 4.1.1 Teaching models at KS1 and KS2 .....	26
Figure 4.1.2 Primary teaching methods .....	28
Figure 4.1.3 Frequency of delivery at KS1 and KS2 .....	29
Figure 4.1.4 Primary curriculum coverage.....	30
Table 4.1.5 Primary diet and healthy lifestyles teaching methods .....	31
Table 4.1.6 Primary DAT education teaching methods .....	32
Table 4.1.7 Primary emotional health and wellbeing teaching methods .....	33
Table 4.1.8 Primary safety education teaching methods.....	34
Table 4.1.9 Primary SRE teaching methods.....	35
Table 4.1.10 Primary enterprise education teaching methods .....	36
Table 4.1.11 Primary personal finance teaching methods .....	36
Figure 4.2.1 Teaching models at KS3 and KS4 .....	38
Figure 4.2.2 Secondary teaching methods .....	39
Figure 4.2.3 Frequency of delivery at KS3 and KS4 .....	40
Figure 4.2.4 Secondary curriculum coverage .....	41
Table 4.2.5 Secondary diet and healthy lifestyles teaching methods .....	42
Table 4.2.6 Secondary DAT education teaching methods .....	42
Table 4.2.7 Secondary emotional health and wellbeing teaching methods .....	43
Table 4.2.8 Secondary safety education teaching methods.....	43
Table 4.2.9 Secondary SRE teaching methods.....	44
Table 4.2.10 Secondary enterprise education teaching methods .....	45
Table 4.2.11 Secondary personal finance teaching methods .....	46
Table 4.2.12 Secondary careers education teaching methods .....	47
Table 4.2.13 Secondary work-related learning teaching methods .....	47
Figure 5.1.1 Staff with PSHE education qualifications and accreditation in primary schools ...	51
Figure 5.1.2 Staff with PSHE education qualifications and accreditation in secondary schools	52
Table 5.1.3 Percentage of PSHE education teachers with training/qualifications .....	52
Figure 5.2.1 Primary leads' views on access to PSHE education CPD .....	53
Figure 5.2.2 Secondary leads' views on access to PSHE education CPD .....	54
Table 5.3.1 Use of guest speakers and nurses in the delivery of primary PSHE education elements.....	56
Table 5.3.2 Use of guest speakers and nurses in the delivery of secondary PSHE education elements.....	57
Figure 6.1.1 Forms of assessment used in primary schools .....	67
Figure 6.1.2 Further questions on PSHE education assessment in primary schools .....	67
Figure 6.1.3 Forms of assessment used in secondary schools .....	70
Figure 6.1.4 Further questions on PSHE education assessment in secondary schools .....	70
Figure 6.2.1 Forms of consultation used in primary schools .....	72
Figure 6.2.2 Communication with parents in primary schools.....	73
Figure 6.2.3 Forms of consultation used in secondary schools .....	74
Figure 6.2.4 Communication with parents in secondary schools .....	75
Figure 7.2.1 Perceptions of effectiveness in primary schools .....	81
Figure 7.2.2 Perceptions of effectiveness in secondary schools.....	82
Figure 8.1.1 Approaches to PSHE education: Integrated to fragmented curriculum .....	98
Figure 8.2.1 Linking school views of purpose to support for PSHE education .....	100

# Executive summary

## 1. Introduction and methodology

In October 2008, then Schools Minister Jim Knight announced that Personal, Social, Health and Economic (PSHE) education would become compulsory (for Key Stages 1-4). Following this, in November 2009, Sheffield Hallam University was contracted by DCSF (now DfE) to conduct a mapping exercise of PSHE education in primary and secondary schools in England. This resulted from a recommendation in the Macdonald Review, which identified the need for research to *establish and report on the prevalent models of delivery for PSHE education and their effectiveness in improving outcomes for children and young people* (Macdonald, 2009: 8). The research questions for this study were:

- Is there a prevalent delivery model?
- How are the different strands of PSHE education delivered in primary and secondary schools?
- What is the length of the allocated time in the curriculum?
- To what extent do schools provide coverage of all elements of the subject?
- What are the current skills and qualification levels of the workforce for teaching PSHE education?
- What is the extent of use of external partners to teach certain elements of the subject?
- What are staff perceptions of the professional development currently available?
- Which sources of support are teachers currently using?
- What are schools' perceptions of the quality and usefulness of existing curriculum materials for PSHE education?
- How prevalent is assessment in PSHE education, and what assessment strategies are used in schools?
- What conclusions can be drawn about the relevant effectiveness of different models, including their cost effectiveness?

These issues were addressed through a two strand methodology, including a **nationally representative survey** of 923 primary and 617 secondary schools (sent to 4278 primary and 1810 secondary schools, equating to response rates of 22% and 34% respectively). This was followed by in-depth **case studies** with fourteen schools (in five different local authorities), involving 260 individuals. These case studies allowed for analyses at three levels (local authority, strategic, delivery), and involved individual interviews or group discussions with the following groups: local authority (LA) Healthy Schools consultants/advisors; LA PSHE education consultants/advisors; other appropriate LA staff e.g. sex and relationships education (SRE) advisors; school leadership team (SLT) representatives; school PSHE education leads/coordinators; school governors; school improvement partners (SIPs); teachers/other appropriate school staff; pupils, and parents.

## 2. Key findings

### 2.1 Schools' strategic approaches to the provision of PSHE education

Almost all schools surveyed had a clearly identified PSHE education lead. There was a clear school PSHE education policy in more than 9 in 10 primary schools and 8 in 10 secondaries, and PSHE education was part of the school plan in about 70% of primaries and secondaries. There was a member of SLT charged with supporting PSHE education in 72% of primaries and 86% of secondaries, with a governor supporting PSHE education in around half of primary and secondary schools.

In the case studies, in general, PSHE education had a higher status amongst leaders, staff and pupils in primary schools compared with secondary schools; this was largely related to



the value placed on social and emotional aspects of learning (SEAL) which was interlinked with PSHE education in various ways. All of the case study primary schools emphasised the role of PSHE education in *personal development* (emotional development and life skills) and *social development* (relationship development and understanding issues facing others). Some schools made clear connections between PSHE education and developing learning and standards. Personal development was rarely mentioned in secondary schools, the focus being largely on social life skills, with no clear links to learning more broadly.

## 2.2 Delivery models and curriculum provision

The predominant delivery model for PSHE education at both primary and secondary level was through discrete PSHE education lessons. At primary level, this was followed by SEAL lessons, integration across the curriculum, and as part of other subject lessons. At secondary level, outside of PSHE education lessons, the most common delivery models were drop-down days<sup>1</sup>, within other subject lessons, integration across the curriculum, and in tutor/form group time. When data was analysed by school type, at KS1, voluntary controlled schools (82%) were more likely to teach PSHE education within discrete PSHE education lessons than voluntary aided (74%) or community (71%) schools. At KS2, voluntary controlled schools were more likely to teach PSHE education through integration across the curriculum (70% compared with 62% of voluntary aided and 57% of community schools). At KS3, foundation schools were more likely than other schools to use drop-down or themed days as part of their PSHE education provision (63% compared with 55% of community schools, and 47% and 42% respectively of voluntary aided and voluntary controlled schools). At KS4, foundation and voluntary aided schools (both 54%) were more likely to use drop-down or themed days than community (46%) or voluntary controlled (25%) schools.

At primary level, emotional health and wellbeing was taught weekly by around three quarters of responding schools. By contrast, SRE; drugs, alcohol and tobacco (DAT) education; enterprise education, and personal finance were taught once a year or less by between 59% and 74% of primary schools. Over half of all secondary schools were providing all elements of PSHE education once a year or less (except emotional wellbeing which just under half provided once a year or less).

A little over half of primary schools said they covered all PSHE education elements; 40-43% covered some elements (dependent on year group). Between 63% and 70% of secondary schools (dependent on year group) were teaching all PSHE education elements at KS3 and KS4 (38% at post-16). Around a third were teaching some elements (except at post-16 where 48% taught some and 14% none).

Overall, the economic wellbeing elements of PSHE education were often seen as separate, and rarely or poorly fully integrated into PSHE education planning and delivery in case study schools. It was often led and taught by different members of staff from the personal wellbeing elements, and seldom given the same priority or prominence.

## 2.3 Workforce, support and materials

28% of primary schools and 45% of secondaries surveyed had one or more members of staff holding the national PSHE education qualification; 38% of primaries and 32% of secondaries had members of staff who had undertaken non-accredited PSHE education CPD. However, it was not easy for primary teachers to be released or funded for PSHE education CPD: only 41% said it was easy to be released, and just 26% felt it was easy to get funding. It was even more difficult in secondary schools: 28% said it was easy to be released (51% disagreed), and 21% felt it was easy to get funding (53% disagreed).

---

<sup>1</sup> Drop-down days refer to the suspension of normal timetabling to provide dedicated (themed) provision to pupils that day.

Case study data highlighted the value placed on the *expertise* provided by a wide range of external groups, although care needed to be taken over the quality and timing of delivery. LA support of various kinds was also valued by case study schools, including facilitating networks and providing expert delivery and/or access to CPD.

A range of sources of materials were used in primary and secondary case study schools. *Official* sources were used and seen to be valuable across the primary case study sample, particularly SEAL materials. Secondary schools were notably less clear about the range and value of such resources. *Other national sources* were used for particular elements by primary schools (e.g. Personal Finance Education Group materials). A greater range of such sources were used (and more frequently) by secondary schools. *LA and other local sources* were valued by primary schools for their relevance to the specific context of the school, and were particularly useful for elements of PSHE education not covered by SEAL. LAs were also valued as *quality assurers* of materials and other resources. Secondary schools used LA resources less often.

## 2.4 Assessment

*Immediate, informal teacher assessment* in the form of teacher observation and verbal feedback from teachers was used in 98% of primary schools surveyed, and 95% of secondary schools. Types of *pupil feedback* (pupil self-assessment and - less commonly - peer assessment) were used in around 90% of both primary and secondary schools. *Written feedback* in the form of pupil progress records/portfolios and other written assessment was used in around half of primary schools, and about two thirds of secondaries. PSHE education was known to be referred to in the school assessment policy in just over a third of primary and secondary schools, and QCDA end of Key Stage statements were known to be used in a similar proportion of schools.

Case study schools were in one of four groups:

- against (formal) assessment, since other evidence can be used, it would alter the character of PSHE education, and could be laborious;
- unsure about using assessment, either because they were unclear how to do it or wanted support;
- in favour of, and using, informal assessment such as pupil self-assessment and teacher observation;
- in favour of (but not using) formal assessment (secondary level), since this would increase the status of PSHE education, and using formal assessment (primary only), such as levelling pupils according to age-related expectations.

PSHE education was commented on in reports in 87% of primary schools surveyed and 68% of secondaries; arrangements were made at parents' evenings/consultations to discuss PSHE education in just over two thirds of primary schools and in around half of secondaries.

## 2.5 Measuring outcomes and effectiveness

A range of positive PSHE education outcomes were reported in the case studies (including by pupils themselves), including valuing the opportunity to safely express views and ask questions; welcoming the break in intensity of other subjects; having the opportunity to learn about key issues affecting them in their future and present lives (the 'real world'); improving relationships with others; improved attitudes to health; being able to deal with serious personal difficulties, and improved classroom and playground behaviour. A number of schools articulated difficulties measuring impact in relation to PSHE education that may be outside the school, or very long term.

Responding schools were asked to assess the effectiveness of their delivery of PSHE education and its components: 60% of primary schools viewed their PSHE education as effective, and 34% viewed it as very effective; for secondary schools the figures were 62%

and 29% respectively. Diet/nutrition and healthy lifestyles, safety education and - most strongly - emotional health and wellbeing were viewed as particularly effective, with less than 5% of primaries in each case seeing these elements as being less than effective. Personal finance/financial capability and enterprise education were seen to be by far the least effective elements in primary schools, with about half viewing these elements as less than effective. All individual elements of PSHE education were viewed quite positively by secondary schools, with between just 6% and 14% viewing each as less than effective, with the exceptions of work-related learning, personal finance/financial capability and enterprise education (a little over a quarter viewed each of these as less than effective).

Statistical modelling was used to examine associations between a range of potential PSHE education and non-PSHE education factors on the one hand, and effectiveness (measured by perceived effectiveness and three Ofsted school inspection grades linked to moral development, healthy lifestyles, and workplace/economic skills) on the other.

For primary schools, higher perceived effectiveness was related to: delivering all seven elements of PSHE education; use of pupil progress records and QCDA end of Key Stage statements; inclusion of PSHE education in the school assessment policy; PSHE education being discussed at parents' evenings; staff awareness of PSHE education CPD opportunities; pupils being included in PSHE education evaluation, and the PSHE education coordinator being paid and given time for their role.

For secondary schools, higher perceived effectiveness was related to: use of discrete PSHE education lessons; delivery of PSHE education by the PSHE education coordinator; use of pupil progress records; inclusion of PSHE education in the school assessment policy; PSHE education being discussed at parents' evenings, and parents/carers and external agencies being included in PSHE education evaluation.

### **3. Concluding discussion**

#### **3.1 Effective delivery of PSHE education: Integrated and fragmented approaches**

The evidence from this study suggests that schools with successful PSHE education are more likely to have the following features: a coherent, progressive curriculum across the full range of elements, core curriculum time, well resourced delivery, and CPD opportunities. They are more likely to work in a context of clear support from senior leaders, and motivated, rewarded PSHE education leaders. These schools are more likely to see the role of PSHE education as supporting both life skills *and* pupil learning, and align this with their vision of the purpose of schooling more broadly.

The least effective delivery was associated with a lack of a coherent PSHE education programme, often with elements missing or covered with repetition in different years, and severe weaknesses in elements beyond SEAL in primary schools. In these schools, PSHE education was less likely to be seen as central to the core work of the school - since it was not seen to support learning - and was often not valued by senior leaders. Core curriculum time was often missing or easily subsumed by wider curriculum requirements, with some elements entirely or partly dealt with in drop-down days or via untrained tutors. In these schools, pupils often found delivery boring or not relevant to their learning, or wider lives.

These features are linked to the overarching approach to PSHE education each school takes (i.e. the extent to which they see it as important and how/in what way). This approach is on a continuum, from an *integrated* approach at one end, associated with the most effective delivery, to a *fragmented* approach on the other, associated with less effective delivery.

#### **3.2 Support to help develop integrated PSHE education approaches**

To develop practice, schools require support in a number of areas:

- In terms of curriculum and delivery, primary schools need support to develop PSHE education across the full range of elements, particularly in relation to SRE and DAT; both primary and secondary schools had gaps in PSHE education provision, such as dealing with homophobic bullying. There is a particular concern, in both primary and secondary schools, in relation to the economic wellbeing aspects
- The Every Child Matters (ECM) outcomes and associated policies, including Healthy Schools, underpin and support many aspects of PSHE education; this needs to be taken into account in any consideration of policy changes relating to the ECM agenda
- Local authorities were seen to be important to schools in a number of ways; appropriate support and challenge in relation to PSHE education needs to be provided for schools that are outside of LA control, or where LA support has/may be removed due to funding cuts
- The most effective PSHE education was delivered by well-qualified staff, suggesting that PSHE education CPD qualifications should be funded and supported, and appropriate CPD that can be provided in school should be explored
- Assessment and evaluation of PSHE education were both inconsistent areas: because schools had different understandings of PSHE education, their views on assessment also varied, revealing a need for continued work on appropriate assessment in PSHE education
- Where they were given the opportunity, pupils involved in the case studies valued the space that PSHE education provided to learn about key issues affecting them both now and in the future, and to safely ask questions and express views; schools need to be encouraged to engage pupils in PSHE education planning and evaluation.

### 3.3 Purpose and status of PSHE education

This research points to a lack of clear or shared understanding on the nature of and rationale for PSHE education amongst teachers and schools. Whilst there were clear policy drivers in some areas, most clearly concerning emotional wellbeing as related to both ECM outcomes and Ofsted indicators, other areas were not so strongly supported by policy.

Related to this point is the issue of the *purpose* of PSHE education. A school's understanding of the purpose of PSHE education is significant in determining how it approaches delivery. Some schools saw educational attainment and supporting child development as being explicitly linked so that PSHE education played an important role in supporting young people's broader wellbeing. In schools where the emphasis was more heavily weighted towards educational attainment, PSHE education was likely to suffer through being awarded less time, support and, crucially, status.

### 3.4 PSHE education expertise

The practice of a subject being taught by teachers of whom upwards of 90% do not have a specialist qualification would rarely or never be applied to other subject specialisms, yet is commonplace, according to the survey data, for PSHE education. This may well contribute to perceptions (and sometimes reality) of lower curriculum status. This led to a lack of confidence amongst some staff, and clearly relates to access to CPD and other support opportunities, as well as staff support or commitment to the subject more generally. Whilst the use of specialist external input can help resolve a lack of confidence or skills amongst teachers, it is important to note that it is expertise and quality that is significant, not being external per se.

### 3.5 External influences

*Variations* in the provision of certain elements of PSHE education might also be informed by external factors, in addition to internal school factors cited above (such as staffing issues), and there is some evidence to suggest that these impact upon particular PSHE education elements more than others. Whilst the (newer) economic wellbeing aspects may be disadvantaged by a lack of expertise and available resources, certain areas that fall under

personal wellbeing may face additional barriers to progress. Schools may, for example, have concerns that teaching children and young people about sensitive areas, such as sex and relationships or drugs, can result in negative attention from parents and/or media. This can leave teachers feeling uncomfortable or ill-equipped to deal with these issues.

### **3.6 The need for continuing support**

This research offers strong evidence that for many school staff, pupils and stakeholders PSHE education is important in supporting young people's future social and economic lives. To deliver PSHE education successfully, however, as staff identify, there is a need for continued strategic support from both schools and policy-makers.

## 1. Introduction

In November 2009, Sheffield Hallam University (SHU) was contracted by DCSF (now DfE) to conduct a mapping exercise of Personal, Social, Health and Economic (PSHE) education in primary and secondary schools in England. This resulted from a recommendation in the Macdonald Review of the proposal to make PSHE education statutory, which identified the need for research to *establish and report on the prevalent models of delivery for PSHE education and their effectiveness in improving outcomes for children and young people* (Macdonald, 2009: 8). This was at a time of heightened policy interest in PSHE education: in October 2008, then Schools Minister Jim Knight had announced that PSHE education would become compulsory (for Key Stages 1-4).

There have been many developments in PSHE education over the years, represented in its changing name from PSE to PSHE (through the addition of health), and in more recent years to PSHE education (with the expansion to include economic wellbeing). In addition, PSHE education connects closely with Social and Emotional Aspects of Learning (SEAL) and Citizenship teaching. However, the elements that the two strands of PSHE education are generally understood to incorporate, and that were included in the surveys, are represented in Table 1.1.

**Table 1.1: PSHE education curriculum elements**

<b>Strand</b>	<b>Element</b>
Personal wellbeing	Diet/nutrition and healthy lifestyles Drugs, alcohol and tobacco education Emotional health and wellbeing Safety education Sex and relationships education (SRE)
Economic wellbeing and financial capability	Enterprise education Personal finance/financial capability Careers education (secondary schools only) Work-related learning (secondary schools only)

As there is no statutory curriculum (though a non-statutory curriculum exists, as well as specific areas of guidance from DfEE/DfES/DCSF), evidence suggests there are a number of good (and less good) practices currently in operation in schools, and a wealth of delivery models and approaches in use, which vary in terms of variable staffing, frequency, content, resources and other variables (Macdonald, 2009). Similarly, there are differences between the delivery of PSHE education within primary and secondary education (Macdonald, 2009) and a widespread lack of routine assessment (Ofsted, 2005, 2007, 2010). Other sensitive issues concern schools' right to determine their approach to SRE within PSHE education (DfEE, 2000), parental rights to withdraw their children from (non-biological) SRE (DfEE, 2000), and often heightened media interest in SRE/PSHE education and any related school-based health services (Owen et al, 2010; Simey and Wellings, 2008).

Aware of all these issues, and with considerable expertise in the field of young people's wellbeing and extensive experience of research with schools, the Centre for Education and Inclusion Research (CEIR) at SHU designed a study based on a nationally representative survey, and a follow-up in-depth case study method. This was to address the specified research questions as set out in Table 1.2, which also outlines key sections of this report. The research team were supported in the research by an advisory group of academics and practitioners in the field of PSHE education, and a national DfE steering group.

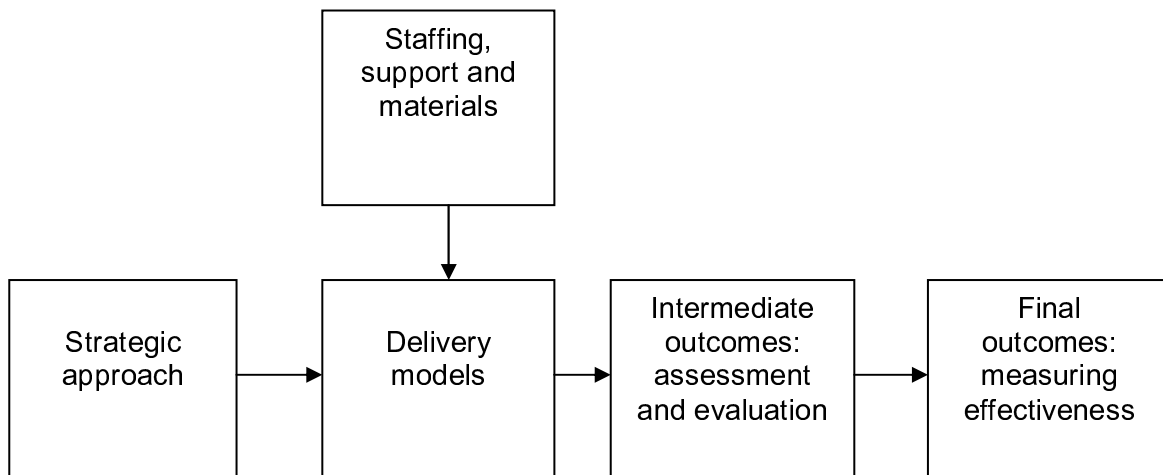
NOTE: For clarity, the term PSHE education is used, except in quotations from participants where they use other terms, such as - in particular - PSHE.

**Table 1.2: Research questions, methods and reporting chapters**

<b>Area of interest</b>	<b>Research questions</b>	<b>Research method</b>	<b>Reported in</b>
Delivery models	Is there a prevalent delivery model?	Survey	Chapter 4: Delivery models and curriculum provision
	How are the different strands of PSHE education delivered in primary and secondary schools?	Survey, Case studies	
	What is the length of the allocated time in the curriculum?	Survey, Case studies	
Curriculum coverage and provision	To what extent do schools provide coverage of all elements of the subject?	Survey, Case studies	Chapter 4: Delivery models and curriculum provision
Workforce and resources	What are the current skills and qualification levels of the workforce for teaching PSHE education?	Survey, Case studies	Chapter 5: Workforce, support and materials
	What is the extent of use of external partners to teach certain elements of the subject?	Survey, Case studies	
Support for teachers	What are staff perceptions of the professional development currently available?	Survey, Case studies	Chapter 5: Workforce, support and materials
	Which sources of support are teachers currently using?	Case studies	
Curriculum materials	What are schools' perceptions of the quality and usefulness of existing curriculum materials for PSHE education?	Case studies	Chapter 5: Workforce, support and materials
Assessment	How prevalent is assessment in PSHE education, and what assessment strategies are used in schools?	Survey, Case studies	Chapter 6: Measuring outcomes and effectiveness
Effectiveness	What conclusions can be drawn about the relevant effectiveness of different models, including their cost effectiveness?	Survey, Case studies, Modelling	Chapter 6: Measuring outcomes and effectiveness

The organisation of the report reflects a simple model of potential PSHE education impact (Figure 1.3 below), drawing on previous research into aspects of PSHE education and educational research more broadly. Thus, the first substantive chapter lays out the starting point for PSHE education in the school: the strategic direction set by the school (Chapter 3), which informs the models of delivery used (Chapter 4). Delivery depends on the staff, the support the school can draw on more broadly, and curriculum materials (Chapter 5). Attention is then turned to understanding the outcomes of the delivery, and how they are measured. First, issues around assessment and evaluation of PSHE education are examined (Chapter 6), and finally, in Chapter 7, the effectiveness of PSHE education is analysed, utilising both qualitative and quantitative data.

**Figure 1.3: A simple model of PSHE education impact**





## 2. Methodology

In order to address key mapping questions, a nationally representative combined postal and online **survey** was conducted, backed up with a **case study** approach to gather qualitative data from fourteen schools who self-selected to participate.

### 2.1 The survey

#### *Questionnaire design*

Separate surveys for primary and secondary schools were created, using a set of core questions for comparative purposes, but with specific questions for each phase.

Both questionnaires included as many closed/tick box questions as possible, with core questions covering the key mapping areas:

- *curriculum coverage and provision*
- *delivery models*
- *assessment*
- *workforce and support for PSHE education*
- *perceptions of effectiveness.*

Respondents were also asked to indicate whether their school would be willing to take part in the follow-up case study strand of the research, and invited to provide further contact details.

#### *Piloting*

The questionnaires were piloted with eight schools (four primary and four secondary) in five local authorities. Additional feedback from the pilot respondents was requested on: the overall approach; nature, appropriateness and wording of the questions and instruments; length and complexity of the questionnaire, and time taken to complete it. Responses and feedback from these pilots were collated and used to identify questions that caused difficulty for respondents. Amendments were made to the final instruments to ensure they could be completed accurately and easily.

#### *Administration of the PSHE education survey*

In order to maximise the response rate, the research team ensured the survey should take no longer than 30 minutes to complete. In addition, the research was promoted through appropriate networks where possible (such as the National Children's Bureau's PSHE and wellbeing network). To further enable the highest possible response rate, a combined postal and online survey with a postal follow up was utilised. Telephone follow-ups to randomly selected non-respondents were also used.

#### *Processing the survey*

A specialised data scanning software tool (Teleform) was used to produce both a professional questionnaire and clean data, combined with bespoke online versions of the same questionnaire. A set of processes ensured accurate and efficient data processing.

#### *Response rate*

For primary schools, half of the local authorities stratified by size and government office region (GOR) were selected. Half of the schools in these LAs were then sampled and stratified by school capacity and faith status to give a total of 4278 schools. Secondary schools were stratified by faith status, and the survey was sent to a total of 1810 schools. The final response for the primary school survey was 923 (22%) and for the secondary school survey was 617 (34%). Of these, 80% of primary school respondents were the PSHE education lead, and 95% of secondary school respondents were the PSHE education lead. Following the analysis of response patterns, the primary sample was deemed to be suitably

representative in its raw form. For the secondary sample, statistically significant response bias relating to faith status and geographical region were found and so a weighting scheme was created to reduce this bias and boost the representative nature of this sample. The breakdown of secondary schools with sixth forms was 55% (n=341), and 45% (n=276) without; a breakdown of schools by faith status is provided in Appendix 3 (Tables A3.1 and A3.2).

#### *Analysis of survey data*

Once collected, survey data from each school was matched with school census data (from Edubase and school-level data from the School Annual Census return) on size of school/pupils on roll; whether faith or not; number of pupils on roll; percentage of pupils eligible for Free School Meals (FSM); single-sex/mixed schools and other such categories. Primary and secondary analyses were conducted separately.

The emphasis in analysing the survey was on *mapping* the PSHE education provision in England. This included descriptive statistical analysis examining provision at the national level before examining variations across models of provision. Some breakdown by school type or GOR is provided where these were statistically significant.

## **2.2 Modelling and assessing effectiveness**

Statistical modelling was the method employed for investigating factors influencing perceived effectiveness of PSHE education. Detail is provided in the Technical annex (Appendix 4). Factors considered in the model as possible indicators of effectiveness were drawn from the PSHE education survey as well as external factors such as faith status and socio-economic indicators. A full list is provided in Box 7.3.2 in Chapter 7.

Two perspectives on the effectiveness of PSHE education provision were examined. First, perceived effectiveness was measured using the responses to the survey questionnaire item 'How effective do you think your current provision is in promoting learning about PSHE education?'. Responses to this item are presented in Figure 7.2.1 for primary schools and Figure 7.2.2 for secondary schools. As detailed in the Technical annex, the objective for the perceived effectiveness models was identifying influences (statistical associations) on the response 'very effective' for PSHE education overall. 34% of respondents in primary schools and 29% of respondents in secondary schools reported that they perceived their PSHE education provision to be 'very effective'.

The second perspective on effectiveness was to draw on whole-school inspection Ofsted grades that provided an external judgement on factors potentially relating to elements of the PSHE education curriculum. Two years of judgements were drawn on (2008/09 and 2009/10) and three items selected for two reasons: first, they potentially relate closest to the PSHE education curriculum, and second, the wording of the judgement items remained largely consistent over the two years. As detailed in the Technical annex, the first item was 'the extent of pupils' spiritual, moral and cultural development', the second was 'the extent to which pupils adopt healthy lifestyles', and the third item was 'the extent to which pupils develop (workplace and other skills) that will contribute to their economic wellbeing'. Each of these items was treated as a distinct outcome and the objective for these Ofsted models was to identify influences (statistical associations) on the response 'outstanding' for both the primary school and secondary school samples. The Ofsted grade data was scrutinised for potential non-response bias. A weak (but statistically significant) association was found within the primary school sample with grade details more common for non-faith compared with faith schools. Whether this is actually a (slight) bias within the sample or whether it reflects a genuine pattern across Ofsted school inspections in 2008-2010 is not known. However, the size of this bias is not sufficient to raise great concern regarding the reliability of the findings. In terms of all other factors, where it was possible to attach measures to

Ofsted judgements, the sample findings closely reflected what was found in the wider population which affirms confidence in the reliability of the findings.

In all, two models focus on perceived effectiveness (the primary school sample - see 7.3.3.1, and the secondary school sample - see 7.3.4.1), and six models focus on effectiveness captured through the three whole-school inspection Ofsted judgements discussed above (for the primary school sample, see 7.3.3.2, and for the secondary school sample, see 7.3.4.2).

## 2.3 The case studies

In the case studies, the data gathering was designed around a set of core issues to discuss, but the respondents and key questions were specific to each case. The data is reported comparatively and separately for secondary and primary schools.

The survey aimed to give broad indications about the structural nature of PSHE education provision in schools, but this learning is of limited usefulness to policy makers and schools without an understanding of the reasons behind any identified relationships between approaches and differences in effectiveness. In other words, the research team were not merely interested in which models of PSHE education work well, but why they work well in certain circumstances. For this, fourteen **school case studies** were conducted, which enabled examination of a wide range of practices, in nine primary schools and five secondary<sup>2</sup>. These schools were selected from surveyed schools in five local authorities, thus optimising the additional data gathered at LA level, providing two levels of analysis (LA and school level), and enabling comparison between the delivery of contrasting schools within each LA. The case studies were used to delve deeper and move the focus from the broad structure of provision to examples of the reality of this provision at a more detailed school and classroom level. This provides a rich and interlinked collection of quantitative and qualitative data around PSHE education provision in England.

### *Sampling*

Sampling took place at two levels. First, five local authorities were selected across five government office regions, to give a mix of urban/rural/mixed authorities and geographical spread. Second, in each of these five local authorities the intention was to select three schools from those surveyed that agreed to take part in the case study phase. However, it was not possible to obtain three schools in each LA, and therefore in two LAs there were two schools, and in one LA there were four schools. Schools were given an incentive of £250 to cover the costs of setting up focus groups and releasing staff to arrange and attend interviews during the school day.

Each case was structured at different tiers, to reflect different levels of PSHE education organisation and delivery. Three key levels were explored: the LA level, school strategic level, and PSHE education delivery level (see Figure 2.3.1). The primary method of data collection used was interviewing, either individually or in groups. The majority of interviews were undertaken through site visits, but some telephone interviews were also used where this was more practical.

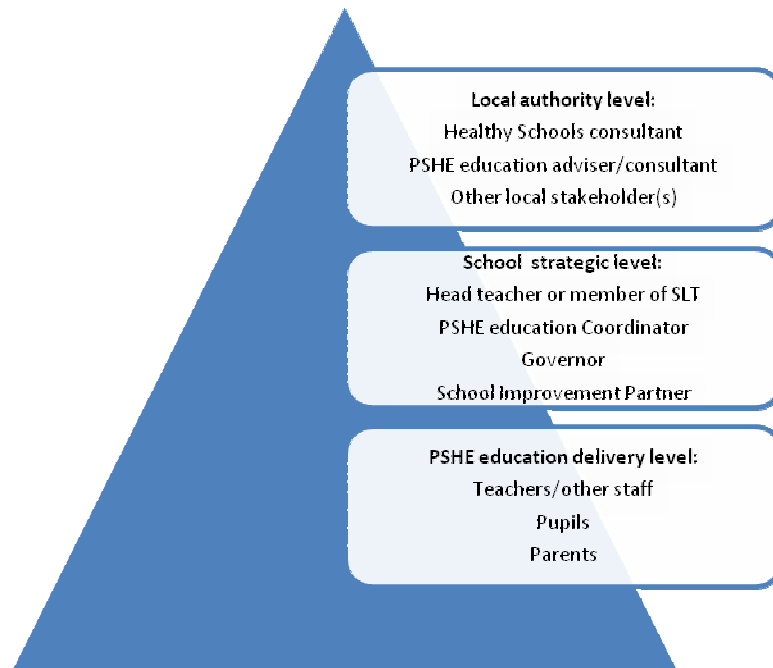
This was a self-selecting sample. It is likely that leads who completed the survey and agreed to take part in a case study were more actively engaged in PSHE education and perhaps more reflective about the work they were doing. Case study schools (with the head's agreement) also had to be able to facilitate a visit in the very busy summer term. It is

---

<sup>2</sup> The original aim was to sample more secondary schools due to the greater range and variability of practices in these schools, however due to availability the sample was skewed in favour of primary schools.

therefore possible that the sample is biased towards more confident PSHE education schools, so the findings should be considered with this in mind.

**Figure 2.3.1: Levels of case study research**



For each case study there was also a documentary analysis stage, gathering appropriate evidence relating to Healthy Schools status and drawing on Ofsted reports for references to the personal, social and emotional wellbeing of pupils in general, as well as specific references to the teaching of PSHE education.

Case study interview and focus group schedules were piloted in one local authority with a local secondary and primary school prior to the start of the main fieldwork period. More details are provided in Appendix 1.

Table 2.3.2 summarises the data collection carried out as part of the case study phase of the research.

**Table 2.3.2: Case study participants**

	Local authorities	Local authority level interviews (IVs)			LA total no. of IVs	Schools	Strategic level participants				Delivery level participants			School total no. of participants
		PSHE education lead	HS lead	Other			Senior lead(s)	PSHE education lead	Governor	SIP	Staff	Pupils	Parent(s)	
E	1	1	-	-	2	P1	1	1	-	-	4	12	-	18
						P2	1	1	1	-	2	16	1	22
						S1	1	1	1	-	3	12	1	19
						S2	1	1	1	-	5	12	-	20
GL	1	1	-	-	2	P3	1	1	-	1	3	12	-	18
						S3	1	1	1	-	1	12	1	17
NE	-	1	1	1	2	P4	1	1	1	-	3	14	-	20
						P5	3	1	1	-	2	12	1	20
						S4	1	1	-	-	3	12	-	17
SE	1	1	-	-	2	P6	-	1	1	1	3	12	-	18
						P7	1	-	1	-	2	-	2	6
						S5	-	1	1	-	2	12	-	16
YH	1	1	2	2	4	P8	2	1	1		2	10	-	16
						P9	2	1	1		3	14	-	21
<b>Overall totals</b>	<b>5 LAs</b>	<b>4</b>	<b>5</b>	<b>3</b>	<b>= 12</b>	<b>14 schools</b>	<b>16</b>	<b>13</b>	<b>11</b>	<b>2</b>	<b>38</b>	<b>162</b>	<b>6</b>	<b>= 248</b>

### *Case study analysis*

The three-level case study data drawn from individual and group interviews as well as the documentary analysis were synthesised and analysed thematically. All interviews and focus groups were digitally recorded, anonymised and used to write-up the interview/group report (including partial transcription where appropriate) shortly after the fieldwork took place.

Thematic analysis of these reports allowed for comparison within and between case studies (and case study levels) and the documentary evidence, and highlighted emerging issues and any similarities/differences captured in the data.

The overall aim was to develop an understanding of the effectiveness of the approaches used in each case, the factors contributing to effectiveness, and why these factors contribute. By conducting cross-case analysis, in conjunction with the survey-based effectiveness analysis, it has been possible to consider the ways in which different models might work best and why.

Tables 2.3.3 and 2.3.4 summarise the contextual information relevant to each LA and school case study.

The findings chapters present results from both the quantitative (survey) and qualitative (case study) data.

**Table 2.3.3: Summary of case study LA contexts**

LA code	Key issues in LA	Organisation of PSHE education	Support for schools
E	Generally affluent large LA with some local pockets of deprivation. Some areas with high levels of teenage pregnancy, childhood obesity and other social issues.	Large team of 10 within standards and school effectiveness. Team includes advisors on PSHE education, Citizenship, HS, physical activity, drugs education, emotional health, anti-bullying, study skills and out of school learning. Leads work across areas, strategies and teams. PSHE education has high profile in LA: addresses teen pregnancies through specifically targeted SRE and obesity through HS/healthy eating drives. High academic success in certain schools means emotional wellbeing and managing stress and expectation are more of a focus in those schools.	Work closely with SIPs LA advise/support services operate on traded basis i.e. schools pay directly for tailored school-specific advice and training PSHE education and citizenship advisor runs courses, training and CPD (some of which are free) and bespoke advice (on traded basis) Free support includes website resources, PSHE education teacher network meetings operating within families of schools, and making 'chunky' government documents available/relevant locally.
GL	The borough has differing local issues, including drugs and alcohol, obesity, teenage pregnancy, poor sexual health, gangs and crime.	Differing issues have led to differing emphases on PSHE education provision. Lead PSHE education coordinator for all primaries and secondaries is part of the Healthy Schools team within wider School Improvement Team; aims to get schools up to HS status and help schools achieve ECM aims. SEAL adviser sits within the Behaviour and Attendance Team, and there is also someone with responsibility for citizenship and community cohesion, and a further lead for emotional health and wellbeing. There is overlap and joint projects between all these areas. Concerns about funding.	Support new PSHE education coordinators within schools to set up schemes of work Have written a Drugs Scheme of Work Developed a project around fathers and role models, combining it with literacy Support schools in how to fit PSHE education within specific school context PSHE education training sessions for NQTs INSET and borough training sessions Developed a tool around good practice principles for teaching PSHE education.
NE	High levels of deprivation within LA (but not in case study schools); teenage pregnancy.	No dedicated lead PSHE education role, delivered through Healthy Schools coordinator. Uncertainty surrounds future of this as HS funding is not guaranteed. Dedicated SRE coordinator due to high teenage conception rates, tasked with improving SRE across...	Model process that sets out stages for schools to implement aspects of PSHE education Developed audio and visual SRE and drugs resources and website packages for primary and secondary schools Developing related resources for parents and...

LA code	Key issues in LA	Organisation of PSHE education	Support for schools
		<p>primaries and secondaries, funded through teenage pregnancy money. Key aim is consistency across the locality, and partnership working with neighbouring authorities (e.g. joint training).</p>	<p>beginning to explore resources for post-16 provision  Support parental consultation on SRE  Run events and free training courses  Provide example policies.</p>
SE	<p>High teenage pregnancy in some areas.</p>	<p>PSHE education lead who works alongside three drug advisors, and a number of peripheral teams. Work closely with Healthy Schools, drugs education, teenage pregnancy team and Connexions. Key targets around safety, economic wellbeing and teenage pregnancy. Unsure of the future of PSHE education support.</p>	<p>Advertise resources/materials on website  Support national CPD training programme for PSHE education with a focus on the SRE dimension, but training also run around assessment, subject leadership and curriculum planning  Governor training  E-bulletin to inform head teachers of key developments  Briefing meetings with SIPs.</p>
YH	<p>Teenage pregnancy, binge drinking, obesity and emotional wellbeing.</p>	<p>Healthy Schools and PSHE education fit under banner of healthy initiatives. The team includes teenage pregnancy, participation, Healthy Schools, and emotional health and wellbeing. Staff includes drugs advisor, Healthy Schools advisors, sustainable schools advisors, healthy eating advisor, and physical activity consultants/advisors. Concerns about funding.</p>	<p>PSHE education secondary network; bulletin sent to schools  Developed primary and secondary schemes of work  Policy help and development  SRE multi-disciplinary training team to provide support for school staff  Support national CPD programme for PSHE education  PSHE education assessment courses  Offer PSHE education focus visit or joint review  Planning on launching a secondary school PSHE education and citizenship toolkit  Roadshows by PSHE education advisers.</p>



**Table 2.3.4: Summary of case study school contexts**

Primary case study codes	Case study context
P1	Larger than average primary school in an urban village with higher than average BME pupils and below average FSM. School is located in a pocket of deprivation within a generally affluent county. Nearby estate has high levels of deprivation. Significant number of pupils living in social housing or the rented sector, with a number needing significant support needs. High mobility of pupils and many mid-year admissions. Pupil behaviour is an issue within the school, as are knives. School supports children with emotional and behavioural difficulties who have difficulties accessing the mainstream curriculum. Social and communication skills of pupils entering reception are generally poor. Ofsted (whole-school inspection) overall effectiveness grade is good.
P2	Larger than average over-subscribed primary school in a traditionally middle-class locality. Social housing has increased locally over recent years, which has led to change in the social mix of the school. Number of pupils with learning difficulties and FSM is below average, whilst the percentage of pupils from minority ethnic groups is average.
P3	Primary school serves relatively deprived area of inner-city borough. Local area has high rate of teenage pregnancy, drug use, gun, knife and gang culture. Small over-subscribed school with above average percentage of pupils eligible for FSMs. Diverse range of social and ethnic backgrounds and high in-year admissions. Ofsted (whole-school inspection) overall grade satisfactory.
P4	Relatively large primary in affluent area. Issues in the local area include under-age drinking, sex and drugs which are described as causing low-level disruption, as well as ASB and teenage pregnancy in the broader area. School has the Gold Healthy Schools award. Generally positive Ofsted, including related to PSHE education; overall (whole-school inspection) grade is satisfactory.
P5	Relatively large high-achieving primary school in a fairly affluent market town. The school has fewer girls than boys and is predominately white. School holds Gold Healthy Schools status, International Schools Award, and Drugs Education National Standards Award. Very positive Ofsted generally, with overall effectiveness of the school being outstanding.
P6	Predominantly a white British semi-rural primary school with a slightly below average intake and very little diversity. Some pupils were said to suffer from low self-esteem. School located some distance from the local community.
P7	Small primary school. Intake is mainly white British and has high levels of Gypsy and Romany traveller children.
P8	Average sized Church of England junior school located in an area of relative social advantage. School identified their biggest issue as being in relation to family relationships, with high numbers of pupils experiencing parental separation and divorce.
P9	Inner-city primary school serving large council estate in an area of significant social disadvantage. The most pressing issues were described as domestic violence, drugs and anti-social behaviour, high teenage pregnancy rates, and high unemployment. Low expectations and low self-confidence among pupils. Increasing numbers of asylum seekers and refugees to the area has changed what was a predominantly white estate. Proportions of pupils from minority ethnic backgrounds are above average, as are FSM levels. High pupil mobility and high turnover of staff. Overall effectiveness of school was deemed satisfactory by Ofsted.

<b>Secondary case study codes</b>	<b>Case study context</b>
S1	A very over-subscribed high performing specialist language college, including boarding provision. Around a third of pupils are from a wide spectrum of minority ethnic backgrounds. FSM and learning difficulties/disabilities are low. Attainment on entry is above average. Smaller than the average secondary school. Also serves as a local comprehensive to a very affluent town in the wealthy stockbroker belt. Despite the highly pressurised environment there are few issues around emotional or mental health, drugs or behaviour. Ofsted have graded the school's overall quality of provision as outstanding.
S2	High performing over-subscribed girls' school in a very affluent area with a science and maths specialism. Standards on entry are above national average. Little ethnic diversity, and low levels of learning difficulties and FSM. Few social and behavioural problems.
S3	Secondary school located in a borough with a number of issues in terms of personal safety and gang culture, including knife and gun crime. School has a mixed intake with high levels of minority ethnic children from different cultures, languages and religions. The low status of the school in the local area has led to it being under-subscribed. Ofsted have graded the school for overall effectiveness as satisfactory.
S4	Relatively new faith secondary school. Pupils generally come from supportive, fairly affluent area. Ofsted have graded the school as good for overall effectiveness.
S5	Non-selective girls' high school located in a very selective locality. Wide ability school with some pupils from a low socio-economic background.

### 3. Schools' strategic approaches to the provision of PSHE education

#### Summary

This chapter sets the context for PSHE education delivery.

- Almost all schools surveyed (96% of primaries, 97% of secondaries) had a clearly identified PSHE education lead. However, only 11% of primary school leads had additional pay for this role compared with 77% of secondary PSHE education leads, and only 32% of primary leads received additional time for the role, compared with 64% of secondary leads
- There was a clear school PSHE education policy in 93% of primary schools and 84% of secondaries and PSHE education was part of the school plan in 67% of primaries and 73% of secondaries
- There was a member of SLT charged with supporting PSHE education in 72% of primaries and 86% of secondaries, with a governor supporting PSHE education in 54% of primary schools and 47% of secondaries
- In the case study schools, in general, PSHE education had a higher status amongst leaders, staff and pupils compared with secondary schools, and this was largely related to the value placed on SEAL which was interlinked with PSHE education in various ways
- All of the case study primary schools emphasised the role of PSHE education in *personal development* - emotional development, life skills - and *social development* - relationship development and understanding issues facing others. Some schools made clear connections between PSHE education and developing learning and standards
- Personal development was rarely mentioned in secondary schools, the focus being largely on social life skills, with no clear links to learning more broadly

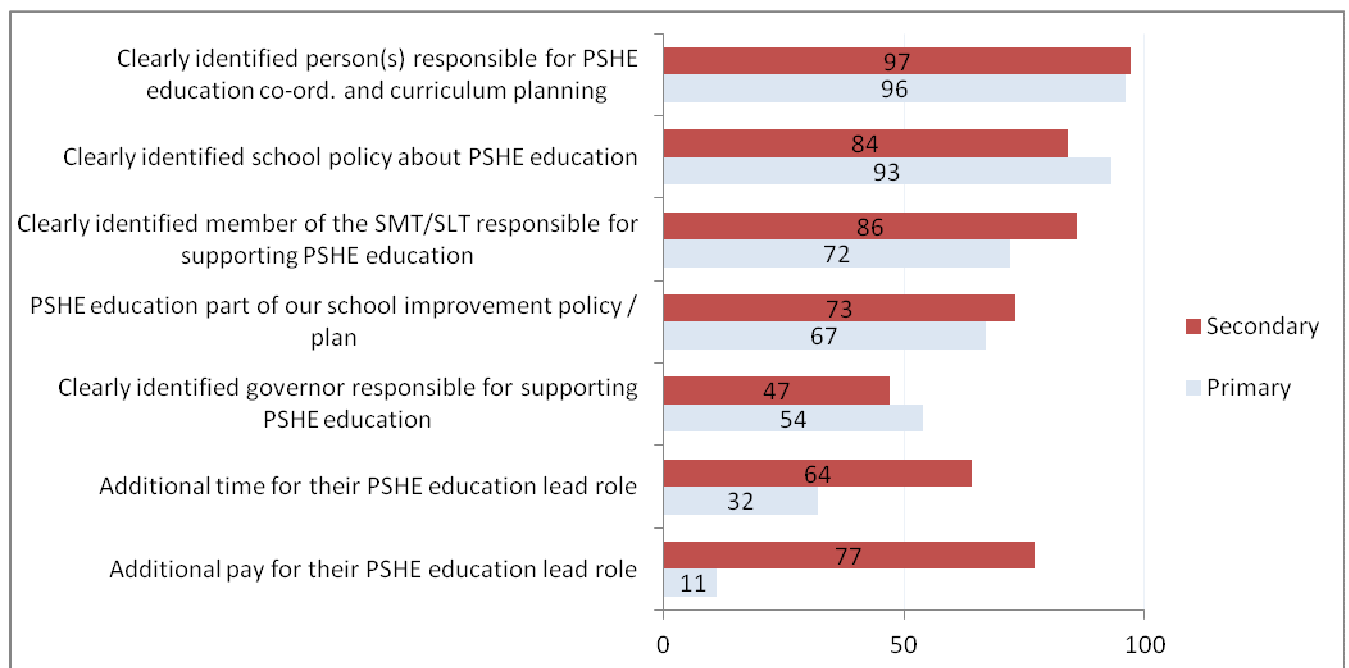
#### 3.1 Strategic leadership of PSHE education

This section sets the strategic context for PSHE education delivery, explored in more detail in the next chapter. Much of the literature and good practice guidance related to PSHE education suggests that its status in a school is related to the strategic importance placed on, and support given to, PSHE education (and the subjects within it, such as SRE) by the senior leadership of the school (IAGs, 2006; Macdonald, 2009; NCB, 2006).

The survey explored a number of factors thought to relate to the effective delivery of PSHE education (Figure 3.1.1; see also Chapter 7). Firstly, leadership: in nearly all primary and secondary schools (96% and 97%), there was a clearly identified member of staff responsible for planning and co-ordinating PSHE education. Some notable differences are evident between primary and secondary schools regarding additional pay and time for the PSHE education lead role with secondary school PSHE education leads much more likely to receive both of these (reflecting general patterns of remuneration and recognition of management responsibility across school phases). Whilst only one in ten primary PSHE education leads receive additional pay, over three quarters of their secondary counterparts have the additional responsibility recognised financially. Secondary schools were more likely than primary schools to have identified senior management support (86% in secondaries compared to 72% in primaries). Around half of all schools had an identified governor responsible for supporting PSHE education.

Secondly, in terms of policies, 93% of primaries and 84% of secondary schools had a clearly identified PSHE education policy and two-thirds to three quarters reported including PSHE education in the school improvement plan.

**Figure 3.1.1: Staff responsibilities and policies for PSHE education**



### 3.2 Views on the purpose of PSHE education

The case study evidence also revealed important differences between the strategic approaches, ethos and purpose of PSHE education in primary and secondary schools.

#### 3.2.1 Primary schools

All of the primary case study schools emphasised the all-encompassing value of PSHE education in developing the whole child. Broadly, teachers tended to view PSHE education as having a number of purposes, which can be divided into two kinds. The first type was associated with personal development and focused in particular on supporting emotional development and coping with emotions. This was mentioned by senior leaders and coordinators in five schools, for example:

*Emotional literacy. Giving the children a voice, talking about how to handle themselves in different situations, calming down strategies. (P8, PSHE education lead)*

*It is about developing strong, confident well adjusted individuals. (P2, PSHE education lead)*

Personal development life skills more broadly were also mentioned (in six primary schools), for example:

*Developing knowledge and skills for children to take a full part in adult life; coping skills; knowledge of the world around them. (P3, PSHE education lead)*

*...to help children to be healthy mentally and get along in a happy community, to function in society. (P7, PSHE education lead)*

The second type related to social development, in particular building, managing and maintaining relationships (six schools), for example these schools saw the purpose of PSHE education as:

*building relationships and being an active citizen, for our children that is paramount.*  
(P9, head teacher)

*confidence, safety, to know who they are, relationships, how to be secure, happy, content □ if you get this right, you can get everything else right □ it unlocks all the other areas of development.* (P6, PSHE education lead)

As an extension of relationship building, five of the primary schools highlighted the importance of PSHE education/SEAL in helping the staff and pupils model and manage behaviour □ and in two cases, attendance. One school, serving a relatively deprived area, also catered for pupils with behavioural and emotional difficulties. SEAL was firmly embedded in all aspects of school life to the extent that: *we use SEAL unconsciously every day, it's part of the air we breathe* (P1, teacher) □ from the behavioural ladder and rewards chart, to the Sunshine Room where pupils can cool off, talk about a problem or have lunch in a more supportive environment.

The schools in more affluent areas also tended to emphasise PSHE education's role in helping their children understand issues facing children in other circumstances, for example in P4 the PSHE education lead emphasised that a key aim was to make children more aware of people *less fortunate than themselves* and from *different cultures* (due to the predominately white, middle class intake of pupils).

In addition, at least four schools made clear connections between PSHE education and developing learning and standards. A good example is presented in Box 3.2.1 below, a school in a deprived area:

**Box 3.2.1: PSHE education to support learning**

The head teacher claimed the overarching purpose of PSHE education at the school was to build *pupils' self-esteem* and to enable them to work with others in order to become *more active learners*. Using PSHE education as a vehicle for improving self-esteem in order to develop their *tolerance* and *empathy* was something that the SLT saw as crucial, given that these particular skills may not be being exhibited regularly within pupils' home environments. Although the head teacher asserted the *standards agenda is very high on our list of priorities* (in response to Ofsted's clear focus on the poor academic standards at the school), it was evident that the school believed that thorough engagement and investment in PSHE education was the most effective mechanism of improving standards: *I feel that PSHE is the means to drive the standards up* (head teacher).

This sentiment was echoed by the deputy head and teachers, who felt that without addressing the often complex personal and social problems pupils at the school were experiencing at home, there was no chance of increasing standards. The school genuinely sees PSHE education as being a key driver for improved learning and academic outputs as well as a means of enhancing emotional literacy:

*A lot of the children in this school have emotional issues and through the PSHE curriculum we can support those; and unless they have got the social and emotional skills then that is going to inhibit their learning skills. We see it as key to learning and it underpins everything else we do.* (deputy head)

Yet this equally applied to P2, a school in a relatively affluent area, where the head teacher made clear her commitment to PSHE education:

*When I was appointed, the vision for me for the school is very much on school as centre of community, breaking down barriers so PSHE is my central core value because I believe if you have good relationships and*

*positive attitudes to learning that is where you get good results* □ so for me that is the core. (P2, head teacher)

This set of broad purposes related very clearly, of course, to the underlying purposes behind SEAL, and in fact all primary schools made use of SEAL units, seeing it as being inextricably linked to or subsumed within/subsuming PSHE education.

Related to this, in six schools there was clear evidence of high status being accorded to PSHE education, in a number of demonstrable ways. Most clearly this was demonstrated by senior leader support or strategic leadership: in four of these, a deputy head led PSHE education, in one the head teacher was PSHE education lead and in another the head teacher was previously PSHE education lead.

This support needed to be constantly reinforced, for example in P5 where the subject was clearly well supported (for example the PSHE education lead had been involved in training for the role and the subject was on the school plan), the lead (also deputy head teacher) felt staff needed to be regularly *reminded of its value* and that she could not *take her foot off that pedal and allow PSHE to crumble*.

### 3.2.2 Secondary schools

The secondary schools tended not to concentrate on personal development with just one seeing PSHE education as being about self-understanding.

All of the schools focussed on PSHE education dealing with the life issues facing young people broadly, as indicated by this comment from a governor at S5:

*It has got to be done, because no-one else is doing it* □ *there is a very needy minority that if the school doesn't step up to the plate and deliver this information to them, no-one else is. But it's life skills* □ *all the sorts of things that when they do go out into the world of work, how competitive it's going to be, we've got to prepare them as much as we can for that culture shock and also the monetary thing, the savings, the bank accounts and mortgages* □ *because for most of them they haven't got the slightest inkling* □ *the diet and the healthy living* □ *they don't get this information from any other sources, so unfortunately it's down to us as a school to make sure they get it.*

Some schools also mentioned the need to address specific local issues including gang violence and knife crime.

Three schools emphasised developing pupils as good citizens, for example:

*[The] school should not just produce academic geniuses, but well-rounded global citizens who feel confident and competent to contribute to society; it's part of the school's ethos* □ *PSHE is the cement between the academic bricks.* (S1, PSHE education lead)

In some of these schools, this focus related to PSHE education being delivered alongside citizenship. In addition, several schools (including one faith school) noted the importance of PSHE education in developing pupils' ethics, and the importance of PSHE education to the school ethos.

Interestingly, in no secondary schools was PSHE education clearly seen as directly underpinning academic performance, although one school alluded to its support for learning more generally:

*One of the reasons was that we wanted the students to really treat it as a very very very important part of what they're learning. Even though we're a high achieving school, we're not just churning out results□ It's a way of reinforcing behaviour policies and opening their eyes to the big wide world. (S1, governor)*

The status of PSHE education was very clearly seen to be lower in secondary schools, compared with the primary schools, which may be related to the lack of links being made to school ethos and/or learning in the school. None of the schools claimed the subject had high status, although in three schools senior PSHE education leads claimed it had improved more recently for various reasons: it underpinned a new academic curriculum; a new PSHE education lead had raised its profile and status, and a change from tutor delivery to timetabled lessons taught by specialists had improved its status.

In some cases - notably S1 - the low status was linked to the lack of emphasis and support from senior leaders, but in others, teachers - who were often involved in delivery with inadequate training (see Chapter 5) - did not see it as being of high status. In schools that placed a particularly high emphasis on high academic achievement, pupils often did not value the subject as highly:

*It's a very important subject to me, but never valued the same by pupils or other staff because it's not examined. The minute it's not examined, they don't put the same amount in; they may enjoy it but it may come low on their list of priorities□ PSHE doesn't feature in the league tables as it is not assessed or examined. The priority for PSHE is not so high for the head if it's not statutory. (S1, PSHE education lead)*

Given the emphasis on core subjects and academic performance at secondary school, the lack of specialist staff with appropriate skills for teaching the broad range of topics, and the complexities of timetabling, PSHE education in secondary schools rarely receives the same strategic prominence, leadership and status as SEAL/PSHE education does at the primary phase.

## 4. Delivery models and curriculum provision

### Summary

This chapter addresses the following research questions:

#### **Is there a prevalent delivery model?**

#### **How are the different strands of PSHE education delivered in primary and secondary schools?**

- The predominant delivery model for PSHE education at both primary and secondary level was through discrete PSHE education lessons. At primary level, this was followed by SEAL lessons, integration across the curriculum, and as part of other subject lessons. At secondary level, outside of PSHE education lessons, the most common delivery models were drop-down days, inclusion within other subject lessons, integration across the curriculum, and in tutor/form group time
- Teaching methods at primary and secondary level were relatively similar. The most common were whole class lessons, facilitated discussions between pupils, and theatre in education/drama/role play

#### **What is the length of the allocated time in the curriculum?**

- At primary level, emotional health and wellbeing was taught weekly by around three-quarters of responding schools; by contrast, safety education and diet/nutrition and healthy lifestyles were taught weekly by about a quarter
- SRE, DAT education, enterprise education and personal finance were taught once a year or less by between 74% and 59% of primary schools
- Over half of all secondary schools were providing all elements of PSHE education once a year or less (except emotional wellbeing which just under half provided once a year or less)

#### **To what extent do schools provide coverage of all elements of the subject?**

- A little over 50% of primary schools said they covered all PSHE education elements; 40-43% covered some elements (dependent on year group)
- Between 63% and 70% of secondary schools (dependent on year group) were teaching all PSHE education elements at KS3 and KS4 (38% at post-16). Around a third were teaching some elements (except at post-16 where 48% taught some and 14% none)
- Emotional wellbeing was a clear focus within most primary PSHE education, often using SEAL resources. Other aspects, such as SRE, DAT education, and economic wellbeing elements could be crowded out of the curriculum
- SRE, DAT education and personal finance were more likely to be covered at KS2 than KS1; almost all PSHE education elements were more likely to be covered at KS3 than KS4
- Overall, the economic wellbeing elements of PSHE education were often seen as separate and rarely or poorly fully integrated into PSHE education planning and delivery. They were often led and taught by different members of staff from the personal wellbeing elements and seldom given the same priority or prominence

This chapter presents evidence on models of delivery of PSHE education (i.e. how it is timetabled, teaching methods used, how often it is taught), and curriculum coverage (that is, how much - if at all - each of the elements of PSHE education is covered). Individual information is provided on each subject area, where this was broken down within the survey or case study data.



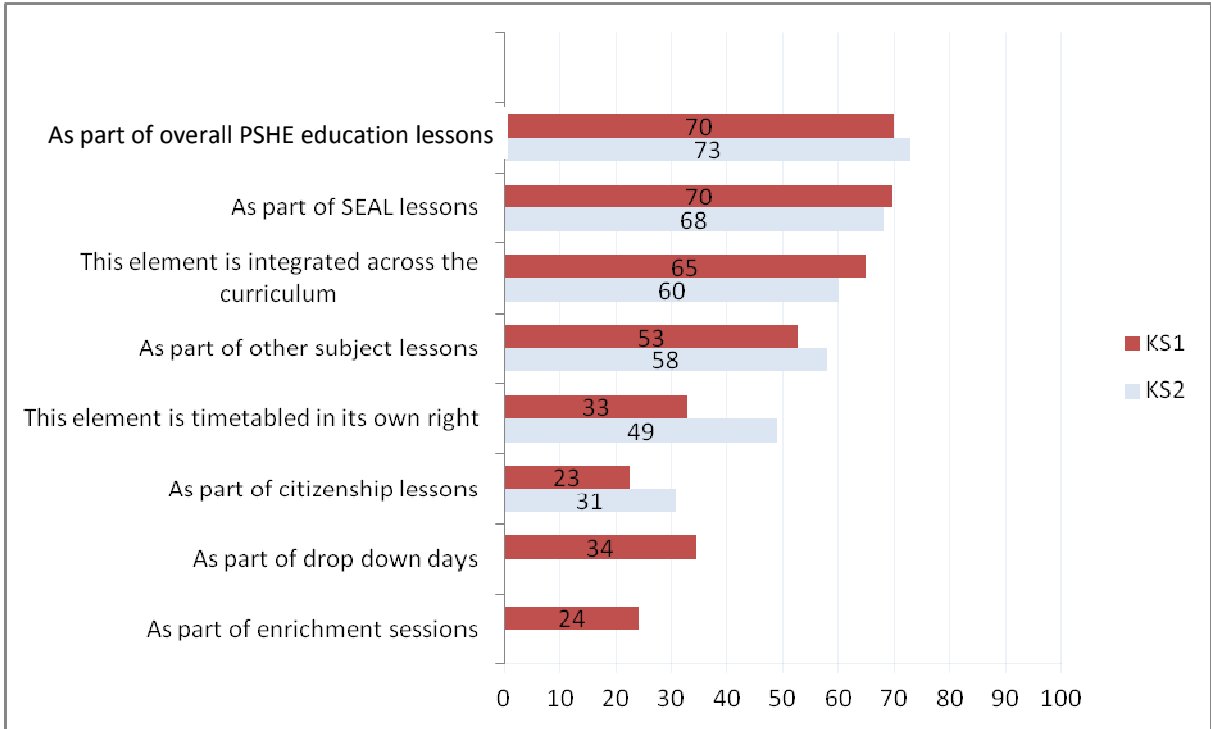
### 4.1 Primary schools

Nearly three quarters of primary schools (73%) had another name for PSHE education. Other names provided included PSHE, titles including citizenship (predominantly PSCE), and SEAL.

#### Teaching models

Overall, the survey results identified that the majority of PSHE education was taught as part of discrete<sup>3</sup> PSHE education lessons, though primary schools tended to use more varied teaching models than secondary schools, as indicated below. Other commonly used teaching models within primary schools were teaching PSHE education within SEAL lessons, integrating it across the curriculum, and teaching it as part of other subject lessons (at both Key Stage 1 and 2). When data was analysed by school type, at KS1, voluntary controlled schools (82%) were more likely to teach PSHE education within discrete PSHE education lessons than voluntary aided (74%) or community (71%) schools. At KS2, voluntary controlled schools were more likely to teach PSHE education through integration across the curriculum (70% compared with 62% of voluntary aided and 57% of community schools). There were also some regional differences when data was analysed by GOR. At KS1, for example, schools in the East of England (84%) were more likely than South West schools (61%) to use discrete PSHE education lessons. South West schools were more likely to deliver PSHE education as part of SEAL lessons at both KS1 (80%) and KS2 (81%); West Midlands schools (60%) were least likely to deliver PSHE education within SEAL lessons at KS1, and London schools least likely at KS2 (55%). At KS2, schools in the North East (81%) were most likely to integrate PSHE education across the curriculum whereas London schools (45%) were least likely to deliver PSHE education this way.

Figure 4.1.1: Teaching models at KS1 and KS2



<sup>3</sup> For clarity, in the text we use the term 'discrete PSHE education lesson(s)' to refer to dedicated time set aside in the curriculum, though the surveys used the term 'overall PSHE education lessons' to distinguish them from PSHE education element-specific lessons, for example for SRE specifically. See Appendix 2 for exact question wording.

The case studies added further detail to these teaching models, with many primary schools demonstrating that PSHE education was indeed organised and delivered through using the SEAL units (new beginnings, getting on and falling out, bullying, going for goals, good to be me, relationships, and changes). These were also sometimes supported with school assemblies and other links to the curriculum or wider work of the school, for example:

*all of those policies have to interlink, so you'll find ECM and HS will overlap, and we'll do that within say focus weeks perhaps on Healthy Schools, or business and enterprise week - that's how we look at them - we look at all threads that can be woven together. (P1, head teacher)*

It was noticeable that where schools used a SEAL timetabled lesson approach, the areas of the PSHE education curriculum not covered by SEAL (e.g. SRE) were variable in their coverage and perceived quality. There were two exceptions to this: in one they also had additional PSHE education timetabled lessons, and in another they had an explicit policy covering all PSHE education elements, which ensured SEAL did not dominate at the expense of other areas of PSHE education.

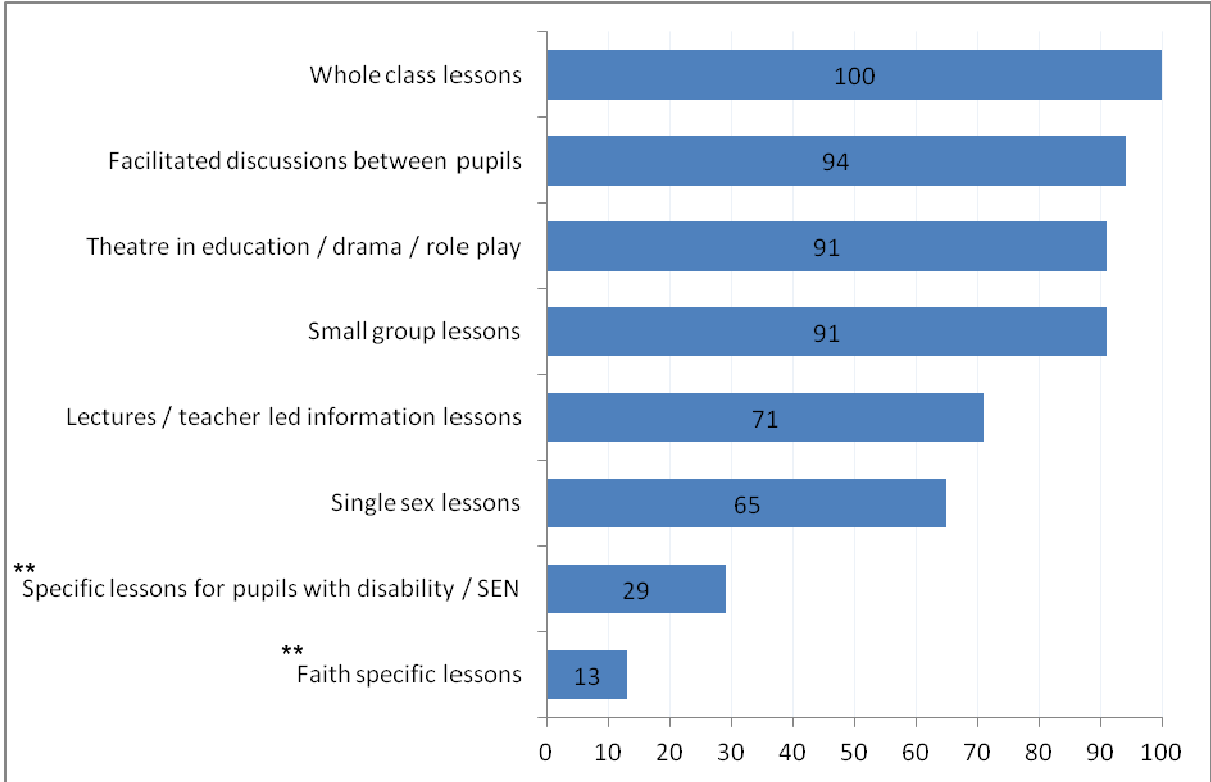
The school that used additional curriculum time to deliver elements of PSHE education not covered within SEAL specifically mentioned using QCA units to cover the SEAL curriculum gaps. Elsewhere, three schools discussed using a deliberate cross-curricular approach to provide links to the wider curriculum.

Interviewees from one school that did not use PSHE education or SEAL timetabled lessons indicated that they had particular problems with PSHE education being crowded out of the curriculum.

#### *Teaching methods*

Regarding teaching methods during lessons, survey results show that whole class lessons were the most common method (used by all respondents), with facilitated discussions between pupils and theatre in education/drama/role play also common. Small group lessons and single-sex lessons were used noticeably more in primary schools than in secondary. Lower proportions provided specific lessons for pupils with disabilities/SEN or faith specific lessons.

**Figure 4.1.2: Primary teaching methods\***



\* Please note that the total n values vary somewhat for these responses due to respondents leaving the answer as missing.

\*\* In particular, fewer respondents answered these questions. See Table A3.3 in Appendix 3 for further detail.

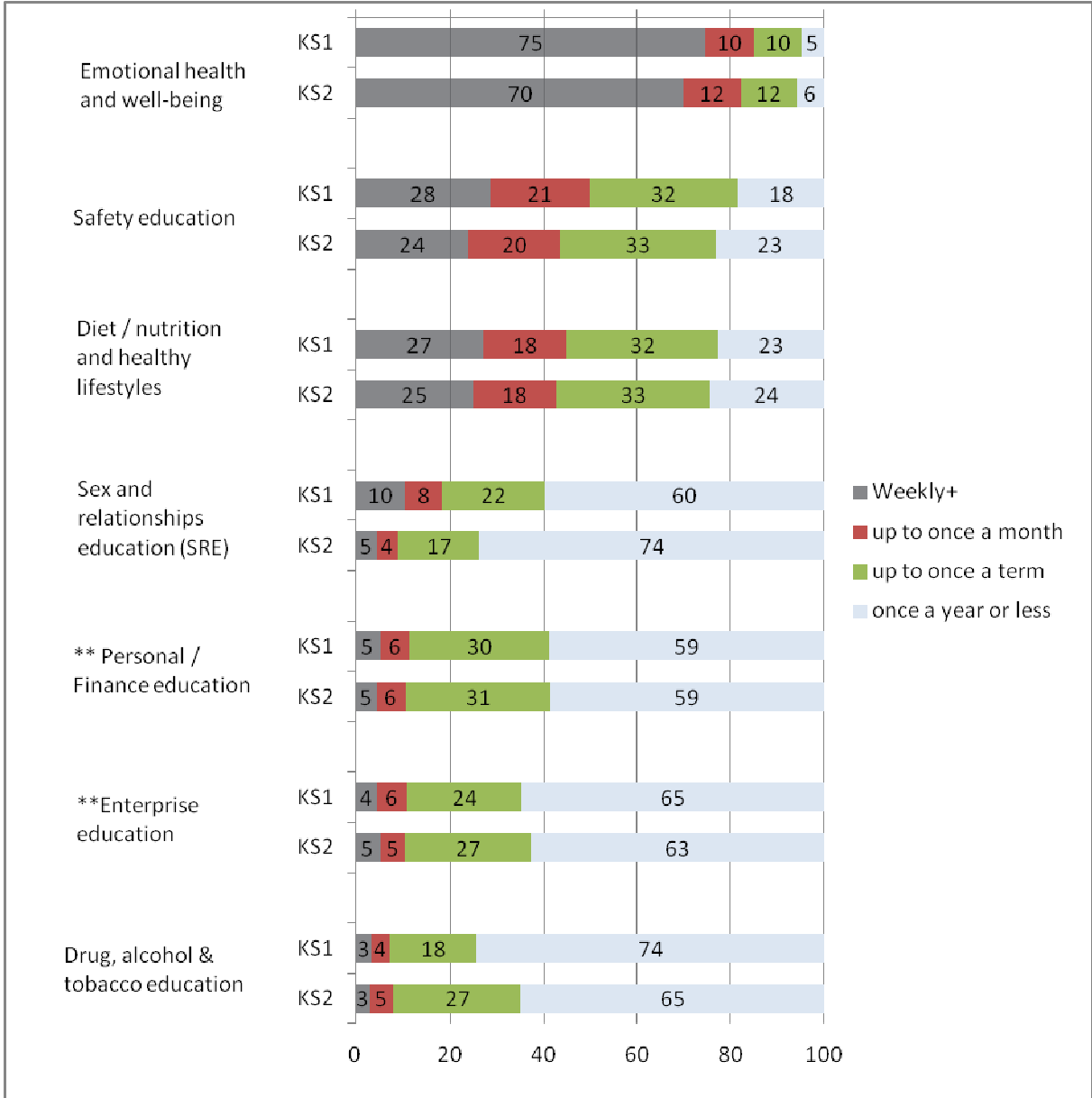
*Frequency of delivery*

In terms of frequency of delivery reported in the survey, by far the most frequently taught element of PSHE education in primary schools was emotional health and wellbeing; around three-quarters of respondents stated that they taught this element weekly or more (75% at KS1 and 70% at KS2).

Safety education and diet/nutrition and healthy lifestyles are taught on a fairly frequent basis at Key Stages 1 and 2 with around a quarter of respondents stating that these elements are taught weekly or more, and around one fifth stating that they are taught up to once a month.

DAT education and SRE at Key Stages one and two respectively are taught less frequently; with between 60% and 74% of respondents indicating that these elements were taught once a year or less.

**Figure 4.1.3: Frequency of delivery at KS1 and KS2\***



\* Please note that the total n values vary somewhat for these responses due to respondents leaving the answer as missing.

\*\* In particular, fewer respondents answered these questions. See Table A3.4 in Appendix 3 for further detail.

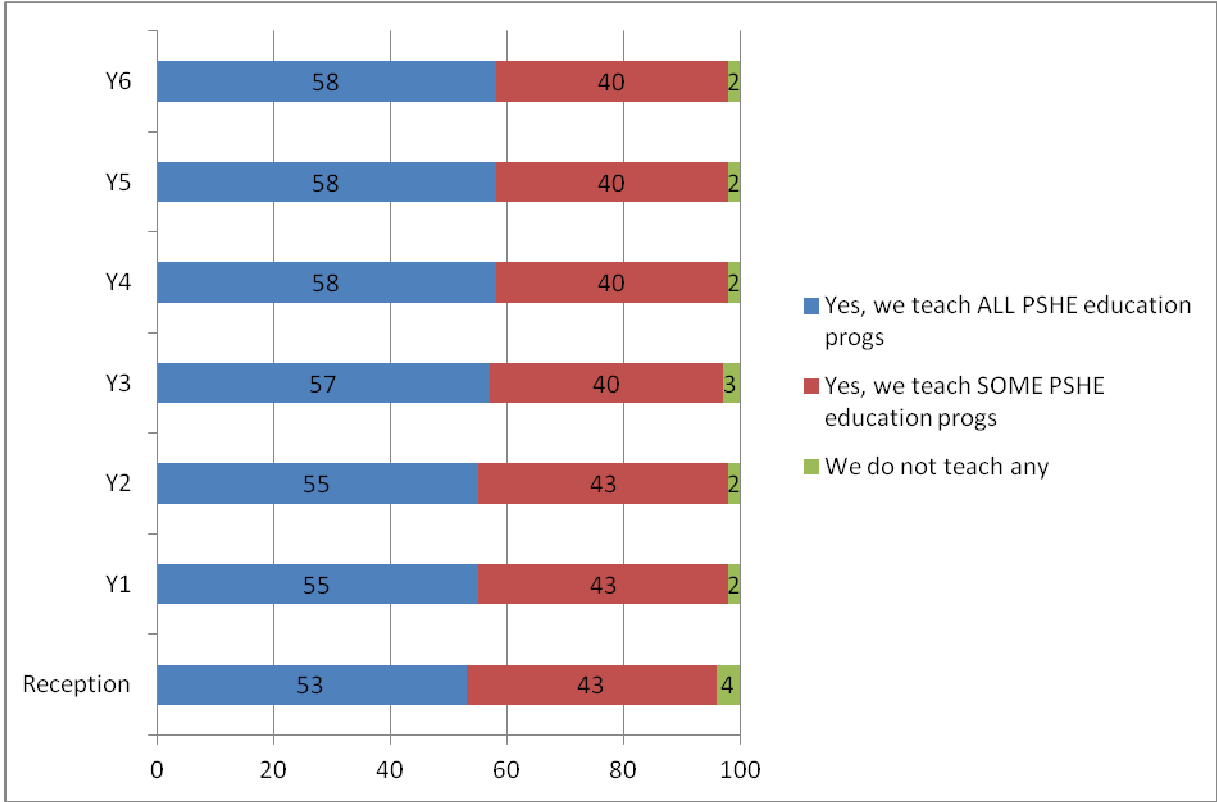
The case studies also generated data on frequency of delivery in primary schools: in most cases, a weekly timetabled SEAL lesson of between 30 minutes and one hour was used, although in at least two schools teachers and coordinators indicated that these lessons could get squeezed out of the curriculum during pressured times, especially during preparation for SATs. One school, as mentioned previously, had both SEAL and PSHE education lessons protected within the curriculum (timetabled separately).

*Curriculum coverage*

Moving on to coverage of the curriculum, responding schools were asked whether they were teaching all, some, or none of the programmes of study. The questionnaire set out that this included seven elements at primary level (diet/nutrition and healthy lifestyles; drugs, alcohol and tobacco education; emotional health and wellbeing; safety education; sex and relationships education; enterprise education; personal finance/financial capability), and nine

at secondary (careers education and work-related learning in addition to the primary elements). Over half (between 53% and 58%) were teaching all elements at primary level, compared to between 38% and 70% at secondary. Between 40% and 43% were teaching some elements, and between 2% and 4% were teaching none. This was directly related to year groups, with older years more likely to be taught all elements (58% at Y6), and the youngest year group comparatively least likely to be taught all, and most likely to be taught none (53% and 4% respectively).

**Figure 4.1.4: Primary curriculum coverage**



In the case studies, curriculum coverage could be split into two groups: those that were covering all elements (five schools), and those that were covering some (four schools), no schools were covering none of the elements. Primary schools were more likely to be covering all (appropriate) elements than secondary schools.

Just over half of the case study primary schools were covering all elements of PSHE education, to some degree. Just under half were covering some (or most, but not all) elements. Staff knowledge or confidence was an issue that often explained the minimal coverage in specific areas, for instance: *SRE, money matters, healthy eating and emotional health are the four main areas that we concentrate on, that comes down to staff confidence in those areas* (P3, PSHE education lead). For some staff and stakeholders, PSHE education could be problematic in that they felt it was seen by the government, media and/or popular opinion as a subject that could solve or at the very least target emerging social problems, thus placing more pressure on teaching staff. As one SLT member commented: *teachers work hard and do their very best but we can't right all of society's wrongs* (P4, SLT).

More detailed information for each different PSHE education strand is provided below.

### *Diet and healthy lifestyles*

Survey results (see Table 4.1.5 below) identified that the majority of teaching on diet and healthy lifestyles was delivered within discrete PSHE education lessons at primary school – more so at KS2 where 64% of leads reported discrete PSHE education lessons as forming part of the delivery, compared to 57% at KS1. This element was also commonly taught across the curriculum and as part of other subjects at both Key Stages.

**Table 4.1.5: Primary diet and healthy lifestyles teaching methods**

<b>Teaching models: Diet and healthy lifestyles</b>	<b>Key stage 1 (%)</b>	<b>Key stage 2 (%)</b>
As part of discrete PSHE education lessons	57	64
Integrated across the curriculum	51	44
As part of other subject lessons	45	48
As part of SEAL lessons	30	32
As part of drop-down or themed day(s)	23	-
As part of enrichment sessions	12	-
Element is timetabled in its own right	10	9
As part of citizenship lessons	7	8

Responses were not mutually exclusive.

Within the case studies, this element was included in PSHE education in most primary schools, and tended to focus on the benefits of a healthy/balanced diet and regular exercise, often linking to the science curriculum or practical sessions cooking food or undertaking physical exercise (PE). Sometimes it included themed weeks and/or external visitors (e.g. gymnasts, nutritionists), but more frequently involved regular school teachers. There tended to be a high level of awareness about this aspect of PSHE education amongst staff, pupils and parents, though in some schools pupils commented they would like to learn more about this area. Where it was delivered, pupils involved in case studies reported enjoying it. One school, for example, particularly remembered making smoothies and *learning about the body and what keeps us healthy* (P6, pupil).

### *Drugs, alcohol and tobacco education*

Survey results show that this element was also most likely to be taught as part of discrete PSHE education lessons, especially at KS2 where 65% of leads reported using this model, an increase from 48% at KS1. Drugs, alcohol and tobacco education is also taught as part of other subjects, including SEAL, integrated across the curriculum and taught as an element by itself. Overall, it is an element more likely to be covered at KS2 than KS1.

**Table 4.1.6: Primary DAT education teaching methods**

<b>Teaching models: Drugs, alcohol and tobacco education</b>	<b>Key stage 1 (%)</b>	<b>Key stage 2 (%)</b>
As part of discrete PSHE education lessons	48	65
As part of other subject lessons	25	35
Integrated across the curriculum	22	19
As part of SEAL lessons	21	26
Element is timetabled in its own right	11	21
As part of drop-down or themed day(s)	7	-
As part of citizenship lessons	6	11
As part of enrichment sessions	6	-

Responses were not mutually exclusive.

In the case study schools, drugs education tended to be identified as a weaker aspect of PSHE education, often because it was not included in SEAL, or timetabled in its own right. Where it was covered, however, staff were able to describe how delivery was age appropriate, with teaching building on previous content (for example, teaching about medicine safety in Year 1, tobacco in Year 4, alcohol in Year 5, and illegal drugs in Year 6). In other schools, it was restricted to Key Stage 2 only. Discussion about alcohol and smoking could also be related to healthy lifestyles more generally, or linked to the science curriculum. One pupil explained: *We did different scenarios... you learn about what [drugs] can do to you... about peer pressure and stuff* (P3, pupil). Similarly, a teacher also described a lesson where they had used a crushed sweet as a drug and the children had role-played how to handle interactions with a drug dealer, calling for help, ringing the police, etc. In other schools, some pupils said that they would like more information on drugs, alcohol and smoking which they thought were *more important* than some other areas they did cover within PSHE education. One staff member commented that in their school, drugs education did not have a clearly planned curriculum or specific learning outcomes.

Staff confidence and knowledge levels were raised as a factor in the delivery of drugs education which meant, where available, external specialists were appreciated by staff. This could involve drugs education officers from the LA, or local police. In one school, such a visit had been popular among pupils as they were reportedly shown *real drugs* by the officer involved.

#### *Emotional health and wellbeing*

Survey results on emotional health and wellbeing indicated that it was most likely to be taught as part of SEAL lessons; nearly three quarters (72%) of respondents at Key Stages 1 and 2 indicated that this element was taught in this way. In addition, around 60% also taught this element as part of their discrete PSHE education lessons, with a significant proportion also reporting that emotional health and wellbeing was integrated across the curriculum. Compared to the other elements taught at primary school, emotional health and wellbeing was recorded most frequently, indicating its dominance in the PSHE education curriculum.

**Table 4.1.7: Primary emotional health and wellbeing teaching methods**

<b>Teaching models: Emotional health and wellbeing</b>	<b>Key stage 1 (%)</b>	<b>Key stage 2 (%)</b>
As part of SEAL lessons	72	72
As part of discrete PSHE education lessons	59	62
Integrated across the curriculum	46	38
As part of citizenship lessons	12	14
As part of other subject lessons	11	12
Element is timetabled in its own right	9	7
As part of enrichment sessions	9	-
As part of drop-down or themed day(s)	9	-

Responses were not mutually exclusive.

Case study findings concur with survey results, that emotional health and wellbeing is predominantly taught through SEAL and/or during circle or carpet time at primary level. All case study schools provided some level of this element, predominantly tied to SEAL delivery, so much so that some teachers barely recognised the difference between SEAL and PSHE education.

Having SEAL resources appeared to give staff more confidence in their delivery, but some also identified that it could mean that SEAL dominated PSHE education, leaving little room for other aspects, such as drugs education. A particular topic that staff mentioned was important to look at was transitions to secondary school. Other staff commented that this was an area where PSHE education could respond to social demographic changes or issues locally. A number of schools, for example, had included learning about racism and/or disability awareness/equality specifically in their delivery in response to identified needs.

The SEAL topic areas were often remembered by pupils and this aspect generally praised: *It's good because you get to express how you feel if you want to* (P5, pupil). However, in a minority of schools, pupils were vocal about certain issues becoming *repetitive* or *boring*. Bullying was one such topic that a number of pupils involved in a focus group in one school said had been *way too long*:

*Nearly every week we do about feelings and bullying and I would rather just do about health and safety.* (P5, pupil)

#### *Safety education*

Survey results identified that safety education was by far most likely to be taught within discrete PSHE education lessons, with over 60% of schools teaching it this way at KS1 and KS2. As with the other elements, it was also integrated across the curriculum and taught as part of SEAL and other subjects to a slightly lesser extent.



**Table 4.1.8: Primary safety education teaching methods**

<b>Teaching models: Safety education</b>	<b>Key stage 1 (%)</b>	<b>Key stage 2 (%)</b>
As part of discrete PSHE education lessons	61	64
Integrated across the curriculum	45	38
As part of SEAL lessons	38	35
As part of other subject lessons	21	21
As part of drop-down or themed day(s)	16	-
Element is timetabled in its own right	15	13
As part of citizenship lessons	12	15
As part of enrichment sessions	11	-

Responses were not mutually exclusive.

This element was included in most case study primary schools □ PSHE education and generally delivered via external visitors dealing with areas such as road/cycle safety, fire/gas/electrical safety, and personal safety/stranger danger/violent crime. Other areas covered, but more usually by school staff, were sun safety and internet/e-safety. Each of these areas seemed to be remembered well by pupils, often because external visitors provided an element of surprise or variation when compared with other lessons (e.g. *they did this explosion thing with us... in the playground* P3, pupil), though occasionally this raised concerns:

[a video about cyber-bullying] *spooked out most of the class for a while.* (P5, pupil)

The police were often said to be particularly supportive of this element of education, though it was not always apparent whether all school staff clearly saw safety education as an aspect of PSHE education, or whether it was/would be covered within primary education anyway. Occasionally drugs education was subsumed under safety education though where this was the case it tended to be covered in less detail. Sometimes it was also explicitly linked to health and wellbeing more broadly and/or covered within SEAL.

#### *Sex and relationships education (SRE)*

Results from the survey suggest that SRE is most likely to be taught as part of discrete PSHE education lessons at primary level □ more so at KS2 (in 58% of responding schools) than KS1 (45%). In just under a third of cases it was also taught as part of SEAL and other subjects (most likely science from case study evidence). It is more commonly integrated across the curriculum at KS1 but at KS2 is the element most frequently taught in its own right as a separate topic (in 46% of cases). There were some regional differences here at KS2: schools in the East of England (72%) were most likely to deliver SRE within discrete PSHE education lessons, compared to North West schools (43%) who were least likely. West Midlands schools were most likely to deliver SRE within Citizenship lessons, though still only 15% this way, compared to North East schools (2%) who were least likely.

**Table 4.1.9: Primary SRE teaching methods**

<b>Teaching models: Sex and relationships education (SRE)</b>	<b>Key stage 1 (%)</b>	<b>Key stage 2 (%)</b>
As part of discrete PSHE education lessons	45	58
As part of SEAL lessons	31	26
As part of other subject lessons	26	29
Integrated across the curriculum	22	14
Element is timetabled in its own right	19	46
As part of citizenship lessons	5	7
As part of drop-down or themed day(s)	4	-
As part of enrichment sessions	3	-

Responses were not mutually exclusive.

There was more diversity regarding SRE than some other elements of the PSHE education curriculum within the case studies. Some staff identified that because it was often delivered as (infrequent) stand-alone sessions it was less easy to link to other subject areas, or build upon previous delivery. One head teacher acknowledged [SRE is] *less easy to follow the thread through the years because it's not built into everyday delivery like SEAL. It's on teachers' plans, but they may opt for a SEAL target in preference for SRE* [and] *there's less planned progression* (P1, head teacher). The majority of case study primary schools restricted their SRE to KS2 or Years 5 and 6 only, in what one LA lead memorably referred to as the *post-SATs sex season*. In these schools, teaching children about sex was often deemed to be inappropriate and given as the reason for limited SRE delivery (e.g. *we don't believe that 5 year olds should be taught about sex*). However, at least two schools avoided this model, with one being clear that this was not the right approach, since: *teenage pregnancy is quite high. We felt that the more education we were able to provide, the more likely they would be to make appropriate choices* (P9, head teacher). In these schools, and elsewhere, some staff were aware that SRE is not restricted to sex education, and a number described the other issues they covered within their SRE, including personal hygiene, body awareness/names, and (often in later years) puberty. Some primary schools also used alternative names for SRE, perhaps to minimise the inevitable focus on sex by some. If they were covered, contraception, conception and childbirth were most often delivered in Year 6.

School nurses or other outside specialists were often used to deliver SRE as it was frequently an area that some staff were not comfortable or confident in teaching. In one school, the PSHE education coordinator suggested that it was preferable that teachers delivered SRE as they were more familiar with the pupils and could therefore better deal with this element's sensitivities. Elsewhere, teachers delivered SRE but with close support from the LA.

Anxieties about teaching children about sex were apparent in a minority of parental views, although most parents did not share these anxieties. Similarly, whilst there were some anxieties amongst a small number of children, the majority of pupils in case study schools were clear about the importance of learning about puberty before it happened so that they did not *panic on the day* *I think it's good for young people to learn about what's going to happen when they get a bit older* (P5, pupil).

#### *Enterprise education*

Findings from the survey demonstrate that overall, enterprise education was the element least frequently covered. In a quarter of the schools where it was delivered to some extent, it was most likely to be taught through integration across the curriculum, or during PSHE education lessons. It was more commonly taught at KS2 than KS1.

**Table 4.1.10: Primary enterprise education teaching methods**

<b>Teaching models: Enterprise education</b>	<b>Key stage 1 (%)</b>	<b>Key stage 2 (%)</b>
Integrated across the curriculum	18	24
As part of discrete PSHE education lessons	17	26
As part of drop-down or themed day(s)	12	-
As part of citizenship lessons	9	18
As part of SEAL lessons	9	11
As part of other subject lessons	7	16
As part of enrichment sessions	7	-
Element is timetabled in its own right	5	13

Responses were not mutually exclusive.

This element was rarely mentioned directly in case study teachers' discussions about PSHE education, and when probed was either a very weak element of PSHE education, or was not covered at all. It was also rarely mentioned by pupils. One PSHE education lead commented: *I think that's [enterprise] the hardest thing on the PSHE curriculum* (P8, PSHE education lead), and consequently the school did not teach the area at all. Elsewhere, where it was included, it tended to be via themed weeks or integrated across the timetable, often involving a Young Enterprise type activity, rather than within a discrete PSHE education lesson. One school, for instance, had run a Christmas-related enterprise project.

#### *Personal finance/financial capability*

Again, survey results suggest that this element was taught to some extent by a third of primary as schools. For those that did, it was more likely to be through PSHE education lessons (more so at Key Stage 2 than 1), or via integration across the curriculum.

**Table 4.1.11: Primary personal finance teaching methods**

<b>Teaching models: Personal finance/financial capability</b>	<b>Key stage 1 (%)</b>	<b>Key stage 2 (%)</b>
As part of discrete PSHE education lessons	20	33
Integrated across the curriculum	20	24
As part of other subject lessons	17	22
As part of drop-down or themed day(s)	11	-
As part of citizenship lessons	10	19
As part of SEAL lessons	9	12
Element is timetabled in its own right	6	12
As part of enrichment sessions	6	-

Responses were not mutually exclusive.

It was noticeable that for a number of the primary schools there were blurred boundaries between enterprise education and the personal finance/financial capability/economic wellbeing element of PSHE education. Both were taught less systematically than other elements (described above), and rarely mentioned by case study participants. They also tended to be remembered or understood less clearly (if at all) by pupils in focus group discussions, and with some supporting evidence that this was the case from parental interviews. The economic wellbeing element tended to be delivered separately from PSHE education lessons by other means, which might include during maths/numeracy lessons or through themed weeks. Occasionally an external person was brought in to discuss what was sometimes called 'money matters'. Specific focus on financial wellbeing was only detailed in any depth in two primary schools which both had relationships with representatives of banks

who worked with the children to help them develop understanding of how money worked, value, borrowing, saving, interest, and so on. Other schools had used cross-school projects (e.g. during money week) to examine financial capability with pupils (e.g. sourcing and subsidising recyclable water bottles for school use) and/or talked about activities linked to fundraising for the school or charity, but it was often unclear how these were formally linked to PSHE education delivery. Similarly, where school councils ran initiatives such as fruit stalls or tuck shops it did not appear that these were formally tied to PSHE education (or all pupils), though some staff used them to try to illustrate (PSHE education) finance-related teaching/understanding within the school/among pupils.

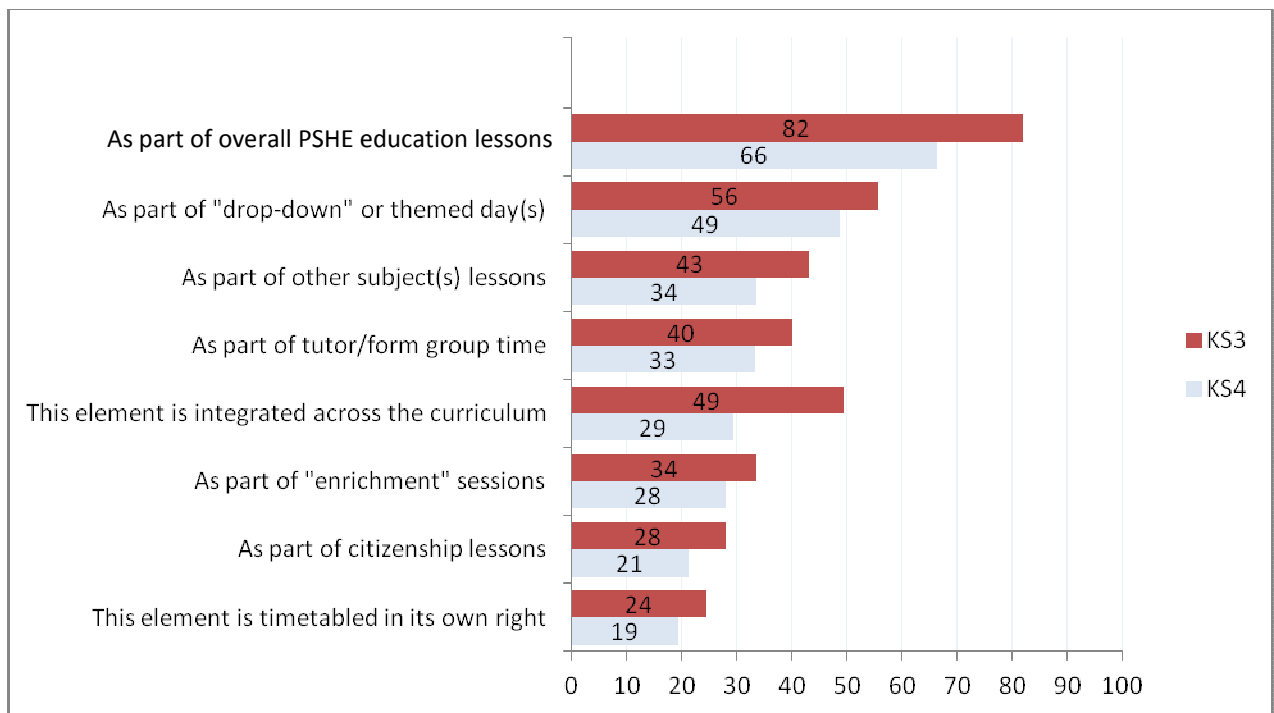
## 4.2 Secondary schools

Approximately two thirds (67%) of secondary schools did not call their provision PSHE education: alternative names provided included PSHE, combinations including citizenship (e.g. PSHCE; CPSHE), terms with a focus on life skills, and titles emphasising personal development.

### *Teaching models*

Survey results indicate that the vast majority of PSHE education elements are taught as part of discrete PSHE education lessons at secondary school level (82% and 66% at KS3 and KS4 respectively), compared to slightly more variety within primary schools. The exception was enterprise education which was often taught as part of drop-down or themed days (see later discussion). Around a quarter of respondents indicated that diet/nutrition and healthy lifestyles was taught as part of other subject lessons. When results were analysed by school type, at KS3, foundation schools were more likely than other schools to use drop-down or themed days as part of their PSHE education provision (63% compared with 55% of community schools, and 47% and 42% respectively of voluntary aided and voluntary controlled schools). At KS4, foundation and voluntary aided schools (both 54%) were more likely to use drop-down or themed days than community (46%) or voluntary controlled (25%) schools. Overall, at KS4, voluntary aided schools were the most likely to integrate PSHE education elements across the curriculum than other schools (41% compared with 28% of foundation schools, 27% of community schools and 25% of voluntary controlled schools).

**Figure 4.2.1: Teaching models at KS3 and KS4**



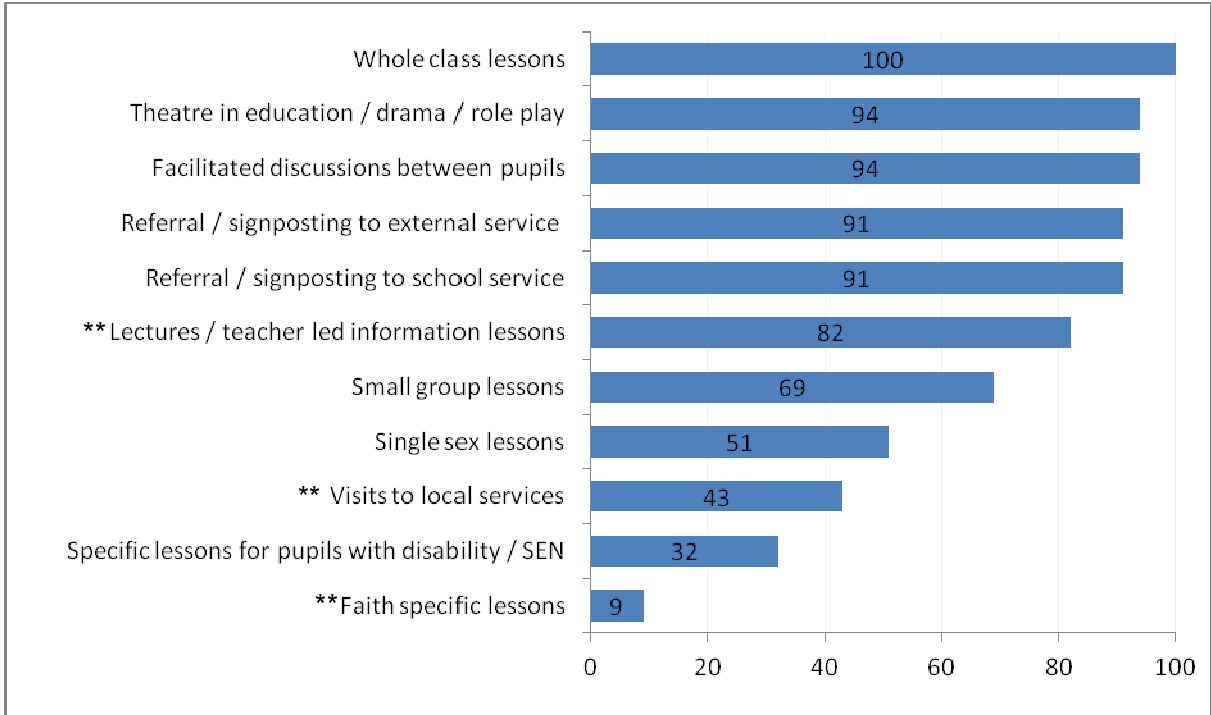
Case study schools suggested that there is inconsistent delivery of PSHE education. One school predominantly delivered PSHE education via tutor periods with oversight from heads of year. In this school, there was consistently poor practice reported by the newly appointed PSHE education coordinator, who had spent time reviewing delivery, and found poor planning from heads of year and tutors, vague and outdated schemes of work, and a lack of coherence across the school. There were particular problems in Years 8 and 9, where there was a lot of repetition and no clear leadership from year heads.

Another school used drop-down days alone, and there were reported to be problems with pupils being pulled out of these days to focus on examination subjects, particularly in Years 10 and 11. The PSHE education coordinator felt this was due to pressure from the local authority to provide extra support to pupils around *exam time*, although clearly this was heavily exacerbated by concentrating PSHE education in a small number of drop-down days, rather than spreading the provision more evenly throughout the school year.

#### *Teaching methods*

In relation to teaching methods used as part of lessons, the survey demonstrated that (similarly to primary level) whole class lessons were the most common teaching method. Theatre in education/drama/role play and facilitated discussions between pupils were also common methods (both used by 94% of respondents), as were referral/signposting to external or school services (each used by 91% of respondents). Secondary schools were more likely to use lectures/teacher led information sessions than primary schools. A low proportion provided faith specific lessons.

**Figure 4.2.2: Secondary teaching methods\***



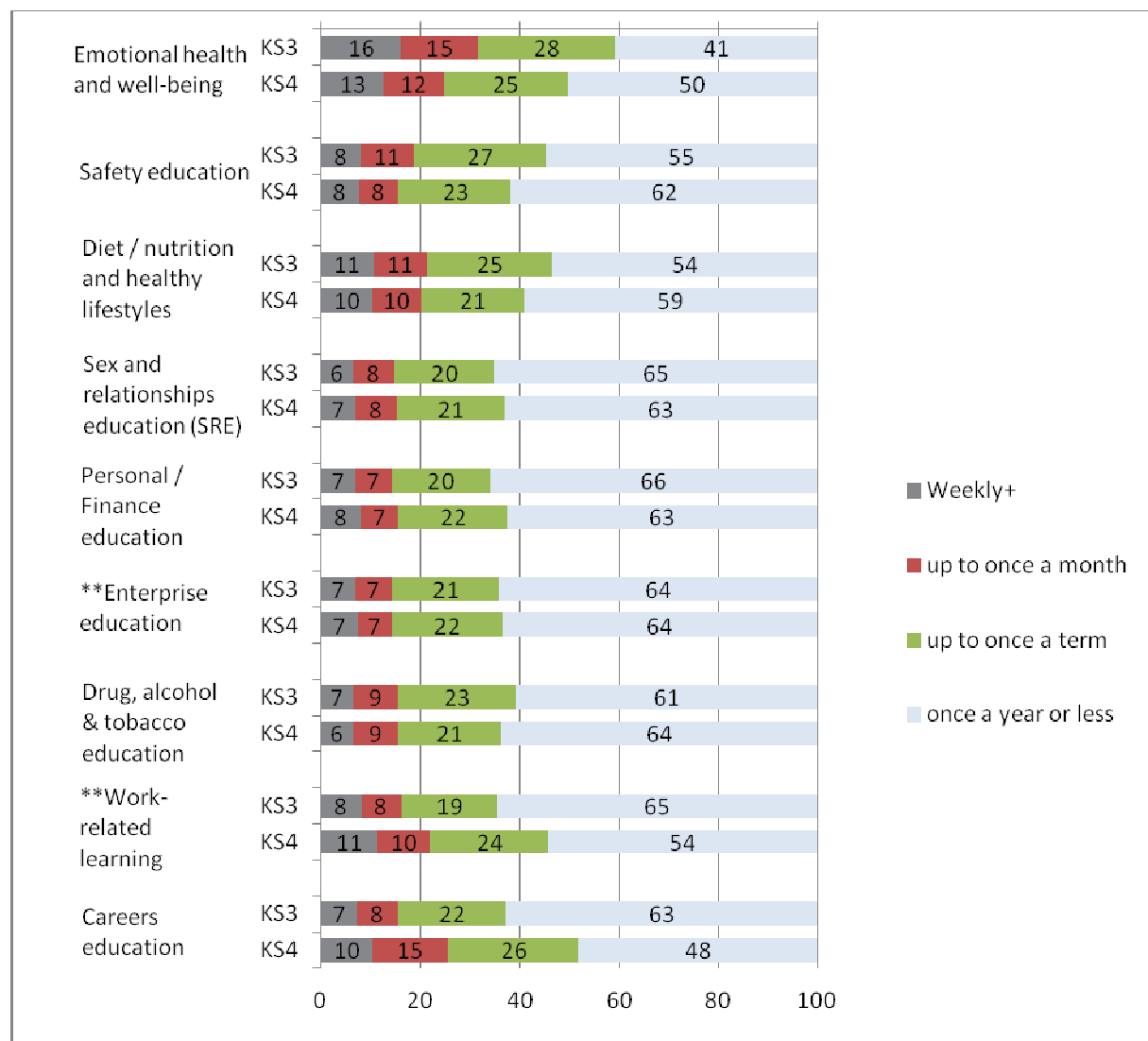
\* Please note that the total n values vary somewhat for these responses due to respondents leaving the answer as missing.

\*\* In particular, fewer respondents answered these questions. See Table A3.5 in Appendix 3 for further detail.

*Frequency of delivery*

Regarding the frequency of delivery at secondary level, within the survey results there was overall a fairly even spread of how often all elements of PSHE education were taught. Though different to the case study findings (where this element was less often taught at secondary level), emotional health and wellbeing was the most commonly taught element at Key Stage 3. This and careers education were the most commonly taught elements at Key Stage 4. Overall, however, the majority of secondary schools were covering all elements of PSHE education just once a year or less.

**Figure 4.2.3: Frequency of delivery at KS3 and KS4\***



\* Please note that the total n values vary somewhat for these responses due to respondents leaving the answer as missing.

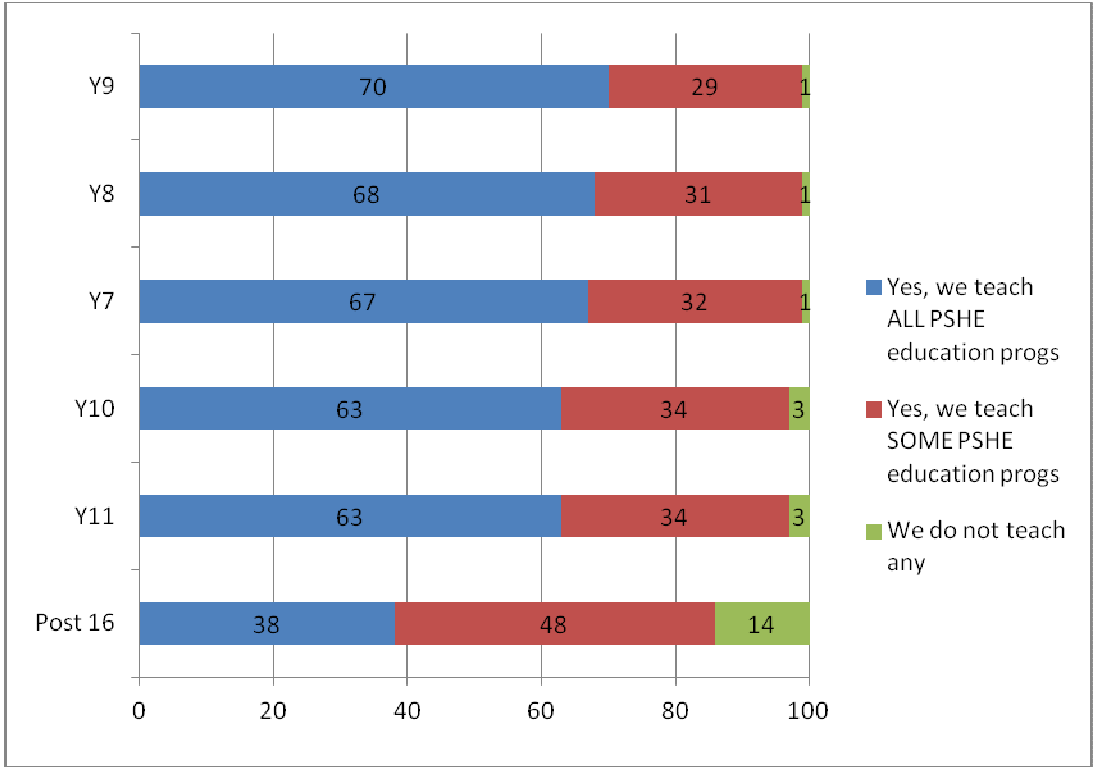
\*\* In particular, fewer respondents answered these questions. See Table A3.6 in Appendix 3 for further detail.

Within the case studies, three of the secondary schools used weekly timetabled lessons of 45 minutes to an hour (although the coordinator in the school that had a 45 minute period saw this as inadequate). In two of these schools it was delivered alongside citizenship, and one used tutor periods to deliver SEAL in KS3. The two schools that used other models reported problems with coverage and engagement, in line with previous research and Ofsted subject reports into PSHE education (Ofsted, 2010).

### Curriculum coverage

Survey responses on curriculum coverage identified that around two thirds of respondents in secondary schools stated that they teach all PSHE education programmes of study at KS3 (67%, 68% and 70% for Y7, Y8 and Y9 respectively), whilst 63% teach all programmes at KS4 (Y10 and Y11). All elements were far less likely to be taught at post-16 level, however (38%), where just under half (48%) were teaching some elements (and 14% teaching none). Overall, whilst just 1% to 3% were teaching no PSHE education elements at compulsory schooling age, around a third were only teaching some elements (between 29% and 34% across the same age span).

**Figure 4.2.4: Secondary curriculum coverage\***



\*Please note the total n is lower for the post-16 category. Out of the schools that responded, 314 (55%) have a sixth form. Of these schools, 217 answered this question. See appendix for full breakdown.

As with primary schools, curriculum coverage within the secondary case study schools could be split into two groups: those that were covering all elements within PSHE education, and those that were covering some (no schools were covering none of the elements). Unlike the primary schools, only one secondary case study was including all elements within their PSHE education, though with enterprise education restricted to Year 10 only. The other four schools were offering some PSHE education elements, with some aspects having minimal coverage and some having none at all. Some schools restricted most of their PSHE education to KS3 only, whilst one operated drop-down days (for each year group) that combined a number of aspects (e.g. healthy lifestyles, drugs education). Generally, staff were aware that not all aspects were covered within PSHE education, and timetabling issues (and occasionally faith school status) were evident in some decision-making processes.

Detailed information for each PSHE education strand is provided below.

*Diet and healthy lifestyles*

Survey results (shown below) identified that this element was taught more often at KS3 than KS4. Diet and healthy lifestyles was most commonly delivered as part of PSHE education lessons, especially at KS3 where nearly three quarters of delivery was conducted this way. To a lesser extent, it is also included as part of the teaching in other subjects, drop-down days and integrated across the curriculum.



**Table 4.2.5: Secondary diet and healthy lifestyles teaching methods**

<b>Teaching models: Diet and healthy lifestyles</b>	<b>Key stage 3 (%)</b>	<b>Key stage 4 (%)</b>
As part of discrete PSHE education lessons	73	59
As part of other subject lessons	29	24
As part of drop-down or themed day(s)	23	17
Integrated across the curriculum	23	15
As part of tutor/form group time	16	15
As part of citizenship lessons	11	9
Element is timetabled in its own right	7	6
As part of enrichment sessions	9	5

Responses were not mutually exclusive.

Unlike the survey findings, the case studies revealed that diet and healthy lifestyles were primarily delivered through drop-down or themed days at secondary school level. As with the primary schools, it tended to focus on healthy eating (in one school eating disorders were also covered). Other aspects of healthy lifestyles were generally covered within PE or food technology, with some PSHE education staff aware that coordination needed to improve to prevent duplication or gaps.

*Drugs, alcohol and tobacco education*

Survey results identified that this element is more frequently covered at KS3 than KS4, and delivered primarily through PSHE education lessons (79% reported teaching this way at KS3 and 68% at KS4). In around a quarter of cases, drop-down / themed days are used (the case studies suggest this can be in addition to or instead of other coverage within lessons). Voluntary controlled (21%) and voluntary aided (18%) schools were more likely to integrate DAT education across the curriculum than community (10%) or foundation (8%) schools at KS4.

**Table 4.2.6: Secondary DAT education teaching methods**

<b>Teaching models: Drugs, alcohol and tobacco education</b>	<b>Key stage 3 (%)</b>	<b>Key stage 4 (%)</b>
As part of discrete PSHE education lessons	79	68
As part of drop-down or themed day(s)	27	22
As part of tutor/form group time	15	15
As part of other subject lessons	17	14
As part of citizenship lessons	15	12
Integrated across the curriculum	12	11
As part of enrichment sessions	11	10
Element is timetabled in its own right	8	6

Responses were not mutually exclusive.

Within the secondary school case studies, this was an area highlighted as weak by some PSHE education staff, and was not always covered, whilst others said that certain aspects (e.g. alcohol) were *done to death*. It was mostly delivered in KS3, with some external visitors (or resources) being used (particularly for drugs education, as opposed to alcohol or tobacco). As in primary education, drugs awareness was one of the few PSHE education elements that could be used as an example of a spiral curriculum progressing through year groups. One school described how Year 7 learnt about legal drugs such as smoking, with Year 8 building on this and also covering solvent abuse, Year 9 then including other drug use, and Years 10 and 11 incorporating drug addiction, classification, and other laws relating

to drugs. One staff member at a school noted that pupils said that they found drugs education within PSHE education *boring* because it was also covered within the science curriculum. This teacher said that they thought PSHE education should *come at it from a different angle* to science, but felt that currently they did not know where the overlaps were.

#### *Emotional health and wellbeing*

Survey results show that aside from PSHE education lessons, emotional wellbeing was more often covered within tutor/form group time (by 21% at KS4), particularly so for Key Stage 3 (30% of respondents). Overall, it was more likely to be taught at KS3 than KS4, including via drop-down days, integration across the curriculum, and within citizenship lessons.

**Table 4.2.7: Secondary emotional health and wellbeing teaching methods**

<b>Teaching models: Emotional health and wellbeing</b>	<b>Key stage 3 (%)</b>	<b>Key stage 4 (%)</b>
As part of discrete PSHE education lessons	77	64
As part of tutor/form group time	30	21
As part of drop-down or themed day(s)	20	17
Integrated across the curriculum	20	14
As part of citizenship lessons	14	11
As part of other subject lessons	9	8
As part of enrichment sessions	8	7
Element is timetabled in its own right	6	5

Responses were not mutually exclusive.

Unlike the primary case studies, this aspect was not generally covered explicitly or in much depth within the secondary case studies. Whilst some staff and pupils said that their school responded to bullying and/or parental separation within this element of PSHE education (which teachers noted was *sensitive*), other schools only talked about transition from primary school work in Year 7, sometimes still using SEAL. One lead recognised that there was *not much* emotional wellbeing work *beyond Year 7*; they said it was *logistically difficult* because of class sizes.

#### *Safety education*

Survey results indicate that safety education, where offered, is most often done through PSHE education lessons, followed by drop-down days (by 28% at KS3 and 18% at KS4). It was more likely to be covered within KS3 overall, including within tutor/form group time and through integration across the curriculum.

**Table 4.2.8: Secondary safety education teaching methods**

<b>Teaching models: Safety education</b>	<b>Key stage 3 (%)</b>	<b>Key stage 4 (%)</b>
As part of discrete PSHE education lessons	73	61
As part of drop-down or themed day(s)	21	18
As part of tutor/form group time	20	16
Integrated across the curriculum	17	12
As part of citizenship lessons	15	10
As part of enrichment sessions	9	8
As part of other subject lessons	10	7
Element is timetabled in its own right	5	4

Responses were not mutually exclusive.

As at primary level, secondary case study schools tended to cover internet safety and cyber-bullying as key issues within safety education, most often within Key Stage 3. Sometimes schools responded to more locally-based physical safety issues, such as nearby building sites. For some schools, safety education was not covered explicitly but was included as part of general enrichment opportunities throughout the year, which were not said to be PSHE education-specific. The external visitors frequently used at primary level were not present within the secondary case study schools.

*Sex and relationships education (SRE)*

Results from the survey suggest that outside of PSHE education, SRE is more often covered within drop-down days (for 25% and 24% of respondents at KS3 and KS4 respectively). On the whole, it was more likely to be covered at Key Stage 3 than 4. Unlike at primary level, it was unlikely to be timetabled in its own right. At KS3, when results were analysed by school type, voluntary aided and voluntary controlled schools (33% and 21% respectively) were somewhat more likely than community or foundation schools (20% and 18% respectively) to deliver SRE as part of other subject lessons. Foundation schools were more likely to deliver SRE through tutor/form group time than community, voluntary aided or voluntary controlled schools (18% compared with 11%, 8% and 4% respectively). At KS4, voluntary controlled (78%) and community (71%) schools were more likely to teach SRE within discrete PSHE education lessons than foundation (66%) or voluntary aided (55%) schools. Voluntary controlled and voluntary aided schools (both 16%) were more likely to integrate SRE across the curriculum than community or foundation schools (both 6%) at KS4. Regionally, at KS3, schools in the South East and Yorkshire and the Humber were most likely to deliver SRE within discrete PSHE education lessons (both 81%), compared to East Midlands schools (60%) who were least likely.

**Table 4.2.9: Secondary SRE teaching methods**

Teaching models: Sex and relationships education (SRE)	Key stage 3 (%)	Key stage 4 (%)
As part of discrete PSHE education lessons	75	67
As part of drop-down or themed day(s)	25	24
As part of other subject lessons	22	17
As part of tutor/form group time	12	12
As part of enrichment sessions	11	11
As part of citizenship lessons	11	10
Integrated across the curriculum	11	8
Element is timetabled in its own right	8	7

Responses were not mutually exclusive.

Though pupils are obviously older at secondary school than at primary, SRE was still a somewhat contentious issue for the case study schools. Similarly to primary level, some secondary schools used external visitors to support SRE delivery, including school nurses, the Christopher Winter Project, and Barnardo's. Two schools used drop-down days to cover SRE. Elsewhere, a staff member noted there was *not enough time for effective provision* (S3, PSHE education lead). Outside of the science curriculum elements, some staff thought that *most tutors* have too poor confidence to deliver SRE, so the non-biological aspects of relationships, feelings and contraception are not dealt with in-depth, or in some cases at all. In one school, *tensions* were said to exist with uncooperative/under-supported staff delivering SRE. Other staff said their SRE focussed on sexually transmitted disease, and pointed out areas where they felt content should be included (e.g. discussion of sexuality, gender identity and homophobic bullying). Content covered by some schools included personal hygiene, and issues relating to body image and cosmetic surgery. Just one school described what could be called a spiral curriculum in use for SRE, where Year 7 were taught about puberty, with

increasing coverage and changing foci in Year 8 for relationships, and in Year 9 and above for sex education, including contraception (condoms) and issues related to risk (e.g. alcohol). In another school, teachers involved in delivering PSHE education said that it should enable pupils to make informed choices based on *all sides of the story*, yet their SRE was delivered within the Christian ethos of the school, which meant abstinence was *the main theme and underlying message*.

Responses to SRE from pupils varied. In one case, a group said that they had enjoyed SRE and found it helpful, with an example provided: [SRE] *develops your skills in the condom workshop. They build it up over the years; it gets more and more difficult so you get beer goggles and spin around... you have to do it in the dark* (S5, pupil). By contrast, in another school pupils felt aspects of PSHE education (namely drugs education and SRE) were not taught as well as they could be and/or with too much repetition:

*They just tell us don't have sex, don't have sex* (S3, pupil)

*Some woman came in to talk to us and everyone switched off, no-one was talking to her or paid attention... we didn't need it, it's getting annoying now* (S3, pupil)

For this group, (lack of) teachers' expertise was also an issue, and they would have preferred *proper people, like from the NHS* (S3, pupil) to deliver their SRE instead.

#### *Enterprise education*

Survey results on enterprise education suggest that, unusually, this element was almost as likely to be taught within drop-down days as PSHE education lessons (at both KS3 and KS4). This is because it is far less likely to be taught within PSHE education lessons than other elements; this is relatively true at both KS3 and KS4. After PSHE education lessons and drop-down days it is more likely to be taught within enrichment sessions (by 21% and 17% of respondents at KS3 and KS4 respectively), though it is equally likely to be taught through integration across the curriculum within KS3 (but not KS4). At KS3, when results were analysed by school type, foundation schools were more likely to deliver enterprise education via tutor/form group time than voluntary aided, community or voluntary controlled schools (18% compared with 12%, 10% and 4% respectively).

**Table 4.2.10: Secondary enterprise education teaching methods**

<b>Teaching models: Enterprise education</b>	<b>Key stage 3 (%)</b>	<b>Key stage 4 (%)</b>
As part of discrete PSHE education lessons	43	44
As part of drop-down or themed day(s)	42	42
As part of enrichment sessions	21	17
As part of tutor/form group time	13	14
Integrated across the curriculum	21	13
As part of citizenship lessons	14	12
As part of other subject lessons	11	10
Element is timetabled in its own right	11	9

Responses were not mutually exclusive.

Overall, the economic wellbeing aspects of the non-statutory PSHE education curriculum were not covered consistently, if at all, at secondary level within the case studies. Enterprise education in particular, tended to be delivered via drop-down days, and sometimes only to certain year groups. One school identified it as *a large gap*, and said it was not covered due to time constraints. The cross-school enterprise or finance-related projects sometimes seen at primary level were not duplicated at secondary.

### *Personal finance/financial capability*

Results from the survey about personal finance indicate that it was more likely to be covered within PSHE education lessons than any other teaching model (by 68% at KS3 and by 62% at KS4). The next most likely teaching model was through drop-down days at both KS3 and KS4 (21% of respondents). It was relatively evenly delivered as a whole across KS3 and KS4, unlike some other subjects above.

**Table 4.2.11: Secondary personal finance teaching methods**

<b>Teaching models: Personal finance/financial capability</b>	<b>Key stage 3 (%)</b>	<b>Key stage 4 (%)</b>
As part of discrete PSHE education lessons	68	62
As part of drop-down or themed day(s)	21	21
As part of citizenship lessons	18	15
As part of tutor/form group time	13	13
As part of other subject lessons	10	12
Integrated across the curriculum	14	9
As part of enrichment sessions	10	8
Element is timetabled in its own right	7	7

Responses were not mutually exclusive.

This area was not covered well at secondary level in the case studies. One school acknowledged that it came up *rarely* as part of a drop-down day or within curriculum lessons. They commented, *we need to [do more of this in the future]* (S3, PSHE education teacher). Whilst some pupils supported this view, that financial education should be improved, others felt it was something that should be taught at home. Another school had already developed plans to increase this area of PSHE education next year, when the lead explained they would begin to use Personal Finance Education Group (PFE) resources and My Money Week as the *main thrust*. Pupils who had received this aspect of PSHE education in the case studies did not report finding it interesting or enjoyable, perhaps indicating lack of appropriate staff expertise and/or low quality provision in those schools, for example: *banking stuff is not interesting* (S5, pupil).

### *Careers education*

Results from the survey on careers education show that this was also most likely to be covered as part of PSHE education lessons. For both KS3 and KS4 it was next most likely to be taught within drop-down days (23% and 27% for KS3 and KS4 respectively), or as part of tutor/form group time (for 23% of respondents at KS3 and 24% at KS4). At KS3, foundation schools were more likely to deliver careers education as part of drop-down or themed day(s) than community, voluntary aided or voluntary controlled schools (32% compared with 21%, 20% and 8% respectively).

**Table 4.2.12: Secondary careers education teaching methods**

Teaching models: Careers education	Key stage 3 (%)	Key stage 4 (%)
As part of discrete PSHE education lessons	68	62
As part of drop-down or themed day(s)	23	27
As part of tutor/form group time	23	24
As part of enrichment sessions	13	15
As part of citizenship lessons	15	14
Element is timetabled in its own right	12	10
Integrated across the curriculum	12	8
As part of other subject lessons	5	6

Responses were not mutually exclusive.

As an aspect of PSHE education, careers education was not consistent within the secondary case studies, and acknowledged as *weak* by some interviewees, though it could be led by a different member of staff to PSHE education. One teacher said *I know we're not fulfilling the statutory requirement for careers education and guidance, not in the way I would like to see it fulfilled... but [other PSHE education elements] have to have time too* (S2, careers teacher). It tended to be delivered in Years 8, 9 and 10, and through drop-down days, or as part of ICT (using careers-related software programmes). As a subject, it could include options/subject choice advice, mock interviews, and CV writing. Pupils rarely mentioned careers-related PSHE education (except one group who remembered careers interviews they had had).

#### *Work-related learning*

Survey results identified that work-related learning was one of the least covered elements of PSHE education at secondary level (after enterprise education). This was the case at both Key Stages. If provided, it was more often through PSHE education lessons (by 51% of respondents), or within drop-down days (for 23% and 26% at KS3 and KS4 respectively). At Key Stage 3 it was more likely to be integrated across the curriculum than at Key Stage 4. At KS3, foundation schools were more likely to deliver work-related learning in tutor/form group time than community, voluntary aided or voluntary controlled schools (21% compared with 13%, 10% and 9% respectively). Voluntary aided schools were more likely to teach work-related learning as part of other subject lessons at KS4 than other schools (17% compared with 8% and 7% respectively for foundation and community schools).

**Table 4.2.13: Secondary work-related learning teaching methods**

Teaching models: Work-related learning	Key stage 3 (%)	Key stage 4 (%)
As part of discrete PSHE education lessons	51	51
As part of drop-down or themed day(s)	23	26
As part of tutor/form group time	14	18
As part of enrichment sessions	11	14
Integrated across the curriculum	21	14
As part of citizenship lessons	14	13
Element is timetabled in its own right	10	12
As part of other subject lessons	9	9

Responses were not mutually exclusive.

The only work-related learning that most secondary case study schools were involved in consisted of the work experience period undertaken by pupils in Year 10. One lead commented that it was *outside the remit* of PSHE education. Just one school offered two

drop-down days about work-related learning (and careers education) as part of PSHE education (in Key Stage 4).

## 5. Workforce, support and materials

### Summary

This chapter addresses the following research questions:

#### **What are the current skills and qualification levels of the workforce for teaching PSHE education?**

- 28% of primary schools and 45% of secondaries surveyed had one or more members of staff holding the national PSHE education qualification
- 4% of primaries and 8% of secondaries had at least one member staff holding another accredited PSHE education qualification, and 38% of primaries and 32% of secondaries had members of staff who had undertaken non-accredited PSHE education CPD

#### **What are staff perceptions of the professional development currently available?**

- 70% of respondents from primary schools surveyed agreed that they felt well informed about local PSHE education CPD opportunities (12% disagreed), compared with 36% who felt well informed about national PSHE education CPD opportunities (27% disagreed)
- For responding secondary schools, 73% agreed they felt well informed about local opportunities (13% disagreed) and 58% felt well informed about national opportunities (20% disagreed)
- However, in the main it was not easy for primary teachers to be released or funded for PSHE education CPD: 41% said it was easy to be released (37% disagreed) and 26% felt it was easy to get funding for PSHE education CPD, whereas 48% disagreed
- It was, if anything, more difficult in secondary schools: 28% said it was easy to be released (51% disagreed) and 21% felt it was easy to get funding for PSHE education CPD, whereas 53% disagreed
- From the case studies, it was apparent that non-accredited CPD provided by LAs was largely valued, but it provided difficult to be released to attend such development if it occurred outside of school

#### **What is the extent of use of external partners to teach certain elements of the subject?**

- School nurses were involved in delivery of SRE in 45% of primary schools and 43% of secondaries; diet, nutrition and healthy lifestyles in 22% and 19% respectively; DAT in 17%/17%; and emotional wellbeing in 6%/15%
- External partners were involved in delivery of SRE in 22% of primary schools and 51% of secondaries; diet, nutrition and healthy lifestyles in 29% and 24% respectively; DAT in 33%/54%; emotional wellbeing in 12%/24%; safety education in 29%/43%; enterprise education in 17%/38%; and personal finance in 15%/30%. They were used in careers education in 38% of secondary schools
- Case study data confirmed the value placed on the *expertise* provided by a wide range of external groups, although care needed to be taken over the quality and timing of delivery. LAs vetting and quality assuring such provision was seen to be important in most case study schools

#### **Which sources of support are teachers currently using?**

- LA support of various kinds was valued by primary and secondary case study schools, including facilitating networks, providing expert delivery, and CPD
- The role of the PSHE education lead in disseminating good practice and support was highlighted in primary and secondary schools
- Teachers noted gaps in support in some areas, particularly the new economic wellbeing elements, SRE, sensitive topics and - in primary schools - DAT education



### What are schools' perceptions of the quality and usefulness of existing curriculum materials for PSHE education?

- A range of sources of materials were used in primary and secondary case study schools
- *International* materials were rarely used in primary schools, and not mentioned at all in secondary case study schools
- *Official* sources were used and seen to be valuable across the primary case study sample, particularly SEAL materials, QCDA units for planning and plugging gaps in SEAL, and Teachernet for signposting other resources. Secondary school respondents were notably less clear about the range and value of such resources
- *Other national sources* were used for particular elements by primary schools, such as PFEQ. Primary schools noted that nationally available resources tended to need to be modified for the local context. A greater range of such sources were used by secondary schools, and more frequently
- *LA and other local sources* were valued by primary schools for the relevance to the specific context of the school, and were particularly useful for elements of PSHE education not covered by SEAL; LAs were also valued as *quality assurers* of materials and other resources. Secondary schools used LA resources less often
- Overall, primary school teachers tended to highlight that they valued resources that were easy to use, enjoyable and engaging for pupils, tailored to their pupils needs, and relevant to their context. Secondary teachers valued resources that were locally relevant, engaging and stimulating

## 5.1 PSHE education workforce: Skills and qualifications

This section combines data from the survey and case studies to explore the skills and qualifications of the PSHE education workforce, the use of external partners, sources of support, curriculum materials used and teachers' perceptions of their quality.

### 5.1.1 Primary schools

The survey asked PSHE education leads to record the number of staff currently teaching or supporting PSHE education in their school and their range of PSHE education qualifications and accreditation.

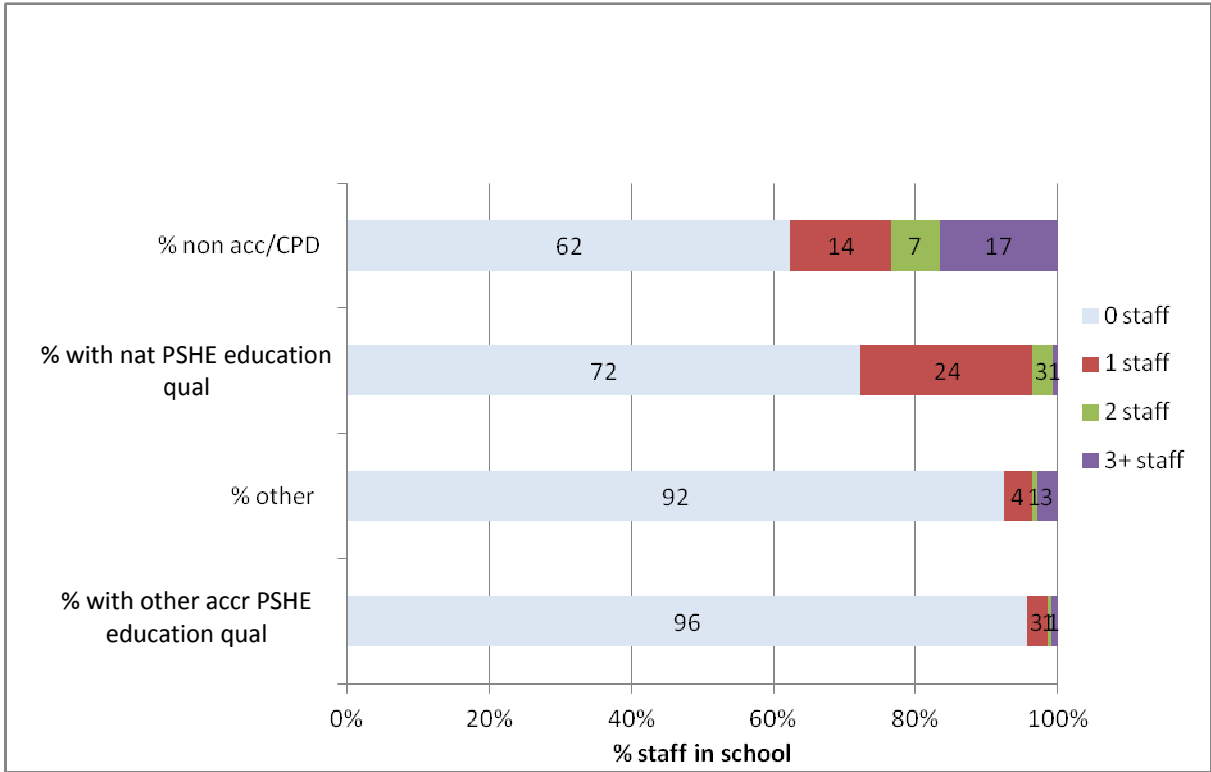
In primary schools, the vast majority of teaching staff had no PSHE education-relevant qualifications, accreditation or CPD training, but this varied according to the level of accreditation (see Figure 5.1.1). As there are no PGCE courses specialising in PSHE education, the best recognised qualification in PSHE education was the National PSHE CPD programme. This was designed for teachers (and school nurses and other professionals) in both primary and secondary school, who are actively engaged in the planning and delivery of PSHE education. As Figure 5.1.1 shows, 28% of primary schools had at least one member of staff (including nurses) with the national CPD qualification. As an average across the primary sample, this equated to just 3% of staff supporting or teaching PSHE education.

Just 5% of primary schools had one or more members of staff with another form of accreditation relevant to PSHE education. This included related NVQs, accreditation related to Healthy Schools and other LA courses, SEAL, First Aid, coaching and counselling qualifications. Across the workforce sampled, this was equivalent to 1% of PSHE education staff having these sorts of qualifications.

8% of schools recorded staff as having some other form of accreditation (including generic teaching, management, play, ECM, mental health, and SEN courses). The largest proportion of schools (38%) had staff that had attended non-accredited CPD/training relevant to PSHE

education. These included LA-run PSHE education training, attendance at network or cluster meetings, SEAL, SRE, Healthy Schools, safeguarding, INSET etc. This was equivalent to an average of 10% of the PSHE education staff across the sample attending these sorts of training events. Evidence from the case studies suggested that the PSHE education lead was most likely to hold these qualifications or attend this training, although it is likely that much of the informal in-house training and support that takes place was under-reported in the survey.

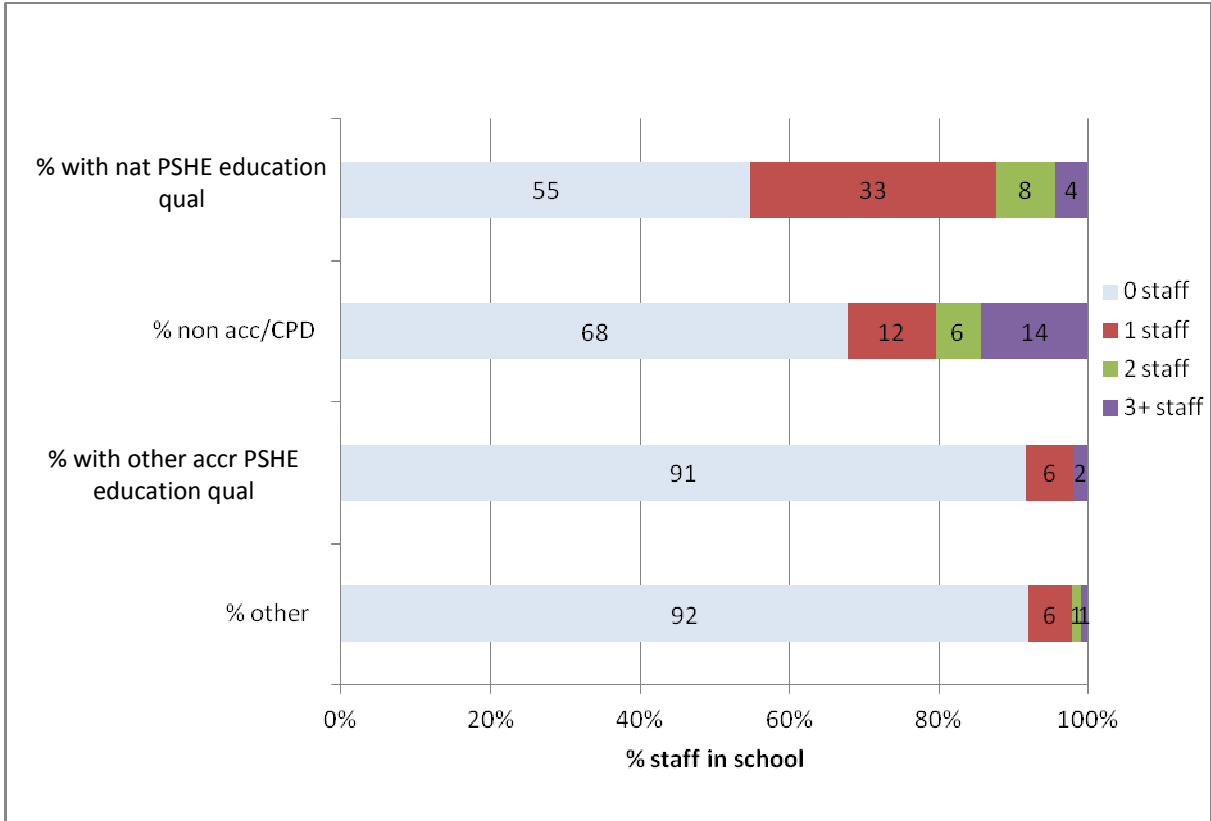
**Figure 5.1.1: Staff with PSHE education qualifications and accreditation in primary schools**



**5.1.2 Secondary schools**

As Figure 5.1.2 shows, 45% of secondary schools reported that one or more members of staff hold the National CPD qualification. Taken as an average across the sample, this is equivalent to 5% of secondary PSHE education staff (including nurses) holding this qualification. A third of schools had staff who had some form of non-accredited CPD training in PSHE education (equivalent to 7% of PSHE education staff on average). A much smaller proportion (8%) of schools had staff with another accredited PSHE education qualification and other forms of relevant accreditation.

**Figure 5.1.2: Staff with PSHE education qualifications and accreditation in secondary schools**



Direct comparisons between the average percentage of primary and secondary school staff by qualification and accreditation shows that although secondary school PSHE education teachers are more likely to have the recognised National PSHE CPD qualification, primary staff are more likely to have attended non-accredited training (see Table 5.1.3). Overall, these figures show that the vast majority of PSHE education teachers in primary and secondary schools have no specific or additional training to support their teaching.

**Table 5.1.3: Percentage of PSHE education teachers with training/qualifications**

	National PSHE education qualification	Other accredited PSHE education qualification	Non accredited PSHE education training/CPD	Other
Primary	4	1	12	2
Secondary	8	2	10	2

Evidence from the case studies (though clearly not quantifiable) seemed to suggest that more primary teachers had received some form of training or in-house INSET. This was mostly delivered on an informal basis and was usually around SEAL. In secondary case study schools, either one (accredited/experienced) member of staff taught most of the PSHE education, or untrained, non-specialist form tutors were used to deliver the majority of PSHE education – often to limited effect (see Chapters 7 and 8). Across both phases, case study teachers expressed the need for more training and CPD, particularly in SRE and DAT. Issues and views around professional development are considered next.

## 5.2 Professional development

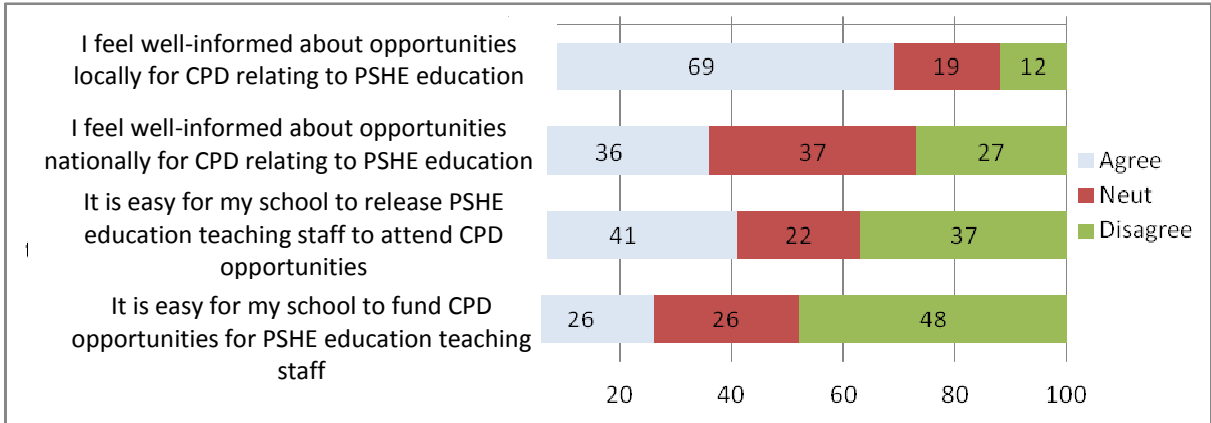
The survey asked leads whether they agreed or disagreed with a number of statements about CPD. Case study interviews also shed light on experiences, views and needs of support and professional development.

### 5.2.1 Primary schools

Evidence from the survey (Figure 5.2.1) suggests that around 70% of primary PSHE education leads agreed that they felt well-informed about local opportunities for CPD related to PSHE education. However, only 36% felt well-informed about CPD opportunities at the national level. In terms of releasing staff to attend CPD related to PSHE education, only 41% felt easily able to do this. Findings from the case study schools suggest that 'rarely cover'<sup>4</sup> policies are a factor in reducing access to available CPD.

Around a quarter of primary leads considered that it would be easy to fund CPD opportunities for PSHE education teaching staff, with another quarter neutral about access to CPD funding. Therefore, funding difficulties seemed to be a barrier for about half of schools overall.

**Figure 5.2.1: Primary leads' views on access to PSHE education CPD**



The case studies revealed that much of the CPD and training accessed by primary teachers was provided via LA PSHE education teams – much of which was unaccredited but beneficial. These courses were generally highly welcomed and valued, with particular reference made to training around SRE and DAT education, where teachers often lacked confidence and skills. Others specifically mentioned attending useful CPD related to bullying, Healthy Schools, homophobic/transgender bullying, and SEAL, which had then positively influenced the content and methods used in their classroom practice.

However, the availability and uptake of CPD varied across local authorities and schools. In one school, the teachers felt that LA-provided PSHE education training was not a priority compared to other core subjects, judging from the LA's CPD programme. Teachers here felt they had few, if any, opportunities to attend externally provided PSHE education training. Elsewhere, teachers commented that the number of LA-run courses and advisers had been recently cut, whilst in another LA teachers remarked on the range of training regularly advertised in the LA education newsletter.

<sup>4</sup> Rarely cover was implemented from September 2009 by the Government's Workforce Agreement Monitoring Group to reduce teacher workload by rarely covering for colleagues' absence.

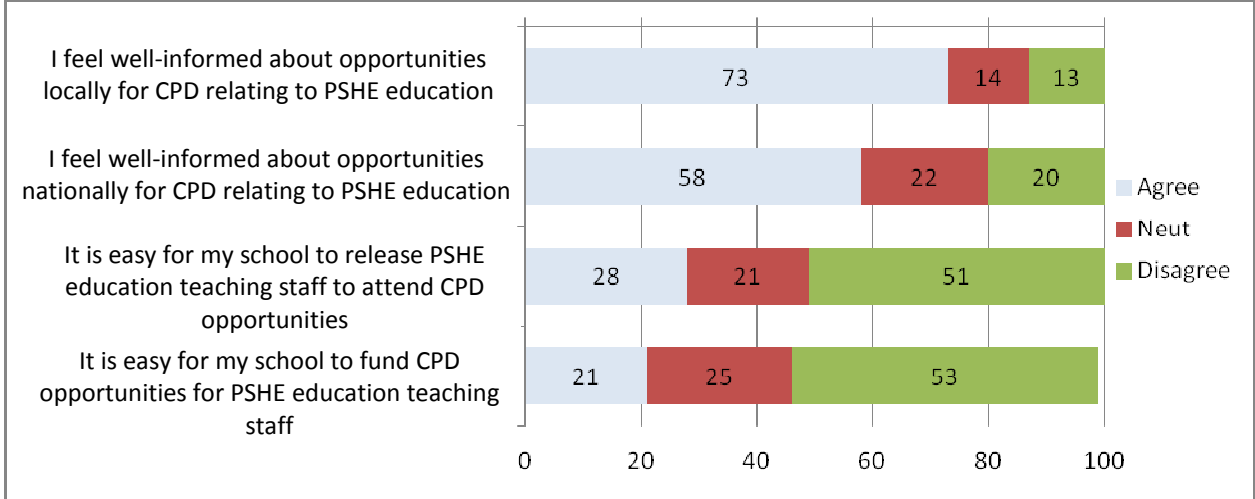
Where teachers had attended external training, attempts had been made to disseminate and share the key points with other members of staff at school to maximise the learning. The head teacher in one primary school felt that staff had received a considerable amount of CPD/training around SEAL in recent years, so much so that this seemed to become the focus of PSHE education - whilst neglecting other priorities, such as SRE. Their current priority was to find time to develop ideas internally:

*I think CPD is actually about conversations with staff around the school now, not buying into something else. PSHE is quite straightforward, the answers lie within the school, but allowing time to do that with colleagues. (P1)*

**5.2.2 Secondary schools**

Nearly three quarters of secondary leads reported feeling well-informed about local PSHE education CPD opportunities. Although knowledge of national provision (58%) was lower, it was higher than primary schools (36%), which also reflected the slight difference in the qualifications figures for the National CPD programme (see Figure 5.2.2). Over half of secondary schools reported difficulties releasing staff and funding them for PSHE education CPD – more so than their primary counterparts.

**Figure 5.2.2: Secondary leads views on access to PSHE education CPD**



From the case study interviews, it was apparent that access to training was more of an issue for the secondary schools. For some, lack of access to training and CPD had been a problem for some time. In one large LA, this was said to be due to timings of training sessions and time taken to travel to the LA offices. All four of the case study schools specifically mentioned that the recent introduction of rarely cover policies had further reduced their access to external training and CPD.

In the past, some staff had attended LA training on drugs, SRE, personal safety, and Healthy Schools, which was positively received and helped address areas of weakness in the schools’ delivery. An example of the impact of good SRE training is given in Box 5.2.3.

### **Box 5.2.3: Benefits of SRE training and support**

The LA provided tailored training and support for non-specialist teachers who were concerned about their lack of confidence and competence in teaching SRE. A Y9 teacher explained:

*Just before we embarked on [teaching] the whole subject to the classes we had some training, almost a three hour session with a representative from the LA's youth and health coordinator. We went through all the stuff we needed to go through and voiced our concerns and what we expected to find as challenges.*

The LA coordinator had also gone along to the SRE lessons, initially taking half the lesson, then the second time quarter of the lesson and then withdrawing, until the third time the teacher was delivering alone.

*Because none of us really knew everything □ the diseases, the STIs, all the myths that are surrounding this. We don't want to get it wrong, so we really tried to exhaust various scenarios - what if I'm asked that? And lo and behold the kids did ask the same things we anticipated, ranging from the obvious to the outrightly hilarious. So it was really good because we were able to dispel all the myths. We were able to realise that it was okay to say you don't know something, and come back the next time [with the answer] □ so it's really been helpful.*

Even in secondary schools where PSHE education was seen as having a positive status, teachers still expressed the view that PSHE education CPD was seen as a low overall priority for their school compared to training for core subjects. Insufficient funding was also cited as a barrier to accessing training opportunities for themselves, or to pay for external visitors who could deliver some aspects of PSHE education with more authority and skill.

## **5.3 Use of external partners in PSHE education**

Evidence on the extent to which external partners were involved in the teaching of PSHE education was gathered from the survey and case study interviews and focus groups with staff and pupils.

### **5.3.1 Primary schools**

The survey suggests that in primary schools, external guest speakers were most likely to be involved in the delivery of the following elements of PSHE education (in order of prevalence): the delivery of safety education; DAT education; diet, nutrition and healthy lifestyles; SRE; enterprise education; personal finance, and emotional health and being (see Table 5.3.1).

**Table 5.3.1: Use of guest speakers and nurses in the delivery of primary PSHE education elements**

Guest speakers		School nurses	
PSHE education element	% of primary schools	PSHE education element	% of primary schools
Safety education	39	SRE	45
Drugs, alcohol and tobacco education	33	Diet, nutrition and healthy lifestyles	22
Diet, nutrition and healthy lifestyles	29	Drugs, alcohol and tobacco education	17
SRE	22	Emotional health and wellbeing	6
Enterprise education	17	Safety education	5
Personal finance	15		
Emotional health and wellbeing	12		

School nurses tended to be most heavily involved in the teaching of SRE; diet, nutrition and healthy lifestyles; drugs, alcohol and tobacco education, and to a much lesser extent, emotional health and wellbeing and safety education.

These findings fit with the case study evidence which highlighted that community support officers and members of the other emergency services were often involved in the delivery of personal safety education (including road safety, gun and knife crime, fire awareness, first aid, and dealing with risk and emergency situations). Police officers often combined aspects of safety education with talks about drugs, alcohol and tobacco and healthy lifestyles. These external partners were popular with schools because they often gave their time and supporting resources free of charge. Although most schools were grateful for their support, sometimes the quality of the presentation and ability to engage with young children varied. One school used an end of term trip to the fire station (to reinforce aspects of safety education) as an incentive and reward for good attendance and behaviour, thus combining this with their SEAL outcomes. Drama or theatre in education groups were also involved in the delivery of different aspects of PSHE education (including bullying, discrimination, drugs and alcohol) but were more likely to levy a fee for their input. Personal finance and enterprise education sometimes brought in other members of the local community, businesses and parents/relatives as local employers or bank staff, for example, with particular backgrounds, interests, skills or jobs that they could talk to the pupils about. Schools variously reported bringing in a vicar and a local football player to address other strands of PSHE education. A grandparent spoke about the Holocaust, sharing feelings and linking the children more effectively with the community outside the school. Overall, primary schools welcomed the use of external partners from a wide range of organisations and backgrounds to run workshops, presentations and external visits to further enrich the diversity of PSHE education delivery.

As the case study visits revealed, school nurses play an important role in a number of schools in delivering SRE and DAT education – areas where teachers reported feeling less competent and confident in teaching these elements themselves. However, a number of schools reported that access to nurses had reduced substantially, owing to cuts in health and education budgets in recent years, which teachers had concerns about. In one school, the PSHE education coordinator argued that it would be better to be delivered by teachers, who know the pupils well and therefore can deal with this element's sensitivities.

### 5.3.2 Secondary schools

Secondary schools are more likely to use external partners to deliver aspects of PSHE education than primary schools. This is particularly the case for the elements where case study teachers reported feeling least comfortable and competent teaching. These were DAT education and SRE, where over half of all secondary schools reported using external input (see Table 5.3.2). As with primary schools, safety education is another element that frequently attracts visitors with expertise.

**Table 5.3.2: Use of guest speakers and nurses in the delivery of secondary PSHE education elements**

Guest speakers		School nurses	
PSHE education element	% of secondary schools	PSHE education element	% of secondary schools
Drugs, alcohol and tobacco education	54	SRE	43
SRE	51	Diet, nutrition and healthy lifestyles	19
Safety education	43	Drugs, alcohol and tobacco education	17
Enterprise education	38	Emotional health and wellbeing	15
Careers	38		
Work-related learning	33		
Personal finance	30		
Diet, nutrition and healthy lifestyles	24		
Emotional health and wellbeing	24		

Again, school nurses were frequently involved in the delivery of SRE in secondary school, at about the same levels as in primary schools. They were similarly engaged in work around diet and healthy lifestyles and DAT education. A notable difference is their increased involvement in emotional health and wellbeing – most often linked to SRE at secondary schools (rather than SEAL in primaries). Unlike primaries, school nurses do not tend to form part of secondary delivery of safety education.

These survey findings are backed up by the case studies, which highlighted the value placed by secondary schools on bringing in external expertise to deliver more sensitive, complex or controversial aspects of PSHE education (and Citizenship in some cases). Drama or theatre in education groups covered a wide range of elements including drugs, alcohol, bullying, homophobia, teenage pregnancy, and sexual health. Community Support Officers, teenage parents, sportspeople, prison and probation officers, local councillors, and health and youth workers also covered aspects of emotional health and wellbeing. Connexions staff, employers, local businesses, and university admissions officers were more typical externals for elements of economic wellbeing, careers and work-based learning strands.

One teacher's comment summarised the general view that external partners *know what they're talking about*. They were generally well regarded by staff and pupils for being better informed, more interesting and confident which meant they could deliver the key messages very powerfully, compared to most teachers:

[Pupils] *listen a lot more [to external visitors] - we're just teachers, we just read it out but have no real experience, but when we bring in outside speakers it makes it more*



*real. They're very blunt, talk to kids on a level, they're up to date and accurate, for example regarding the legal situation [which changes for different drugs]. (S1, SLT)*

*[The outside speaker who talked to us about] body image was a blast... they were a good speaker and the subject was interesting. They know what they're talking about and are much more interesting than most teachers. (S2, pupil)*

Teachers and pupils across a number of schools remarked that not all speakers were equally as good – some were reported to be boring and uninspiring. Staff felt they could instinctively gauge impact and effectiveness of the speaker. As was the case when assessing the quality of the resources, teachers emphasised pupil enjoyment and engagement with the speaker/group and topic as more important than the specific PSHE education learning outcomes. Again, this highlights the focus on expertise, interactivity, dynamism and engaged discussion as being central to teachers' conception of effective PSHE education (see Chapter 7 for further discussion). The authenticity of the visitors' real life experiences was also considered to be challenging and educationally beneficial for pupils, but with sometimes (unchallenged and uncritical) assumptions made about the accuracy and expertise of presenters.

Teachers tended to automatically trust the quality of external input listed on the LA's website and assume they had been vetted. One secondary school had complaints from parents after a speaker listed on the LA's drugs forum was thought to have a pro-drugs message. On surveying the rest of the class, the teacher concluded that the issue was with one sensitive pupil and her parents and not a widespread issue of concern. However, this incident led her to question her quality assurance assumptions and heightened her awareness of the need to fully check the content and approaches used by external contributors.

As with primary schools, secondary teachers in two different LA areas expressed concerns about their reduced access and use of school nurses to support the teaching of PSHE education because of budget constraints. They strongly felt that this would reduce the quality of SRE provision available to their pupils.

Although schools valued having input from an expert with knowledge and credibility in teaching about STIs, knife crime and drugs for example, other areas created potential difficulties in stepping on the toes of other professionals. One secondary school noted that the lack of available information and communication with Connexions advisers meant that careers teachers were sometimes apprehensive about their role and the extent and form of the advice and teaching they were providing to pupils.

Other organisational constraints that affected the way that PSHE education was delivered and timetabled also impacted on the level of usage of external agencies for some schools:

*We used to rely on a lot more outside agencies coming in.... now we rely less on outside agencies because the timetable is so scattered, but we do have cross curricula days when the local councillor, outside drug agencies [come into school] – we use these days to bring the whole year group together and we use our own expertise the rest of the time. (S1, teacher)*

Added to this, a number of schools found that good external speakers were not available at their planned or preferred time, which meant booking whichever contributors they could find. Due to budgeting issues some schools were forced to seek partners who did not charge much for their time, even if these were known to be of inferior quality, or sometimes meant repeating material that was already covered (e.g. road safety). This was a particular issue for an undersubscribed secondary school with falling rolls and reduced core funding, where staff felt that the quality of provision was reduced as a consequence.

Finding suitable external organisations seemed to be more of an issue for the secondary case study schools than for primaries. One secondary school felt that although they knew there were many private companies who could help them, they had no formal channel for finding out about them. Consequently they often found external organisations through individual teachers *stumbling across them* during internet searches, via word of mouth, or through ad hoc advertising. There was a suggestion that a national resource website would help alleviate this problem, alongside a website that could review external agencies to aid quality assurance.

As with the primary case studies, the use of external partners was welcomed as a positive and helpful way of delivering PSHE education but was still fraught with potential problems and issues around access, funding and quality.

## 5.4 Sources of support

This evidence was gathered from the case study visits.

### 5.4.1 Primary schools

In primary schools, teachers received a combination of external support - mainly from the LA - and internal support from the lead and other staff at school. National organisations (like the PSHE Association, for example) were generally not cited by primary schools as providing direct support for staff, other than the indirect use of nationally available guidance to inform their internal training needs.

Much of the support provided by LA PSHE education teams was in the form of resources, materials, CPD and training, which are discussed elsewhere in this section. These and other forms of LA support varied depending on the nature of support on offer, the extent to which LAs were proactive in promoting their services, schools' awareness of these and the fit with their needs and priorities. For example, one LA operated on a traded basis which meant that more intensive, tailored support was available to schools but at a cost that some local schools found prohibitive, so take up of this option was seen as unaffordable. That LA, in common with others, also ran free local PSHE education network meetings for clusters of schools and these were mentioned as being a valuable source of information and support by school staff. One head teacher who personally attended network meetings for SEAL highlighted the positive impact these had on the PSHE education work in school:

*I always feel that when I come back from a networking meeting that it was worthwhile going, and that I always bring something back that adds to what we already do (P9) - suggesting some impact in terms of positive outcomes as a result.*

Teachers gained support more informally through their school. In relation to SRE, for example, additional support was provided by school nurses - sometimes directly through taking lessons and enabling teachers to observe and pick up helpful tips and ideas. In other cases, however, it could be argued that the dependence on external staff and experts to deliver particular aspects of PSHE education meant that teachers felt 'off the hook' and avoided addressing these areas of skill weakness. In one school, the reduced availability of school nurses had led them to seek additional training and support for SRE, but addressing this in-house, as a whole-school issue was not seen as a strategic priority which meant it repeatedly slipped off meeting agendas. In the meantime, some teachers had growing anxiety about the implications of this inadequate support and preparation for SRE.

Most of the internal support for PSHE education for primary school teachers generally came via the PSHE education co-ordinator and peer support across the staff groups. Some staff needed more support in certain areas than others, for example supply teachers. There was also evidence from more than one primary school that peer observations and feedback were

given to support staff in developing aspects of their PSHE education delivery, which teachers had found helpful.

Most primary school staff felt confident and supported in their delivery of SEAL, but on-going issues arose around the other aspects of PSHE education which many admitted was much weaker – namely SRE and DAT education. Economic wellbeing was also seen as an area of embryonic development in most schools, but unlike other areas of weakness, this was seen to be less problematic and challenging once adequate resources had been selected and introduced. Opportunities to share ideas with staff from other schools were seen as important, as were prioritised times set aside to discuss support needs for PSHE education with colleagues in their own school. The extent to which this was prioritised was dependent on the commitment, motivation and leadership of the PSHE education lead, with backing and support from the SLT.

#### **5.4.2 Secondary schools**

In three of the four secondary case study schools, the support received from the LA was minimal, and contrasted with the levels of LA contact and support experienced by primary schools in these areas. Other than the school nursing input to SRE, and knowledge of the local drugs education advisor, the PSHE education lead in one school had only limited awareness of LA or other forms of local support available. She reported having had no opportunities to meet and discuss PSHE education with any staff elsewhere, but would have welcomed this as an alternative to 'everyone inventing their own wheel'. Interviews with LA staff suggested that more work had been done in developing easily-accessible resources and support for local primary schools and that network meetings and organised events generally attracted fewer secondary teachers.

The use of government and national sources of guidance and materials (e.g. DCSF/DfE and QCDA frameworks, PSHE Association resources etc. as outlined below) often meant secondary leads were already familiar with these organisations and so sought support at the regional and national level. This was mostly through conference attendance and consultation with advisers met through networks at these levels. This was particularly the case for two schools which had recently reviewed and overhauled their PSHE education strategies and provision. Leads commented on the quality and comprehensiveness of the advice and guidance they had received via these external consultants, at a cost that was more competitive than the traded services available through their LA.

In one of these schools, the continuing form-tutor delivery model meant that the levels of support and information available to the class teachers were very different to those referred to at the strategic levels within the school. As non-specialists, they reported a historic lack of access to resources, training and support, but hoped that the new lead might address this in order to improve delivery.

The lack of external training and support often meant that teachers felt they lacked confidence and credibility so stuck to their 'comfort zones', which one school admitted resulted in very patchy coverage and quality of provision. In another school, dissatisfaction with form-tutor delivery had led to the introduction of drop-down days where teachers could play to their strengths, supplemented by external input.

One of the secondary schools did have a good relationship with the LA's PSHE education team and had participated in a regional initiative which meant they were able to gain valuable hands-on support for classroom teaching and support for SRE from the LA's PSHE education coordinator (see Box 5.2.3 above). This made a substantial and lasting difference to the competence and confidence of the staff that benefited.

Overall, most secondary schools were heavily reliant on any internal support structures provided by their colleagues. This included using materials and handouts developed by the PSHE education lead or other members of staff (some of which were said to be of variable quality and for which teachers had limited ownership); leads signposting and encouraging tutors to develop their own lesson plans/materials; providing in-house training/support sessions, or staff supporting each other informally with ideas and feedback. More often these forms of support were ad hoc and insufficient for form tutors/non-specialist teachers to gain the skills and confidence they needed in order to improve their practice. New areas like financial capability and economic wellbeing - along with SRE and coverage of sensitive topics - were seen as weak areas where there was a huge gap between what individual teachers needed in terms of support and training and what they felt they had time to access.

## 5.5 Curriculum materials and perceptions of quality

Perceptions about PSHE education materials and resources were gathered from the interviews and focus groups with leads and teachers as part of the case study visits. Some additional information was provided by LA staff and from their website resources.

### 5.5.1 Primary schools

In primary schools, teachers used a wide variety of curriculum materials from a number of international, national, and local authority sources, as well as tailored resources developed in-house by the teachers themselves. Each will now be discussed in turn.

International websites and materials were not commonly used, but were specifically mentioned by one primary school which uses the UN's World Water Day resources to cover some of the global issues in their PSHE education and Citizenship provision. This was augmented with other national materials and activities accessed through websites (e.g. One World Week). Teachers found these useful and assessed for themselves the fit, accessibility, quality and usefulness of these resources to meet their national curriculum planning needs.

More commonly, official departmental guidance and resources were used and cited as providing valuable PSHE education materials. For most primary schools, DCSF materials and resources on SEAL in particular, were highlighted as being well-embedded and of very high quality, in terms of its variety and adaptability in the classroom:

*Very good coverage... pretty comprehensive (P5, PSHE lead)*

*SEAL materials [are] good, structured, and flexible and adaptable. (P2, teacher)*

However, given that SEAL materials have been in use for several years, one school commented on the need to keep even good resources updated:

*We love the SEAL programme - but we are a bit bored now. We are four years in - they are fantastic materials, they give us a lot of scope but we need to refresh them. (P2, PSHE education coordinator)*

QCDA units were used as a starting point for planning PSHE education provision, and were generally thought to be clearly structured and useful:

*I follow QCA units as a guide. Those feed in to the long term plan so as a teacher I know which units I need to cover throughout the year (P3, teacher)*

*A really well grounded set of documents... very good and clear. (P8, PSHE education lead)*

One head teacher stated that they were selective about the PSHE education QCDA units they taught, choosing ones *that plug the gaps where SEAL doesn't cover the entire*

*curriculum* □ again highlighting the predominance of SEAL in primary schools' thinking and planning for PSHE education.

Teachernet was mentioned as a website used as a starting point for signposting curriculum guidance and classroom materials. A number of other national organisations, websites and resources were commented on as providing useful materials for PSHE education curriculum delivery. These included *Philosophy for Children* which aimed at developing thinking, listening, speaking and co-operative skills. These materials were said to creatively meet some of the requirements of PSHE education by providing interesting lesson plans and games. *Espresso* and BBC websites were sources of cross-curricula teaching resources and activities relevant to PSHE education that were valued for their engaging interactivity. The PFEF website was welcomed by three of the primary schools for the range of materials for teaching economic wellbeing, which teachers were often at the early stages of exploring. In particular, *My Money Week* was cited as a source of useful ideas and activities that had triggered the engagement of external visitors (discussed above).

Visual, interactive and creative resources were favoured for the delivery of PSHE education as this was linked to increased pupil engagement, which meant schools had also invested in a range of independent publications and materials such as storybooks, masks, puppets, cards, DVDs and games:

*Anything that allows our staff... to be creative □ is usually the most successful... children engage with and relate to visuals.* (P3, PSHE education lead)

Some case study primary schools identified the *Living and Growing* DVD series as a useful introduction to SRE for younger pupils whilst also covering puberty and birth, same-sex relationships and teenage pregnancy for older years. These were said to be clear, informative and enjoyable for pupils, and led into an informed class discussion. Teachers particularly valued the series as it covered issues that some teachers said they found difficult to teach. Another school had found the Christopher Winter Project resources useful as a structured approach to delivering SRE. Although some primary schools were aware of a range of national websites and organisations such as the PSHE Association, they tended not to use them as much because of their existing range of books, games, CDs, worksheets and resources which they were happy using.

Worksheets were also referred to by a number of the case study primary schools, but were thought by some to be less helpful in teaching PSHE education and SEAL. One lead stated that they tended to *steer clear of worksheets*. Another felt that PSHE education did not need to be resource led, that it was more about talking, discussions and listening, whilst others used books (e.g. *The Outsiders* series, *The Huge Bag of Worries*) for aspects of SEAL and PSHE education as a stimulus for lessons around sensitive issues such as bereavement, bullying, disability and equalities.

A common theme that emerged from teachers' discussion of the use of nationally available resources was the need to carefully select, adapt and modify materials so that they reflected the issues affecting their pupils and the local context. For example, resources highlighting inner city issues or settings were not seen as relevant to schools in more rural areas.

It is partly for reasons of local relevance that some of the primary schools stated that they preferred to explore materials through their Local Authority PSHE education or Healthy Schools website. Many identified their LA as an important starting point for more tailored resources that had already been adapted and contextualised for their area. LA PSHE education teams interviewed as part of the case studies corroborated this, describing how they 'topped and tailed' key elements of national guidance and nationally available materials into a more manageable, useable form for teachers. QCDA Schemes of Work and lesson

plans were adapted to highlight relevant local issues and resources, including signposting to other useful websites and external organisations that could provide additional classroom support. Some schools further modified the LA materials to tailor them to their own pupils.

Many of the primary schools reported that they found their LA website and resources to be a very helpful first port of call in navigating the bewildering minefield of available sources, saving them time and giving them confidence about the quality of the materials they provided or identified. One PSHE education lead commented:

*[The LA is] a helpful filter for all the information overload and numerous sources of information, guidance and resources. We know it's tried and tested and good quality if it comes from the LA. (P1, PSHE education lead)*

Another lead commented on their LA's Schemes of Work which were *a really well grounded set of documents* □ *very good and clear* which provided weekly and termly plans that *knitted together all the SEAL and PSHE requirements* (P8).

Generally, it appeared that most primary schools accessed LA resources and Schemes of Work for the non-SEAL strands of PSHE education □ particularly around SRE, DAT education, and personal safety, given that other national guidance, resources and lesson planning was already clearly in place for SEAL. There was also an example of PSHE education materials that had been developed and distributed locally by the local police force on personal safety issues which showed parts of the local area that children recognised and could immediately relate to:

*[The Metropolitan police resource] has been incredibly successful, the impact it has had* □ *[it was] very well received by students. (GL, LA PSHE education lead)*

As well as adapting existing materials and using a range of national and local resources, one primary school stated that teachers made 80% of their own resources so that they were most appropriately tailored for their pupils.

In terms of selecting and assessing the quality of materials, most schools assumed that those included on LA websites and information sources or suggested by LA teams were already quality assured □ and most were generally highly satisfied with these, based mainly on their ease of use and whether they were enjoyed by pupils. In one school, the lead was overwhelmed by the volume of materials and available resources so she tended to *stick with the ones she knew were good* □ *either from the private or public sector, as long as they were free or very cheap* (P4). She assessed whether websites or resources were good based on their ease of navigation, fun levels and the material not being too wordy. In some schools, the PSHE education leads would suggest different resource options to the rest of the staff group and together they would discuss their relative merits before exploring them further or purchasing the materials. It was notable that none of the primary school staff specifically defined or appraised quality in terms of learning outcomes, although links with the QCDA units were implicit from other comments they made.

Over time, the case study primary schools had built up an extensive library of resources from international and national organisations and websites, government guidance and resources, independent publications, local authority adapted and sign-posted materials, as well as in-house materials tailored to meet individual class and pupil needs. Some schools reported reviewing these materials annually or as they went along, whilst looking for further funding and ways to augment their existing resources to keep up with *the moving target of PSHE*. On the whole, therefore, most primary PSHE education leads and the other teaching staff were equally complementary about the range and quality of the resources available to support their teaching.

### 5.5.2 Secondary schools

Compared to case study primary schools, the levels of staff satisfaction with available resources in some secondary schools was more variable, depending on the type of material staff had access to. There was a notable difference in secondary schools between the sorts of materials accessed and used at the strategic level (by leads, SLT and SIPs) for planning purposes and the views on the resources available to teaching staff in the classroom – particularly for non-specialist tutors.

For example, in one secondary school the lead commented on the range of government resources and guidance, and national and regional organisations she had consulted as part of the review of the school's PSHE education provision she was conducting. She spoke very favourably about these and had used the QCDA website as the *first port of call to assess the current PSHE climate*, gathering useful resources and information from this as a starting point for wider searches (S2, PSHE education lead).

This contrasted with the views of many of the non-specialist form tutors teachers in the school who had not yet learnt of the new changes that were being planned. They were still frustrated by the lack of suitable resources and difficulties in sourcing better materials:

*We are pitifully short of resources, or I don't know where to access them. All this push from the government on drugs – where is the stuff? – I don't know where it is.* (S2, teacher)

The PSHE education lead in another secondary school commented on the concerns they had teaching about homosexual relationships. He said that many teachers wouldn't know how to teach this and felt it was a potential 'bomb' in terms of potential pupil, parent and media reactions and he did not know where to access training or further help. He felt there needed to be more (national) guidance and support for schools around more sensitive topics.

At the strategic leadership level in another secondary school, the lead and SIP felt government guidance and resources for PSHE education were very good in providing the overall direction that teachers could then follow. In contrast, the teachers in the school mainly commented on and praised the LA resources and an independently produced engaging DVD series for personal safety, the Christopher Winter Project for SRE which was found to be very comprehensive, and other very useful video resources for DAT education.

The breadth and coverage of topics for secondary PSHE education (as opposed to the predominance of SEAL at primary), meant that secondary leads and teachers were more familiar with, and more likely to be regularly using a much wider range of (mainly non-governmental) national PSHE education resources. These sources included the PSHE Association, Teachernet, Stonewall, the Christopher Winter Project, School Foods Trust, NHS, Family Planning Association, Brook, PFEG, De Montfort UCAS materials, UK Resilience, and Learning Curve Education (Rachel Miller's diary), amongst others. Appraisals of these materials were generally positive:

*[PFEG is] a source of many good quality resources on economic wellbeing.* (S1, PSHE education lead)

The use of LA-based resources by secondary schools tended to vary much more from school to school and LA to LA, depending on their perceived added value, above and beyond the national sources they were often already familiar with. One secondary school had good links with their LA PSHE education team and had accessed resources through them. However, it was not always clear whether these materials had been developed by the LA themselves, whether they had been 'topped and tailed', or the LA had acted as a conduit in signposting resources from elsewhere. That respondent also mentioned that they were using resources from the LA more often than those from other sources because they were *very good* and

perhaps used with more confidence because they were from a known, trusted source. In other areas, the secondary school leads and teachers were less aware and tended not to consider the LA as a source of materials, preferring instead to access relevant organisations and networks directly.

As with primary schools, there was an appreciation of materials that were relevant to the local context. For example, a personal safety video filmed locally and shown to primary pupils also made an impact on secondary pupils in the same LA. It was felt that pupils could relate better to the messages because it reflected their locality.

On the whole, staff made few comments on the use and quality of PSHE education textbooks, but teachers in one school commented that some of the text books were *dry and dull and lacked interest and relevance*. In this school, it was clear that the lack of specialist teachers or those with a particular interest in teaching PSHE education meant they often felt unable to bring the materials alive. These teachers reported that they were disengaged from teaching the subject, which the pupils picked up as being a *very boring, pointless lesson*.

Some secondary PSHE education teachers said they developed their own lesson plans and teaching materials, adapted from a variety of sources, and shared these more widely with their colleagues, thus contributing to the resource stock. However, some non-specialist teachers complained about the quality and suitability of materials they were handed  often at short notice, with little time or expertise to improve them:

*The occasional lesson [would come with] some well structured materials or resources and those lessons are great, but for most of the others we are short of resources, or I don't know where to access them.*

As with primary schools, a number of secondary teachers rated the quality of the materials according to their ability to engage pupils, as this was thought to be an important precursor to discussion and learning. For these reasons, teachers favoured interactive, visual and creative resources for PSHE education  more so than for other core subjects where content and learning outcomes were more likely to be prioritised when assessing the appropriateness and quality of materials. The use of games, drama, DVDs and activities linked to the whiteboard were therefore preferred to worksheets and books in order to make it a more fun lesson.

A few teachers did caution against the overuse of videos in PSHE education lessons, regardless of their ease for teachers and popularity with pupils. One teacher stressed that clips needed to be *used purposefully and judiciously*. Another suggested that they could be more usefully used when re-visiting previous topics where pupils might otherwise find the lesson boring. For others, the time taken to develop well planned, interactive PSHE education lessons with a careful mix of resources and methods was prohibitive:

*It takes a lot of time to create really buzzy lessons with relevant video clips and activities and they've only been used once, so you think what's the point? (S2, teacher)*

Funding and budgets were also stated as an issue for some schools that would prefer more interactive resources to improve their range of delivery methods.

As with primary schools, secondary staff were constantly seeking ways of adding to and improving their resources. However, the over-reliance and popularity of engaging and interactive resources in some cases could be seen as a substitute for teacher expertise, interest and confidence in delivering a well planned and delivered lesson.



## 6. Assessment, evaluation and consultation

### Summary

This chapter addresses the following research question:

#### How prevalent is assessment in PSHE education, and what assessment strategies are used in schools?

- Almost all schools surveyed (99% of primary schools and 98% of secondary schools) stated they used some - often informal - form of assessment of PSHE education
- Types of *immediate, informal teacher assessment* in the form of teacher observation and verbal feedback from teachers were used in 98% of primary schools surveyed, and 95% of secondary schools
- Types of *pupil feedback* - pupil self-assessment and peer assessment - were used in 88% and 70%, respectively, of primary schools and 91% and 82%, respectively, of secondary schools
- *Written feedback* in the form of pupil progress records/portfolios and written assessment were used in 59% and 50%, respectively, of primary schools, and 68% and 64%, respectively, of secondaries
- PSHE education was known to be referred to in the school assessment policy in 36% of primary schools and 35% of secondaries, and QCDA end of Key Stage statements were known to be used in 32% of primary schools, and 36% of secondaries
- Case study schools were in one of four groups:
  - against formal assessment, since other evidence can be used, it would alter the character of PSHE education, and would be laborious
  - unsure about using assessment, either because they were unclear how to do it or wanted support
  - in favour of and using informal assessment such as pupil self assessment and teacher observation
  - in favour of formal assessment (secondary), since this would increase the status of PSHE education, and using formal assessment (primary only), such as levelling pupils according to age-related expectations
- Consultation with different groups to inform PSHE education planning and delivery included the following groups:
  - school staff (79% of primaries, 76% of secondaries)
  - pupils (70% of primaries, 84% of secondaries)
  - parents/carers (60% of primaries, 48% of secondaries)
  - external agencies (55% of primaries, 69% of secondaries)
  - governors (54% of primaries, 42% of secondaries)
  - faith organisations (19% of primaries, 16% of secondaries)
  - local community members (17% of primaries, 22% of secondaries)
- PSHE education was commented on in reports in 87% of primary schools surveyed and 68% of secondaries, and arrangements were made at parents' evenings/consultations to discuss PSHE education in 70% of primary schools and 52% of secondaries

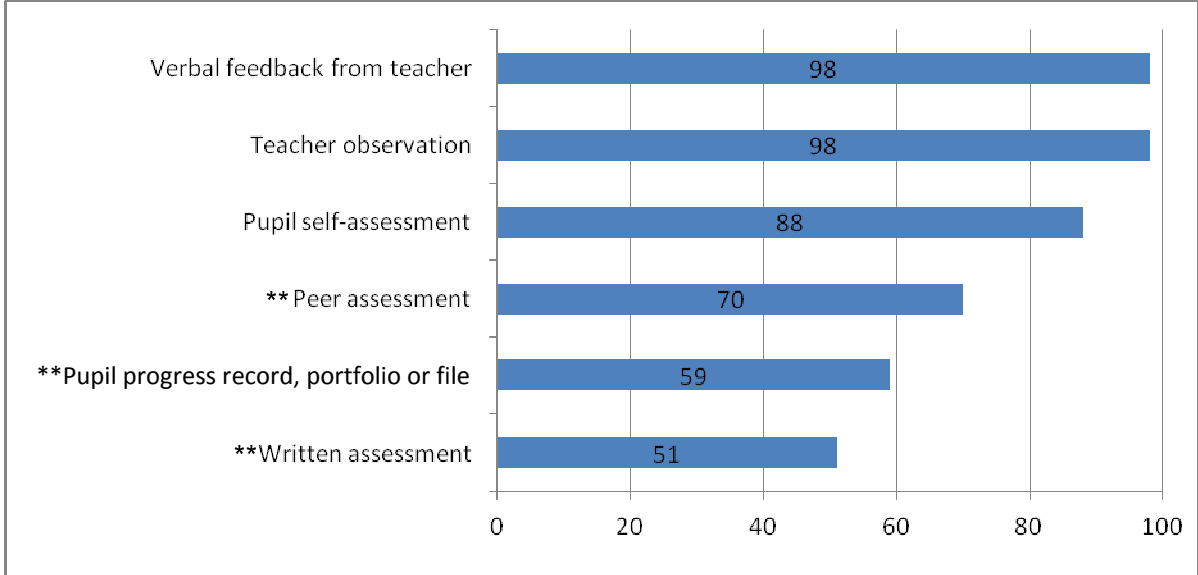
### 6.1 Assessment strategies

In this section, the types of assessment used in schools in relation to PSHE education are examined. Overall, 99% of primary schools surveyed noted that they used one or more methods of assessment. Figure 6.1.1 below indicates that *immediate, informal teacher assessment* in the form of teacher observation and verbal feedback from teachers was used in almost all of the primary schools surveyed, with *pupil feedback* - pupil self-assessment and peer assessment - used in the great majority of schools too. *Written feedback* in the form of

pupil progress records/portfolios or written assessment was used by a smaller number of primary schools, although this was still more than half. However, Figure 6.1.2 indicates that PSHE education was known to be referred to in the school assessment policy in around a third of primary schools, and QCDA end of Key Stage statements were known to be used in a similar proportion.

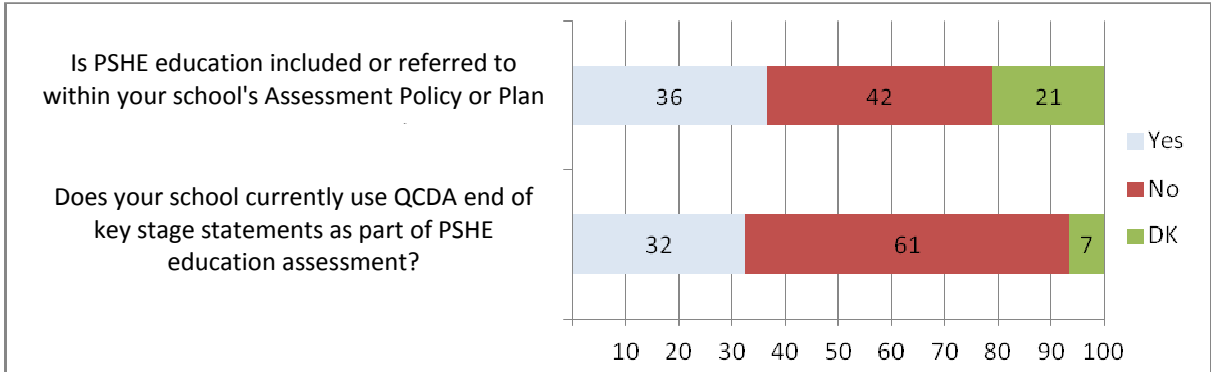
**6.1.1 Primary schools**

**Figure 6.1.1: Forms of assessment used in primary schools\***

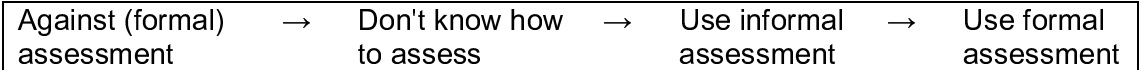


\* Please note that the total n values vary somewhat for these responses due to respondents leaving the answer as missing.  
 \*\* In particular, fewer respondents answered these questions. See Table A3.8 in Appendix 3 for further detail.

**Figure 6.1.2: Further questions on PSHE education assessment in primary schools**



Views and experiences of assessment within primary schools in the case study sample can be broadly represented on a continuum (below), with some movement between categories visible amongst individuals in the same school.



Those that can be described as being against the use of assessment within schools, particularly formal assessment, tended to use one or more of three arguments:

- assessment is not necessary as there are alternative sources of evidence to demonstrate effectiveness (e.g. behaviour, attitudes, etc.);

- there is already enough other assessment in school;
- assessment would spoil PSHE education for staff and/or pupils.

One PSHE education lead, for example, commented: *we don't need assessment as you can see whether things are working* (P1). Another lead suggested that the introduction of formal assessment would be a *travesty* and would *dilute* [PSHE education] *to nothingness* (P5). Elsewhere, a group of teachers felt that formal assessment would spoil PSHE education for the children, with some support for this view from pupils at the school. A different lead believed that increasing assessment in PSHE education could affect staff motivation or enthusiasm: *I don't want to make it onerous, we've got enough with APP materials coming in* (P8, PSHE education lead). They felt it was a delicate balance between monitoring PSHE education and avoiding reduced teacher engagement with the subject. An SLT representative in a different school argued that *if you believe in [PSHE education], in that it's an essential part of a child's education why do you need to have a test in it? Then it's testing for testing's sake... we're target led enough*. For this group of staff, the general feeling appeared to be that beginning (formal) assessment would undermine their current delivery, and the ethos behind PSHE education.

The next group that can be identified on the continuum were less sure about PSHE education assessment and felt they needed support in this area. It was suggested that *it's an area that does need looking at in-depth nationally*. Another noted that teacher observations were a *judgement call* which made assessment difficult. There was a consensus of opinion here that *what* to assess and *how* to do it needed careful consideration, with some pessimistic as to whether these issues could be clarified successfully: *I can't see a meaningful way of assessing [PSHE education]* (P8, teacher). Discussions here often related to effectiveness, with some suggestion that it would be possible to assess whether a child had received and understood a piece of information but fewer possibilities to assess whether this information had 'worked' and had an effect on that child's subsequent behaviour.

A further group of staff on the continuum described how they implemented informal assessment strategies within their school. These fell into three types: those that used pupil self-assessment, those that used teacher observation, and those that used both methods. The self-assessment methods tended to rely on recording before and after views from pupils, with mind maps and quizzes employed for this purpose. Some teachers, for example, described assessment sheets with smiley faces on for pupils *before and afterwards so you can see sort of perceptions change*. Another school similarly used series of statements that pupils could arrange in to 'have been taught', 'have not been taught', and 'would like to know more about' categories. Occasionally pupils were also asked to reflect on what they had learned through discussion with their peers. For at least one school, their informal assessment was more verbal than written.

Teacher observations were often based on how often, or well, children had participated in PSHE education lessons. One lead said that these decisions were effective, particularly within small schools where teachers tended to know their pupils well, though elsewhere a lead acknowledged that *teacher observations can be quite subjective*. One lead felt that Assessing Pupils Progress (APP) approaches were appropriate for PSHE education and able to build on what teachers know about their pupils. Another lead said it would be *foolish not to assess PSHE education* but felt measuring it numerically was impossible as *it is a qualitative subject*. Sometimes these informal mechanisms were used to identify gifted and talented pupils, or those that might need more support.

Finally, a minority of case study participants described strategies that could be described as more formalised. These could be in addition to, or instead of, informal strategies. Methods employed here included Virtual Learning Environment (VLE) assessment forms, and written

work. One school categorised children as being 'under', 'at' or 'over' expectation levels; another used 'below', 'meeting' and 'above' age related expectations. The success of these more formal strategies varied. One lead commented that whilst processes were in place they were *finding it very difficult to push this with other staff that are so busy with other things*. By contrast, a head teacher elsewhere said that they assess PSHE education exactly the same as any other area. They continued:

*We do assess because we need to know how effective we have been in delivering the key skills and the learning outcomes of the PSHE units and that then enables us to then identify if any particular cohorts have scored less than others, to investigate reasons why that is and put in place the appropriate intervention in order to enhance the learning of those particular children. (P9)*

This was based on a class recording sheet which was used to score and comment on each PSHE education unit by class teachers, and was then returned to the head teacher on a termly basis. On the basis of these, the head teacher analysed the data to work out whole-school standards for PSHE education at a cohort level (using age related learning standards and the percentage achieving this).

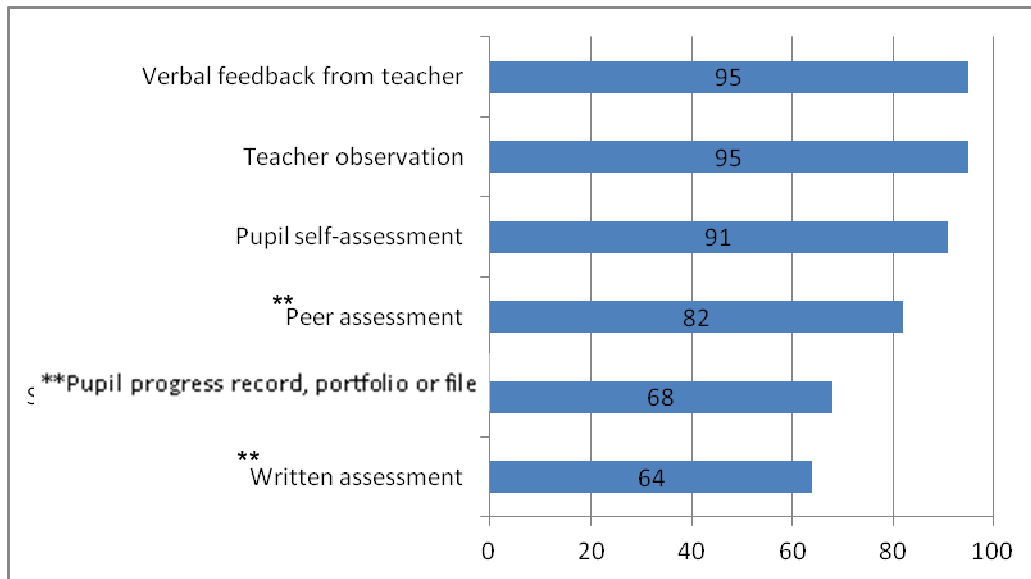
Resources mentioned for use in assessment included QCDA end of Key Stage statements, and SEAL end of unit assessments, though the implementation of these could be ad hoc: *QCDA end of unit statements for PSHE education are on the system so teachers can use them if they want*. In this school, such assessment methods were not used to inform or develop delivery, which was deemed OK at the moment.

### 6.1.2 Secondary schools

Overall, 98% of secondary schools surveyed stated they used some form of assessment of PSHE education. Figure 6.1.3 below indicates that *immediate, informal teacher assessment* in the form of teacher observation and verbal feedback from teachers was used in the vast majority of the secondary schools surveyed, although the proportion was slightly lower than for primary schools. However, *pupil feedback* - pupil self-assessment and peer assessment - was also used in the great majority of secondary schools, representing a higher proportion of secondary schools than primary schools. *Written feedback* in the form of pupil progress records/portfolios or written assessment was used by around two thirds of secondary schools.

Similarly to primary schools, Figure 6.1.4 shows that PSHE education was known to be referred to in the school assessment policy in just over a third of secondary schools, and QCDA end of Key Stage statements were known to be used in a similar proportion.

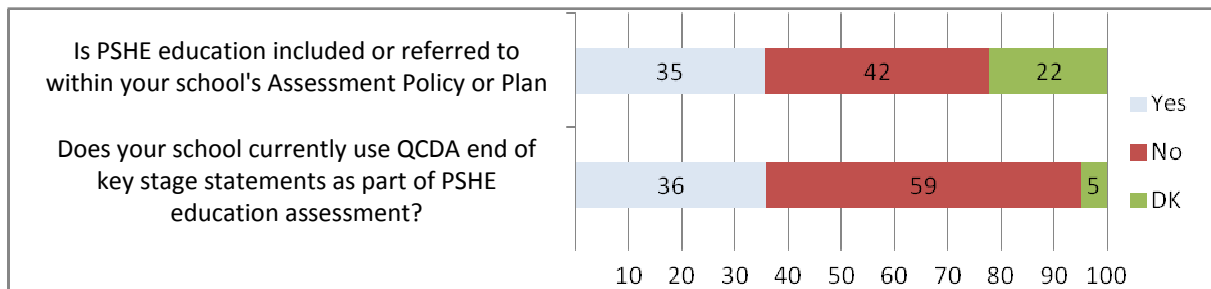
**Figure 6.1.3: Forms of assessment used in secondary schools\***



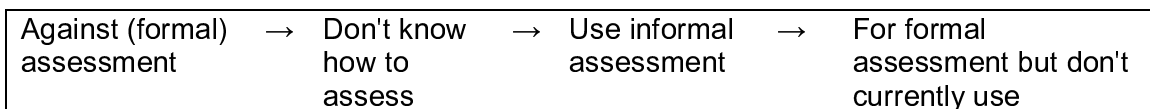
\* Please note that the total n values vary somewhat for these responses due to respondents leaving the answer as missing.

\*\* In particular, fewer respondents answered these questions. See Table A3.9 in Appendix 3 for further detail.

**Figure 6.1.4: Further questions on PSHE education assessment in secondary schools**



In secondary case study schools, the continuum of views and experiences about assessment was similar, except none were currently using formal assessment. As with the primary schools, there was some fluidity between the categories within schools, and between individuals involved.



The reasons for being against assessment were also similar to primary schools, though already having enough assessment was only mentioned once. The main explanations given were that:

- assessment is not necessary as there are alternative sources of evidence to demonstrate effectiveness (e.g. behaviour, attitudes, etc.)
- assessment is not appropriate for PSHE education.

One lead illustrated these arguments:

*I don't do any sit down tests or exams. I have resisted that, despite the pressure. I don't see the point in it, there is no right or wrong... I would very much resist having a formalised assessment structure for PSHE, it doesn't seem to fit at all well.*

Another suggested: *Improvements to assessment should not mean testing or overly formal marking methods as this would not be appropriate for PSHE.* There was some concern about assessment related to staffing / workload issues:

*It shouldn't be work-heavy because it is taught by non-subject specialists... don't want to burden them with more marking.* (S2, PSHE education lead)

Another group on the continuum felt uncertain about how to assess PSHE education, and identified support needs. One lead argued that the PSHE Association should provide national guidance so that schools do not have to develop their own assessment mechanisms, which would result in inconsistencies across the country. Elsewhere, a school was receiving support from the PSHE Association with assessment, which they reported to be cheaper than support from their own LA.

A number of schools were using informal assessment methods, however. Similarly to primary schools, these were based on pupils' self-assessment, teacher observations, peer assessment, or a combination of these. Self-assessment was often based on recording before and after knowledge levels.

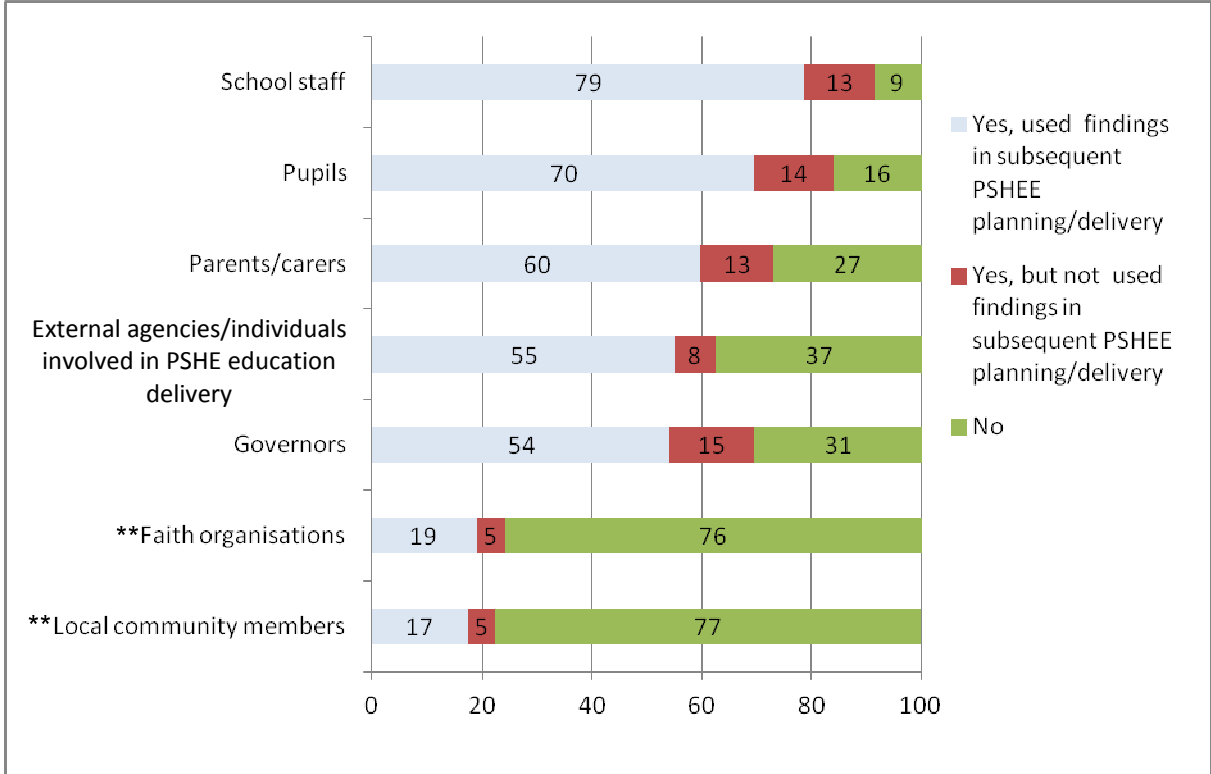
A final group on the continuum were in favour of more formal assessment systems, partly to improve the status of PSHE education, though none were planning on implementing any in the short term. Some staff explained that the subject 'suffered' from a lack of assessment, and highlighted that a lack of formal assessment meant that pupils do not have anything to show for what they have achieved, compared to other subjects. One lead stated: *Students don't take [PSHE education] seriously because it's not assessed, tested or graded.* In another school, both the PSHE education lead and an SLT member suggested that more formalised assessment and accreditation would help improve PSHE education's status, though the SLT representative noted that an APP style framework might work best. However, as a high achieving school he also said that they were motivated by results, and that having an exam would make them take it more seriously as a subject (currently he felt it is not as important as other subjects for this reason). Interestingly, the teachers and pupils in this school did not agree that implementing formal assessment would be beneficial. A governor elsewhere, though, felt that without formal assessment in the form of an exam or qualification, PSHE education was seen by pupils as a *time to relax and mess about*, or as a *non-lesson*, though she said this was partly dependent on the quality of delivery.

## 6.2 Evaluation and consultation

### 6.2.1 Primary schools

#### Evaluation

**Figure 6.2.1: Forms of consultation used in primary schools\***



\* Please note that the total n values vary somewhat for these responses due to respondents leaving the answer as missing.

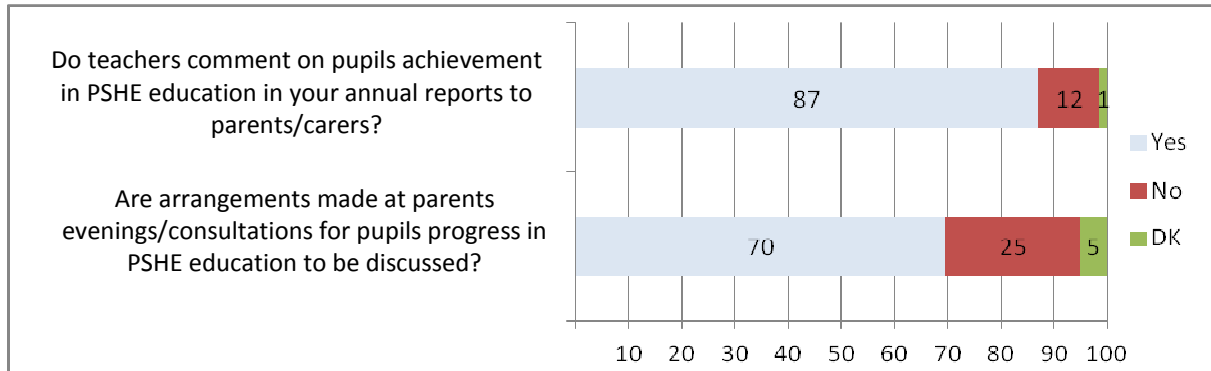
\*\* In particular, fewer respondents answered these questions. See Table A3.10 in Appendix 3 for further detail.

Figure 6.2.1 above indicates that staff and pupils were consulted about PSHE education in around 85-90% of primary schools surveyed, and in most of these findings informed PSHE education planning and delivery. 60% of primary schools consulted parents and made use of the findings in this way. Just over half of primary schools consulted external agencies and governors and made use of these findings in PSHE education planning/delivery. Less than a fifth consulted faith organisations or local community members and made use of findings in this way.

Turning to the case study schools, sometimes discussions about *assessment* overlapped with discussion about the *evaluation* of PSHE education provision, with some apparent confusion between the two. Whilst evaluation was not in place in many case study schools, some did adopt methods of finding out pupil views about PSHE education delivery. One lead, for instance, described using sheets with pupils so they could record 'I like it when...' and 'I don't like it when...' about the teaching they had experienced, though she acknowledged that not all staff used them. In another school, a lead explained that some years she conducts pupil interviews about PSHE education to find out what they felt they had learned and what they had enjoyed. Another lead tried to observe teachers delivering PSHE education lessons, in order to offer them feedback.

## Parent communication

**Figure 6.2.2: Communication with parents in primary schools**



In addition to being asked about consulting parents (see Figure 6.2.2 above), schools in the survey were asked about other forms of communication with parents. Nearly 8 in 10 primary schools surveyed stated that they knew that PSHE education was commented on in annual reports to parents, and it was known that PSHE education was able to be discussed in 7 in 10 primaries. However, in the case study schools, PSHE education was not always included in formal communication with parents (e.g. parents' evenings, reports). One parent felt that whilst he was aware of how his child was progressing with PSHE education, this had come from the child himself. Another parent agreed that school progress reporting on PSHE education was not like any other subject, but felt that this was fine, and schools could not assess it more formally. Some teachers said PSHE education was rarely raised by parents at parents' evenings. Where reports did include PSHE education, these tended to be restricted to general comments, though occasionally grades were awarded for effort and/or attainment.

Much information provided to parents was restricted to SRE because of parental rights to withdraw their children from this element of PSHE education.

### Young people's views

Some pupils clearly saw PSHE education as different to other subjects in how much it was seen as work: *It's not really easy or hard because we don't really do worksheets in our class.* They felt bringing in more formalised assessment such as tests would make it more boring and less fun, so that they might switch off and learn less. In another school, opinion varied about whether more written work would be beneficial as it was suggested that having a record to look back on might be useful.

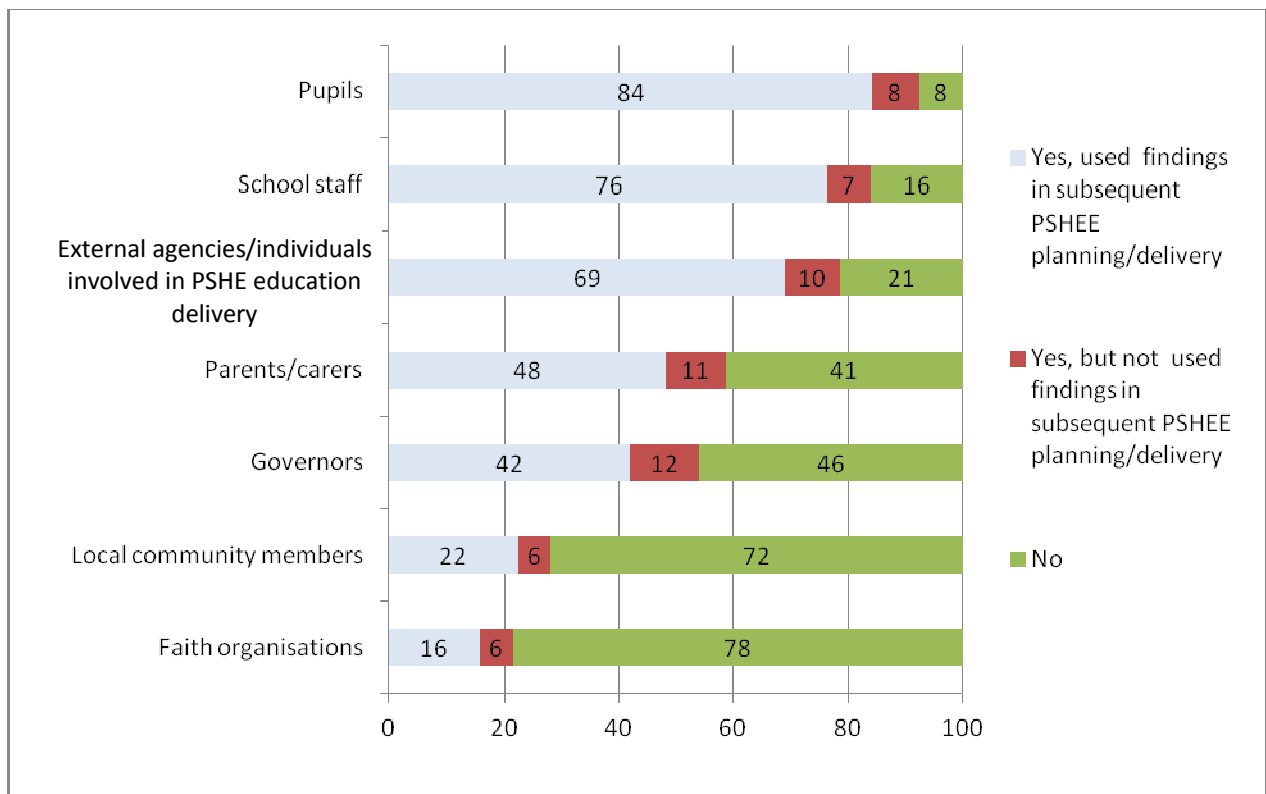
## 6.2.2 Secondary schools

### Evaluation

Figure 6.2.3 below indicates that pupils were consulted in over 90% of secondary schools surveyed, and in 84% this consultation informed PSHE education planning and delivery, a higher proportion than for primaries. Over three quarters of secondaries consulted teachers and made use of the findings, slightly less than for primaries. However a far higher proportion of secondaries - 69% - consulted external agencies and made use of these findings. Just less than half of secondary schools consulted parents and made use of the findings in this way, and 42% did so for governors, both of which were lower proportions than for primaries. Around a fifth consulted faith organisations or local community members and made use of findings in planning/delivery of PSHE education, around the same figure as for primaries.



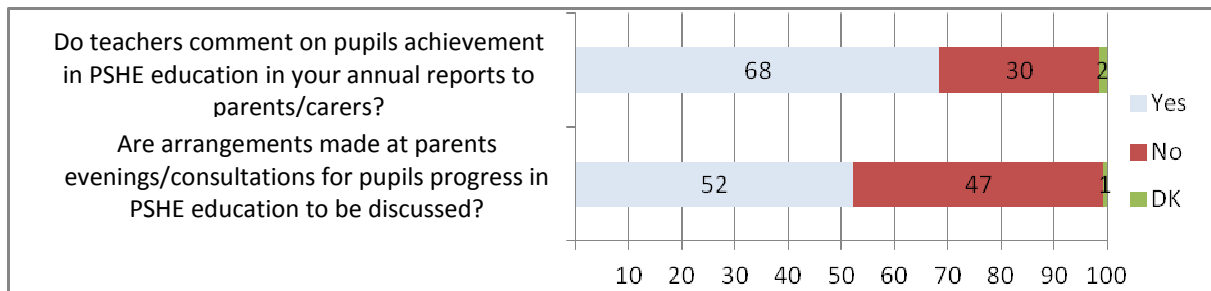
**Figure 6.2.3: Forms of consultation used in secondary schools**



Only a minority of secondary schools in the case study sample had conducted any evaluation with pupils about their PSHE education delivery. One SLT member explained: *I think pupils have a positive view. We have done surveys with them and they really think they know more than they did before on all the key areas of PSHE.* Another had consulted with staff about their views of teaching PSHE education. Elsewhere, a head teacher acknowledged that PSHE education was subject to less quality assurance than other subjects in the school, though they planned to improve this next year. One school which used drop-down days gave out pupil evaluation forms at the end of each day. However, pupils reported that staff did not *seem to do anything* with the forms, yet the pupils felt that it would be useful if staff knew more about whether their PSHE education was 'working'.

## Parent communication

**Figure 6.2.4: Communication with parents in secondary schools**



As stated earlier, in addition to being asked about consulting parents (see above), schools in the survey were asked about other forms of communication with parents. Nearly 7 in 10 secondary schools surveyed stated that they knew that PSHE education was commented on in annual reports to parents, and it was known that PSHE education was able to be discussed in just over 5 in 10 secondaries. In both cases these proportions were lower (much lower in the case of parents' evening discussions) compared with primary schools.

In the case study research, parents' evenings and termly/annual reports were said to sometimes include PSHE education. This could be a minimal mark, with no descriptive content, or could be more detailed, including an outline of what pupils had been doing in class and how they had engaged with it, together with targets for improvement. In other schools, the only communication to parents about PSHE education was to inform them that their child was going to be taught SRE. Some schools recognised this area was a weakness, whilst others emphasised the 'subjective' or 'anecdotal' nature of reporting to parents on PSHE education.

## Young people's views

In one school, pupils acknowledged that there was no formal assessment but were aware that they could be informally assessed: *It's based on communication skills whether you put your hand up in class and that.* In another school, pupils reported that not having assessment made PSHE education more relaxed which made them more able to share feelings and engage in open discussion about issues. In contrast, elsewhere (in more than one school) pupils said that PSHE education not being assessed meant that it was not taken seriously by staff delivering it, who did not engage in discussion or offer any verbal feedback. One pupil, for example, suggested that PSHE education becoming a GCSE would make teachers care more about the subject (interestingly this is in contrast to staff suggestions, cited above, that assessment would make *pupils* take PSHE education more seriously). Some pupils pointed out that PSHE education was the only subject not to have set out learning objectives or outcomes. This left some of them feeling PSHE education was totally pointless. At this school they had voiced their criticism through a school council consultation exercise, but did not feel that their opinions were taken on board and no changes to PSHE education delivery had been forthcoming.

## 7. Measuring outcomes and effectiveness

### Summary

This chapter addresses the following research question:

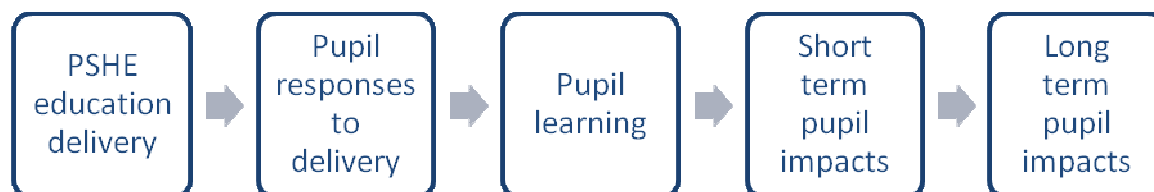
#### **What conclusions can be drawn about the relevant effectiveness of different models, including their cost effectiveness?**

- A range of positive outcomes were reported, including by pupils themselves, including valuing the opportunity to safely express views and ask questions; welcoming the break in intensity of other subjects; having the opportunity to learn about key issues affecting them in the future and present lives (the 'real world'); improving relationships with others; improved attitudes to health; being able to deal with serious personal difficulties, and improved classroom and playground behaviour
- A number of schools articulated difficulties measuring impacts in relation to PSHE education that may be outside the schools, or very long term
- Responding schools were asked to assess the effectiveness of their delivery of PSHE education and its components: 61% of primary schools viewed their PSHE education as effective, with 34% viewing it as very effective; for secondary schools the figures were 62% and 29% respectively
- Diet/nutrition and healthy lifestyles, safety education and - most strongly - emotional health and wellbeing were viewed as particularly effective by primary schools, with less than 5% in each case seeing these elements as being less than effective
- Personal finance/financial capability and enterprise education were seen to be by far the least effective elements by primary schools, with 52% and 49% of primary schools respectively viewing these elements as less than effective
- All individual elements of PSHE education were viewed quite positively by secondary schools, with between just 6% and 14% viewing each as less than effective, with the exceptions of work-related learning (27% viewing it as less than effective), personal finance/financial capability (27%), and enterprise education (28%)
- Statistical modelling was used to examine associations between effectiveness (measured by perceived effectiveness and three whole-school inspection Ofsted judgement grades linked to moral development, healthy lifestyles and workplace/economic skills) and a range of potential PSHE education and non-PSHE education factors
- For primary schools, higher perceived effectiveness was related to delivering all seven elements of PSHE education; use of pupil progress records and QCDA end of Key Stage statements; inclusion of PSHE education in the school assessment policy; PSHE education being discussed at parents' evenings; staff awareness of PSHE education CPD opportunities; pupils being included in PSHE education evaluation, and the PSHE education coordinator being paid and given time for their role
- For secondary schools, higher perceived effectiveness was related to use of discrete PSHE education lessons; delivery of PSHE education by the PSHE education coordinator; use of pupil progress records; inclusion of PSHE education in the school assessment policy; PSHE education being discussed at parents' evenings, and parents/carers and external agencies being included in PSHE education evaluation. Girls' schools also tended to view their delivery as more effective
- More positive outcomes on whole-school inspection Ofsted grades tended to be associated with non-PSHE education factors such as level of FSMs, HS status, and being a girls' school. Governors being included in PSHE education evaluation was associated with more positive Ofsted judgments on spiritual/moral development, and awareness of PSHE education. CPD was associated with positive judgments on workplace/economic skills

- Average estimated annual spend per pupil was £140 in primary schools, and £70 in secondary schools. When included in the statistical models, there was no association between this spend and any of the effectiveness measures

## 7.1 Measuring effectiveness

The case study data helps illuminate the ways in which schools attempted to understand effectiveness. The issues here tended to be common to both primary and secondary schools, so for this subsection primary and secondary responses are not separated. Analysis indicated that one helpful way of understanding effective delivery is to use a type of level model, as indicated below:



From this perspective, the further left on the model, the easier to measure: in the classroom, the teacher can see straight away how pupils respond to a lesson, and can use some form of assessment to measure learning, which is returned to in the next subsection. But although shorter term impacts - such as eating more healthily - can be identified, it is difficult for teachers, parents and in fact pupils themselves to understand the extent to which the delivery contributed to these outcomes. Longer term impacts, for example family budgeting, are linked to a range of influences, of which PSHE education can only be a small part, and may well occur after pupils have left the school.

It is unsurprising, then, that the evidence tended to be related mainly to pupil responses, learning and in some cases short term impacts, clearly attributable to PSHE education delivery.

Positive responses to PSHE education delivery from pupils typically related to finding it enjoyable (found to some extent in all schools), due to the different kinds of delivery (as will be discussed) and  in at least half of schools  rating it more highly than other subjects. One important aspect of PSHE education delivery that was valued and therefore felt to be effective, related to SEAL in primary schools in particular. This was feeling free to express one's views and ask questions, and not only that, to feeling safe to express one's views:

*In a normal lesson, I'm not very confident to say things, but you know in PSHE no-one's allowed to laugh (P8, pupil)*

*Everything being open and saying what you think and normally you can't say that in [other lessons]. (P8, pupil)*

This appreciation of being able to express themselves safely was associated with being able to reflect on their own feelings, and was linked in several primary schools, particularly P4, to circle time. Some younger secondary pupils reported how much they had valued this in primary school (linking to the earlier discussion about the purpose of PSHE education in Chapter 3):

*I really miss circle time at primary school  it could still work at secondary school. Like, some of my friends found out I dance from Facebook, but if we had circle time we would know what matters to each other  except for your really close friends, nobody really knows who you are  that's what PSHE should be about.*

However, where issues were raised in a safe, confidential arena, it was important that they were dealt with. For example in P4, pupils discussed how teachers were sometimes slow or ineffective when dealing with bullying incidents, so much so that some would not tell a teacher as *they just tell you to stay away; I know they wouldn't do anything* about it. One pupil said his bullying got worse after he had reported it so he would no longer tell anyone.

In at least three schools, some pupils found PSHE education to be a welcome break from the intensity of other subjects. For example in two secondary schools, PSHE education was most appreciated when there was a *relaxed atmosphere* in the lessons, and it was seen to be a *break from work stress* by older pupils in two schools.

In at least four schools, pupils reported how they particularly valued the subject and elements of it that they saw would help them in the future. For example:

*When we did the growing up and sex and relationships it was important to know what was going to happen to us, because when we got older we might not have known and when it was happening we might have thought this is dodgy.* (P9, pupil)

This quotation also illustrates the general point that the most positive reactions were where pupils felt they were learning about how to deal with key issues in their lives that they could then make use of now or in the future. One teacher put this succinctly:

*If what we're doing today helps you make an informed decision tomorrow, and therefore takes you out of trouble, then today has been worthwhile.* (S3, teacher)

Some pupils indicated that it needed to be focussed on the real world, to help gain important knowledge for life.

This focus on 'real world' knowledge was linked by some pupils and teachers to lessons delivered by outside experts in at least four schools. For example in S2, pupils felt that involving the police in understanding the penalties associated with illegal drug use deepened their understanding. The importance of this expertise is returned to in the concluding discussion.

Most powerfully, pupils were able to give clear examples of short term impacts as a result of learning in PSHE education. In primary schools, this typically related to behaviours involving relationships with others. In P3, pupils discussed how bullying had been reduced through PSHE education teaching and in P8 the impacts of a session on cyber-bullying in particular were particularly appreciated. A number of pupils talked about the perils of chatrooms and good practice in using the internet and social networking sites, and one pupil in particular was able to use it to help resolve an ongoing cyber-bullying problem with a peer.

Pupils in P3 also talked about learning about respecting others, and in P1 and S3 this was mentioned by teachers to be a particular strength of their programmes.

In addition to S3, pupils in other secondary schools gave examples of impacts in relation to their peer relationships. Pupils at S5 discussed this issue in some depth, and several pupils here expressed the view that bullying was overemphasised and pupils might be accused of bullying when they hadn't:

*I got accused of bullying once, it was worse than being bullied, none of the teachers believed me.* (S5, pupil)

As well as impacts on relationships with others, pupils and parents gave examples of other impacts. In two schools, examples were given by pupils and parents of impacts on understanding / actions relating to health. Pupils in P3 discussed the focus of PSHE

education lessons on healthy eating, and a parent interviewed in P5 discussed changes she had seen in her son:

**Box 7.1.1: PSHE education impacts: Parents' experience**

In P5, one parent reported a range of health-related changes she had observed in her son, which she related to PSHE education teaching.

She noted that he was vehemently anti-smoking:

*[smoking] and the drugs and stuff they learn a lot about in Year 4 and if that stays with them for the rest of their lives this will be a generation who never smoke because they are so rude to people who smoke... they take it in but whether they remember it all the way through will remain to be seen.*

He was also very knowledgeable about the five a day message on fruit and vegetables, since healthy eating was *drummed into them*. Her main concern related to his being weighed at school: she had chosen not to tell him his results as he would worry he was heavy as a result. She said that was a *down side of all this healthy stuff*, which she related to PSHE education.

In addition, she said PSHE education had encouraged her son to understand hygiene and wash more often which she had not been able to encourage him to do herself.

There were a number of powerful examples of impacts in terms of being able to deal with personal difficulties, particularly in one primary school in relation to dealing with loss and grief (see below). The quotations in Box 7.1.2 indicate how PSHE education can effectively combine with wider pastoral care within the school to help pupils deal with serious personal issues, and support others in doing so:

**Box 7.1.2: PSHE education impacts: Pupils' experiences**

A number of pupils in P6 discussed how PSHE education had helped them with dealing with serious issues such as divorce, death or illness in their family:

- *I used to blame my parents divorce on myself but I realise now that that isn't going to help the situation*
- *My mum died in Year 4 from ovarian cancer. PSHE helped me to think about things*
- *My brother died in Year 4 and I had a lot of support which I found quite helpful*
- *PSHE taught us we should all give [pupil] a bit more support*
- *There can be really helpful teachers □ she's amazing, she's so supportive, if you want to let it all out you can*
- *[pupil's] mum died and we all took it seriously and thought about how she felt*

Teachers in two primary schools found improved classroom and playground behaviour, which they related to PSHE education teaching, as the head teacher in P2 indicates here:

*My judgment is we are very good in this school, PSHE is one of our strengths. I would back that up by saying, look at the children - they are happy and well behaved, there are very few behaviour issues here. Most of us have 29 well behaved children, and their behaviour often remodels the behaviour of the others... we know visitors come here and enjoy it, and the feedback from parents is very positive. (P2, head teacher)*

In another school, the PSHE education lead had personally worked hard on one issue and felt that this had had impacts:

*I feel I have been waging what feels like a one man war on casual homophobia in the school □ language and insults □ I have noticed a reduction in that which I see as an important touchstone [in relation to relationships] so I think there has been an*

*improvement in interpersonal skills, to do partly with SEAL work, partly vertical tutoring but certainly the teaching of PSHE education.*

The difficulties in attributing change to PSHE education apparent in a number of the examples above, leads on to the problems schools face in attempting to make judgments about impacts of PSHE education.

The school senior leader interviewed in S4 provided a good example of this. He felt he lacked information about impact:

**Box 7.1.3: Difficulties in measuring impact of PSHE education: One senior leaders' view**

Whilst the school evaluated the PSHE education drop-down days in terms of pupil feedback they needed *to get their heads around assessing impact*. He was sure it did have an impact, so measuring it should be possible, but said it was very grey and so difficult to measure, and did not currently know how. Some aspects were easier than others. He noted that *careers awareness has more tangible outcomes, for example, than seeing impact about positive relationships*. He said that one possibility would be to try track wider impact and skills learnt across the school, not just assessing individual PSHE education days. Hearing about sixth formers and their knowledge of sex or drugs, for instance, was interesting, but difficult to know the school's impact upon future knowledge levels: did it influence teenage pregnancy rates? Are they good citizens? Currently they only hear anecdotal evidence: could this change in future and they have some more formalised feedback/information from sixth form colleges? For him, more information on the impact of PSHE education on behaviour would be useful.

## 7.2 School views of effectiveness: Survey data

### 7.2.1 Primary schools

Primary schools that took part in the survey tended to see their provision of PSHE education as effective. Figure 7.2.1 below indicates that around a third of primary schools felt their PSHE education provision was very effective, and less than 10% in each case viewed it as less than effective. The figure does indicate, however, differences in perceived effectiveness between elements.

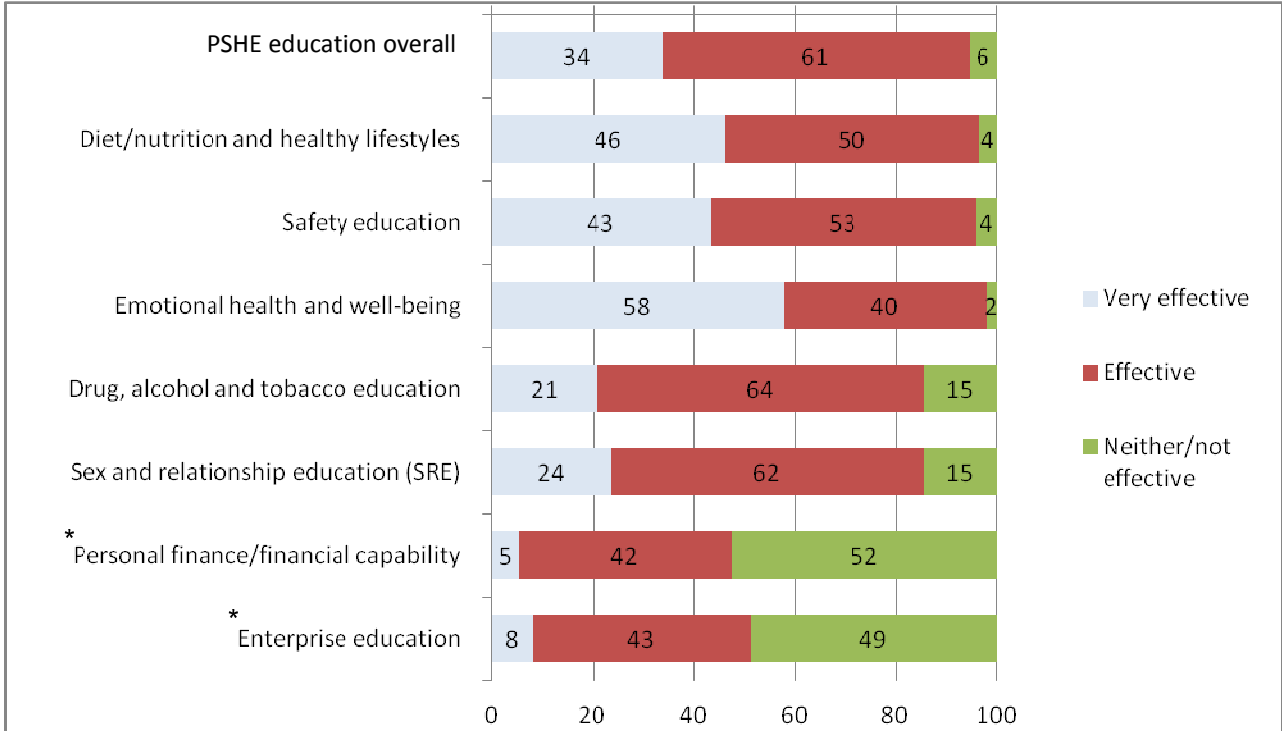
In relation to the personal wellbeing elements, provision of diet/nutrition and healthy lifestyles, safety education and emotional health and wellbeing, were viewed as very effective by over 40% of primary schools. Emotional health and wellbeing is viewed particularly strongly in primary schools, of which nearly 60% viewed their provision as very effective.

This is likely to be related, as noted earlier on in Chapter 4, to the preponderance of SEAL delivery in primary schools, in which much of this type of work is delivered.

In contrast, drugs, alcohol and tobacco education, and sex and relationships education were viewed as very effective in less than a quarter of primary schools, with 15% of schools in each case viewing their provision as less than effective.

The economic wellbeing elements were significantly less likely to be viewed as effective or very effective in primary schools. Most clearly, personal finance/financial capability was the only element viewed as less than effective by a majority (52%) of primary schools, with only 5% viewing their provision as very effective, and enterprise education was viewed as less than effective by almost 50% of primary schools.

**Figure 7.2.1: Perceptions of effectiveness in primary schools\***



\* Fewer respondents answered these questions. Please see Table A3.11 in Appendix 3 for further detail.

**7.2.2 Secondary schools**

As with primary schools, most secondary schools viewed their provision as effective; just under a third viewed PSHE education provision as very effective and around 10% viewed it as less than effective. As with primary schools, the figure shows differences in perceived effectiveness between elements.

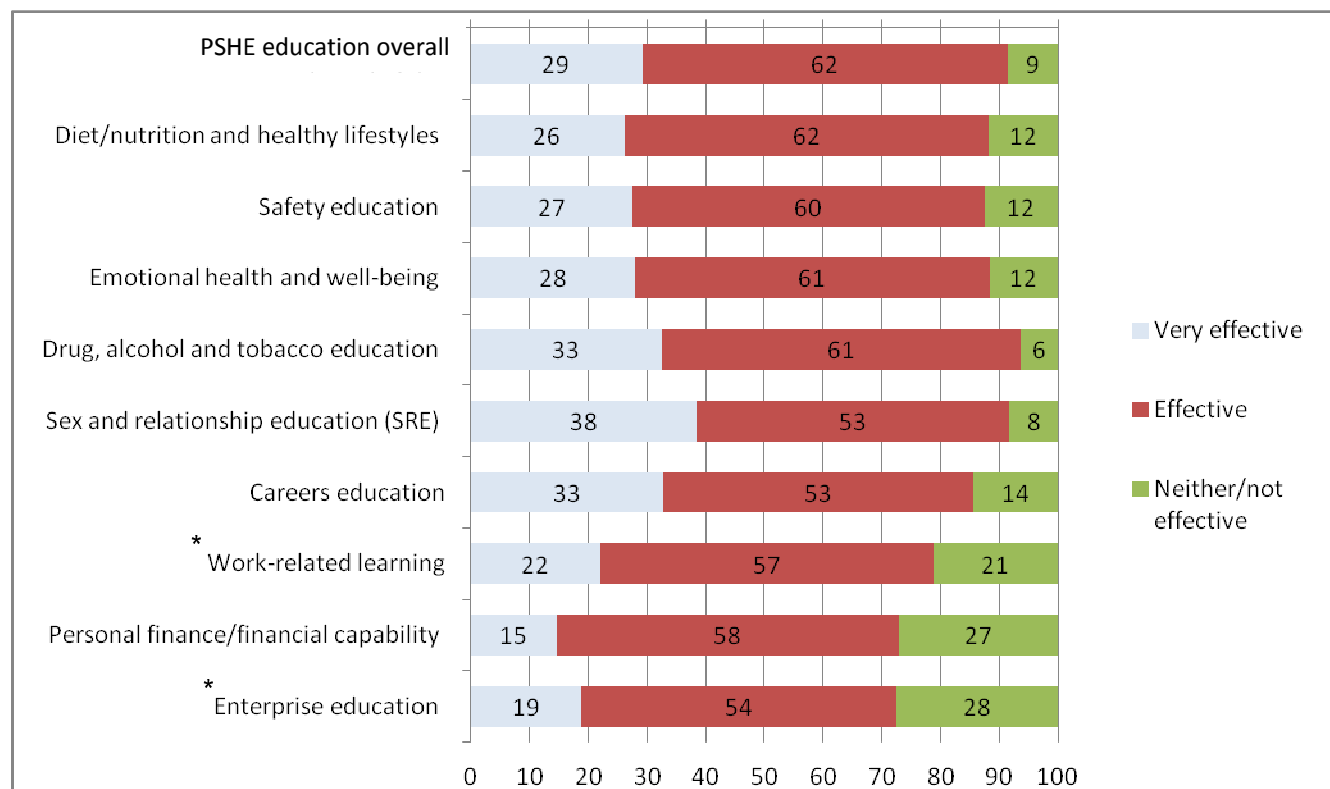
In relation to the personal wellbeing elements, provision of diet/nutrition and healthy lifestyles, safety education and emotional health and wellbeing, were less likely to be viewed as very effective by secondary schools compared with primaries, with around 26-28% of secondaries viewing their provision as very effective, and around 12% viewing it as less than effective in each case.

In contrast, drugs, alcohol and tobacco education, and sex and relationships education are both more likely to be viewed as very effective in secondary schools than primaries (by 33% and 38% of secondaries, respectively), and around two to three times less likely to be viewed as less than effective (2% and 6% of secondaries respectively).

With the possible exception of careers education, the economic wellbeing elements were seen as less effective than personal wellbeing aspects, although the differences were not as pronounced as for primary schools. Nevertheless, over a quarter of secondaries felt their personal finance/financial capability and enterprise education provision was less than effective, and a fifth felt their work-related learning was less than effective.



**Figure 7.2.2: Perceptions of effectiveness in secondary schools\***



\* Fewer respondents answered these questions. Please see Table A3.12 in Appendix 3 for further detail.

### 7.3 Modelling influences on effectiveness

Influences on effectiveness were investigated by conducting statistical modelling to explore the extent to which a variety of factors were related to perceived effectiveness, and some external measures. Detailed discussion of these analyses is included in the Technical annex (Appendix 4). But, in brief, the focus of these analyses was to identify and examine influences on effective PSHE education provision at primary and secondary school levels. Prior to conducting these analyses, a measure of effective PSHE education delivery was required. Two approaches to measurement were explored:

1. The perceived effectiveness of PSHE education provision (as reported by respondents to the PSHE education surveys).  
As noted above, the vast majority of respondents placed their school's PSHE education provision on the effective end of the scale, so the perceived effectiveness model explores how the response of very effective might be constructed from responses to other survey items. This model then identified factors which tended to be associated with a respondent reporting that their school's PSHE education provision was very effective in promoting learning about PSHE education.
2. Ofsted judgement grades on pupil outcomes.  
The Ofsted measure was derived from published whole-school inspection outcomes. Initially just inspections taking place following the September 2009 revised framework were included, but this gave very low subsample sizes. To try and resolve the problem of limited Ofsted judgement availability, 2008/09 judgements were merged with the 2009/10 judgements. This helped to boost the sample size in both primary and secondary schools to 46% (n=426) and 47% (n=292) respectively. So, whilst there has been some compromise through drawing on judgements which could have been made

up to two years ago, the increase in subsample sizes helped improve the reliability and validity of the resulting analyses. For some Ofsted judgements, word or phrase changes made it unreasonable to combine these (as they were not capturing identical things - see Technical annex for details). This left three items that were virtually identical in the 08/09 and 09/10 reports as follows:

**Ofsted 1 (spirit):** The extent of pupils' spiritual, moral and cultural development

**Ofsted 2 (healthy):** The extent to which pupils adopt healthy lifestyles

**Ofsted 3 (work skills):** The extent to which pupils develop (workplace and other skills) that will contribute to their future economic wellbeing.

### 7.3.1 Examining how perceived effectiveness and Ofsted measures are statistically associated

Table 3a and 3b in the Technical annex presents these analyses for the 09/10 and combined 2008 to 2010 judgements respectively.

For the primary school survey, significant association between perceptions of effective delivery and all three Ofsted judgements were found. Respondents from schools judged as outstanding in each of the three judgements were significantly more likely to report that they perceived their PSHE education provision to be very effective.

Respondents from secondary schools judged as outstanding in each of the three judgements were more likely to report that they perceived their PSHE education provision to be very effective across all 3 judgements  but statistical significance is only reached for the second healthy lifestyles judgement.

The data in the Technical annex also shows that there is a notable overlap between the Ofsted judgements. This is seen in both samples but is most striking in the secondary school sample. Perceptions around PSHE education delivery are correlated with the Ofsted judgements, although these correlations are much weaker than those seen amongst and between the judgements themselves (see Figures 3a and 3b).

### 7.3.2 Possible influences on effectiveness used in the models

The factors that were considered in the models as possible influences on effectiveness were drawn from the PSHE education survey, utilising previous evidence. These are detailed in Box 7.3.2 below.

### **Box 7.3.2: potential influences on PSHE education effectiveness**

1. Delivery of discrete PSHE education:
  - using PSHE education lessons or other approaches
  - frequency of PSHE education delivery
  - teaching methods adopted
  - who teaches PSHE education
2. Assessment in PSHE education:
  - types of assessments used
  - use of QCDA end of Key Stage statements
  - visibility of PSHE education assessments (whether referred to in school assessment plan / policy; whether mentioned in reports; whether discussed at parents' evenings)
3. PSHE education qualifications and CPD training
  - PSHE education qualifications of staff
  - CPD training - awareness and ease of access
4. PSHE education coordination and leadership
  - whether PSHE education coordination is resourced (time and money)
  - whether PSHE education is supported by SLT and/or school governor
  - whether PSHE education is present in school policy
5. PSHE education evaluation
  - whether PSHE education is evaluated through consultation (e.g. with pupils)
6. Estimate of resourcing
  - estimated spend on PSHE education per pupil
7. Healthy School status
  - whether the school has national Healthy School status and/or is participating in the Healthy Schools enhancement model
8. External / contextual
  - Faith status
  - Eligibility for FSM
  - School capacity
  - GOR
  - Type of school
  - Admissions policy

Prior to including these factors in the models, an analysis of the relationships between these factors and both perceived effectiveness and the Ofsted measures was conducted (see Appendix I of the Technical annex). The aim of this (and all) statistical models is to explain as much of the variation between schools using as few variables as possible, so only variables which (statistically significantly) add to the explanatory power of any particular model should be included in the model. This analysis helped to reduce the number of variables to include just those that had the strongest relationship with perceived effectiveness. Details are provided in Tables 5a and 5b of the Technical annex, but in essence this found that whilst many of the potential explanatory factors were associated with higher perceived effectiveness in delivery, far fewer were associated with higher Ofsted grades. Almost none of the Ofsted grades were linked to PSHE education: they were related instead to other factors, such as Healthy School status and external factors. This indicates that the Ofsted

grades are not explicitly linked to PSHE education delivery, rather to the wider work of the school concerning pupils' spiritual, moral and cultural development, their adoption of healthy lifestyles, and their development of skills contributing to their future economic wellbeing.

The statistical modelling was then conducted, and led to the following findings for each model.

### **7.3.3 Primary sample**

#### **7.3.3.1 Associations with perceived effectiveness**

The model accounts for 12% of the variation in the perceived effectiveness. Delivering the full seven elements was associated with higher rates of perceived effective delivery. Respondents from schools that delivered all seven were around twice as likely to report effective delivery compared with respondents from schools delivering fewer than five elements.

Assessing through pupil progress records is associated with higher rates of perceived effective delivery. Respondents from schools using pupil progress records to assess PSHE education were around 1.5 times as likely to report effective delivery compared to those who did not use this.

The use of QCDA end of Key Stage statements is associated with higher rates of perceived effective delivery (although the statistical significance of this is borderline).

Reference to PSHE education in the school assessment policy is associated with higher rates of perceived effective delivery. Respondents from schools where PSHE education is referred to in the school assessment policy were around 1.6 times as likely to report effective delivery compared to respondents from schools where this was not the case.

Discussing PSHE education progress at parents' evenings is associated with higher rates of perceived effective delivery. Respondents from schools where PSHE education progress is discussed at parents' evenings were around 1.75 times as likely to report effective delivery compared to respondents from schools where this was not the case.

Awareness of CPD opportunities is associated with higher rates of perceived effective delivery. Respondents who were aware of local and national CPD in PSHE education were around 1.9 times as likely to report effective delivery compared to respondents from schools where this was not the case.

Provision of time and additional payment for PSHE education coordination is associated with higher rates of perceived effective delivery. Respondents from schools where PSHE education coordination was awarded with additional time and income were around 1.7 times as likely to report effective delivery compared to respondents from schools where this was not the case.

Evaluating PSHE education through consultation with pupils is associated with higher rates of perceived effective delivery. Respondents from schools who consulted with pupils and used this to evaluate PSHE education provision were around 1.9 times as likely to report effective delivery compared to respondents from schools where this was not the case.

In summary, for primary schools, and in relation to the issues considered, PSHE education delivery was seen to be most effective when:

- All seven elements were delivered
- Pupil progress records were used for assessment

- QCDA end of Key Stage statements were used
- PSHE education was included in the school assessment policy
- PSHE education was discussed at parents' evenings
- Staff were aware of CPD opportunities
- The PSHE education coordinator was paid and given time for the role
- PSHE education evaluation included pupil consultation.

### 7.3.3.2 Associations with Ofsted judgements

#### *Ofsted 1 (spiritual / moral development)*

The model accounts for 9% of the variation in the outcome.

The perception of how easy it is for their school to fund PSHE education CPD and release staff to attend is associated with higher rates of outstanding judgements. Schools where respondents reported that it was easy for their school to fund and release were around twice as likely to be judged as outstanding on this Ofsted measure.

Evaluation of PSHE education through consulting with governors is associated with higher rates of outstanding judgements. Schools where respondents reported that governors were consulted and the results used to develop PSHE education were around 1.8 times as likely to be judged as outstanding on this Ofsted measure.

Faith schools are associated with higher rates of outstanding judgements. Faith schools were around 3.5 times as likely to be judged as outstanding on this Ofsted measure.

#### *Ofsted 2 (healthy lifestyles)*

The model accounts for 9% of the variation in the outcome.

Evaluation of PSHE education through consulting with governors is associated with higher rates of outstanding judgements. Schools where respondents reported that governors were consulted and the results used to develop PSHE education were over 2.5 times as likely to be judged as outstanding on this Ofsted measure.

Healthy School status is associated with higher rates of outstanding judgements. Schools with Healthy School status were around 3.5 times as likely to be judged as outstanding on this Ofsted measure.

Faith schools are associated with higher rates of outstanding judgements. Faith schools were around 1.8 times as likely to be judged as outstanding on this Ofsted measure.

Poverty / deprivation is associated with lower rates of outstanding judgements. Schools in the highest 25% of concentrations of FSM eligibility were less than a third as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.

#### *Ofsted 3 (economic wellbeing)*

The model accounts for 11% of the variation in the outcome.

The presence of PSHE education in the school assessment plan is associated with higher rates of outstanding judgements. Schools where respondents reported that PSHE education is referred to in the school assessment plan / policy were over twice times as likely to be judged as outstanding on this Ofsted measure.

Healthy School status is associated with higher rates of outstanding judgements. This finding is more tentative □ as it is just not statistically significant.

Faith schools are associated with higher rates of outstanding judgements. Faith schools were around twice as likely to be judged as outstanding on this Ofsted measure.

Poverty / deprivation is associated with lower rates of outstanding judgements. Schools in the highest 25% of concentrations of FSM eligibility were around a quarter as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.

### **7.3.3.3 Case study and questionnaire open response data**

Only one of the primary case study school interviewees picked up the importance of full coverage, with the senior leader in P4 identifying that coverage of elements not covered by SEAL units was often weak and therefore teaching was not effective. However, none of the school interviewees explicitly mentioned assessment in their responses (in relation to effectiveness), or the use of QCDA end of Key Stage statements. Curriculum coverage more widely was mentioned by around a quarter of the 668 responding primary schools who made open comments on effectiveness, particularly in relation to integration across the curriculum, and having frequent lessons of adequate length.

However, parental engagement and consultation was mentioned by three of the primary case study schools as important, with two schools concerned about parental objections to PSHE education, especially SRE and the role of the media in influencing parental concerns, with the senior leader in P5 noting that media play a massive role in heightening parental anxieties in certain areas e.g. bullying and children playing outside, which schools then try to tackle through PSHE education.

Although professional development was not mentioned explicitly in the case study primary schools, staff skills, confidence and commitment were mentioned, all of which can be influenced by effective professional development. Staffing (in terms of staff skills, confidence and specialist skills) was also mentioned in open comments on the survey as contributing to effective delivery by 21% of the 668 who commented. Related to this were the teaching methods, noted by a third of primaries who commented, including tailored provision to particular needs, creative methods, varying group activity and circle time, and use of assemblies.

The role of the PSHE education coordinator was central in all of the case study primary schools, for example in P1 the coordinator had a specific commitment to PSHE education from her previous work, and had the PSHE education qualification. The teacher, governor and senior leader interviewed all identified that PSHE education was very well led in this school, and the teacher in particular linked this to effective teaching in the school. Related to this, in the case study data, was the commitment of the senior leadership team and valuing PSHE education, as noted in Chapter 3 above. This was also noted by around 50 of the schools in open comments on the survey.

Only one case study primary school identified consulting pupils as being important, but the data from speaking to pupils indicated the important evidence for effectiveness that can be obtained from taking account of pupils' views. In the case study data, pupils picked out two particular issues which they felt contributed significantly to effective teaching and learning in PSHE education.

The first area was the classroom environment. In four primary schools, pupils identified the need to feel free and safe to ask questions and express their views. Related to this, pupils

expected issues raised to be treated confidentially, but dealt with as appropriate, with pupils in one school noting that where concerns about bullying were raised they were not taken seriously, and this meant they were less likely to engage fully with lessons that they felt would not lead to positive change.

The second area of importance in at least three schools was the value placed on the involvement of outside agencies, such as the police or community groups, in teaching PSHE education, due to their expertise in certain elements of the subject.

### **7.3.4 Secondary sample**

#### **7.3.4.1 Associations with perceived effectiveness**

The model accounts for 15% of the variation in the outcome.

The use of discrete PSHE education lessons is associated with higher rates of perceived effective delivery. Respondents from schools which used discrete PSHE education lessons to deliver some or all of the elements were over twice as likely to report effective delivery compared with respondents from schools not using discrete PSHE education lessons.

PSHE education being taught by a PSHE education co-ordinator is associated with higher rates of perceived effective delivery. Respondents from schools where all elements of PSHE education was taught by the PSHE education co-ordinator were around 2.6 times as likely to report effective delivery compared with respondents from schools where no elements of PSHE education were taught by the PSHE education coordinator.

Assessing through pupil progress records is associated with higher rates of perceived effective delivery. Respondents from schools using pupil progress records to assess PSHE education were around 1.8 times as likely to report effective delivery compared to those who did not use this.

Reference to PSHE education in the school policy / improvement plan is associated with higher rates of perceived effective delivery, although the statistical significance of this is borderline.

Evaluating PSHE education through consultation with parents/carers is associated with higher rates of perceived effective delivery. Respondents from schools who consulted with parents/carers and used this to evaluate PSHE education provision were around 1.8 times as likely to report effective delivery compared to respondents from schools where this was not the case.

Evaluating PSHE education through consultation with parents/carers and external agencies is associated with higher rates of perceived effective delivery. Respondents from schools who consulted with parents/carers and external agencies and used this to evaluate PSHE education provision were around 1.9 times as likely to report effective delivery compared to respondents from schools where this was not the case.

Girls' schools are associated with higher rates of perceived effective delivery. Respondents from girls' schools were around 2.3 times as likely to report effective delivery compared to respondents from boys or mixed schools.

In summary, for secondary schools, and in relation to the issues considered, PSHE education delivery was seen to be most effective when:

- Discrete PSHE education lessons were used
- PSHE education was delivered by the PSHE education coordinator

- Pupil progress records were used for assessment
- PSHE education was included in the school assessment policy
- PSHE education evaluation included consultation with parents/carers and external agencies.

In addition, girls' schools tended to view their delivery as being more effective.

#### **7.3.4.2 Associations with Ofsted judgements**

##### *Ofsted 1 (spiritual / moral development)*

The model accounts for 21% of the variation in the outcome.

Evaluation of PSHE education through consulting with governors is associated with higher rates of outstanding judgements. Schools where respondents reported that governors were consulted and the results used to develop PSHE education were around 3.5 times as likely to be judged as outstanding on this Ofsted measure.

Being in the Healthy School enhancement model is associated with higher rates of outstanding judgements. Schools with Healthy School status were around 2.8 times as likely to be judged as outstanding on this Ofsted measure.

Poverty / deprivation is associated with lower rates of outstanding judgements. Schools in the highest 25% of concentrations of FSM eligibility were less than a seventh as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.

Girls' schools are associated with higher rates of outstanding judgements. Girls' schools were over 8 times as likely to be judged as outstanding on this Ofsted measure compared to respondents from boys or mixed schools.

##### *Ofsted 2 (healthy lifestyles)*

The model accounts for 22% of the variation in the outcome.

Healthy School status is associated with higher rates of outstanding judgements. Schools with Healthy School status were around 3.9 times as likely to be judged as outstanding on this Ofsted measure.

Poverty / deprivation is associated with lower rates of outstanding judgements. Schools in the highest 25% of concentrations of FSM eligibility were around a tenth as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.

Girls' schools are associated with higher rates of outstanding judgements. Girls' schools were over 5.5 times as likely to be judged as outstanding on this Ofsted measure compared to respondents from boys or mixed schools.

##### *Ofsted 3 (economic wellbeing)*

The model accounts for 23% of the variation in the outcome.

Awareness of PSHE education CPD is associated with higher rates of outstanding judgements. Schools where respondents reported that they were aware of both local and national PSHE education CPD were around 3 times as likely to be judged as outstanding on this Ofsted measure.



Being in the Healthy School enhancement model is associated with higher rates of outstanding judgements. Schools with Healthy School status were around 3.7 times as likely to be judged as outstanding on this Ofsted measure.

Poverty / deprivation is associated with lower rates of outstanding judgements. Schools in the highest 25% of concentrations of FSM eligibility were around a ninth as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.

Girls' schools are associated with higher rates of outstanding judgements. Girls' schools were over 5.6 times as likely to be judged as outstanding on this Ofsted measure compared to respondents from boys or mixed schools.

#### 7.3.4.3 Case Study and questionnaire open response data

Discrete PSHE education lessons were identified as being important for effective PSHE education teaching in two secondary schools, with two other schools suggesting the amount of curriculum time was an important influence:

##### **Box 7.3.4: The importance of dedicated curriculum time and effective timetabling**

In this school, delivery of PSHE education was primarily through tutor periods of around 20 minutes at lunchtime and occasional timetabled lessons.

The teachers noted that this gave insufficient time to cover such an intensive range of topics. Often, delivery was not timed well. For example, pupils were felt to be going out on work experience with insufficient preparation, and drugs education was taught in Y10 PSHE education sessions before the basics have been taught in science; or were being repeated and were boring in Y11.

In the timetabled lessons, a lack of priority given to the subject meant that staff who happened to be free taught the sessions, meaning that some groups had a different PSHE education teacher each week. This meant there was often a lack of continuity and consistency.

Curriculum time was also mentioned by around 30% of the 337 responding schools who made open comments on effectiveness, centring on having frequent, discrete PSHE education lessons.

As with primary schools, the role of the PSHE education coordinator was seen to be very important in secondary schools in the case study sample. Two schools in particular identified the importance of PSHE education leadership. A teacher in S3 made some instructive comments, since at the time of the interview this school was not intending to replace the current PSHE education coordinator who was changing roles. She noted that *now that we won't have a leader...that's a big worry*, and felt that parts of PSHE education will begin to fall by the wayside. The teacher also discussed how the previous coordinator had supported assessment (by looking at videos of lessons) and explained that whilst she could do this herself it would be less effective: *you have to have your experts there*.

The need for expertise in teaching PSHE education was linked to another set of issues picked up in the case study data: teacher confidence, commitment and skills. In S5 and S2, pupils noted that this was a problem in relation to delivery by tutors, as this range of quotes from S2 illustrate:

*The art teacher knows nothing about PSHE □ [she talks about] marriage and religion, she makes her strong views known which is good because we can argue back, but she can't teach it so we end up just watching videos*

*We get different teachers each lesson and all have different expectations in relation to behaviour e.g. sitting still or discussing and interacting: it's hard to adjust.*

Staffing issues were also mentioned by around 57% of the 337 secondary teachers who made open comments on effectiveness in the survey, particularly confidence, specialist teams (this alone was mentioned by 16%), and use of external specialists. Related to this, in the open comments 20% who responded mentioned teaching using appropriate methods including tailoring to needs, creativity and variety of methods.

Also linked to PSHE education leadership was the issue of commitment to PSHE education and valuing the subject, as noted for primary schools above. This was seen to be an issue in two secondary case study schools, with the senior leader interviewed in S1 arguing that there was a lack of commitment in this school from the head teacher, who had appointed new head of faculty, and included PSHE education leadership in this role alongside other senior roles. This leader also felt that promises to deal with problems with inappropriate learning spaces were not kept, suggesting a lack of commitment. He concluded that *in this school PSHE education is pushed around as it remains a Cinderella subject which sends out a message to staff and pupils about its status*. In S2, one of the teachers felt that in this school, in contrast, a member of the SLT had grasped the PSHE education nettle and taken on responsibility for finally sorting it out. However, this teacher cautioned that *the school had to make a real commitment*, and felt that even with this increased responsibility they were *just tinkering at the edges, just ticking the box for Ofsted*.

Aside from the reference produced above to the usefulness of the PSHE education in supporting assessment in S3, only S1 mentioned assessment as a factor associated with effectiveness of delivery, noting that without good assessment, effectiveness of delivery could not be measured. However, it is important to note the wide-ranging assessment discussion above (see Chapter 6).

The importance of consulting with parents was mentioned by a governor at one school, and others also discussed consulting pupils.

As with primary schools, pupils were able to give some interesting insights into their experiences of teaching PSHE education □ some of which have been outlined above □ and it is worth noting one other point raised in at least three schools. This related to the nature of PSHE education lessons being different from other subjects. Pupils valued the opportunity to engage with a subject that was different, related clearly to their lives, involving opportunities to discuss their views and feelings openly and □ crucially □ one not associated with high academic pressure. Several pupils mentioned in particular the different atmosphere gave them a space to escape from work stress in other subjects.

## **7.4 Cost effectiveness**

Clearly, measuring cost effectiveness is difficult, particularly - as is the case for PSHE education - where the range of resources used is large (if staffing and external time are included), and hard to quantify. In the survey, respondents were asked to note how much explicit budget was available for PSHE education, as well as how much time was spent on PSHE education delivery by a number of staff groups. Using average pay rates for different staff groups derived from DfE and other sources, these responses were used to produce an estimate of annual spend per pupil in each school.

The full detail is provided in the Technical annex (Appendix 4), but in summary this find that there is a very large variation in spend per pupil reported, in particular with some schools claiming very large amounts of staff time spent on PSHE education, creating a large positive skew in the data. This indicates that these schools were answering the question in a different way from the majority of respondents, and means the data should be treated with some caution.

To partly take into account these outliers, it is better to use the median as a measure of average spend per pupil on PSHE education, which is presented separately for primary and secondary schools below.

To take into account this positive skew in the effectiveness modelling, the data on spend were grouped prior to including in the effectiveness models reported above. When including the spend per pupil in these models, there was no association between this spend and perceived effectiveness or effectiveness using the three (whole-school inspection) Ofsted measures for primary schools or secondary schools.

In the case studies, teachers and even senior leaders did not usually appear to appreciate that the cost of PSHE education did not just relate to the explicit PSHE education budget, but also includes all of the resources associated with delivery including staff costs and time off timetable for other lessons where drop-down days were used. Therefore in the case study data, schools tended to simply discuss the explicit PSHE education budgets they used.

#### 7.4.1 Primary schools

From the survey, the estimated annual median overall spend per pupil, including an estimate of staffing cost, was around £140. The average budget for PSHE education (for resources, photocopying etc) was £400.

In primary case study schools, the explicit PSHE education budget was related to school size, and ranged from £100 to £800, with a typical budget being around £200-£300. Some were able to make use of other funding. For example P3 had some funds from the local PCT. Other schools used contributions from parents for specific projects. In general, schools tended to need to spend time looking for opportunities and funds from a variety of sources. Some were able to manage this by using funds not set aside for PSHE education imaginatively, as this comment illustrates well:

*We fund it by hook and by crook! We get sponsorship from local businesses to support digging plants □ charities who can run great workshops for you, sample these and then put them on a yearly cycle... you ring businesses - saying we are doing road safety, can you donate? It doesn't matter if it's got Sainsbury's on the back of it! And parents, they'll contribute. So you have to see the value of it - for example, we are having a new playground laid at the moment, and yes I could do snakes and ladders on it, but no, I'm putting a road on it with zebra crossings, so the kids are going to love playing at road safety on it. (P2, head teacher)*

Views tended to be mixed on whether the level of funding that tended to be available for PSHE education was adequate or not. In P6, for example, the PSHE education lead stated that there were serious financial issues within the school regardless, and said overall the school was incredibly tight budgeted. However, he did not see this as particularly harmful to PSHE education as he felt it was less resource dependant than many other subjects. In P4, in contrast, the PSHE education lead's £200 budget had been reduced to £150 this year which she said was frustrating (although other subject budgets had also been reduced), stating that it was *just not enough* as books, resources, visitors, games, puppets, etc. were *all very expensive*. In P3, there were differing views even within the school on the adequacy

of the (£300) PSHE education budget, with one of the teachers feeling that more resources and funding were needed, whereas the senior leader felt that the school was resourced as and when it was needed and that budget cuts should not impact on their provision. The PSHE education lead felt that more funding was needed nationally due to the *obvious benefits to the delivery of PSHE in schools*.

Participant views on the most valuable use of resources varied from school to school, although the majority pointed to the importance of high quality professional development, with others discussing specific resources. In P1, the senior leader noted that it was not just about resources, but about the best use of resources in supporting teaching and learning:

[PSHE education lead] *can request additional resources but I'm not sure we need more things - a lot of SEAL resources aren't as well used as they might be* □ *more CPD conversations needed rather than a resourcing issue.*

#### **7.4.2 Secondary Schools**

Whilst the estimated annual overall spend per pupil (from the survey) was around half of that for primary schools, at around £70, the average budget for resources, photocopying etc. was higher at £1500.

Secondary case study schools were less willing to share details of budgets on the whole, so there is not a good picture of budget size, although S1 reported that their budget of £5000 per year was *a strong budget* (and this would have been well into the top quarter of school budgets in the survey sample). In common with primary schools, some mentioned cuts in budgets, although one of these noted using free resources to supplement the lower budget.

Specific resources tended to be seen as the most valuable use of these funds, although one lead commented that the expense of external resources put her off buying them as she said she then felt obliged to keep using them (due to the cost), which stifled creativity. Two secondary schools also mentioned the cost of using external agencies for delivery.

## 8. Conclusions and discussion

This chapter firstly brings together the key points from the data, closely following the structure of the report, and secondly provides a more general discussion about the related issues and implications that arise from this. Links are made here between these findings and other key research in the field.

### 8.1 Synthesis of key issues

#### *Leadership and strategic approaches*

Data analysis points to the importance of strong leadership and support for PSHE education in school. There are two aspects to this: (i) clear coordination of the subject internally, to facilitate cross-curricular links and avoid unnecessary overlap or duplication with other curriculum subjects; and (ii) strategic SLT support for PSHE education to signify status and encourage buy-in from staff. In the absence of senior leadership for PSHE education, delivery is likely to be very variable and lacking a systematic approach. In both cases, data indicates that these were issues of particular concern in secondary schools.

#### *Delivery and curriculum coverage*

Evidence (both quantitative and qualitative) demonstrates that current delivery in England is inconsistent and, at secondary level, often infrequent. Whilst primary schools were likely to use SEAL and other subject lessons in addition to (or sometimes instead of) discrete PSHE education lessons, secondary schools were more likely than primaries to use drop-down days and tutor/form group time within their PSHE education delivery.

The generally lower status or value afforded to PSHE education at secondary level is illustrated by the absence of any strong good practice examples of delivery within the secondary case studies. By contrast, provision at primary level was notably more secure, with the use of SEAL resources key here, as discussed further below.

Data suggest that delivery is more successful when there is a dedicated curriculum, regular timetabled lessons, and subject-specific PSHE education staff. Less successful is input restricted to drop-down days, which supports existing evidence (Hirst, Formby and Owen, 2006; Ofsted, 2005, 2010). In other words, not having dedicated PSHE education staff and time within the curriculum can reduce both the quantity and quality of the provision.

With regard to curriculum coverage, and the personal wellbeing elements of PSHE education specifically, SEAL dominates at primary level, which means that emotional wellbeing tends to be well-delivered and highly valued, in contrast with secondary schools where emotional wellbeing and most other elements of PSHE education are offered less consistently. However, other areas of PSHE education (with the exception of safety and healthy lifestyles) are less highly valued and well-delivered within primary schools. Therefore, support in primary schools needs to be on developing PSHE education across the full range of elements, primary schools need particular support in relation to SRE and DAT education.

Schools' right to set their own agenda for SRE within PSHE education (DfEE, 2000) appears to manifest in some loss of opportunity to link the curriculum more closely to other policy agendas related to young people. One example of this concerns homophobic bullying: homosexuality as a topic was generally thought to be under-explored within PSHE education by a number of case study participants (supported by other research to this effect; see Formby, forthcoming; Forrest et al, 2004; Ofsted, 2010; Martinez and Emmerson, 2008), yet guidance to schools promotes the embedding of anti-bullying work (DCSF, 2007).

There is a particular concern, in both primary and secondary schools, in relation to the economic wellbeing aspects, which in general were not seen to be as widely covered, well delivered, or as effective as others, supporting evidence elsewhere (Ofsted, 2010). This was a particularly serious issue in primary schools. This is likely to be related to the lack of expertise in these areas for many PSHE education leads, and the fact that the new programme of study for economic wellbeing and financial capability was not introduced until 2008. Primary and secondary schools therefore need support to ensure they deliver these elements effectively and to make links between personal and economic wellbeing elements, and to deliver them coherently. At national level, thought also needs to be given to post-16 provision, where far less is known, but where there are strong opportunities for linking economic wellbeing provision with employability and life skills.

The Every Child Matters outcomes and associated policies, including Healthy Schools, underpin and support many aspects of PSHE education, especially in relation to safety, health, and economic wellbeing. The importance of the ECM outcomes framework to PSHE education provision should therefore be taken into account in any consideration of policy changes in relation to the ECM agenda.

#### *Support for teaching PSHE education*

Local authorities were seen to be important to schools in a number of ways, but from the viewpoint of schools in two particular ways. First, they sometimes provided locally-based context-specific resources, training and in-school support which were often highly valued, particularly in primary schools. Second, they provided a gateway to high quality resources, training and development from elsewhere. LA representatives added a third area of value: challenging schools to develop appropriate PSHE education provision. There is some indication that those schools which are more independent of LA support (particularly at secondary level), such as voluntary aided and foundation schools, may be more likely to use PSHE education delivery methods that are associated with being less effective, such as provision via drop-down days or through tutor/form group time. DfE therefore needs to ensure that appropriate support and challenge in relation to PSHE education is provided for schools that are outside of LA control, or where LA support has/may be removed as part of austerity measures.

The most effective PSHE education was delivered by well-qualified staff, suggesting that PSHE education CPD qualifications should be funded and supported. However, release for CPD was a barrier in many schools. This suggests that in order to garner support the rationale and evidence for CPD as key to quality approaches and content in PSHE education must be explicit to all staff, and feedback mechanisms for sharing learning from CPD should be embedded. Likewise, CPD must be effective and quality assured to help teachers to meet these expectations. Appropriate CPD that can be provided in school should be explored, too, for example providing group or team CPD for specialist teams (as provided by one of the case study LAs), or models involving in-school coaching.

Regarding resources for PSHE education, the most useful were those that stimulated discussion and reflection – often visual, interactive, and relevant to real life. The lack of nationally provided/quality assured resources was an issue for some, with a plethora of private sector companies offering consultancy services in the area, but with no clear means of assuring the quality of this provision for schools. External inputs were also valued, although again there was a need for quality control. LAs could potentially provide this quality control; if not, the government needs to ensure there are mechanisms available to provide this at local and national levels.

### *Assessment and forms of consultation*

Assessment and evaluation of PSHE education were both inconsistent areas: because schools had different understandings of PSHE education, their views on assessment also varied. Whilst some schools were actively opposed to formal assessment, others identified it as essential. Explanations revealed misperceptions regarding appropriate forms of PSHE education assessment: for example, a concern about introducing testing and examinations in sensitive areas within PSHE education, rather than a motivation to better understand what young people have learnt from PSHE education and how this can be measured or monitored. Concerns related both to what assessment might mean for pupils and lessons, and more broadly for PSHE education as a whole, and its related status as a subject. This potential link between (lack of) assessment and the perceived value of a subject has also been recently evidenced in relation to citizenship education, suggesting that pupils and staff can be reluctant to acknowledge the educational value of a subject that cannot easily be measured or graded (Richardson, 2010). There is therefore a need for greater discussion and clearer communication of what meaningful assessment in PSHE education might involve (e.g. is it assessing knowledge, behaviour, skills, attitude, or a combinations of these?). Some examples in the case studies could be used as a starting point for this discussion. Schools were also unclear about how to evaluate PSHE education effectively, and who to involve (e.g. pupils, staff, or both). The provision of specific guidance on this should be considered, in relation to other means of attempting to assess outcomes and delivery effectiveness.

### *Effective delivery of PSHE education: Integrated and fragmented approaches*

Within this research, the perceived effectiveness of PSHE education often related to issues discussed above, such as the delivery models, staffing, support and resources, and CPD. However, there was also recognition that PSHE education is hard to assess and any long term outcomes difficult to measure. This suggests first of all that there is a continuing need for research work on developing appropriate measures of PSHE education effectiveness. The modelling exercise conducted emphasised this need, since without established, accepted measures it is necessary to use indicators such as teachers' perceptions of effectiveness, or proxy indicators such as (whole-school inspection) Ofsted grades.

Modelling suggested that the following factors in particular were associated with perceptions of more effective PSHE education:

#### *For primary schools this related to:*

- full curriculum coverage
- use of pupil progress records for assessment
- use of QCDA end of Key Stage statements
- including PSHE education in the school assessment policy
- including PSHE education at parents' evenings
- staff awareness of CPD opportunities
- giving a PSHE education coordinator pay and time for their role
- including pupils in the evaluation of PSHE education.

#### *For secondary schools this related to:*

- discrete PSHE education lessons
- PSHE education delivery by staff with expertise (e.g. a PSHE education coordinator)
- use of pupil progress records for assessment
- including PSHE education in a school assessment policy
- including parents/carers and external agencies in the evaluation of PSHE education.

Taking this modelling evidence and the case study work together, some broader conclusions can be drawn on the issue of effective PSHE education. Evidence suggests that schools with successful PSHE education are more likely to have the following features: a coherent, progressive curriculum across the full range of elements, core curriculum time, well resourced delivery, and CPD opportunities. They are more likely to work in a context of clear support from senior leaders, and motivated, rewarded PSHE education leaders. These schools are more likely to see the role of PSHE education as supporting both life skills *and* pupil learning, and align this with their vision of the purpose of schooling more broadly. In an ideal model, delivery would be designed to meet different requirements or elements, such as *who* it was delivered by (e.g. school nurse, external speakers) and *when* (e.g. extra off timetable time to take part in enterprise education activities). Within more effective schools in the case studies, pupils valued the space to discuss issues openly and safely, and appreciated the focus on real life and the real world. This combination is likely to require both highly skilled teachers, and additional delivery using high quality external involvement.

The least effective delivery was associated with a lack of a coherent PSHE education programme, often with elements missing or covered with repetition in different years, and severe weaknesses in elements beyond SEAL in primary schools. In these schools, PSHE education was less likely to be seen as central to the core work of the school - since it was not seen to support learning - and was often not valued by senior leaders. Core curriculum time was often missing or easily subsumed by wider curriculum requirements, with some elements entirely or partly dealt within drop-down days or via untrained tutors. In these schools, pupils often found delivery boring or not relevant to their learning, or their wider lives.

These features can be represented schematically, as indicated in Figure 8.1.1 below. These features are linked together and to the overarching approach to PSHE education which schools take (i.e. the extent to which they see it as important and how/in what way). This approach is on a continuum, from what can be called an integrated approach at one end - associated with the most effective delivery - or a fragmented approach on the other, associated with less effective delivery. This suggests that as a step towards building more effective PSHE education, schools should consider their approach in relation to each of the dimensions in the table as a diagnostic tool to examine how they might move from a more ineffective fragmented approach to a more effective, integrated one. These dimensions tend to interact and be associated with one another, and there are also key contextual issues, such as those relating to age phase, broader school ethos, the range of needs of pupils, and school size.



**Figure 8.1.1: Approaches to PSHE education: Integrated to fragmented curriculum**

	<b>Integrated approach</b>	↔	<b>Fragmented approach</b>
<b>Leadership and organisation</b>	PSHE education aligned with school vision	↔	PSHE education peripheral to school vision
	Senior level oversight and support	↔	Little senior oversight and support
	All elements clearly and coherently led	↔	Leadership for different elements isolated and some missing
	Linked to other aspects of curriculum	↔	Isolated from other aspects of curriculum
	Shared understanding and commitment from staff	↔	Variable understanding and commitment from staff
	Supported, secure and resourced PSHE education lead	↔	Isolated, insecure, under-resourced lead
<b>Delivery</b>	All elements covered	↔	Elements variably covered
	Development well informed via assessment/evaluation	↔	Development poorly informed by assessment/evaluation
	Timetabled in core curriculum	↔	Not timetabled
	Wide range of approaches used	↔	Narrow range of approaches
	Community/external focus	↔	Internal focus
	Spiral progression	↔	Gaps or repetition in progression
<b>Support</b>	Development supported	↔	Development restricted
	Pupils engaged	↔	Pupils not engaged
	Parents engaged	↔	Parents not engaged

**8.2 Discussion**

The key issues synthesis presented above leads to a number of broader points that emerge that are worthy of discussion and consideration by policy makers and schools.

*Pupil engagement*

The first of these is in relation to the importance of the voice of pupils in PSHE education. Where given the opportunity, pupils involved in the case studies valued the space that PSHE education provided to learn about key issues affecting them both now and in the future, and to safely ask questions and express views. They also enjoyed the break it often provided from the intensity of more academic subjects, appreciated assistance with personal difficulties, and acknowledged the role that PSHE education could play in helping them prepare for life beyond school. However, many schools lacked young people's opinions and expressed needs as a central component of their curriculum planning and delivery, supporting previous evidence that this is an area that needs improvement (Macdonald, 2009; Ofsted, 2007).

*Purpose and status of PSHE education*

Secondly, this research points to a lack of clear or shared understanding on the nature of PSHE education, or rationale for why schools should implement it. Whilst there were clear policy drivers in some areas, most clearly concerning emotional wellbeing as related to both ECM outcomes and Ofsted indicators, other areas were not so strongly supported by policy, which militates against integrated delivery. In addition, for some, PSHE education was viewed as a dumping ground for concerns not dealt with elsewhere in school, and/or as a response to the social context of the schools (e.g. areas where drug use, gun/knife crime or divorce were perceived to be significant). This did not facilitate a coherent curriculum. However, other staff valued the opportunity that PSHE education provided to integrate

provision related to particular issues in the curriculum, including child and social development, behaviour management and conflict resolution, and equality and diversity.

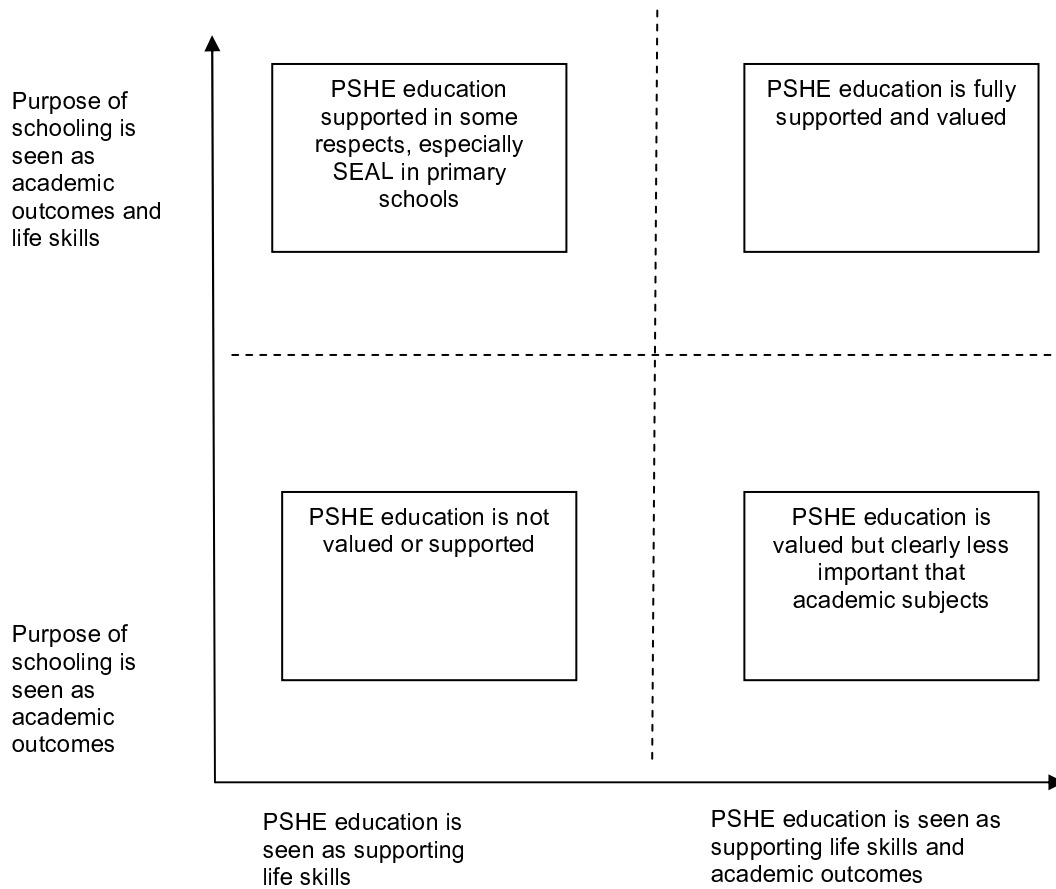
Related to this point is the issue of the *purpose* of PSHE education. As alluded to above, how schools understand the purpose of PSHE education is significant in determining school approaches to delivery. Within this, there appears to be an implicit tension between schools as a means to *teach* children, that is, with a focus on academic results and achievement, and schools as a means to *develop* children, which includes supporting development in social skills, emotional wellbeing, and so on. It was the minority who saw these two roles (teaching academic subjects and supporting child development) as being explicitly linked so that PSHE education played an important role in supporting young people's broader wellbeing, which in turn had a *direct* impact upon their academic achievement, though synergies between health and wellbeing and academic outcomes are increasingly being acknowledged elsewhere (Aggleton et al, 2010). In schools where the emphasis was more heavily weighted on teaching academic subjects, PSHE education - and the wider view of schooling - were likely to suffer through being awarded less time, status, and support.

Different understandings about the purpose of schooling also relate to differences of opinion about assessment, with some respondents suggesting that introducing formal assessment would put PSHE education on a par with other academic subjects, whilst others said that PSHE education will never be like other subjects, and should not be spoilt by trying to make it so.

Together with purpose, *status* is also significant to the delivery of PSHE education. Clearly, if PSHE education is not understood to be integral to the purpose of schooling (as are maths/numeracy, for instance) then the subject will not be given a high priority. As the survey results demonstrate, the status of PSHE education will be apparent, for instance in its (in)visibility in school policy documents, processes for reporting to parents, and in its delivery mechanisms. In the case studies, this low status of PSHE education - as demonstrated through these means - was not lost on staff, pupils, parents, or governors.

Figure 8.2.1 below indicates how the status of PSHE education is influenced by the schools' view of both the status of the subject, and the purpose of schooling. One can place schools somewhere on a continuum using these two issues as axes. The diagram indicates that the quadrant in which a school is placed influences the status and value of PSHE education in the school.

**Figure 8.2.1: Linking school views of purpose to support for PSHE education**



It is worth pointing out here that there are inevitably some differences of opinion between individuals within the same school, and this can highlight where tensions exist between the school management's view of the purposes of both the school and PSHE education, and other staff views of these two issues. A further issue worth mentioning is that in the case study sample and more broadly there are internal and external pressures on some schools to focus on academic outcomes, particularly schools with low attainment levels or poor Ofsted ratings, which can lead to tensions where schools would like to focus on wider life skills and prioritise PSHE education, but feel compelled to put their energies into the academic work of the school.

*PSHE education expertise*

Related to status, is the issue of *expertise*, with some staff asked to teach PSHE education with little specialist knowledge or skills in the area. The practice of a subject being taught by teachers of whom 90% do not have a specialist qualification would rarely or never be applied to other subject specialisms, yet is commonplace, according to the survey data, for PSHE education. This may well contribute to perceptions (and sometimes reality) of lower curriculum status. This led to a lack of confidence amongst some staff, which has also been documented elsewhere (Durex, 2010; Formby, forthcoming; Ofsted, 2010), and clearly relates to access to CPD and other support opportunities, as well as staff support or commitment to the subject more generally. Additionally, the issue of expertise and confidence can relate more closely to particular elements of PSHE education where expert knowledge may be necessary, for example regarding SRE or DAT education, which may partly explain the inconsistent delivery in these areas.

These issues also relate to pupils' perceptions of their teaching (and credibility of their teachers), in that they may not feel they are being taught by an expert in the subject. These views are echoed in other evidence (Formby, forthcoming; Macdonald, 2009; Ofsted, 2005, 2010), as well as the case study data. Whilst the use of specialist external input can help resolve teachers lacking confidence or skills, it is important to note that it is expertise and quality that is key, not being external per se. Hence, there were instances of outsider input into PSHE education that, whilst perhaps being preferable for school organisation purposes, was ultimately deemed to be of low quality by pupils and some staff.

#### *External influences*

*Variations* in the provision of certain elements of PSHE education might also be informed by external factors, in addition to internal school factors cited above (such as staffing issues), and there is some evidence to suggest that these impact upon particular PSHE education elements more than others. Whilst the (newer) economic wellbeing aspects may be disadvantaged by a lack of expertise and available resources, certain areas that fall under personal wellbeing may face additional barriers to progress. Schools may, for example, have concerns that teaching children and young people about sensitive areas, such as sex and relationships or drugs, can result in negative attention from parents and/or media (Ingham and Hirst, 2010; Macdonald, 2009; Stead and Stradling, 2010), and there was some evidence to support this from the case studies. This can leave teachers feeling uncomfortable or ill-equipped to deal with these issues (Formby et al, 2010; Ofsted, 2007), and they may therefore prefer to focus on aspects such as emotional wellbeing (as evidenced in this data), rather than other areas of PSHE education that might be viewed as contentious. There may also be frustration among some staff about a common focus on SRE in the public eye at the expense of other aspects of PSHE education (Macdonald, 2009).

This report offers strong evidence that for many school staff, pupils and stakeholders PSHE education is deemed to be important in supporting young people's future social and economic lives. To deliver PSHE education successfully, however, staff identify a need for continued strategic support from both schools and policy makers.

## 9. References

Advisory Group on Drug and Alcohol Education (2008) *Drug Education: An Entitlement For All*. [online] Available at:

[http://www.drugeducationforum.com/images/dynamicimages/file/6814\\_796501.pdf](http://www.drugeducationforum.com/images/dynamicimages/file/6814_796501.pdf).

Aggleton, P., Dennison, C. and Warwick, I. (2010) Introduction, in Aggleton, P., Dennison, C. and Warwick, I. (eds) *Promoting health and wellbeing through schools*. London: Routledge.

DCSF (Department for Children, Schools and Families) (2007) *Homophobic bullying - Safe to Learn: Embedding anti-bullying work in schools*. Nottingham: Department for Children, Schools and Families.

DfEE (Department for Education and Employment) (2000) *Sex and Relationship Education Guidance*. London: Department for Education and Employment.

Durex (on behalf of NCPTA, NCHT and NGA) (2010) *Survey of parents, teachers and governors on sex and relationships education in England*. [online] Available at:

<http://www.ncpta.org.uk/files/132224/FileName/ExecutiveSummary.pdf>

Formby, E. (forthcoming) Sex and relationships education, sexual health, and lesbian, gay and bisexual (LGB) sexual cultures: Views from young people, *Sex Education*.

Formby, E., Hirst, J., Owen, J., Hayter, M. and Stapleton, S. (2010) Selling it as a holistic health provision and not just about condoms □ Sexual health services in school settings: Current models and their relationship with SRE policy and provision, *Sex Education* 10 (4).

Forrest, S., Strange, V., Oakley, A. and The Ripple Study Team (2004) What do young people want from sex education? The results of a needs assessment from a peer-led sex education programme, *Culture, Health and Sexuality* 6 (4).

Hirst, J., Formby, E. and Owen, J. (2006) *Pathways into Parenthood: Reflections from three generations of teenage mothers and fathers*. Sheffield: Sheffield Hallam University.

IAGs (Independent Advisory Group on Teenage Pregnancy and the Independent Advisory Group on Sexual Health and HIV) (2006) *Personal, Social and Health Education (PSHE) in schools: Time for Action*. [online] Available at:

[http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/Sexualhealthgeneralinformation/DH\\_4079794](http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Sexualhealth/Sexualhealthgeneralinformation/DH_4079794).

Ingham, R. and Hirst, J. (2010) Promoting Sexual Health, in Aggleton, P., Dennison, C. and Warwick, I. (eds) *Promoting health and wellbeing through schools*. London: Routledge.

Macdonald, A. (2009) *Independent Review of the proposal to make Personal, Social, Health and Economic (PSHE) education statutory*. Nottingham: Department for Children, Schools and Families.

Martinez, A. and Emmerson, L. 2008. *Key findings: Young people's survey on sex and relationships education*. London: National Children's Bureau, Sex Education Forum.

NCB (National Children's Bureau) (2006) *A whole-school approach to Personal, Social and Health Education and Citizenship*. London: National Children's Bureau.

Ofsted (2005) *Personal, Social and Health Education in Secondary Schools*. London: Ofsted.

Ofsted (2007) *Time for Change? Personal, Social and Health Education*. London: Ofsted.

Ofsted (2010) *Personal, Social, Health and Economic Education in Schools*. London: Ofsted.

Owen, J., Carroll, C., Cooke, J., Formby, E., Hayter, M., Hirst, J., Lloyd Jones, M., Stapleton, H., Stevenson, M. and Sutton, A. (2010) School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities, *Health Technology Assessment* 14 (30).

Richardson, M. (2010) Assessing the assessment of citizenship, *Research Papers in Education* 25 (4).

Sex and Relationship Education Review External Steering Group (2008) *Review of Sex and Relationship (SRE) Education in Schools*. [online] Available at: [http://www.teachernet.gov.uk/\\_doc/13030/SRE%20final.pdf](http://www.teachernet.gov.uk/_doc/13030/SRE%20final.pdf).

Simey, P. and Wellings, K. (2008) How do national newspapers report on sex and relationship education in England, *Sex Education* 8 (3).

Stead, M. and Stradling, R. (2010) The role of schools in drug education and wider substance misuse prevention, in Aggleton, P., Dennison, C. and Warwick, I. (eds) *Promoting health and wellbeing through schools*. London: Routledge.

Tabachnick, B.G. and Fidell, L.S. (2001) *Using Multivariate Statistics*. London: Allyn and Bacon.

UK Youth Parliament (2007) *Sex and Relationships Education: Are you getting it?* London: UK Youth Parliament.

Personal, Social, Health and Economic (PSHE)  
Education: A mapping study of the prevalent  
models of delivery and their effectiveness

## **Technical appendices**

Eleanor Formby, Mike Coldwell, Bernadette Stiel, Sean Demack,  
Anna Stevens, Lucy Shipton, Claire Wolstenholme and Ben Willis

Centre for Education and Inclusion Research  
Sheffield Hallam University

## Acknowledgements

This project was funded by the Department for Education (formerly DCSF). The authors would like to thank all those schools and individuals who participated in the research; Chris Anderson and Julia Hirst who acted as advisors to the project; the DfE steering group, and colleagues at CEIR who supported the research.

### Research team

Project directors: Mike Coldwell (responsible for survey strand)  
Bernadette Stiell (responsible for case study strand)

Project manager: Eleanor Formby

Researchers: Sean Demack (lead statistician)  
Lucy Shipton  
Anna Stevens  
Ben Willis  
Claire Wolstenholme

Administrators: Louise Glossop  
Ian Chesters

Contact details:  
Mike Coldwell  
Centre for Education and Inclusion Research  
Sheffield Hallam University  
S1 1WB  
[m.r.coldwell@shu.ac.uk](mailto:m.r.coldwell@shu.ac.uk)  
[www.shu.ac.uk/ceir](http://www.shu.ac.uk/ceir)



## Contents

Appendix 1: Case study methodology .....	1
Appendix 2: Research instruments.....	3
Appendix 3 Quantitative data analysis .....	47
Appendix 4: Technical annex: modelling effective PSHE education provision .....	53

## Appendix 1: Case study methodology

### *LA level*

This level of fieldwork and analysis was significant due to the strategic importance of LAs in supporting effective PSHE education delivery. Interviews at this level focused on local overview, strategic vision, and development plans. Most interviewees' roles consisted of:

- LA PSHE education lead;
- LA HS lead;
- Other local stakeholders (e.g. LA SRE lead if appropriate).

Interviews were conducted separately or as small discussion groups, depending on the practicalities and preferences of the staff involved. Interviews/discussions lasted between around 45 minutes and three hours.

Schedule topics included:

- background and role in supporting PSHE education at LA level; participation in any relevant regional/national networks;
- current picture of PSHE education delivery across primary and secondary schools in LA: best/innovative practice and areas of weakness; examples of effective models for each element of PSHE education;
- main enablers and constraints for schools;
- resources and support offered to schools; LA materials; LA website; signposting; CPD/training provision; take-up of support; identified needs and how LA is meeting them;
- prevalence of interagency working e.g. specialist third sector input into PSHE education provision; links between schools, youth work, local NHS provision, etc.;
- guidance on assessment and evaluation; issues for staff re assessment/measuring outcomes for pupils; issues relating to consultation with parents/pupils; any concerns raised.

### *School strategic level*

From each school, we interviewed the head teacher or nominated senior lead, the PSHE education coordinator/lead, and a governor where possible (ideally with a responsibility for PSHE education). Where able, we also spoke to the School Improvement Partner.

Interviews lasted between 20 minutes for telephone interviews and up to two hours for face-to-face interviews. At both school strategic and PSHE education deliver level, interviews/focus groups covered issues around:

- background and role in supporting/delivering PSHE education at school level; school level policy, guidance, leadership and support for PSHE education; participation in any relevant local networks; schools ethos or approach re. SRE / PSHE education;
- perceived role/status of PSHE education and links to wider curriculum content/concerns;
- current picture of PSHE education delivery across school: best practice and areas of weakness; examples of effective models for each element of PSHE education;
- nature of PSHE education provision; content and delivery methods across elements and year groups; evidence of innovative forms of provision/delivery; examples of best practice and areas of weakness for each element of PSHE education;
- view on effectiveness and impact of current PSHE education delivery; examples or evidence of impact;
- main enablers and constraints for school;

- resources and support offered to schools; LA materials; LA website; use of signposting/referral; CPD/training provision; issues relating to take-up of support; regional/national resources and support; identified needs and how LA and/or school is aiming to meet them;
- prevalence of interagency working e.g. specialist third sector input into PSHE education provision; links between school, youth work, local NHS provision, etc.;
- assessment and evaluation issues; any concerns raised.

### *PSHE education delivery level*

#### Staff data

At the level of PSHE education delivery, we conducted individual or group interviews with teachers involved in delivering PSHE education. The decision about individual interviews or focus groups depended on the school and staff team delivering PSHE education.

#### Pupil focus groups

In addition, we carried out focus groups with pupils in all but one school. The key aim was to explore PSHE education from the pupils' perspectives, and their views on what aspects they think had an impact on their understanding, attitudes and behaviour (and which did not). Where possible, in both primary and secondary schools we requested pupils from across the year groups (in primary from Years 4-6) and included a mix of ages, genders and abilities. The topic guides included discussion of the following core topic areas, but were also informed by contextual information on the content and modes of delivery gathered from school staff interviews:

- experiences of PSHE education at school; recollections of topics covered;
- particular lessons, topics or learning experiences they enjoyed/found interesting/had a positive impact on their understanding, skills, attitudes and behaviours and why;
- aspects of PSHE education they disliked or had little impact on their understanding, skills, attitudes and behaviours and why;
- views on the different methods of delivery, teachers/teaching styles and learning materials and resources used;
- experience and views on any guest speakers, visits etc.;
- how their work/efforts in PSHE education were assessed and views on current assessment methods;
- whether they had been asked for feedback/been consulted about PSHE education;
- their suggestions about how PSHE education could be improved.

#### Telephone interviews with parents/carers

For the inclusion of parents/carers in the case studies, we conducted separate telephone interviews, lasting between 20-40 minutes. They were recruited using letters with reply slips and prepaid return envelopes distributed via schools classes of pupils from Year 6 and Year 11. The main focus was to explore:

- the level of awareness of PSHE education content and delivery;
- their recollections/knowledge of their child's experiences of PSHE education;
- views on the different elements of the curriculum.

## **Appendix 2: Research instruments**

### **Primary questionnaire**

Pages labelled 1 of 8 through to 8 of 8

# **Personal, Social, Health and Economic Education (PSHEE): A mapping study of the prevalent models of delivery and their effectiveness**

## **Introduction**

This questionnaire will help us understand how schools currently deliver elements of PSHE education (PSHEE), in whichever way you organise them, and whatever you call your provision. By PSHEE (regardless of how you name or teach this), we include the following subject areas:

1. Diet/nutrition and healthy lifestyles
2. Drug, alcohol and tobacco education
3. Emotional health and well-being
4. Safety education
5. Sex and relationships education (SRE)
6. Enterprise education
7. Personal finance/financial capability

We are interested in your CURRENT PSHEE, not about any plans you might have for the future.

The questionnaire will best be completed by someone with an overview of PSHEE across the school. It should take no longer than 25 minutes to complete.

Please read each question carefully and mark a box to indicate your answer. Once you have completed the questionnaire please return in the pre-paid envelope by **12th March 2010**.

Your help with this important study is much appreciated.

In accordance with the Data Protection Act responses are COMPLETELY CONFIDENTIAL.

Instructions for filling in the questionnaire:

- mark or fill the circles
- use black or blue ink to complete the form
- do not strike through a block of boxes.

Alternatively you can complete the questionnaire on-line using the following link:

**<http://research.shu.ac.uk/pshesurvey>**

If you have any queries about the questionnaire please do not hesitate to contact Anna Stevens on a.stevens@shu.ac.uk or 0114 225 4656.









### Section 3: PSHEE assessment

**Q9 Please tick any forms of assessment currently used in your school to assess pupils' progress within PSHEE:**

	Yes	No	Don't know
No assessment for PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal feedback from teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student progress record, portfolio or file	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pupil self-assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify): <input style="width: 350px; height: 25px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q10 Please tell us:**

	Yes	No	Don't know
Does your school currently use QCDA end of key stage statements as part of PSHEE assessment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is PSHEE included or referred to within your school's Assessment Policy/Plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do teachers comment on pupils' achievement in PSHEE in your annual reports to parents/carers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are arrangements made at parents' evenings / consultations for pupils' progress in PSHEE to be discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Section 4: Workforce, resources and support for PSHEE

**Q11 In your school, approximately how many of the following staff are currently involved in teaching/supporting PSHEE and how much time on average does each staff group spend on this? For example if two Teaching Assistants spend time supporting PSHEE please give the average proportion of both of their time.**

	Approx number of staff teaching/supporting PSHEE across each staff group	Approx % of time spent teaching/supporting PSHEE (average across each staff group)
<i>Example (Teaching Assistant(s))</i>	<input type="text" value="2"/>	<input type="text" value="2"/> <input type="text" value="5"/> %
Head of PSHEE or teacher of PSHEE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Senior leader(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Teacher(s) of other subjects within school	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
School nursing staff(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Teaching Assistant(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Other support staff e.g. Mentor(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Other LA staff e.g. Youth worker(s), Connexions PAs	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Guest speaker(s) from external agency(s), incl. peer educator(s)	<input type="text"/> <input type="text"/>	
Other(s) (please specify): <input style="width: 350px; height: 25px;" type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

**Q12 Please estimate any other costs per school year relating to PSHEE (e.g.costs of visits, resources etc):** £

**Q13 Thinking about the school staff above how many currently have the following qualifications /experience? (please state the number of staff)**

Number of staff:

		National PSHEE CPD qualification	
		Other accredited PSHEE qualification (please specify):	
		Non-accredited PSHEE training / CPD (please specify):	
		Other (please specify)	

**Q14 Please indicate to what extent you agree with the following statements about PSHEE:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel well-informed about opportunities locally for CPD relating to PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel well-informed about opportunities nationally for CPD relating to PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for my school to release PSHEE teaching staff to attend CPD opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for my school to fund CPD opportunities for PSHEE teaching staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 5: PSHEE Co-ordination and leadership**

**Q15 Is there is a clearly identified person(s) responsible for PSHEE co-ordination and curriculum planning across the school i.e. a PSHEE Co-ordinator/Lead?**

Yes (please go to q16)  
 No (please go to Q20)  
 Don't know (please go to Q20)

**Q16 Please state the job title of this person(s)**

	Yes	No	Don't know
<b>Q17 Does this person(s) receive any additional allowance/pay (e.g. TLR) specifically for their PSHEE Co-ordinator/Lead role?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>Q18 Do this person(s) receive any additional time specifically for their PSHEE Co-ordinator/Lead role?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
---	-----------------------	-----------------------	-----------------------

	Yes	No
<b>Q19 Are you the PSHEE Co-ordinator/Lead?</b>	<input type="radio"/>	<input type="radio"/>

**Q20 Please say whether you agree with the following statements about PSHEE:**

	Yes	No	Don't know
There is a clearly identified member of the SMT/SLT responsible for supporting PSHEE within the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clearly identified governor responsible for supporting PSHEE within the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clearly identified school policy about PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSHEE is part of our school's Improvement Policy / Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 6: Consultations and perceptions of effectiveness

**Q21 Have you ever evaluated/consulted with the following groups about your schools approach/provision of PSHEE?**

	Pupils	School staff	Governors	Parents/carers	Local community members	Faith organisations	External agencies/individuals involved in PSHEE delivery
Yes, and we have used the findings in subsequent PSHEE planning/delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, but we have not (yet) used the findings in subsequent PSHEE planning/delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q22 How effective do you think your current provision is in promoting learning about PSHEE?**

	Very effective	Somewhat effective	Neither	Not very effective	Not at all effective	Don't know/NA
PSHEE overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet/nutrition and healthy lifestyles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug, alcohol and tobacco education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex and relationships education (SRE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enterprise education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal finance/financial capability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q23 Thinking now about delivery (staffing, timetabling, teaching methods etc.) what aspects do you think are the most effective?**

## Section 7: Future PSHEE planning

**Q24 Looking ahead to 2011 when PSHEE will become statutory, what help or support do you think you/ your school might need in preparation for this? Please indicate the THREE most important factors:**

- |   |  |
|---|--|
| <input type="radio"/> Additional funding/resources within my school       | <input type="radio"/> Support on how best to engage with parents/carers                            |
| <input type="radio"/> Additional training opportunities to up-skill staff | <input type="radio"/> The development of local policy/guidance                                     |
| <input type="radio"/> Changing views/attitudes amongst colleagues         | <input type="radio"/> The development of a local support network (to help share good practice)     |
| <input type="radio"/> Changing views/attitudes amongst pupils             | <input type="radio"/> The development of local teaching resources                                  |
| <input type="radio"/> Changing views/attitudes amongst parents/carers     | <input type="radio"/> The development of national policy/guidance (to help share good practice)    |
| <input type="radio"/> Greater SMT/SLT support for PSHEE                   | <input type="radio"/> The development of national teaching resources (to help share good practice) |
| <input type="radio"/> Other (please specify)                              | <div style="border: 1px solid black; width: 500px; height: 20px;"></div>                           |

**Q25 Do you currently have any plans for the development of PSHEE running up to 2011? If so please provide detail below:**

**Q26 Which, if any, elements of PSHEE do you think you will require more support with? Please provide more detail below in relation to which element and what support you think you will require (e.g. re planning, teaching, assessment, CPD/training needs, etc.):**

**Q27 Does your school have National Healthy Schools status?**       Yes       No       Don't know

**Q28 Is your school taking part in the Healthy Schools enhancement model?**       Yes       No       Don't know

### **Section 8: Any further comments**

**Q29 Please make any additional comments you wish in the space provided below:**

### **Section 9: Future research involvement**

**As part of this research, we will also be carrying out some school case studies. These will involve some interviews with school staff and a focus group with school pupils. Selected case study schools will be offered £250 to cover the costs of taking part. If your school would be willing to be involved in this stage, please let us know by providing contact details below:**

Your name:

Phone number:

E-mail address:

**Thank you very much for your time**

## **Secondary questionnaire**

Pages 1 of 8 through to 8 of 8

# Personal, Social, Health and Economic Education (PSHEE): A mapping study of the prevalent models of delivery and their effectiveness

## Introduction

This questionnaire will help us understand how schools currently deliver elements of PSHE education (PSHEE), in whichever way you organise them, and whatever you call your provision. By PSHEE (regardless of how you name or teach this), we include the following subject areas:

1. Diet/nutrition and healthy lifestyles
2. Drug, alcohol and tobacco education
3. Emotional health and well-being
4. Safety education
5. Sex and relationships education (SRE) excluding that within the science curriculum
6. Careers education
7. Enterprise education
8. Personal finance/financial capability
9. Work-related learning

We are interested in your CURRENT PSHEE, not about any plans you might have for the future.

The questionnaire will best be completed by someone with an overview of PSHEE across the school. It should take no longer than 25 minutes to complete.

Please read each question carefully and mark a box to indicate your answer. Once you have completed the questionnaire please return in the pre-paid envelope by **12th March 2010**

Your help with this important study is much appreciated.

In accordance with the Data Protection Act responses are COMPLETELY CONFIDENTIAL.

Instructions for filling in the questionnaire:

- mark or fill the circles
- use black or blue ink to complete the form
- do not strike through a block of boxes.

Alternatively you can complete the questionnaire on-line using the following link:

**<http://research.shu.ac.uk/pshesurvey>**

If you have any queries about the questionnaire please do not hesitate to contact Anna Stevens on a.stevens@shu.ac.uk or 0114 225 4656.









### Section 3: PSHEE assessment

**Q9 Please tick any forms of assessment currently used in your school to assess pupils' progress within PSHEE:**

	Yes	No	Don't know
No assessment for PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher observation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Verbal feedback from teacher	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Student progress record, portfolio or file	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pupil self-assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 350px; height: 20px;" type="text"/>			

**Q10 Please tell us:**

	Yes	No	Don't know
Does your school currently use QCDA end of key stage statements as part of PSHEE assessment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is PSHEE included or referred to within your school's Assessment Policy/Plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do teachers comment on pupils' achievement in PSHEE in your annual reports to parents/carers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are arrangements made at parents' evenings / consultations for pupils' progress in PSHEE to be discussed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Section 4: Workforce and support for PSHEE

**Q11 In your school, approximately how many of the following staff are currently involved in teaching/supporting PSHEE and how much time on average does each staff group spend on this? For example if two Teaching Assistants spend time supporting PSHEE please give the average proportion of both of their time.**

	Approx <b>number</b> of staff teaching/supporting PSHEE across each staff group	Approx <b>% of time</b> spent teaching/supporting PSHEE (average across each staff group)
<i>Example (Teaching Assistant(s))</i>	<input type="text" value="2"/>	<input type="text" value="2"/> <input type="text" value="5"/> %
Head of PSHEE or teacher of PSHEE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Senior leader(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Teacher(s) of other subjects within school	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
School nursing staff(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Teaching Assistant(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Other support staff e.g. Mentor(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Other LA staff e.g. Youth worker(s), Connexions PAs	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Guest speaker(s) from external agency(s), incl. peer educator(s)	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Other(s) (please specify):	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input style="width: 350px; height: 20px;" type="text"/>		

**Q12 Please estimate any other costs per school year relating to PSHEE (e.g.costs of visits, resources etc):**

£

**Q13 Thinking about the school staff above, how many currently have the following qualifications /experience? (please state the number of staff)**

Number of staff:

<input type="text"/>	<input type="text"/>	National PSHEE CPD qualification	
<input type="text"/>	<input type="text"/>	Other accredited PSHEE qualification (please specify):	<input type="text"/>
<input type="text"/>	<input type="text"/>	Non-accredited PSHEE training / CPD (please specify):	<input type="text"/>
<input type="text"/>	<input type="text"/>	Other (please specify)	<input type="text"/>

**Q14 Please indicate to what extent you agree with the following statements about PSHEE:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I feel well-informed about opportunities locally for CPD relating to PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel well-informed about opportunities nationally for CPD relating to PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for my school to release PSHEE teaching staff to attend CPD opportunities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy for my school to fund CPD opportunities for PSHEE teaching staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Section 5: PSHEE Co-ordination and leadership**

**Q15 Is there is a clearly identified person(s) responsible for PSHEE co-ordination and curriculum planning across the school i.e. a PSHEE co-ordinator/Lead?**

Yes (please go to q16)  
 No (please go to q20)  
 Don't know (please go to q20)

**Q16 Please state the job title of this person(s)**

**Q17 Does this person(s) receive any additional allowance/pay (e.g. TLR) specifically for their PSHEE Co-ordinator/Lead role?**

	Yes	No	Don't know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q18 Do this person(s) receive any additional time specifically for their PSHEE Co-ordinator/Lead role?**

	Yes	No	Don't know
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q19 Are you the PSHEE Co-ordinator/Lead?**

	Yes	No
	<input type="radio"/>	<input type="radio"/>

**Q20 Please say whether you agree with the following statements about PSHEE:**

	Yes	No	Don't know
There is a clearly identified member of the SMT/SLT responsible for supporting PSHEE within the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clearly identified governor responsible for supporting PSHEE within the school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a clearly identified school policy about PSHEE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSHEE is part of our school's Improvement Policy / Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Section 6: Consultations and perceptions of effectiveness

**Q21 Have you ever evaluated/consulted with the following groups about your schools approach/provision of PSHEE?**

	Pupils	School staff	Governors	Parents/carers	Local community members	Faith organisations	External agencies/individuals involved in PSHEE delivery
Yes, and we have used the findings in subsequent PSHEE planning/delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yes, but we have not (yet) used the findings in subsequent PSHEE planning/delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Don't know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q22 How effective do you think your current provision is in promoting learning about PSHEE?**

	Very effective	Somewhat effective	Neither	Not very effective	Not at all effective	Don't know/NA
PSHEE overall	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diet/nutrition and healthy lifestyles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug, alcohol and tobacco education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional health and well-being	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex and relationships education (SRE)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Careers education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Enterprise education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal finance/financial capability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-related learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Q23 Thinking now about delivery (staffing, timetabling, teaching methods etc.) what aspects do you think are the most effective?**

## Section 7: Future PSHEE planning

**Q24 Looking ahead to 2011 when PSHEE will become statutory, what help or support do you think you/ your school might need in preparation for this? Please indicate the THREE most important factors:**

- |   |  |
|---|--|
| <input type="radio"/> Additional funding/resources within my school       | <input type="radio"/> Support on how best to engage with parents/carers                            |
| <input type="radio"/> Additional training opportunities to up-skill staff | <input type="radio"/> The development of local policy/guidance                                     |
| <input type="radio"/> Changing views/attitudes amongst colleagues         | <input type="radio"/> The development of a local support network (to help share good practice)     |
| <input type="radio"/> Changing views/attitudes amongst pupils             | <input type="radio"/> The development of local teaching resources                                  |
| <input type="radio"/> Changing views/attitudes amongst parents/carers     | <input type="radio"/> The development of national policy/guidance (to help share good practice)    |
| <input type="radio"/> Greater SMT/SLT support for PSHEE                   | <input type="radio"/> The development of national teaching resources (to help share good practice) |

Other (please specify)

**Q25 Do you currently have any plans for the development of PSHEE running up to 2011? If so please provide detail below:**

**Q26 Which, if any, elements of PSHEE do you think you will require more support with? Please provide more detail below in relation to which element and what support you think you will require (e.g. re planning, teaching, assessment, CPD/training needs, etc.):**

**Q27 Does your school have National Healthy Schools status?**       Yes       No       Don't know

**Q28 Is your school taking part in the Healthy Schools enhancement model?**       Yes       No       Don't know

### **Section 8: Any further comments**

**Q29 Please make any additional comments you wish in the space provided below:**

### **Section 9: Future research involvement**

**As part of this research, we will also be carrying out some school case studies. These will involve some interviews with school staff and a focus group with school pupils. Selected case study schools will be offered £250 to cover the costs of taking part. If your school would be willing to be involved in this stage, please let us know by providing contact details below:**

Your name:

Phone number:

E-mail address:

**Thank you very much for your time**

## LA PSHE education lead interview topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to gain an overview of the authority's approach to PSHE education delivery, current picture in local schools, role of LA in supporting PSHE education, strategic vision & development plans, effectiveness & cost effectiveness, resources & support, assessment and evaluation
- Interview takes 1-1.5 hours
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Sign consent form

### DOCUMENTS

Identify/collect most appropriate key documents/summaries (e.g. teen pregnancy policies, PSHE education / SRE self-assessment, LA PSHE education guidance/good practice documentation, sample of LA resources supporting PSHE education delivery and associated areas/activities)

### GENERAL BACKGROUND (5 mins)

1. What is your **job title, role and background**?
  - Overall and in terms of day to day responsibilities (how much time spent with schools/teachers directly?)
2. Tell me about **your team**, their roles and **links with other LA teams** (where is PSHE education support positioned within the LA)?
3. Are you involved with any **regional or national networks** relating to PSHE education?

### LA ISSUES, STRATEGIES, PLANS & LINKAGES (15 mins)

4. What are the **main issues affecting the LA and your team** - in terms of current and future funding, strategies, priorities etc?
  - How does/will this affect the PSHE education support provided to schools?
5. Are there any other **local issues** that make aspects of PSHE education particularly pertinent to schools in this LA? (e.g. drugs/alcohol, bullying, teenage pregnancies, obesity)
6. What do you consider to be the main priorities in the **current LA PSHE education strategy**?
7. What other **strategic issues are driving** local PSHE education plans?
  - New primary/secondary curricula
  - new **Ofsted inspection framework** (more focus on well-being/ECM/child outcomes)
  - **statutory duties** (on safeguarding; promoting well-being)
  - Healthy Schools; public health **strategies**
  - PSHE education **CPD** Programme

9. At the LA strategic level, how is PSHE education **linked to (and distinctive from)** other initiatives or areas of the curriculum (e.g. Healthy Schools, Citizenship, SEAL, well-being etc)?
  - And in **schools**?
  - What are the **advantages and disadvantages** of this integration/separation of PSHE education?

### RESOURCES AND SUPPORT (10 mins)

8. What **materials and resources** does the LA currently offer schools – for PSHE education as a whole and across each element (especially for SRE & DAT education)?
  - National or local materials/resources used? Why these?
9. What **CPD** does the LA provide for schools?
  - Who offers this, for which elements, how often, cost, take-up?
10. Any other **sources of support** offered to schools and PSHE education staff? (e.g. sign-posting)
  - How does the LA **identify schools' PSHE education support needs**?
11. What sorts of **external partners / agencies** are involved in providing materials, support and training relating to PSHE education to schools?
12. How does the LA **promote the provision** of materials, resources, CPD and support?
13. How is this provision **quality assured**?
  - **criteria** used for assessing the quality of materials; **evaluation** of provision

### CURRENT PICTURE OF PSHE EDUCATION (10 mins)

14. How is **PSHE education currently delivered across LA** primary and secondary schools? Can you give examples of the:
  - range of **models of delivery**; good practice; areas of weakness (form time, drop-down days, timetabled lesson, cross-curricula etc)
  - current **delivery for the different elements of PSHE education** in primary & secondary schools
  - extent to which PSHE education **programme of study** and supporting **schemes of work** are currently followed and clearly reflected in delivery
15. What do you think are the **key issues affecting delivery** of PSHE education in schools?
  - What are the main **enablers and constraints** for schools (timetable pressure; SLT support; staff confidence, skills and access to training/CPD; budgets etc.); examples of how constraints have been overcome

### ASSESSMENT, CONSULTATION, EVALUATION, EFFECTIVENESS (15 -20 MINS)

16. What is the LA's guidance to schools on **assessment in PSHE education**
  - Is (lack of formal) **assessment seen as important** or not?
  - Does the LA promote the **use of QCA end of key stage** statements?
17. How do primary and secondary **schools assess** pupil outcomes in PSHE education?
  - Examples of **informal to formal** methods used
  - How are pupils' responses, learning, knowledge/skills, attitude and behaviour change **differentiated and assessed** by teachers?

- Awareness of schools' use of **QCA end of key stage statements** to inform school practice
18. How do schools **record and communicate** pupils' engagement or progress in PSHE education to pupils and parents? (e.g. verbal / written feedback to pupils, reports and parents evenings)? Examples of practice
19. To what **extent are pupils & parents informed and consulted** about PSHE education provision?
- **information** to parents about curriculum
  - parents' **right to withdraw** (how many, which schools & why)
  - **views** of pupils, parents and teaching staff - used to inform **curriculum?**
20. How does the **LA quality assure or evaluate** PSHE education delivery in schools?
- **criteria** LA use in quality assuring schools' provision
  - **support/review schools'** programmes of study/ schemes of work?
21. How else do **schools evaluate** their own provision?
- Self-evaluation/reviews of PSHE education
  - role of Ofsted (for schools and for LA approach to PSHE education)
22. How **effectively** do you think PSHE education is delivered across different school and **evidence** for this (examples)?
- **measures of effectiveness**
  - what factors lead to effective PSHE education provision

#### **LA PSHE EDUCATION BUDGET/COST EFFECTIVENESS (5-10 MINS)**

23. How is PSHE education **funded at LA level?**
- **Ring-fenced budget** for CPD training, materials, support
  - Number of LA **staff/consultants** supporting PSHE education across schools (salary related costs)
  - Any **additional sources** of LA funding specifically for PSHE education (e.g. from TDA, DoH, specific initiatives etc)
24. How is funding for **PSHE education allocated to schools?** (e.g. per pupil, needs-based, initiative-led)
- How does the funding for PSHE education **vary across schools?**
25. Given the funding situation for PSHE education, what aspects of delivery are considered **most and least cost effective** (examples and evidence for this)?

#### **Any other comments/issues**

*Close and thanks*



## LA Healthy Schools lead interview topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to enable us to gain an overview of the links between PSHE education and HS at local authority level, current picture in HS & PSHE education local schools, resources & support
- Interview usually takes 45-60 minutes
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Sign consent form

### DOCUMENTS

Identify/collect most appropriate key documents/summaries re HS & PSHE education (e.g. HS status of LA schools, LA HS strategies/policies/guidance relating to PSHE education, good practice documentation, PSHE education related areas/activities)

### GENERAL BACKGROUND & ROLE (5 mins)

1. To start, can you tell me about **your role** - job title, background, day to day role and responsibilities linked to PSHE education
2. Can you tell me about the **roles within your wider team** and where your **team is situated** within the LA?
  - Links with education and health
  - Links to other LA teams e.g. School Improvement, Inclusion etc
  - Links with LA teams supporting SEAL, Citizenship etc
3. Are you involved in any **regional/national networks** that relate to HS & PSHE education?

### STRATEGIC VISIONS, POLICIES/PLANS & LINKAGES (20 mins max)

4. Could you briefly outline any **local, contextual issues** that are particularly pertinent to the approach the LA takes to HS/PSHE education/well-being? (e.g. local obesity levels)
  - Proportion of schools with HS status and moving to Enhancement model?
  - Other local indicators of young people's well-being?
5. How does the **Healthy Schools agenda link to PSHE education** at the LA strategic level? (e.g. joint plans, ECM/child/well-being initiatives, resources, staffing links/liaison, SEAL/Citizenship links)?
  - In what ways are these agendas similar, yet distinct?
6. What do you think are the main **internal and external factors** affecting the development of HS/PSHE education/well-being more generally at LA level and in schools?
  - (e.g. ECM/child outcomes, HS status levels, LA priorities/issues)?

### RESOURCES AND SUPPORT (5 mins)

7. What **resources and support** (relevant for both HS/PSHE education/well-being) does the LA currently offer schools?

- LA/national HS materials & guidance (PSHE education overall & especially for SRE & DAT education)

8. Can you tell me about the **CPD/training/networks** available to schools for PSHE education/HS in this LA – and teachers’ access, uptake and evaluation of the provision?

### CURRENT PICTURE OF HS/PSHE EDUCATION DELIVERY (10 mins)

9. To what extent are **HS activities supportive of / linked to the PSHE education curriculum** in primary and secondary schools across the LA?

- Distinct or separate strands/activities in terms of school/pupil outcomes?
- Examples of how PSHE education elements are delivered in primary and secondary schools

10. Can you give me any examples of **good practice** of PSHE education/HS delivery in schools?

- What internal and external **factors enable** good practice?

11. What internal and external factors **constrain the delivery** of HS (& PSHE education) in schools?

- Aspects of HS/PSHE education delivery schools have **most difficulty** with?
- Examples of good practice/**success despite constraints**?

### ASSESSMENT, CONSULTATION, EVALUATION, EFFECTIVENESS (5-10 mins)

12. Unlike the **priorities, outcomes, success indicators** and **quality assurance** systems for the Healthy Schools enhancement model, PSHE education is not currently formally assessed. What are your views on that?

- how are pupils’ responses, learning/knowledge/skills, attitude & behaviour change differentiated and assessed as part of the HS model/PSHE education?

13. To what **extent are pupils & parents informed and consulted** about HS /PSHE education activities?

- How do they inform the development of HS (& PSHE education)?

14. How does the **LA quality assure or evaluate** HS/PSHE education delivery in schools

- **criteria** LA use in quality assuring schools’ HS/PSHE education provision

15. How do **schools QA/evaluate** their own HS/PSHE education provision /well-being?

- Self-evaluation/reviews
- role of Ofsted (2008 – new indicators of the school’s contribution to pupils’ well being)

16. What **evidence** do you have that PSHE education/HS is effective and making an **impact on pupils**? (Give examples)

- What **measures** of effectiveness/impact are used?
- Any evidence of increased well-being affecting attainment?

### LA HS BUDGET/COST EFFECTIVENESS (5-10 MINS)

17. How is HS activity **funded at LA level** (core funding; time limited/initiative based funding; income generating targets)?

18. To what extent does LA funding for HS activities **affect LA PSHE education funding**/outcomes (enhance/supplement or detract)?

19. How is HS funding/resources **allocated to schools** (e.g. per pupil, needs-based, initiative-led, CPD)? Additional sources of funding specifically for HS in schools?

20. Given the funding situation for HS, what HS activities/approaches are considered **most and least cost effective** (examples and evidence for this)?

**Any other comments/issues**

*Close and thanks*

## Other LA stakeholder interview topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to enable us to gain an overview of the provision and perceptions of effectiveness of PSHE education at local authority level, current picture of PSHE education in local schools, resources & support, use of external delivery partners
- Interview usually takes 45-60 minutes
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Sign consent form

### DOCUMENTS

Identify/collect any relevant key documents/summaries of their role/work in relation to PSHE education.

### GENERAL BACKGROUND (5 mins)

1. To start, can you tell me about **your role(s)** - job titles, background, overall role and responsibilities in relation to PSHE education in the LA and elsewhere?
2. Are you involved in any **regional/national networks** that relate to PSHE education?

### STRATEGIC VIEW, POLICIES/PLANS & LINKAGES (15 mins)

Drawing on your experience from this LA (and comparisons with others you have worked with):

3. Could you briefly outline any **local, contextual issues** that are particularly pertinent to the approach the LA takes to PSHE education? (e.g. teenage pregnancy rates; obesity; racism)
4. From your perspective, what do you consider to be the main **internal and external factors affecting** the development of PSHE education at LA level and in schools? (e.g. ECM/child outcomes, new primary & secondary curriculums, Ofsted, LA priorities/pressures)

### RESOURCES, SUPPORT, INTER-AGENCY WORKING (5 mins)

5. What PSHE education **resources and support** have you developed/delivered/are aware of/use? (**see showcard**)
  - views on their **effectiveness**, particularly for SRE & DAT education; evaluation of materials etc
6. What has been your experience of working with other **agencies/stakeholders in developing/delivering** PSHE education?
  - strengths and weaknesses
7. Can you tell me about the **CPD/training/networks** available to schools for PSHE education/HS in this LA – and teachers' access, uptake and evaluation of the provision? Comparisons with other LAs?

### CURRENT PICTURE OF PSHE EDUCATION DELIVERY (5-10 mins)

8. Can you give me some examples of the **delivery models** used for delivering PSHE education in schools (e.g. drop-down days, assemblies etc)
  - Examples of **good practice** (across different/specific elements) and why
  - Examples of **weaker practice** (across different/specific elements) and why; possible ways of improving delivery
9. To what extent are PSHE education activities **linked to other school activities**/areas of the curriculum/other initiatives?

### ASSESSMENT, EVALUATION, EFFECTIVENESS (10 mins)

10. What are your views on assessment in PSHE education?
  - How can pupils' responses, learning/knowledge/skills, attitude & behaviour change to be measured or assessed?
  - Examples of good/poor practice; how can assessment be improved?
11. From your experience, to what **extent have staff, pupils' & parents'** views been gathered to monitor, evaluate and inform the design of the PSHE education?
12. How else has the **quality** of PSHE education delivery in schools been evaluated?
  - LA quality assurance **criteria**
  - **Self-evaluation/reviews**
  - role of **Ofsted** (2008 – new indicators of the school's contribution to pupils' well being)
13. How **effectively** do you think PSHE education is delivered across different schools and **evidence** for this (examples)
  - **measures of effectiveness** (how do we know what's effective)
  - how can PSHE education be improved

### COST EFFECTIVENESS (5 mins)

14. Given the funding situation for PSHE education, what do you consider to be the **most and least cost effective** aspects of delivery (examples and evidence for this)?

### Any other comments/issues

*Close and thanks*

## School PSHE education lead interview topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to explore school level practices; delivery methods and materials; guidance, support and training for PSHE education; links with wider curriculum; perceptions of effectiveness; evaluation; assessment
- Take about an hour
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Sign consent form

### DOCUMENTS

In advance - use latest Ofsted report and info from survey return as background to identify and explore specific issues. Request relevant/select documents in advance, pick up at visit, or request posting on afterwards: (e.g. Programmes of Study/Schemes of Work for PSHE education / SRE / careers / SEAL / citizenship, etc; PSHE education/SRE self-assessment; school developed PSHE education resources).

### GENERAL BACKGROUND (5 mins)

1. What is your **job title, role and background** (generally and in relation to PSHE education)
2. How much of your work relates to supporting/leading PSHE education?
3. Are there any **local issues** that make particular aspects of PSHE education more pertinent to pupils at this school? (e.g. drugs/alcohol, bullying/behaviour, teenage pregnancies, lifestyle choices, etc.)

### SCHOOL'S CURRENT PSHE EDUCATION POLICY, STATUS AND LINKAGES (10 mins)

4. What do you see as the **main purpose/role** of PSHE education in this school?
5. Tell me more about the **school's policy or overall approach** to PSHE education.
  - Curriculum plan for each year / use of QCDA Programmes of Study
6. How is PSHE education **linked to other school policies** (e.g. bullying, Equal Opps) **or curriculum** areas (e.g. SEAL, Citizenship, ECM/child outcomes, Healthy Schools, other subject areas, etc.)?
7. What are your **'units' called** and how do they **map to these elements**:
  - Diet and healthy lifestyles
  - Drugs, alcohol and tobacco education
  - Emotional health and well-being
  - Safety education
  - Sex and relationships education
  - Enterprise education
  - Personal finance/financial capability
  - Careers education (in secondary only)
  - Work-related learning (in secondary only)

- which elements are **more/less of a focus** in this school?
8. What are the main *internal and external factors driving changes* in PSHE education in schools?
- new **school inspection framework** (more focus on well-being/ECM/child outcomes)
  - **statutory duties** (on safeguarding; promoting well-being)
  - Healthy Schools; public health **strategies** (Teenage Pregnancy, Substance Misuse, Obesity strategies etc)
  - PSHE education **CPD** Programme
  - working with **external contributors** to PSHE education
  - others
9. How do you **perceive the status of PSHE education** in this school, compared to other subjects (and other schools)?
- How do you think **pupils, parents, staff and Governors** perceive the status of PSHE education
  - What **affects its status** in this school?

### **CURRENT PSHE EDUCATION DELIVERY (10 mins)**

10. How does your PSHE education policy translate into practice?
- **timetabling** - lessons per week/term
  - **who teaches different elements** - specialists/non-specialists
  - **lesson activities for different elements** - examples
  - **teaching approaches** used (assemblies, drop-down days, discussions, visitors)
11. Is delivery **differentiated or tailored** to meet varying needs, ability and interests? (e.g. career interests, nurture groups for different issues). Give examples.
12. What are the **main enablers and constraints on effective delivery** of PSHE education in the school (e.g. timetable pressures; ethos; SLT support; staff confidence; access to training)

### **STAFFING FOR PSHE education (5 mins)**

13. Can you tell me more about the **staffing input** to PSHE education - numbers of staff, time spent on PSHE education (**see survey Q11**)
- difficulties (in primary) separating PSHE education from cross curricula approach
  - form tutors/other subject specialists teaching PSHE education
14. How much **external staff / agencies input** do you bring in for PSHE education?
- how **important** do you see their contribution?
  - what is the **impact** (evidence of impact)?
15. What **qualities/skills do you think make an effective PSHE education teacher?** (examples where possible) – any different to teaching other subjects?
16. What do you consider to be the main **strengths/weaknesses** of staff in teaching/supporting each element?
- subject background, skills, experience, training, confidence
  - strong team or just one or two individuals driving it
  - staff peer support – how effective

17. Any other **concerns or issues** in relation to co-ordinating/leading PSHE education staff in the school?

### **MATERIALS, GUIDANCE AND SUPPORT FOR PSHE education (10 mins)**

18. What **materials, guidance and support for PSHE education that are used** for different KS/elements of PSHE education (especially SRE & DAT education)

- **show card** type list of organisations and websites - national, regional, local/LA)
- who decides/guides the use of these (LA PSHE education lead, you, individual teachers)

19. What are your **perceptions of the quality** and usefulness of these materials?

- What QA criteria do you/teachers use for assessing materials or external agency input

20. Views on the support provided by the **LA PSHE education team** – strengths and weaknesses of support offered

21. What **CPD /training** have staff had around PSHE education?

- current uptake of CPD training (national CPD programme, regional/local training; accredited/non-accredited)
- views on the quality and effectiveness of CPD training

22. To what extent do you/other colleagues participate in **local/regional networks** relevant to PSHE education?

23. Which areas or issues do you think staff need **more support/guidance/training** in? (for particular elements)

- use of signposting/referral

### **ASSESSMENT, EVALUATION AND EFFECTIVENESS (15 mins)**

24. Earlier you said you saw the purpose of PSHE education as being..... - how do you know if you/the **pupils have achieved** that?

25. Tell me more about the **assessment methods** used for PSHE education across the school (see survey summary)

26. How is **learning, attitude & behaviour** change differentiated and assessed?

- How do you get pupils to reflect on their learning?

27. What **guidance** do you follow on assessment?

- **QCA end of key stage statements** to inform school practice
- School or individual teacher's methods of assessment

28. (From survey, if appropriate:) How is PSHE education referred to in the schools' **Assessment Policies**?

29. Is assessment **necessary, or effective in PSHE education**? How can assessment methods be improved?

30. How is engagement/progress/achievement **recorded and communicated to pupils and parents** across different schools (e.g. verbal/written feedback to pupils, reports and parents evenings)?



31. To what **extent are parents informed, and pupils & parents consulted** about PSHE education provision
- What **information** do parents receive? (right to withdraw)
  - Are pupils asked whether PSHE education **meets their needs**
  - How does **feedback inform** provision (evidence)
32. How **effectively** do you think different aspects of PSHE education are taught?
33. **How do you know? - evidence of effectiveness**
- **Self-evaluation/reviews** of PSHE education activities - what are the key points
  - **Ofsted** (impact of well being indicators on self-evaluation)
  - **changes made** to PSHE education provision as a result of review/evaluation - examples
34. What aspects of PSHE education do you think are **delivered most/least effectively** and why?
- Examples of **good practice**
  - Areas of **weakness**

### **PSHE EDUCATION BUDGET/COST EFFECTIVENESS (5 MINS)**

35. The survey suggests that in terms of funding...
36. What are your **views on the current level of funding** for PSHE education given other school priorities?
37. Tell me more about how PSHE education is **funded** within the school?
- Ring-fenced budget for CPD training, materials, support, external staff, visits
  - How are these decisions made; spending priorities
  - Any knowledge of % of staff hours spent teaching/supporting PSHE education (salary related costs)
  - Any additional sources of funding for PSHE education (e.g. from TDA, DoH, specific initiatives, etc.)
38. Given the current level of funding for PSHE education, what aspects of delivery are considered **most and least cost effective** (examples and evidence for this)?

### **Any other comments/issues**

*Close and thanks*

## School SLT interview topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to explore the status of PSHE education in the school, school level policies, practices; guidance and support for PSHE education; links with wider curriculum; delivery perceptions of effectiveness; evaluation; assessment.
- Interview takes c45 minutes
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Sign consent form

### DOCUMENTS

In advance – summarise latest Ofsted report and info from survey to identify specific issues. Request relevant/select documents in advance, pick up at visit, or request posting on afterwards: (e.g. school level policy for PSHE education; links to areas of the curriculum).

### GENERAL BACKGROUND (5 mins)

1. What is your **job title, role and background** (generally and in relation to PSHE education)?
  - How much of your role involves supporting/leading PSHE education?
2. To start, could you briefly outline what you think are the **key issues affecting the school more broadly and how these may be linked to, or effect PSHE education** in this school (e.g. drugs/alcohol, bullying, teenage pregnancy, or focus on attainment so PSHE education not a priority)

### SCHOOL'S CURRENT PSHE EDUCATION POLICY, STATUS AND LINKAGES (10 mins)

3. What do you see as the **main purpose or role of PSHE education** in the school?
  - learning outcomes or other benefits
4. Tell me about the **school's strategy or policies** related to PSHE education
  - Who's responsible for developing it – your role in this
  - Overall ethos, or approach to each element
5. What do you see as the main *internal and external* **factors driving changes** in PSHE education in schools?
  - New primary/secondary curriculum
  - new **school inspection framework** (more focus on well-being/ECM/child outcomes)
  - **statutory duties** (on safeguarding; promoting well-being)
  - Healthy Schools; public health **strategies**
  - PSHE education **CPD** Programme
  - working with **external contributors** to PSHE education
6. How do you **perceive the status of PSHE education** in this school, compared to other subjects (and status in other schools)?
  - What **affects** its status (non-stat; non-assessed; school priorities; staff skills)?

7. To what extent is the approach to PSHE education **linked to (or distinct from) the wider curriculum and other school priorities**, concerns or initiatives? (e.g. SEAL, Citizenship, ECM/child outcomes, Healthy Schools, pupil's well-being, etc.)

### **CURRENT PSHE EDUCATION DELIVERY (5 mins)**

8. Given your role, how aware are you of the **approaches and methods** used for delivering PSHE education (e.g. circle time, drop down days, assemblies, visitors, peer educators etc)
9. Can you give examples of **good practice** in PSHE education teaching? Areas where PSHE education provision is **weaker**?
10. What do you consider to be the **main enablers and constraints on effective delivery** of PSHE education in the school? (e.g. timetable pressures; staff skills, access to training/CPD)

### **STAFFING OF PSHE education (<5 mins)**

11. Can you tell me about the **organisation of staffing** of PSHE education
- Numbers of specialists/non specialists
  - Staff time spent supporting/teaching PSHE education (compared to other subjects)
  - use of external agencies/input
12. What makes a **good PSHE education teacher**? Is this any different to other subjects?

### **MATERIALS, GUIDANCE AND SUPPORT FOR PSHE EDUCATION (<5 mins)**

13. What are your views on the quality of:
- PSHE education **materials and resources** used by staff
  - **CPD and training on offer for PSHE education?**
14. How **well supported** do you think the teachers of PSHE education are
- From LA team, SLT, Governors, PSHE education school lead, peer support, etc.
  - Areas or issues where staff need more support/guidance/training

### **ASSESSMENT, EVALUATION AND EFFECTIVENESS (5-10 mins)**

15. What are your views on the **assessment methods** used for PSHE education?
- Is PSHE education referred to in the schools' Assessment Policies?
  - Is assessment **necessary, or effective in PSHE education?**
  - How can assessment methods be improved?
16. To what **extent are pupils & parents consulted** about PSHE education provision
- How are **views/feedback incorporated** into the design and development of provision (evidence for this)?
18. How is the quality of PSHE education **provision evaluated?**
- **Self-evaluation**/reviews of HS activities
  - Role of **Ofsted** (impact of new indicators of well being)
19. How do you know whether the PSHE education is **effective?**
- Evidence of impact, examples

## **PSHE EDUCATION BUDGET/COST EFFECTIVENESS (5 MINS)**

20. How is PSHE education **funded** within the school?

- Ring-fenced budgets; spending priorities
- How does this compare to other curriculum areas?
- Any additional sources of funding for PSHE education (e.g. from TDA, DoH, specific initiatives, etc.)

21. Of all the areas where PSHE education resources are spent (e.g. staff costs, external visitors, additional budgets), which one produces the greatest **impact in terms of effectiveness**? And reasons why?

**Any other comments/issues**

*Close and thanks*

## School governor interview topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to find out about the role of governors in leading/supporting PSHE education in school; awareness of policies, practices, developments, in PSHE education; delivery and staffing issues; links with wider curriculum/agendas etc
- Interview will take about 20 minutes
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Verbal consent

### DOCUMENTS

In advance – summarise Ofsted report and survey return to identify and explore specific issues. Request any relevant governor-specific PSHE education documentation to be posted or signposted to.

### GENERAL BACKGROUND

1. What is your Governor **title, role** and background in relation to school/governors/PSHE education?
  - How much of your Governor role relates to PSHE education-related issues?
2. In your role as school Governor, what do you consider to be the **key issues affecting the school more broadly**

### AWARENESS OF SCHOOL'S PSHE EDUCATION-RELATED POLICY, PSHE EDUCATION STATUS AND LINKAGES

3. Do any of these (or other) issues relate to the **school's approach to PSHE education** (e.g. drugs/alcohol, bullying, teenage pregnancies etc.)?
4. How aware are you of the **school's policies** relating to PSHE education, Healthy Schools, ECM/child outcomes, etc?
5. What do you see as the main internal and external **factors driving changes** in PSHE education in your school?
  - new **school inspection framework** (more focus on well-being/ECM/child outcomes)
  - **statutory duties** (on safeguarding; promoting well-being)
  - Healthy Schools; public health **strategies** (Teenage Pregnancy, Substance Misuse, Obesity strategies etc)
  - SLT support
6. As a Governor, how do you **perceive the status of PSHE education** in this school, compared to other subjects (and other schools)?
  - What affects its status?

## **CURRENT PSHE EDUCATION PROVISION**

7. Given what you have already us about your role, the school's priorities and your awareness of PSHE education, what are your **views on PSHE education provision in general?**
  
8. And your views on:
  - Delivery of PSHE education – effectiveness; awareness of good and weak practice
  - Assessment in PSHE education
  - Staffing, training and development
  - Materials and resources
  - Consultation with governors, pupils and parents
  - SLT support for PSHE education
  - Budget for PSHE education

### **Any other comments/issues**

*Close and thanks*

## School SIP interview topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to enable us to explore the role of the SIP in supporting PSHE education in the school; any identified needs for improvements in aspects relating to PSHE education strategy or delivery; developments in PSHE education, etc.
- Interview will take about 15-30 minutes?
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Verbal consent

### DOCUMENTS

In advance - use latest Ofsted report and info from survey return as background to identify and explore specific issues e.g. around school improvement. Request any relevant SIP-specific PSHE education documentation to be posted or signposted to.

### GENERAL BACKGROUND AND KEY ISSUES

Please briefly outline:

1. **Your title, background and role** (in relation to this school and more generally). History of involvement with the school. How many schools does s/he act as a SIP for? How much time spent in the school?
2. In your role as SIP, what do you consider to be the **key issues affecting the school more broadly**
3. **How may these be linked to PSHE education** in this school (e.g. post-inspection issues; leadership; staffing; evaluation of performance; priorities and plans for improvement)

### SCHOOL'S PSHE EDUCATION-RELATED POLICY, PSHE EDUCATION STATUS AND LINKAGES

Given what you have told us about the school's priorities and PSHE education, what can you tell us about the following:

4. **What are your views on PSHE education provision broadly?**  
PROMPTS: Status of PSHE education; Delivery; Assessment; Training and Development for staff; Materials
5. **What evidence do you have for this?**
6. **How does this compare with other schools you work with?**

**Any other comments/issues**

*Close and thanks*

## Teachers interview/group discussion topic guide

### INTRODUCTION

- Project background
- Purpose of interview - to explore teachers' experiences of delivering PSHE education; delivery methods and materials; support and training for PSHE education; links with wider curriculum; perceptions of effectiveness; evaluation; assessment.
- Interview takes 1-1.5 hours (depending on individual/group)
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Sign consent form

### DOCUMENTS

In advance - use latest Ofsted report, info from survey return and documents/info provided at the strategic level as background to identify and explore specific issues.

### GENERAL BACKGROUND (5 mins)

1. What are your **job title, role and background** (generally and in relation to delivering PSHE education 'on the ground')
  - Which PSHE education elements and year groups taught?
  - How much of your work relates to preparing/teaching PSHE education?
2. Are there any **local issues** that make aspects of PSHE education more pertinent to pupils at this school? (e.g. drugs/alcohol, bullying/behaviour, teenage pregnancies, lifestyle choices, etc.)

### SCHOOL'S APPROACH TO PSHE EDUCATION, LINKAGES AND STATUS (5-10 mins)

3. What do you see as the **main purpose/role** of PSHE education in this school?
4. Overall, how would you sum up this **school's approach** or ethos to PSHE education?
5. How do you think PSHE education **fits with other areas of the curriculum**/school policies (e.g. Healthy Schools, SEAL, Citizenship, other subjects, bullying, Equal Opps)
6. What do you see as the main internal and external **factors driving changes** in PSHE education in schools?
  - new **school inspection framework** (more focus on well-being/ECM/child outcomes)
  - **statutory duties** (on safeguarding; promoting well-being)
  - Healthy Schools; public health **strategies** (Teenage Pregnancy, Substance Misuse, Obesity strategies etc)
  - PSHE education **CPD** Programme
  - working with **external contributors** to PSHE education
  - others
7. How do you **perceive the status of PSHE education** in this school, compared to other subjects (and the status of PSHE education in other schools)?
  - How do you think **pupils, parents, other staff and Governors** perceive the status of PSHE education?
  - What **affects its status** (non-statutory; non-assessed; staff skills, etc.)?



## CURRENT PSHE EDUCATION DELIVERY (20 mins)

8. How are the **elements of PSHE education** are covered/taught in this school:
- Diet and healthy lifestyles
  - Drugs, alcohol and tobacco education
  - Emotional health and well-being
  - Safety education
  - Sex and relationships education
  - Enterprise education
  - Personal finance/financial capability
  - Careers education (in secondary only)
  - Work-related learning (in secondary only)
- which elements are **more/less of a focus** in this school?
- **content and approaches/delivery models** used (examples of elements and year groups)
- **what works well** - examples of good practice, what doesn't
- **main issues/areas of weakness and** reasons why; evidence for claims; across elements and year groups and as whole; evidence of innovative forms of provision/delivery
9. Is delivery **differentiated or tailored** to meet varying needs, ability and interests? (e.g. career interests, nurture groups for different issues). Give examples.
10. Which aspects of teaching PSHE education do you **enjoy** teaching and why? Which aspects don't you enjoy and why?

## STAFFING OF PSHE EDUCATION (5 mins)

11. **How much time** do you spend supporting / teaching PSHE education in a typical week/half term?
- How does this input **compare to teaching other areas** of the curriculum?
12. Can you tell me about any **external staff / agencies input** b(r)ought in for PSHE education?
- What evidence do you have of the **impact** (of this on pupils' learning)?
13. What **qualities/skills do you think make an effective PSHE education teacher?** (examples where possible) – any different to teaching other subjects?
14. What do you consider to be your main **strengths/weaknesses** in teaching/supporting each element?
- subject background, skills, experience, training, confidence
- strong team or just one or two individuals driving it
15. Do you have any other **concerns or issues** in relation to teaching/supporting PSHE education in the school?

## MATERIALS, GUIDANCE AND SUPPORT FOR PSHE EDUCATION (10 mins)

16. What **materials, guidance and support for PSHE education** do you use for different KS/elements of PSHE education (especially SRE & DAT education)
- **show card** type list of organisations and websites - national, regional, local/LA
- **awareness, use and views on materials**

- **who guides / decides** the use of these (LA PSHE education lead, school lead, individual teachers)
17. What are your **perceptions of the quality** and usefulness of these materials?
- How do you assess what's good quality?
18. What are your experiences of, and views on the support provided by the **LA PSHE education team** - strengths and weaknesses of support offered
19. What **CPD / training** have staff had on PSHE education?
- current **uptake of CPD** training (national CPD programme, regional/local training, accredited/non-accredited)
  - views on the quality and **effectiveness of CPD training**
20. Do you participate in any **local/regional networks** relevant to PSHE education?
21. How **well supported** do you feel by your PSHE education lead and colleagues in the school?
- Views on **school leadership of PSHE education**
  - Experience of **peer support** from other colleagues – impact/effectiveness
22. Which areas or issues do you think you need **more support/guidance/training**
- Particular elements of PSHE education
  - Use of signposting/referral

### **ASSESSMENT, EVALUATION AND EFFECTIVENESS (15 - 20 mins)**

23. Tell me how you assess **different elements/KS/year groups?**
24. How is **learning, attitude & behaviour** change differentiated and assessed?
- How do you get pupils to reflect on their learning?
25. What **guidance** do you follow on assessment?
- **QCA end of key stage statements** used? Do they inform school practice? (examples)
  - LA guidance, school's or individual teacher's methods of assessment
26. (From survey, if appropriate:) How is PSHE education referred to in the schools' **Assessment Policies?**
27. In your opinion is assessment **necessary, or effective in PSHE education?** How can assessment methods be improved?
28. How are pupils' engagement and progress in PSHE education **recorded and communicated to pupils and parents** (e.g. verbal/written feedback to pupils, reports and parents evenings)?
29. To what **extent are parents informed, and pupils & parents consulted** about PSHE education provision
- What **information** do parents receive? (right to withdraw)
  - Are pupils asked whether PSHE education **meets their needs**
  - How does **feedback inform** provision (evidence)

30. **How effectively do you think PSHE education is taught** in this school (compared to other subjects/other schools?)
- **Evidence of effectiveness** - examples of how it makes a difference
  - **Self-evaluation/reviews** of PSHE education activities
  - Examples of **changes made to PSHE education** provision as a result of review/evaluation
31. What aspects of PSHE education do you think are **delivered most/least effectively** and why?
- Examples of **good practice** - how do you know if it's made an **impact** in terms of pupil reactions/engagement, attitudes, learning and behaviour
  - Examples or **evidence of impact**
  - Areas of **weakness**
32. What do you think are the **main enablers and constraints** on effectiveness? (e.g. wider school pressures; ethos; governors; parental/pupil input/involvement; confidence, skills and access to training/CPD, etc.)

### **PSHE EDUCATION BUDGET/COST EFFECTIVENESS (5 MINS)**

33. Can I just check, the survey suggests that in terms of funding...
34. What do you think about the **current level of funding** for PSHE education?
35. Are you aware how PSHE education **spending priority** decisions are made?
36. Given the current level of funding for PSHE education, what aspects of delivery are considered **most and least cost effective** (examples and evidence for this)?

### **Any other comments/issues**

*Close and thanks*

## Parents interview topic guide

### INTRODUCTION

- Project background: conducting research into the different ways that schools deliver Personal, Social, Health and Economic (PSHE) education as part of the curriculum. This covers the broad areas of:
  - Diet and healthy lifestyles
  - Drugs, alcohol and tobacco education
  - Emotional health and well-being
  - Safety education
  - Sex and relationships education
  - Enterprise education
  - Personal finance/financial capability
  - Careers education (secondary only)
  - Work-related learning (secondary only)

We've visited your child's school to find out about how PSHE education is taught there, and now we want to find out about parents/carers views.

- Purpose of the interview: to find out what you have been told or know about the [PSHE education] taught in your [Y6/10] child's school; the different topics covered; your child's experience of PSHE education; your views on the different aspects of the curriculum.
- Interview takes 15-20 mins
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Verbal consent

### YOUR CHILD

1. To start, can I just ask how long [name of child] has been at [name of school]?
2. On the whole, how would you describe his/her experience of school?
3. And typically, how much does [name of child] tell you about their day at school, lessons they've had, etc?

### PSHE EDUCATION IN GENERAL

4. What do you know, or have been told, about [PSHE education] taught in schools generally?  
(How do you know this – from your child, school, other parents, media?)
5. How relevant do you think the element/topics covered in PSHE education (see list above) are to your child at this stage?
6. Do you think schools are the best places for children to learn about these issues – and your reasons?  
(Where or who else could they learn from?)
7. [PSHE education] is not assessed or marked like other subjects. What are your views on that?

## [PSHE EDUCATION] AT YOUR CHILD'S SCHOOL

8. Do you know what PSHE education is called and how often it is timetabled?

(How do you know this?)

9. Do you know how these topics are taught?

(e.g. lessons, form time, assemblies, circle time, visits, events, speakers)

10. As far as you are aware, what topics or issues have [child] been taught as part of [PSHE education]? What can you recall your child saying about any of these topics?

(Can prompt from list)

- Diet and healthy lifestyles
- Drugs, alcohol and tobacco education
- Emotional health and well-being
- Safety education
- Sex and relationships education
- Enterprise education (e.g. Young Chamber, Young Enterprise, Princes Trust projects, - like Project Trident in the past)

- Personal finance/financial capability
- Careers education(secondary only)
- Work-related learning (secondary only)

(How do you know this?)

11. What has been [child's] experience of [PSHE education] at school?

(What do you recall them ever saying about it - enjoyable, interesting, embarrassing, boring?)

12. Do you think that being taught [PSHE education] at school has increased your child's knowledge of these subjects? In what ways / examples?

13. To what extent would you say it has changed his/her thinking, attitudes or behaviour? Examples?

## PARENTAL ENGAGEMENT

14. What (other) information do you recall receiving directly from the school about [PSHE education]?

(e.g. letters, information evenings, feedback or consultant forms / events)

(Anything specific related to SRE e.g. right to withdraw child from lessons; careers)

15. Do you know about the progress your child makes in [PSHE education]?

(Who from – your child, verbally from the teacher, reports)

(Is it important to you to know about this aspect of your child's learning?)

16. Do you think you get enough, too much or too little information from school about PSHE education?

- Would you like to know more from the school about [PSHE education], how it's taught?

17. Would you like to be asked (more) about your views so that parent's are involved in shaping how [PSHE education] is delivered?

18. Any other comments?

**Close and thanks**

## **Pupils focus group topic guide**

### **INTRODUCTION**

- Project background
- Purpose of interview - to find out what pupils think about their [PSHE education] lessons; views on the different topics covered in [PSHE education] lessons and the ways they are taught.
- Focus group will take about an hour
- Explain voluntary participation, confidentiality, anonymity
- Permission to record
- Any questions
- Verbal consent

### **OPENING QUESTION**

Can we start by introducing ourselves, can you tell us your first name, year and say one thing about PSHE education lessons (or local name for it)

### **PSHE EDUCATION LESSONS**

1. Starting with youngest year group and moving up, can you tell me a bit about your PSHE education lessons/when its covered

(e.g. how often it's timetabled, what it's called, how it's taught, what you do, who teaches it)

2. Tell me about some of the different things you've covered in [PSHE education] lessons - (encourage free recall)

3. Can you tell me a bit more about each of the different areas of [PSHE education]

(e.g. what topics you covered, which other parts of the timetable or subjects it was covered in, and what you do/learn)

- Diet and healthy lifestyles
- Drugs, alcohol and tobacco education
- Emotional health and well-being
- Safety education
- Sex and relationships education
- Enterprise education
- Personal finance/financial capability

(And for secondary:)

- Careers education
- Work-related learning

4. What topics or issues have you found most and least interesting and why?

5. Tell us about the any speakers, visitors or visits you've had as part of [PSHE education]?

6. What sorts of materials (worksheets/books/DVDs/websites) have you used as part of [PSHE education] and what did you think about them?

7. What do you think makes a good [PSHE education lesson]? (e.g. the teacher, discussion time, different activities)

(Is that the same for other lessons?)

8. Other than in lessons, where, or who else, do you learn about these issues from?
9. Do you think it's important that PSHE education issues are taught in school? Why?

### **IMPACT OF [PSHE EDUCATION]**

10. What do you think the main purpose of [PSHE education] in school is, or should be?

(e.g. to be relevant to your life, to help you understand, think differently, change attitudes or behaviours)

11. Do you think [PSHE education] meets that purpose?

(Are the aims or purposes of each lessons made clear to you?)

12. What impact has [PSHE education] had on you personally? Give examples of the difference it's made to you.

(e.g. changed your thinking, attitude or behaviour).

### **YOUR PROGRESS IN [PSHE EDUCATION]**

13. How do you know if you are progressing in [PSHE education]?

(e.g. verbal teacher feedback, marked work, own assessment, peer feedback)

14. How does that compare to other subjects?

15. Would it be more or less helpful if [PSHE education] was assessed like all your other subjects - and explain why?

16. Is [PSHE education] one of the subjects covered at Parent's Evening or in your school report?

### **OVERALL VIEWS**

17. What mark (out of 10) would you give your [PSHE education lessons]?

(How does that compare to your other subjects overall)?

18. Until now, have you even been asked what you think about [PSHE education] overall or for different aspects of it (e.g. SRE)?

(How was your feedback used? Has anything changed?)

19. What do your parents/carers know about the [PSHE education] you do in school?

(e.g. information from school, what do you tell them / talk about?)

20. How could [PSHE education] be improved in your school?



(e.g. more/fewer lessons, different approaches, different teachers)

21. Any other comments?

**Close and thanks**

## Appendix 3: Quantitative data analysis

Questionnaires returns were given a unique ID and logged on to a database to ensure accurate data processing and to enable targeted reminders to be sent out. The questionnaires were then scanned and verified using specialist data capture software (Teleform). Once the survey had been closed, online and hard copy responses were merged together using SPSS and two final datasets were created for primary school responses and secondary school responses. External data from the school level annual census was then merged in using the unique reference number for schools. This provided variables to be used in analysis such as the percentage of pupils eligible for free school meals (a proxy for deprivation) and the faith status of the school. This faith school status breakdown is provided below.

**Table A3.1 Primary schools' faith status**

Faith status	n	%
Does not apply	605	66
Church of England	229	25
Roman Catholic	77	8
None	5	1
Church of England/Free Church	1	0
Church of England/Methodist	3	0
Jewish	2	0
Methodist/Church of England	1	0
<b>Total</b>	<b>923</b>	<b>100</b>

**Table A3.2 Secondary schools' faith status**

Faith status	n	%
Does not apply	472	77
Roman Catholic	56	9
Church of England	44	7
None	33	5
Christian	4	1
Church of England/Methodist	1	0
Church of England/Roman Catholic	1	0
Jewish	2	0
Muslim	3	0
Roman Catholic/Church of England	1	0
<b>Total</b>	<b>617</b>	<b>100</b>

Univariate analysis was conducted for both primary and secondary school responses which answered key mapping questions for the study. Bivariate analysis was then conducted in order to explore what factors may be associated with effectiveness of PSHE education provision. Significant factors to come out from this analysis were then used in the model (explained below).

### Missing data

For certain questions in the survey a notable proportion of the respondents left the question blank. For the univariate analysis we have reported the valid percent and not included missing values in the calculations. The total n values will hence differ for some of the questions. Where there are notable variations in total n values this has been highlighted with an asterisk within the graph and full tables with total n values are reported in this appendix.

**Table A3.3 Primary teaching methods (Report Figure 4.1.2)**

	Yes		No		DK		Valid n	Missing
	%	n	%	n	%	n		
Whole class lessons	100	912	0	1	0	0	<b>913</b>	10
Facilitated discussions between pupils	94	790	6	47	1	12	<b>849</b>	74
Theatre in education/ drama/role play workshops	91	782	8	66	2	14	<b>862</b>	61
Small group lessons	91	766	9	78	0	2	<b>846</b>	77
Lectures/teacher-led information lessons	71	559	27	211	2	19	<b>789</b>	134
Single sex lessons	65	537	34	278	1	8	<b>823</b>	100
Specific lessons for pupils with disabilities or special needs	29	215	69	517	3	21	<b>753</b>	170
Faith-specific lessons	13	96	84	627	3	22	<b>745</b>	178

**Table A3.4 Frequency of delivery KS1 and KS2 (Report Figure 4.1.3)**

		Weekly+		up to once a month		up to once a term		once a year or less		Valid n	DK/Missing
		%	n	%	n	%	n	%	n		
Emotional health and well-being	KS1	75	579	10	80	10	80	5	37	<b>776</b>	147
	KS2	70	535	12	95	12	92	6	44	<b>766</b>	157
Safety education	KS1	28	215	21	161	32	240	18	139	<b>755</b>	168
	KS2	24	175	20	145	33	246	23	170	<b>736</b>	187
Diet/nutrition and healthy lifestyles	KS1	27	205	18	136	32	245	23	172	<b>758</b>	165
	KS2	25	184	18	134	33	243	24	182	<b>743</b>	180
Sex and relationships education (SRE)	KS1	10	63	8	47	22	133	60	361	<b>604</b>	319
	KS2	5	33	4	32	17	121	74	527	<b>713</b>	210
Personal finance/financial capability	KS1	5	22	6	26	30	122	59	243	<b>413</b>	510
	KS2	5	25	6	34	31	170	59	325	<b>554</b>	369
Enterprise education	KS1	4	16	6	23	24	87	65	232	<b>358</b>	565
	KS2	5	27	5	27	27	137	63	322	<b>513</b>	410
Drug, alcohol and tobacco education- up to once a month	KS1	3	22	4	25	18	118	74	477	<b>642</b>	281
	KS2	3	23	5	37	27	199	65	479	<b>738</b>	185

**Table A3.5 Secondary teaching methods (Report Figure 4.2.2)**

	Yes		No		Total	DK/Missing
	%	n	%	n	Valid n	
Whole class lessons	100	610	0	2	<b>612</b>	5
Theatre in education/drama/role play workshops	95	547	5	32	<b>579</b>	38
Facilitated discussions between pupils	94	508	6	35	<b>542</b>	75
Referral/signposting to other (external) local service(s)	91	476	9	46	<b>521</b>	96
Referral/signposting to (internal) school service(s) e.g. health clinic	91	507	9	53	<b>560</b>	57
Lectures/teacher-led information lessons	82	382	18	82	<b>464</b>	153
Small group lessons	69	350	31	159	<b>509</b>	108
Single sex lessons	51	258	49	246	<b>503</b>	114
Visit(s) to local service(s)	43	197	57	265	<b>462</b>	155
Specific lessons for pupils with disabilities or special needs	32	155	68	325	<b>481</b>	136
Faith-specific lessons	9	40	91	421	<b>461</b>	156

**Table A3.6 Frequency of delivery KS3 and KS4 (Report Figure 4.2.3)**

		Weekly+		up to		up to		once a		Valid	Missing
		%	n	%	n	%	n	%	n		
Emotional health and well-being	KS3	16	81	15	77	28	138	41	205	<b>501</b>	116
	KS4	13	56	12	53	25	110	50	223	<b>442</b>	175
Safety education	KS3	8	39	11	51	27	128	55	265	<b>483</b>	134
	KS4	8	34	8	35	23	99	62	271	<b>439</b>	178
Diet/nutrition and healthy lifestyles	KS3	11	53	11	55	25	127	54	271	<b>507</b>	110
	KS4	10	46	10	43	21	91	59	261	<b>440</b>	177
Sex and relationships education (SRE)	KS3	6	33	8	43	20	100	65	331	<b>507</b>	110
	KS4	7	33	8	39	21	99	63	294	<b>464</b>	153
Personal finance/financial	KS3	7	33	7	35	20	93	66	312	<b>472</b>	145
	KS4	8	37	7	35	22	101	63	288	<b>461</b>	156
Enterprise education	KS3	7	30	7	32	21	92	64	277	<b>431</b>	186
	KS4	7	30	7	28	22	88	64	255	<b>401</b>	216
Drug, alcohol and tobacco education- up to once a month	KS3	7	33	9	46	23	119	61	311	<b>510</b>	107
	KS4	6	30	9	42	21	97	64	297	<b>466</b>	151
Work-related learning	KS3	8	33	8	33	19	79	65	268	<b>413</b>	204
	KS4	11	48	10	44	24	100	54	228	<b>419</b>	198
Careers education	KS3	7	35	8	40	22	105	63	306	<b>486</b>	131
	KS4	10	48	15	69	26	122	48	221	<b>460</b>	157

**Table A3.7 Secondary curriculum coverage (Report Figure 4.2.4)**

	Yes we teach all PSHE education programmes of study		Yes we teach some PSHE education programmes of study		We do not teach any programmes of study		Valid n	DK/ Missing
	%	n	%	n	%	n		
q1_y7	67	383	32	179	1	6	<b>568</b>	49
q1_y8	68	395	31	178	1	6	<b>580</b>	37
q1_y9	70	383	29	159	1	6	<b>549</b>	68
q1_y10	63	342	34	183	3	14	<b>539</b>	78
q1_y11	64	337	34	181	2	13	<b>531</b>	86
q1_y12	38	79	48	99	14	30	<b>217</b>	400

**Table A3.8 Forms of assessment used in primary schools (Report Figure 6.1.1)**

	Yes		No		Valid	Missing
	%	n	%	n		
Teacher observation	98	819	2	16	<b>835</b>	88
Verbal feedback from teacher	98	708	2	17	<b>725</b>	198
Pupil self-assessment	88	610	12	82	<b>692</b>	231
Peer assessment	70	376	30	163	<b>539</b>	384
Student progress record,	59	318	41	224	<b>542</b>	381
Written assessment	51	284	49	276	<b>560</b>	363

**Table A3.9 Forms of assessment used in secondary schools (Report Figure 6.1.3)**

	Yes		No		Valid n	Missing
	%	n	%	n		
Teacher observation	95	508	5	29	<b>537</b>	80
Verbal feedback from teacher	95	485	5	26	<b>511</b>	106
Written assessment	64	287	36	160	<b>448</b>	169
Student progress record, portfolio or file	68	300	32	142	<b>442</b>	175
Pupil self-assessment	91	480	9	46	<b>527</b>	90
Peer assessment	82	373	18	80	<b>454</b>	163

**Table A3.10 Forms of consultation used in primary schools (Report Figure 6.2.1)**

	Yes, and we have used the findings in subsequent PSHE education planning/delivery		Yes, but we have not (yet) used the findings in subsequent PSHE education planning/delivery		No		Valid n	Missing
	%	n	%	n	%	n		
Pupils	70	563	14	116	16	130	<b>809</b>	114
School staff	79	651	13	106	9	71	<b>828</b>	95
Governors	54	357	15	101	31	201	<b>659</b>	264
Parents/carers	60	431	13	96	27	194	<b>721</b>	202
Local community members	17	89	5	25	77	394	<b>509</b>	414
Faith organisations	19	98	5	27	76	393	<b>518</b>	405
External agencies/individuals involved in PSHE education delivery	55	348	8	48	37	237	<b>633</b>	290

**Table A3.11 Perceptions of effectiveness in primary schools (Report Figure 7.2.1)**

	Very effective		Effective		Neither/not effective		Valid n	Missing
	%	n	%	n	%	n		
PSHE education overall	34	305	61	545	6	50	<b>900</b>	23
Diet/nutrition and healthy lifestyles	46	422	50	455	4	33	<b>910</b>	13
Drug, alcohol and tobacco education	21	187	64	572	15	129	<b>888</b>	35
Emotional health and well-being	58	526	40	366	2	18	<b>910</b>	13
Safety education	43	389	53	473	4	37	<b>899</b>	24
Sex and relationship education (SRE)	24	207	62	539	15	127	<b>873</b>	50
Enterprise education	8	57	43	304	49	343	<b>704</b>	219
Personal finance/financial capability	5	40	42	314	52	390	<b>744</b>	179

**Table A3.12 Perceptions of effectiveness in secondary schools (Report Figure 7.2.2)**

	Very effective		Effective		Neither/not effective		Valid n	Missing
	%	n	%	n	%	n		
PSHE education overall	29	174	62	372	9	51	<b>597</b>	20
Diet/nutrition and healthy lifestyles	26	157	62	375	12	71	<b>603</b>	14
Drug, alcohol and tobacco education	33	197	61	370	6	38	<b>605</b>	12
Sex and relationship education (SRE)	38	232	53	321	8	51	<b>604</b>	13
Carers education	33	194	53	313	14	85	<b>592</b>	25
Enterprise education	19	107	54	303	28	155	<b>565</b>	52
Personal finance/financial capability	15	86	58	342	27	160	<b>589</b>	28
Work-related learning	22	123	57	314	21	117	<b>553</b>	64

## Appendix 4: Technical annex: modelling effective PSHE education provision

The focus of these analyses was to identify and examine influences on effective PSHE education provision at Primary and Secondary school levels. Prior to conducting these analyses, a (reliable and valid) measure of effective PSHE education delivery was required. Two approaches to measurement were explored:

1. The perceived effectiveness of PSHE education provision (as reported by the respondent to the PSHE education survey).
2. Ofsted judgement grades on pupil outcomes.

The perceived effectiveness measure is drawn from an item on the PSHE education surveys (Q22). These relate to how effective the respondent reported current provision is in promoting learning about PSHE education overall (and within the specific PSHE education curriculum elements).

The Ofsted measures was derived from published inspection outcomes (initially just following the September 2009 inspections but, due to notable issues relating to subsample sizes, this was expanded to also include inspections in the 2008-09 academic year).

The analysis takes the following stages:

1. Summarising the *perceived* effectiveness survey measures
2. Summarising the Ofsted measures
3. Examining how the Perceived and Ofsted measures are associated.
4. Summarising the hypothesised influences (on effective PSHE education provision)
5. Specifying the proposed model and modelling approach
6. Presenting the models
7. Interpreting the models.

### 1. Summarising the perceived effectiveness survey measures

Q22 contains a bank of 10 items which ask respondents to rate how they perceive the current provision to be in promoting learning about PSHE education. The first item asks about PSHE education overall whilst the following 9 items focus on specific elements of the PSHE education curriculum. This analysis focuses on the first item only. Table 1 presents the responses to these for the primary and secondary samples.

**Table 1: *How effective do you think your current provision is in promoting learning about PSHE education***

	Primary	Secondary
Very Effective	34% (305)	29% (174)
Somewhat Effective	61% (545)	62% (372)
Neutral / not effective	5% (50)	9% (51)
Total Responses (missing)	900 (23)	597 (20)

It is clear that the vast majority of respondents placed their schools PSHE education provision on the effective end of the scale. To progress with the model, the focus will be on exploring influences on the first response. This identifies a reasonably sized subsample of schools where the overall PSHE education provision is perceived to be very effective.



If the modelling focuses on these as outcomes (DVs) it should be noted that these are indirect, qualitative and subjective measures. The model will essentially be exploring how the response of very effective might be constructed from responses to other survey items. In essence, the model will identify factors which tend to be associated with a respondent reporting that their schools PSHE education provision was very effective in promoting learning about PSHE education – i.e. which responses precede the conclusion that their schools PSHE education provision is very effective.

## 2. Summarising the Ofsted measures

As shown in Table 2a, ten Ofsted inspection judgements were considered. Two of these focused on the overall judgement or pupil attainment whilst the other eight touch on aspects of the PSHE education curriculum.

**Table 2a: Ofsted judgements following the September 2009 inspections.**

	Primary n=171 (19%); 752 cases (82% missing)			Secondary n=97 (16%); 520 cases (84% missing)		
	Outstand	Good	Sat / Inad	Outstand	Good	Sat / Inad
<b>Overall Ofsted score</b>	11%	44%	45%	9%	40%	51%
<b>... Pupil Attainment Score</b>	10%	22%	68%	10%	23%	67%
<b>... effectiveness of p/ships in promoting learning and wellbeing</b>	26%	61%	13%	28%	57%	16%
<b>...extent of pupils spiritual, moral and cultural development.</b>	21%	66%	14%	17%	55%	28%
<b>...extent to which pupils adopt healthy lifestyles</b>	32%	63%	5%	16%	63%	21%
<b>...extent to which pupils feel safe</b>	36%	57%	8%	22%	68%	10%
<b>...extent to which pupils contribute to sch / wider community</b>	26%	58%	16%	25%	58%	17%
<b>...extent to which pupils develop [workplace and other skills]/[skills] that will contribute to their future economic wellbeing</b>	9%	41%	50%	15%	47%	39%
<b>...effectiveness of care, guidance and support</b>	38%	52%	11%	33%	56%	11%
<b>..effectiveness with which sch promotes equality of opportunity and tackles discrimination</b>	19%	54%	28%	15%	47%	39%

It is likely that these judgement measures will overlap a little, and this is affirmed through a correlational analysis (using Spearman rho) which reveals statistically significant correlations across all 10 (in both Primary and Secondary).

As mentioned earlier, the problem that the Ofsted measures bring is a notable reduction in precision (due to the reduced sample size). The potential introduction of bias is not known (e.g. perhaps inspections focused on specific types of schools such as low attaining schools) and so this was explored through an additional analysis summarised in Table 2c.

For primary schools, the analysis revealed some evidence of bias relating to faith status (higher proportion of non-faith school with Ofsted details) and school type.

For secondary schools, a notable geographical bias is evident with Ofsted details more concentrated in some areas (SW, NW and NE) compared with others (London and West Mids).

Overall, this illustrates that the use of the Ofsted measures not only reduces the statistical precision but introduces some bias which could undermine the validity of inferring the sample results to the wider population.

To try and resolve the problem of limited Ofsted judgement availability, 2008/09 judgements were merged with the 2009/10 judgements. This helps to boost the sample size in both primary and secondary schools to 46% (n=426) and 47% (n=292) respectively. For some Ofsted judgements, word or phrase changes made it unreasonable to combine these (as they were not capturing identical things) but three judgements were identified that maintained consistent wording across the two years. The three judgements were:

**Ofsted 1 (spirit):** The extent of pupils' spiritual, moral and cultural development

**Ofsted 2 (healthy):** The extent to which pupils adopt healthy lifestyles

**Ofsted 3 (work skills):** The extent to which pupils develop (workplace and other skills) that will contribute to their future economic wellbeing.

**Table 2b: Ofsted judgements for 2009/10, 2008/09 and combined (2008 to 2010)**

**Primary Sample**

**2009/10 (n=171)**

	Outstand	Good	Sat / Inad
...extent of pupils spiritual, moral and cultural development.	21% (35)	66% (112)	14% (24)
...extent to which pupils adopt healthy lifestyles	32% (55)	63% (108)	5% (8)
...extent to which pupils develop [workplace and other skills]/[skills] that will contribute to their future economic wellbeing	9% (15)	41% (70)	50% (86)

**2008/09 (n=258)**

**2008/09 and 2009/10 combined (n=426)**

	Outstand	Good	Sat / Inad
...extent of pupils spiritual, moral and cultural development.	38% (98)	57% (147)	5% (13)
...extent to which pupils adopt healthy lifestyles	43% (112)	55% (143)	1% (3)
...extent to which pupils develop [workplace and other skills]/[skills] that will contribute to their future economic wellbeing	21% (54)	47% (121)	32% (83)
Primary, 2008 / 09 and 09/10 combined (n=426)	Outstand	Good	Sat / Inad
...extent of pupils spiritual, moral and cultural development.	31% (133)	60% (257)	9% (36)
...extent to which pupils adopt healthy lifestyles	39% (167)	58% (248)	3% (11)
...extent to which pupils develop [workplace and other skills]/[skills] that will contribute to their future economic wellbeing	16% (69)	45% (191)	39% (166)



## Secondary Sample

### 2009/10 (n=97)

	Outstand	Good	Sat / Inad
...extent of pupils spiritual, moral and cultural development.	17% (17)	55% (54)	28% (27)
...extent to which pupils adopt healthy lifestyles	16% (16)	63% (61)	21% (20)
...extent to which pupils develop [workplace and other skills]/[skills] that will contribute to their future economic wellbeing	15% (14)	47% (45)	39% (38)

### 2008/09 (n=195)

#### 2008/09 and 2009/10 combined (n=287)

	Outstand	Good	Sat / Inad
...extent of pupils spiritual, moral and cultural development.	33% (65)	56% (20)	11% (20)
...extent to which pupils adopt healthy lifestyles	39% (76)	54% (106)	7% (13)
...extent to which pupils develop [workplace and other skills]/[skills] that will contribute to their future economic wellbeing	32% (62)	43% (84)	25% (49)

	Outstand	Good	Sat / Inad
...extent of pupils spiritual, moral and cultural development.	28% (81)	56% (161)	16% (45)
...extent to which pupils adopt healthy lifestyles	32% (92)	58% (165)	11% (30)
...extent to which pupils develop [workplace and other skills]/[skills] that will contribute to their future economic wellbeing	27% (77)	45% (128)	29% (83)

So, whilst there has been some compromise with drawing on judgements which could have been made up to two years ago, the increase in subsample sizes will hopefully improve the reliability and validity of the resulting analyses. Tables 2c and 2d present analyses into the availability of these Ofsted judgements across a range of external factors (faith status, FSM etc.). For the new, combined, judgements, the only significant association is seen within the primary school sample in relation to faith status – faith schools were less likely to have details of Ofsted judgements (42%) compared with non-faith schools (49%). Whilst this is statistically significant, the strength of association is pretty weak (Cramer's  $V=0.07$ ) and so, whilst noted, this bias is unlikely to have a drastic impact on further analyses.

**Table 2c: Availability of Ofsted judgement details across other variables (JUST 2009/10 judgements)**

	primary	Secondary
Faith Status	p<0.05; V=0.084. Faith schools less likely (14%) to have Ofsted detail compared with non-faith schools (21%).	ns
School Capacity	ns	ns
FSM	ns Proportion of schools with Ofsted detail increases with deprivation from 16% (least deprived) up to 22% (most deprived) - but NOT statistically significant.	ns Proportion of schools with Ofsted detail increases with deprivation from 11% (least deprived) up to 19% (most deprived) - but NOT statistically significant.
School Type	p<0.05, V=0.109. Voluntary aided least likely to have Ofsted detail (11%), foundation most likely (27%) - this will overlap with faith status.	ns
Perceived effectiveness DV	ns Proportion of schools with Ofsted details higher amongst respondents who reported very effective PSHE education provision (21%) compared with respondents who did not (18%).	ns Proportion of schools with Ofsted details lower amongst respondents who reported very effective PSHE education provision (14%) compared with respondents who did not (16%).
GOR	ns Some geographical variation with Ofsted detail most available in SW (24%) and London (21%) and least available in NW (14%) and West Mids (15%) - but not statistically significant.	P<0.05, V=0.182. A notable degree of geographical variation in availability of Ofsted details - most available = SW (29%), NW and NE (both 21%) ... least available = London and Yorks/Humber (both 7%)
Single-sex / Co-ed	n/a	ns Girls schools least likely (7%), then boys schools (10%) and finally mixed (17%)
Admissions	n/a	p<0.05; V=0.115. No selective schools have Ofsted details, 17% of Modern schools and 21% of modern schools - note 51 schools are listed as not applicable for this variable.

**Table 2d: Availability of Ofsted judgement details across other variables (Combined 2009/10 AND 2008/09 judgements).**

	primary	Secondary
Faith Status	p<0.05; V=0.069. Faith schools less likely (42%) to have Ofsted detail compared with non-faith schools (49%)	ns Faith schools less likely (39%) to have Ofsted detail compared with non-faith schools (49%) but NS
School Capacity	ns	ns
FSM	ns	ns.
School Type	Ns	Ns
Perceived effectiveness DV	Ns	Ns
GOR	ns	ns
Single-sex / Co-ed	n/a	ns
Admissions	n/a	ns

### 3. Examining how the Perceived effectiveness and Ofsted measures are statistically associated

Table 3a and 3b presents these analyses for the 09/10 and combined 2008 to 2010 judgements respectively

For the primary school survey, significant association between perceptions of effective delivery and all three Ofsted judgements were found. Respondents from schools judged as outstanding in each of the three judgements were significantly more likely to report that they perceived their PSHE education provision to be very effective.

For secondary respondents, similar patterns are also evident. However, statistical significance is only reached for the second judgement (healthy lifestyles). Respondents from schools judged as outstanding in each of the three judgements were more likely to report that they perceived their PSHE education provision to be very effective across all 3 judgements – but statistical significance is only reached for the adopt healthy lifestyles judgement.

The single perception outcome and three Ofsted judgement outcomes will be coded as binary variables. For the perception measure the value 1 indicates a response of perceived very effective PSHE education provision and 0 indicates all other responses. For the three Ofsted judgements, the value 1 indicates an Outstanding judgement outcome and 0 all other judgement outcomes. This simplification of the outcomes is necessary for the specific modelling approach (binary logistic regression). Additionally, it enables statistical association amongst the 4 outcomes to be explored concisely using correlation coefficients. Figure 3a and 3b presents these analyses for the primary school and secondary school sample respectively.

It seems that there is a notable overlap between the Ofsted judgements. This is seen in both samples but is most striking in the secondary school sample. Perceptions around PSHE education delivery are correlated with the Ofsted judgements, although these correlations are much weaker than those seen amongst and between the judgements themselves (see Figures 3a and 3b).

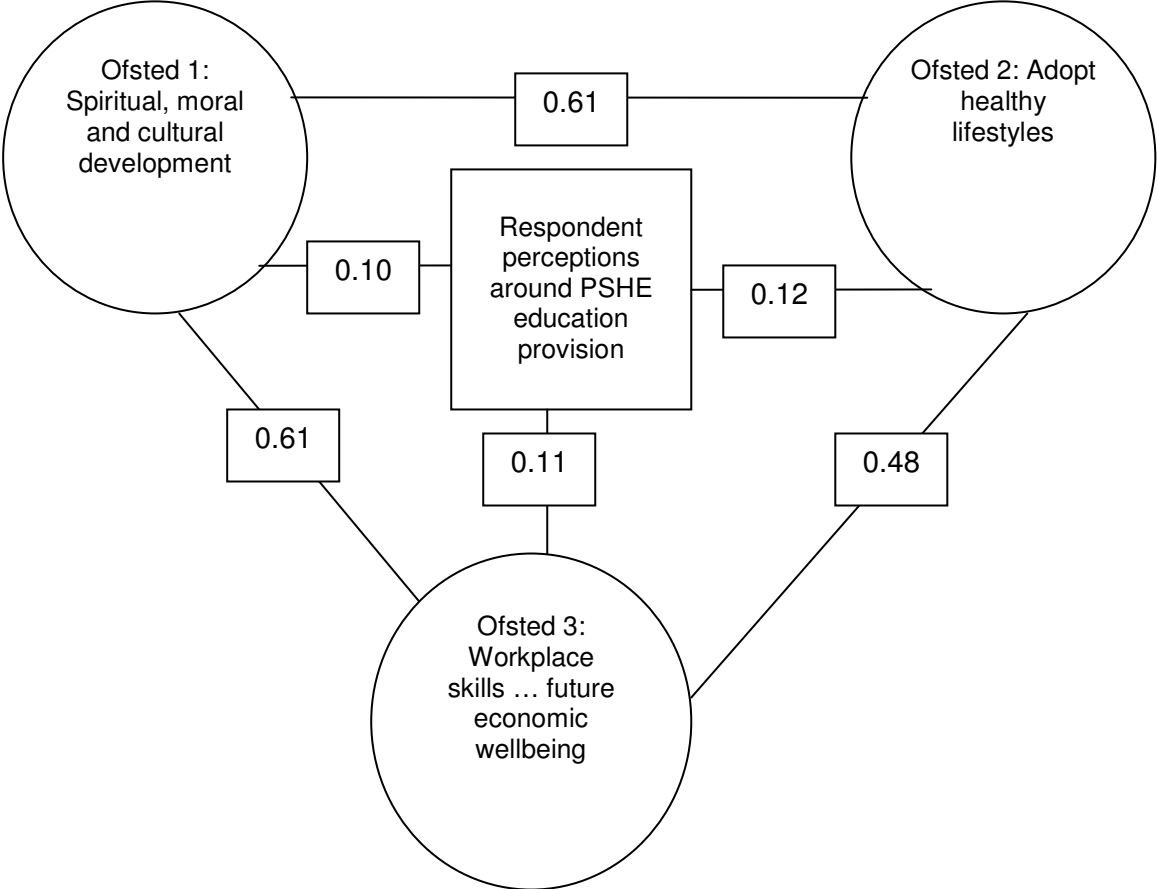
**Table 3a: Association between the perceived effectiveness DV and the ten Ofsted judgement measures – JUST 2009/10 judgements**

	% reporting that their PSHE education provision is very effective	
	Primary	Secondary
<b>...extent of pupils spiritual, moral and cultural development.</b>		
Outstanding	51%	25%
Good	38%	31%
Satisfactory / Inadequate	21%	19%
Chi-Square sig; Cramer's V	P=0.06 (ns)	ns
<b>...extent to which pupils adopt healthy lifestyles</b>		
Outstanding	56%	38%
Good	32%	26%
Satisfactory / Inadequate	13%	20%
Chi-Square sig; Cramer's V	<0.05; 0.255	ns
<b>...extent pupils develop [workplace skills] that will contribute to their future economic wellbeing</b>		
Outstanding	60%	27%
Good	47%	37%
Satisfactory / Inadequate	28%	14%
Chi-Square sig; Cramer's V	<0.05; 0.232	ns

**Table 3b: Association between the perceived effectiveness DV and the ten Ofsted judgement measures – COMBINED 2008/09 2009/10 judgements**

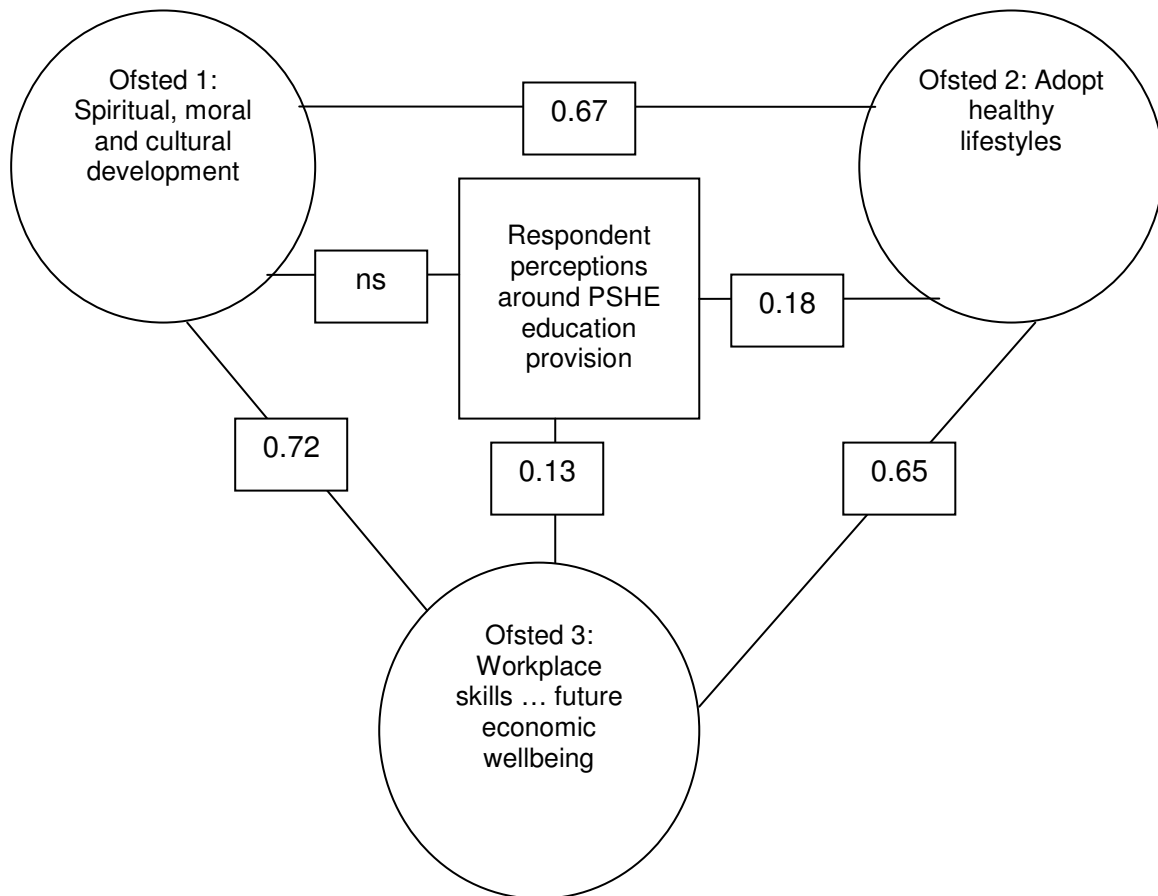
	% reporting that their PSHE education provision is very effective	
	Primary	Secondary
<b>...extent of pupils spiritual, moral and cultural development.</b>		
Outstanding	42%	35%
Good	33%	27%
Satisfactory / Inadequate	19%	16%
Chi-Square sig; Cramer's V	<0.05; 0.131	ns (p=0.09)
<b>...extent to which pupils adopt healthy lifestyles</b>		
Outstanding	42%	38%
Good	31%	23%
Satisfactory / Inadequate	9%	17%
Chi-Square sig; Cramer's V	<0.05; 0.141	<0.05, 0.171
<b>...extent pupils develop [workplace skills] that will contribute to their future economic wellbeing</b>		
Outstanding	47%	37%
Good	37%	27%
Satisfactory / Inadequate	27%	20%
Chi-Square sig; Cramer's V	<0.05; 0.232	ns (p=0.07)

**Figure 3a: Correlations amongst the 4 outcome variables – primary schools (Ofsted judgements for 2008 to 2010)**





**Figure 3b: Correlations amongst the 4 outcome variables – secondary schools (Ofsted judgements for 2008 to 2010)**



#### 4. Summarising the hypothesised influences (on effective PSHE education provision)

The influencing variables are drawn from within the PSHE education survey and from external sources. Items from the survey focus on things such as how PSHE education is delivered, how prominent PSHE education is within school policy and whether teachers hold a PSHE education qualification. External details provide a broader context to take account of variations in school types (faith status, school capacity) and the pupil population (e.g. eligibility for FSM): In all, we are considering 8 broad areas:

1. Delivery of PSHE education:
  - ... using PSHE education lessons or other approaches
  - ... frequency of PSHE education delivery
  - ... teaching methods adopted
  - ... who teaches PSHE education
2. Assessment in PSHE education:
  - ... types of assessments used
  - ... use of QCDA Key Stage statements
  - ... visibility of PSHE education assessments (whether referred to in school assessment plan / policy; whether mentioned in reports, whether discussed at parents' evenings).
3. PSHE education Qualifications and CPD training
  - PSHE education qualifications of staff
  - CPD training- awareness and ease of access

4. PSHE education coordination and leadership
  - ... whether PSHE education coordination is resourced (time and money)
  - ... whether PSHE education is supported by SLT and/or school governor
  - ... whether PSHE education is present in school policy
5. PSHE education evaluation
  - ... whether PSHE education is evaluated through consultation (e.g. with pupils)
6. Healthy School Status
  - ...whether the school has national healthy status and/or is participating in the healthy schools enhancement model
7. Resourcing -
  - ...estimated cost (per pupil) of PSHE education delivery
8. External / contextual
  - Faith status
  - Eligibility for FSM
  - School capacity
  - GOR
  - Type of school
  - Admissions policy

## 5. Specifying the proposed model and modelling approach

As all of the outcome variables are binary (coded as 1=reported very effective PSHE education delivery; 0=did not report very effective PSHE education delivery), logistic regression is the most suitable modelling approach (Tabachnick and Fidell, 2001).

Following the bivariate analyses, the explanatory variables were siphoned down to a collection of key factors which are displayed in Table 5a and 5b for the primary and secondary samples.

The bivariate analyses identify variables which have a statistically significant association with the outcome (perceived effective delivery) but do not acknowledge any interplay or overlap between these associations. This is why it is important to use multivariate statistical modelling.

The aim of this (and all) statistical models is to reach a maximum explanatory power<sup>1</sup> using as few explanatory variables as possible. Only variables which (statistically significantly) add to the explanatory power of the model will be included into the model.

The starting point is to consider the bivariate analyses and identify the key factors which are carried forward into the model – as shown in Table 5a (primary) and 5b (secondary).

- Before examining the tables, a...whether the school has national healthy status and/or is participating in the healthy schools enhancement model

A total of 4 outcome variables were modelled. This was done for both the primary and secondary school samples. Figure 5 outlines these models.

---

<sup>1</sup> Explanatory power is a statistical term which relates to the proportion of variation in an outcome variable that is accounted for by variations in explanatory variables within a statistical model.

**Figure 5: Summarising the proposed logistic regression models**

**Model 1: Perceptions of very effective PSHE education delivery**

This model focuses predominantly on responses to the survey (along with some external / contextual factors) to identify key associations with perceived very effective PSHE education delivery.

**Models 2: identifying associations with being judged as outstanding on the following Ofsted criteria:**

**2a:** The extent of pupils' spiritual, moral and cultural development

**2b:** The extent to which pupils adopt healthy lifestyles

**2c:** The extent to which pupils develop (workplace and other skills) that will contribute to their future economic wellbeing

**Table 5a: Primary sample - key explanatory variables**

PRIMARY SCHOOL SAMPLE	Model 1		Model 2a		Model 2b		Model 2c	
	Perception of effective PSHEE		OFSTED 1 - Spiritual Develop		OFSTED 2 - Healthy Life/s		OFSTED 3 - Workplace Skills	
	Cramers V	In Final model	Cramers V	In Final model	Cramers V	In Final model	Cramers V	In Final model
<b>Delivery:</b>								
...Use of PSHEE lessons (KS1)	0.13	0	ns	-	ns	-	ns	-
Number of elements offered at KS1	0.17	√	ns	-	ns	-	ns	-
Number of elements offered at least once a month at KS1	0.13	0	ns	-	ns	-	ns	-
Does a PSHEE teacher/specialist deliver PSHEE elements?	0.10	0	ns	-	ns	-	ns	-
<b>Assessment:</b>								
...written assessment	0.10	0	ns	-	ns	-	ns	-
Use of student progress record	0.16	√	ns	-	ns	-	ns	-
Use of QCDA end of KS statements in assessment	0.17	√	ns	-	ns	-	ns	-
Is PSHEE included in school assessment policy / plan	0.21	√	ns	-	ns	-	0.12	√
Is PSHEE progress discussed at parents evenings?	0.16	√	ns	-	ns	-	ns	-
<b>Qualifications &amp; Training:</b>								
Number of staff with PSHEE qualification	0.12	0	ns	-	ns	-	ns	-
Awareness of local / national CPD opportunities	0.21	√	ns	-	ns	-	ns	-
Perceived ease for school to fund & release staff for PHSEE CPD	0.16	0	0.16	√	ns	-	ns	-
<b>Coordination &amp; Leadership:</b>								
Whether time / payment is provided for PSHEE coordinator	0.13	√	ns	-	ns	-	ns	-
Is a member of SLT &/or governor responsible for PSHEE?	0.19	0	ns	-	ns	-	ns	-
Is PSHEE in school policy / improvement plan	0.17	0	ns	-	ns	-	ns	-
<b>Evaluation: whether the following groups are consulted:</b>								
...Pupils	0.21	√	ns	-	ns	-	ns	-
...School Staff	0.20	0	ns	-	0.14	0	ns	-
...Governors	0.20	0	0.13	√	0.13	√	0.14	0
...parents/carers	ns	-	ns	-	0.13	0	ns	-
...Local community	0.12	0	ns	-	ns	-	ns	-
...Faith Organisations	0.14	0	0.15	0	ns	-	ns	-
<b>Estimate of Cost of PSHEE delivery</b>								
Cost per pupil	0.12	0	ns	-	ns	-	ns	-
<b>Healthy School Status</b>								
Has HS Status	0.11	0	0.10	0	0.13	√	0.11	0
Taking Part in HS enhancement model	0.11	0	0.10	0	0.13	0	ns	-
<b>External Factors:</b>								
Faith Status	-	0	0.24	√	0.18	√	0.18	√
FSM	-	0	0.14	0	0.24	√	0.24	√
<b>OFSTED Judgements</b>								
.... pupils spiritual, moral & cultural development	0.10	0	n/a	~	n/a	~	n/a	~
.... pupils adopt healthy lifestyles	0.12	0	n/a	~	n/a	~	n/a	~
... develop skills that will contribute to their future economic well-being.	0.11	0	n/a	~	n/a	~	n/a	~

**Table 5a: Secondary sample - key explanatory variables**

SECONDARY SCHOOL SAMPLE	Model 1		Model 2a		Model 2b		Model 2c	
	Perception of effective PSHEE		OFSTED 1 - Spiritual Develop		OFSTED 2 - Healthy Life/s		OFSTED 3 - Workplace Skills	
	Cramers V	In Final model	Cramers V	In Final model	Cramers V	In Final model	Cramers V	In Final model
<b>Delivery:</b>								
...Use of PSHEE lessons (KS3)	0.17	√	ns	-	ns	-	ns	-
...Use of drop down days (KS4)	0.12	0	ns	-	ns	-	ns	-
Does a PSHEE teacher/specialist delivers PSHEE elements?	0.20	√	ns	-	ns	-	ns	-
Do other qualified teacher deliver PSHEE elements?	0.19	0	ns	-	ns	-	ns	-
Do guest speakers deliver PSHEE elements?	0.13	0	ns	-	ns	-	ns	-
<b>Assessment:</b>								
Written Assessment	0.13	0	ns	-	ns	-	ns	-
Use of student progress record	0.18	√	ns	-	ns	-	ns	-
Pupil self-assessment	0.11	0	ns	-	ns	-	ns	-
Peer assessment	0.15	0	ns	-	ns	-	ns	-
Use of QCDA end of KS statements in assessment	0.13	0	ns	-	ns	-	0.12	0
Is PSHEE referred to in school assessment plan / policy	0.14	0	ns	-	ns	-	ns	-
Is PSHEE included in annual reports	0.16	0	ns	-	ns	-	ns	-
Is PSHEE discussed at parents evenings	0.18	0	ns	-	0.13	√	ns	-
<b>Qualifications &amp; Training:</b>								
PSHEE qualifications amongst staff	0.19	0	ns	-	ns	-	ns	-
Awareness of local & national PSHEE CPD	0.21	0	ns	-	ns	-	0.17	√
Perceived ease of school to release/fund CPD opportunities	0.15	0	ns	-	ns	-	ns	-
<b>Coordination &amp; Leadership:</b>								
Whether time / payment is provided for PSHEE coordinator	0.14	0	ns	-	ns	-	ns	-
Is a member of SLT &/or governor responsible for PSHEE?	0.19	0	ns	-	ns	-	ns	-
Is PSHEE in school policy / improvement plan	0.23	√	ns	-	ns	-	ns	-
<b>Evaluation: whether the following groups are consulted:</b>								
...Pupils	0.20	0	ns	-	ns	-	ns	-
...Governors	0.17	0	0.19	√	ns	-	ns	-
...Parents/carers	0.19	√	ns	-	ns	-	ns	-
...Local Community	0.16	0	ns	-	ns	-	ns	-
...External Agencies	0.22	√	ns	-	ns	-	ns	-
<b>Estimate of Cost of PSHEE delivery</b>								
Cost per pupil	ns	-	ns	-	ns	-	ns	-
<b>Healthy School Status</b>								
Has HS Status	0.13	0	0.13	0	0.18	√	ns	-
Taking Part in HS enhancement model	ns	-	0.17	√	ns	-	0.19	√
<b>External Factors:</b>								
Faith Status	ns	-	0.13	0	ns	-	ns	-
FSM	ns	-	0.35	√	0.45	√	0.38	√
School Capacity	0.12	0	ns	-	ns	-	ns	-
Single sex / mixed school	0.11	√	0.29	√	0.26	√	0.24	√
Admissions Policy	ns	-	0.26	0	0.31	0	0.32	0
<b>OFSTED Judgements</b>								
.... pupils spiritual, moral & cultural development	ns	-	n/a	~	n/a	~	n/a	~
... pupils adopt healthy lifestyles	0.17	0	n/a	~	n/a	~	n/a	~
... develop skills that will contribute to their future economic well-being.	0.13	0	n/a	~	n/a	~	n/a	~

## 6. Presenting the models

### Logit Model 1 (Primary School Sample)

#### Perceptions of very effective PSHE education provision

Explanatory power (Pseudo r-square) = 12%

	B	Exp(B)	95% C.I. for EXP(B)	
			Lower	Upper
PSHE education elements offered at KS1				
All 7 elements offered	0.00	1.00	-	-
5 or 6 offered	-0.62	0.54	0.36	0.79
less than 5 offered	-0.68	0.51	0.28	0.93
PSHE education assessment - use of student progress record				
Do not use PSHE education assessment	0.00	1.00	-	-
Use	0.39	1.48	1.04	2.11
Whether currently use QCDA end of KS statements				
Do not use	0.00	1.00	-	-
Use	0.35	1.41	0.99	2.02
Is PSHE education included / referred to in school assessment plan?				
No	0.00	1.00	-	-
Yes	0.49	1.63	1.15	2.31
Is PSHE education progress discussed at parents' evenings				
No	0.00	1.00	-	-
Yes	0.56	1.75	1.16	2.64
Awareness of local and/or national PSHE education CPD				
Not aware of either	0.00	1.00	-	-
Aware of local but not national	0.33	1.40	0.88	2.22
Aware of national but not local	-0.12	0.88	0.20	3.89
Aware of both national and local	0.66	1.93	1.22	3.06
Does PSHE education coordinator receive additional time / money?				
Neither	0.00	1.00	-	-
Additional pay but not time	0.14	1.15	0.51	2.61
Additional time but not pay	0.52	1.67	1.14	2.45
Additional time and pay	0.55	1.74	0.91	3.31
Evaluation of PSHE education through consulting with pupils				
Do not consult with pupils	0.00	1.00	-	-
Consult but results not yet used	0.10	1.11	0.58	2.13
Consult and results are used	0.63	1.87	1.16	3.02
Constant	-2.25	0.11		

**Logit Model 2a (Primary School Sample)**

**Ofsted judgement of outstanding in terms of the extent of pupils spiritual, moral and cultural development**

**Explanatory power (Pseudo r-square) = 9%**

	B	Exp(B)	95% C.I.for EXP(B)	
			Lower	Upper
<b>Perceived ease for school to release and fund PSHE education CPD</b>				
Neither fund nor release	0.00	1.00	-	-
Release but not fund	-0.22	0.80	0.41	1.56
Fund but not release	0.75	2.11	0.41	10.95
Release and Fund	0.68	1.98	1.17	3.34
<b>Evaluation of PSHE education through consulting with governors</b>				
Do not consult with governors	0.00	1.00	-	-
Consult but results not yet used	-0.24	0.79	0.33	1.87
Consult and results are used	0.58	1.79	1.11	2.88
<b>Faith Status</b>				
Not Faith School	0.00	1.00	-	-
Faith School	1.25	3.49	2.18	5.57
Constant	-1.66	0.19		

**Logit Model 2b (Primary School Sample)**

**Ofsted judgement of outstanding in terms of the extent to which pupils adopt healthy lifestyles**

**Explanatory power (Pseudo r-square) = 9%**

	B	Exp(B)	95% C.I.for EXP(B)	
			Lower	Upper
<b>Evaluation of PSHE education through consulting with governors</b>				
Do not consult with governors	0.00	1.00	-	-
Consult but results not yet used	0.79	2.21	0.91	5.40
Consult and results are used	0.98	2.67	1.30	5.47
<b>Healthy School Status</b>				
Not HS	0.00	1.00	-	-
HS	1.25	3.48	1.46	8.26
<b>Faith Status</b>				
Not Faith School	0.00	1.00	-	-
Faith School	0.59	1.80	1.12	2.91
<b>FSM Eligibility</b>				
<5.26% eligible	0.00	1.00	-	-
5.26-11.17%	-0.62	0.54	0.29	0.99
11.17-21.57%	-0.97	0.38	0.21	0.70
21.57%+	-1.13	0.32	0.17	0.62
Constant	-1.96	0.14		



**Logit Model 2c (Primary School Sample)**

**Ofsted judgement of outstanding in terms of the extent to which pupils develop (workplace and other skills) that will contribute to their future economic wellbeing**

**Explanatory power (Pseudo r-square) = 11%**

	B	Exp(B)	95% C.I.for EXP(B)	
			Lower	Upper
<b>Is PHSEE referred to in school assessment plan / policy</b>				
No	0.00	1.00	-	-
Yes	0.83	2.28	1.27	4.11
<b>Healthy School Status</b>				
Not HS	0.00	1.00	-	-
HS	1.97	7.15	0.95	54.00
<b>Faith Status</b>				
Not Faith School	0.00	1.00	-	-
Faith School	0.69	2.00	1.09	3.67
<b>FSM Eligibility</b>				
<5.26% eligible	0.00	1.00	-	-
5.26-11.17%	-0.69	0.50	0.23	1.09
11.17-21.57%	-1.01	0.36	0.17	0.79
21.57%+	-1.35	0.26	0.11	0.64
Constant	-3.45	0.03		

**Logit Model: Perceptions of very effective PSHE education provision  
Secondary School Sample**

**Explanatory power (Pseudo r-square) = 15%**

**Logit Model 2a (Secondary School Sample)**

	B	Exp(B)	95% C.I.for EXP(B)	
			Lower	Upper
Use of PSHE education lessons at KS3				
No elements taught through PSHE education lessons	0.00	1.00	-	-
Some elements taught through PSHE education lessons	0.90	2.47	1.07	5.73
Most elements taught through PSHE education lessons	0.84	2.32	1.14	4.71
ALL elements taught through PSHE education lessons	0.86	2.36	1.19	4.70
PSHE education taught by PSHE education lead/specialist				
No elements taught by PSHE education specialist teacher	0.00	1.00	-	-
Some elements taught by PSHE education specialist teacher	0.64	1.90	0.86	4.22
Most elements taught by PSHE education specialist teacher	0.55	1.73	0.86	3.51
All elements taught by PSHE education specialist teacher	0.97	2.64	1.46	4.76
PSHE education assessment - use of student progress record				
Do not use	0.00	1.00	-	-
Use	0.60	1.82	1.20	2.76
Is PSHE education in school policy and/or improvement plan?				
No, not in either	0.00	1.00	-	-
In policy but not improvement plan	-0.34	0.71	0.26	1.93
In improvement plan but not policy	-1.12	0.33	0.07	1.49
In both	0.53	1.70	0.73	3.96
Evaluation of PSHE education - consulting parents / carers				
Do not consult	0.00	1.00	-	-
Have consulted but not yet used results	0.68	1.98	0.91	4.31
Have consulted and used results	0.59	1.81	1.17	2.79
Evaluation of PSHE education - consulting external agencies				
Do not consult	0.00	1.00	-	-
Have consulted but not yet used results	-0.17	0.84	0.33	2.16
Have consulted and used results	0.64	1.89	1.20	2.98
Single-sex or mixed school				
Mixed	0.00	1.00	-	-
Single (boys)	-0.69	0.50	0.17	1.51
Single (girls)	0.82	2.26	1.15	4.46
Constant	-3.58	0.03		

**Ofsted judgement of outstanding in terms of the extent of pupils spiritual, moral and cultural development**

**Explanatory power (Pseudo r-square) = 21%**

	B	Exp(B)	95% C.I. for EXP(B)	
			Lower	Upper
<b>Evaluation of PSHE education through consulting with governors</b>				
Do not consult with governors	0.00	1.00	-	-
Consult but results not yet used	0.89	2.43	0.84	7.03
Consult and results are used	1.26	3.53	1.71	7.29
<b>Healthy Schools Enhancement Model</b>				
No / don't know	0.00	1.00	-	-
Yes, school is in HS enhancement model	1.02	2.78	1.42	5.44
<b>FSM Eligibility</b>				
<5.26% eligible	0.00	1.00	-	-
5.26-11.17%	-0.94	0.39	0.17	0.91
11.17-21.57%	-1.87	0.15	0.06	0.37
21.57%+	-2.07	0.13	0.05	0.33
<b>Single-sex / Mixed</b>				
Mixed	0.00	1.00	-	-
Boys School	0.73	2.08	0.56	7.73
Girls School	2.14	8.46	2.70	26.51
Constant	-1.00	0.37		

**Logit Model 2b (Secondary School Sample)**

**Ofsted judgement of outstanding in terms of the extent to which pupils adopt healthy lifestyles**

**Explanatory power (Pseudo r-square) = 22%**

	B	Exp(B)	95% C.I.for EXP(B)	
			Lower	Upper
<b>Healthy School Status</b>				
Not HS	0.00	1.00	-	-
HS	1.36	3.89	1.52	9.94
<b>FSM Eligibility</b>				
<5.26% eligible	0.00	1.00	-	-
5.26-11.17%	-1.04	0.36	0.17	0.76
11.17-21.57%	-2.32	0.10	0.04	0.23
21.57%+	-2.27	0.10	0.04	0.24
<b>Single-sex / Mixed</b>				
Mixed	0.00	1.00	-	-
Boys School	1.22	3.40	0.92	12.61
Girls School	1.72	5.58	1.80	17.33
Constant	-0.85	0.43		

**Logit Model 2c (Secondary School Sample)**

**Ofsted judgement of outstanding in terms of the extent to which pupils develop (workplace and other skills) that will contribute to their future economic wellbeing**

**Explanatory power (Pseudo r-square) = 23%**

	B	Exp(B)	95% C.I. for EXP(B)	
			Lower	Upper
<b>Awareness of PHSEE CPD</b>				
Neither local nor national	0.00	1.00	-	-
Local but not national	0.04	1.05	0.33	3.34
National but not local	1.14	3.12	0.43	22.73
Both Local and National	1.07	2.91	1.27	6.68
<b>Healthy Schools Enhancement Model</b>				
No / don't know	0.00	1.00	-	-
Yes, school is in HS enhancement model	1.30	3.68	1.82	7.44
<b>FSM Eligibility</b>				
<5.26% eligible	0.00	1.00	-	-
5.26-11.17%	-0.69	0.50	0.22	1.17
11.17-21.57%	-2.08	0.13	0.05	0.32
21.57%+	-2.18	0.11	0.04	0.31
<b>Single-sex / Mixed</b>				
Mixed	0.00	1.00	-	-
Boys School	0.79	2.21	0.56	8.71
Girls School	1.73	5.61	1.67	18.87
Constant	-1.41	0.25		

## 7. Interpreting the models

### **Primary sample**

The perception measure seems to be more influenced / constructed by responses to the survey whilst the Ofsted measures are more influenced / constructed by external / contextual factors.

Appendix II provides an overview of the bivariate associations between the three Ofsted measures and external / contextual factors.

### **Perception of very effective PSHE education delivery**

- **The model accounts for 12% of the variation in the outcome.**
- **Delivering the full 7 elements associated with higher rates of perceived effective delivery.** Respondents from schools that delivered all 7 were around twice as likely to report effective delivery compared with respondents from schools delivering fewer than 5 elements.
- **Assessing through pupil progress records is associated with higher rates of perceived effective delivery.** Respondents from schools using pupil progress records to assess PSHE education were around 1.5 times as likely to report effective delivery compared to those who did not use this.
- **The use of QCDA is associated with higher rates of perceived effective delivery** (although the statistical significance of this is borderline).
- **Reference to PSHE education in the school assessment plan / policy is associated with higher rates of perceived effective delivery.** Respondents from schools where PSHE education is referred to in the school assessment plan/policy were around 1.6 times as likely to report effective delivery compared to respondents from schools where this is not the case.
- **Discussing PSHE education progress at parents' evenings is associated with higher rates of perceived effective delivery.** Respondents from schools where PSHE education progress is discussed at parents' evenings were around 1.75 times as likely to report effective delivery compared to respondents from schools where this is not the case.
- **Awareness of CPD opportunities is associated with higher rates of perceived effective delivery.** Respondents who were aware of local and national CPD in PSHE education were around 1.9 times as likely to report effective delivery compared to respondents from schools where this is not the case.
- **Provision of time and additional payment for PSHE education coordination is associated with higher rates of perceived effective delivery.** Respondents from schools where PSHE education coordination was awarded with additional time and income were around 1.7 times as likely to report effective delivery compared to respondents from schools where this is not the case.
- **Evaluating PSHE education through consultation with pupils is associated with higher rates of perceived effective delivery.** Respondents from schools who consulted with pupils and used this to evaluate PSHE education provision were around 1.9 times as likely to report effective delivery compared to respondents from schools where this is not the case.

### **Ofsted 1 (spiritual / moral development)**

- **The model accounts for 9% of the variation in the outcome.**
- **The perception of how easy it is for their school to fund PSHE education CPD AND release staff to attend is associated with higher rates of outstanding judgements.** Schools where respondents reported that it was easy for their school to fund and release were around twice as likely to be judged as outstanding on this Ofsted measure.
- **Evaluation of PSHE education through consulting with governors is associated with higher rates of outstanding judgements.** Schools where respondents reported that governors were consulted and the results used to develop PSHE education were around 1.8 times as likely to be judged as outstanding on this Ofsted measure.
- **Faith schools are associated with higher rates of outstanding judgements.** Faith schools were around 3.5 times as likely to be judged as outstanding on this Ofsted measure.

### **Ofsted 2 (healthy lifestyles)**

- **The model accounts for 9% of the variation in the outcome.**
- **Evaluation of PSHE education through consulting with governors is associated with higher rates of outstanding judgements.** Schools where respondents reported that governors were consulted and the results used to develop PSHE education were over 2.5 times as likely to be judged as outstanding on this Ofsted measure.
- **Healthy school status is associated with higher rates of outstanding judgements.** Schools with healthy school status were around 3.5 times as likely to be judged as outstanding on this Ofsted measure.
- **Faith schools are associated with higher rates of outstanding judgements.** Faith schools were around 1.8 times as likely to be judged as outstanding on this Ofsted measure.
- **Poverty / deprivation associated with lower rates of outstanding judgements.** Schools in the highest 25% of concentrations of FSM eligibility were less than a third as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.

### **Ofsted 3 (economic wellbeing)**

- **The model accounts for 11% of the variation in the outcome.**
- **The presence of PSHE education on school assessment plan is associated with higher rates of outstanding judgements.** Schools where respondents reported that PSHE education is referred to in the school assessment plan / policy were over twice times as likely to be judged as outstanding on this Ofsted measure.
- **Healthy school status is associated with higher rates of outstanding judgements.** This finding is more tentative – as it just not significant.
- **Faith schools are associated with higher rates of outstanding judgements.** Faith schools were around twice as likely to be judged as outstanding on this Ofsted measure.
- **Poverty / deprivation associated with lower rates of outstanding judgements.** Schools in the highest 25% of concentrations of FSM eligibility were around a quarter as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility

### **Secondary sample**

As seen within the primary sample, the perception measure seems to be more influenced / constructed by responses to the survey whilst the Ofsted measures are more influenced / constructed by external / contextual factors. In particular, poverty / deprivation amongst the pupil population is seen as highly associated with Ofsted judgements.

Appendix II provides an overview of the bivariate associations between the three Ofsted measures and external / contextual factors.

### **Perception of very effective PSHE education delivery**

- **The model accounts for 15% of the variation in the outcome.**
- **The use of PSHE education lessons is associated with higher rates of perceived effective delivery.** Respondents from schools which used PSHE education lessons to deliver some or all of the elements were over twice as likely to report effective delivery compared with respondents from schools not using PSHE education lessons.
- **PSHE education being taught by a PSHE education co-ordinator is associated with higher rates of perceived effective delivery.** Respondents from schools where all elements of PSHE education was taught by the PSHE education co-ordinator were around 2.6 times as likely to report effective delivery compared with respondents from schools where no elements of PSHE education was taught by the PSHE education coordinator.
- **Assessing through pupil progress records is associated with higher rates of perceived effective delivery.** Respondents from schools using pupil progress records to assess PSHE education were around 1.8 times as likely to report effective delivery compared to those who did not use this.
- **Reference to PSHE education in the school policy / improvement plan is associated with higher rates of perceived effective delivery.** Although the statistical significance of this is borderline.
- **Evaluating PSHE education through consultation with parents / carers is associated with higher rates of perceived effective delivery.** Respondents from schools who consulted with pupils and used this to evaluate PSHE education provision were around 1.8 times as likely to report effective delivery compared to respondents from schools where this is not the case.
- **Evaluating PSHE education through consultation with external agencies is associated with higher rates of perceived effective delivery.** Respondents from schools who consulted with external agencies and used this to evaluate PSHE education provision were around 1.9 times as likely to report effective delivery compared to respondents from schools where this is not the case.
- **Girls schools are associated with higher rates of perceived effective delivery.** Respondents from girls' schools were around 2.3 times as likely to report effective delivery compared to respondents from boys or mixed schools.

### **Ofsted 1 (spiritual / moral development)**

- **The model accounts for 21% of the variation in the outcome.**
- **Evaluation of PSHE education through consulting with governors is associated with higher rates of outstanding judgements.** Schools where respondents reported that governors were consulted and the results used to develop PSHE education were around 3.5 times as likely to be judged as outstanding on this Ofsted measure.
- **Being in the healthy school enhancement model is associated with higher rates of outstanding judgements.** Schools with healthy school status were around 2.8 times as likely to be judged as outstanding on this Ofsted measure.
- **Poverty / deprivation associated with lower rates of outstanding judgements.** Schools in the highest 25% of concentrations of FSM eligibility were less than a seventh as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.
- **Girls schools are associated with higher rates of outstanding judgements.** Girls schools were over 8 times as likely to be judged as outstanding on this Ofsted measure compared to respondents from boys or mixed schools.



### **Ofsted 2 (healthy lifestyles)**

- **The model accounts for 22% of the variation in the outcome.**
- **Healthy school status is associated with higher rates of outstanding judgements.** Schools with healthy school status were around 3.9 times as likely to be judged as outstanding on this Ofsted measure.
- **Poverty / deprivation associated with lower rates of outstanding judgements.** Schools in the highest 25% of concentrations of FSM eligibility were around a tenth as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.
- **Girls schools are associated with higher rates of outstanding judgements.** Girls schools were over 5.5 times as likely to be judged as outstanding on this Ofsted measure compared to respondents from boys or mixed schools.

### **Ofsted 3 (economic wellbeing)**

- **The model accounts for 23% of the variation in the outcome.**
- **Awareness of PSHE education CPD is associated with higher rates of outstanding judgements.** Schools where respondents reported that they were aware of both local and national PSHE education CPD were around 3 times as likely to be judged as outstanding on this Ofsted measure.
- **Being in the healthy school enhancement model is associated with higher rates of outstanding judgements.** Schools with healthy school status were around 3.7 times as likely to be judged as outstanding on this Ofsted measure.
- **Poverty / deprivation associated with lower rates of outstanding judgements.** Schools in the highest 25% of concentrations of FSM eligibility were around a ninth as likely to be judged as outstanding on this Ofsted measure compared with schools in the lowest 25% of concentrations of FSM eligibility.
- **Girls schools are associated with higher rates of outstanding judgements.** Girls schools were over 5.6 times as likely to be judged as outstanding on this Ofsted measure compared to respondents from boys or mixed schools.

**APPENDIX A: Summarising the bivariate analyses (conditions for effective delivery v perceptions of effective delivery)**

**Part 1: DELIVERY**

**Table 1a: How PSHE education is delivered at KS1 and KS2**

	KS1	...of which % reporting V.Effective	KS2	...of which % reporting V.Effective
<b>Use of PSHE education lessons</b>				
No element delivered through PSHE education lessons	30%	37%	27%	37%
Some elements delivered through PSHE education lessons	27%	25%	21%	27%
Most elements delivered through PSHE education lessons	34%	37%	36%	33%
ALL elements delivered through PSHE education lessons	9%	44%	16%	40%
Chi-Square sig; Cramer's V		<0.05; 0.129		ns
<b>Use of Citizenship Lessons</b>				
No element delivered through Citizenship lessons	78%	33%	69%	34%
Some elements delivered through Citizenship lessons	27%	37%	23%	32%
Most elements delivered through Citizenship lessons	4%	37%	5%	38%
ALL elements delivered through Citizenship lessons	1%	25%	2%	47%
Chi-Square sig; Cramer's V		ns		ns
<b>Use of SEAL to deliver PSHE education</b>				
No element delivered through SEAL	30%	34%	32%	39%
Some elements delivered through SEAL	49%	32%	46%	30%
Most elements delivered through SEAL	16%	36%	15%	32%
ALL elements delivered through SEAL	5%	49%	7%	40%
Chi-Square sig; Cramer's V		ns		ns
<b>PSHE education elements timetabled</b>				
No element timetabled	67%	33%	51%	35%
Some elements timetabled	28%	34%	41%	32%
Most elements timetabled	3%	43%	6%	35%
ALL elements timetabled	2%	67%	2%	44%
Chi-Square sig; Cramer's V		<0.05; 0.098		ns
<b>PSHE education elements integrated across curriculum</b>				
No element integrated	35%	30%	40%	34%
Some elements integrated	41%	33%	41%	31%
Most elements integrated	17%	39%	15%	36%
ALL elements integrated	6%	49%	2%	50%
Chi-Square sig; Cramer's V		<0.05; 0.108		ns
<b>PSHE education delivered in other subject lessons</b>				
No element delivered through other subjects	47%	34%	42%	37%
Some elements delivered through other subjects	39%	30%	41%	30%
Most elements delivered through other subjects	13%	41%	15%	31%
ALL elements delivered through other subjects	1%	100%	2%	64%
Chi-Square sig; Cramer's V		<0.05; 0.143		<0.05; 0.125
<b>PSHE education delivered in enrichment sessions</b>				
No element delivered through enrichment sessions	76%	33%		n/a
Some elements delivered through enrichment sessions	21%	32%		
Most elements delivered through enrichment sessions	3%	67%		
ALL elements delivered through enrichment sessions	1%	50%		
Chi-Square sig; Cramer's V		<0.05; 0.125		
<b>PSHE education delivered in drop-down days</b>				
No element delivered through drop-down days	66%	34%		n/a
Some elements delivered through drop-down days	30%	34%		
Most elements delivered through drop-down days	4%	38%		
elements delivered through drop-down days	1%	30%		
Chi-Square sig; Cramer's V		ns		
<b>PSHE education elements offered</b>				
All 7 elements offered	58%	41%	84%	35%
5 or 5 elements offered	30%	26%	15%	22%
Less than 5 offered	12%	20%	1%	50%
Chi-Square sig; Cramer's V		<0.05; 0.170		<0.05; 0.105

**Table 1b: How PSHE education is delivered at KS3 and 4**

	KS3		KS4	
		...of which % reporting V.Effective		...of which % reporting V.Effective
<b>Use of PSHE education lessons</b>				
No element delivered through PSHE education lessons	18%	15%	34%	21%
Some elements delivered through PSHE education lessons	13%	26%	10%	25%
Most elements delivered through PSHE education lessons	36%	31%	26%	31%
ALL elements delivered through PSHE education lessons	32%	38%	30%	38%
Chi-Square sig; Cramer's V		<0.05; 0.174		<0.05; 0.150
<b>Use of Citizenship Lessons</b>				
No element delivered through Citizenship lessons	72%	27%	78%	28%
Some elements delivered through Citizenship lessons	17%	31%	13%	28%
Most elements delivered through Citizenship lessons	7%	40%	4%	41%
ALL elements delivered through Citizenship lessons	4%	48%	4%	46%
Chi-Square sig; Cramer's V		ns		ns
<b>PSHE education elements timetabled</b>				
No element timetabled	55%	31%	81%	31%
Some elements timetabled	40%	27%	15%	20%
Most elements timetabled	5%	25%	2%	47%
ALL elements timetabled	0.4%	50%	2%	20%
Chi-Square sig; Cramer's V		ns		ns
<b>PSHE education elements integrated across curriculum</b>				
No element integrated	51%	32%	71%	31%
Some elements integrated	42%	26%	24%	24%
Most elements integrated	3%	30%	3%	13%
ALL elements integrated	4%	35%	3%	29%
Chi-Square sig; Cramer's V		ns		ns
<b>PSHE education delivered in other subject lessons</b>				
No element delivered through other subjects	57%	29%	66%	29%
Some elements delivered through other subjects	40%	29%	29%	30%
Most elements delivered through other subjects	2%	23%	3%	29%
ALL elements delivered through other subjects	1%	43%	2%	20%
Chi-Square sig; Cramer's V		ns		ns
<b>Use of tutor / form sessions to deliver PSHE education</b>				
No element delivered through tutor groups	60%	32%	67%	31%
Some elements delivered through tutor groups	28%	28%	23%	28%
Most elements delivered through tutor groups	6%	22%	5%	20%
ALL elements delivered through tutor groups	6%	12%	6%	15%
Chi-Square sig; Cramer's V		ns		ns
<b>PSHE education delivered in enrichment sessions</b>				
No element delivered through enrichment sessions	66%	28%	72%	28%
Some elements delivered through enrichment sessions	28%	31%	24%	31%
Most elements delivered through enrichment sessions	3%	39%	2%	17%
ALL elements delivered through enrichment sessions	2%	33%	3%	44%
Chi-Square sig; Cramer's V		ns		ns
<b>PSHE education delivered in drop-down days</b>				
No element delivered through drop-down days	44%	32%	51%	34%
Some elements delivered through drop-down days	41%	28%	35%	26%
Most elements delivered through drop-down days	7%	20%	6%	18%
ALL elements delivered through drop-down days	8%	25%	8%	20%
Chi-Square sig; Cramer's V		Ns		<0.05; 0.122
<b>PSHE education elements offered</b>				
All 9 elements offered	88%	31%	93%	30%
7 or 8 elements offered	11%	22%	5%	18%
Less than 7 offered	2%	0%	2%	15%
Chi-Square sig; Cramer's V		ns		ns

**Table 1c: Frequency of PSHE education delivery in KS1 and 2**

	KS1		KS4	
		...of which % reporting V.Effective		...of which % reporting V.Effective
Monthly delivery ...				
Diet/nutrition	37%	40% (V=0.101)	35%	35% (ns)
Drug, alcohol and tobacco	5%	52% (V=0.090)	7%	36% (ns)
emotional health and wellbeing	71%	36% (V=0.068)	68%	34% (ns)
safety education	41%	39% (V=0.089)	35%	35% (ns)
SRE	12%	40% (ns)	7%	38% (ns)
enterprise	4%	50% (V=0.079)	6%	42% (ns)
personal finance	5%	50% (ns)	6%	38% (ns)
Chi-Square sig; Cramer's V		ns		ns
Using ALL 7 elements ... monthly delivery				
No PSHE education element delivered monthly	26%	31%	30%	35%
1 element delivered monthly	24%	26%	24%	34%
2 elements delivered monthly	20%	33%	19%	29%
3+ elements delivered monthly	31%	43%	27%	37%
Chi-Square sig; Cramer's V		<0.05; 0.132		ns

**Table 1d: Frequency of PSHE education delivery in KS3 and 4**

	KS3		KS4	
		...of which % reporting V.Effective		...of which % reporting V.Effective
At least monthly delivery ...				
Diet/nutrition	18%	32% (ns)	14%	40% (V=0.094)
Drug, alcohol and tobacco	13%	33% (ns)	12%	35% (ns)
emotional health and wellbeing	26%	29% (ns)	18%	27% (ns)
safety education	15%	29% (ns)	11%	30% (ns)
SRE	12%	35% (ns)	12%	36% (ns)
Careers education	12%	31% (ns)	19%	29% (ns)
enterprise	10%	36% (ns)	9%	37% (ns)
personal finance	11%	34% (ns)	12%	35% (ns)
Work-related learning	11%	29% (ns)	15%	28% (ns)
Using ALL 9 elements ... monthly delivery				
No PSHE education element delivered each month	68%	30%	71%	30%
1 element delivered each month	11%	25%	8%	26%
2 elements delivered each month	5%	17%	5%	14%
3+ elements delivered each month	17%	30%	16%	32%
Chi-Square sig; Cramer's V		ns		ns

**Table 1e: teaching methods**

	Prim		Sec	
		...of which % reporting V.Effective		...of which % reporting V.Effective
Chi-Square sig; Cramer's V		<0.05; 0.132		ns
Teaching Method				
Whole class	100%	34% (ns)	100%	29% (ns)
Small group	91%	36% (V=0.118)	69%	32% (ns)
Single-sex lessons	66%	30% (V=0.120)	51%	28% (ns)
Faith specific lessons	13%	35% (ns)	9%	23% (ns)
Lessons for pupils with disabilities or SEN	29%	41% (V=0.092)	32%	30% (ns)
Lectures / teacher led info lessons	72%	34% (ns)	82%	29% (ns)
Facilitated discussion between pupils	94%	35% (ns)	94%	29% (ns)
Theatre / role play	92%	36% (V=0.087)	95%	30% (ns)
Referral to internal service (e.g. clinic)	-	-	91%	30% (ns)
Referral to external service	-	-	91%	29% (ns)
Visits to local services			43%	31% (ns)

**Table 1f: Who teaches PSHE education**

	Primary	...of which % reporting V.Effective	Secondary	...of which % reporting V.Effective
<b>PSHE education lead / specialist</b>				
No elements taught by PSHE education lead/specialist	45%	30%	23%	16%
Some elements taught by PSHE education lead/spec	12%	29%	13%	23%
Most elements taught by PSHE education lead/spec	21%	39%	22%	28%
ALL elements taught by PSHE education lead/spec	22%	40%	42%	39%
Chi-Square sig; Cramer's V		<0.05; 0.104		<0.05; 0.203
<b>Other teachers</b>				
No elements taught by other teachers	7%	21%	14%	49%
Some elements taught by other teachers	6%	29%	21%	29%
Most elements taught by other teachers	39%	29%	20%	19%
ALL elements taught by other teachers	48%	40%	46%	28%
Chi-Square sig; Cramer's V		<0.05; 0.134		<0.05; 0.189
<b>Nurse</b>				
No elements taught by nurse	46%	35%	52%	30%
Some elements taught by other nurse	49%	32%	47%	29%
Most elements taught by other nurse	4%	36%	1%	0%
ALL elements taught by other nurse	0.3%	67%	1%	0%
Chi-Square sig; Cramer's V		ns		ns
<b>Teaching Assistant</b>				
No elements taught by teaching assistant	48%	31%	82%	29%
Some elements taught by teaching assistant	25%	32%	9%	31%
Most elements taught by teaching assistant	14%	36%	2%	9%
ALL elements taught by teaching assistant	13%	47%	7%	35%
Chi-Square sig; Cramer's V		<0.05; 0.111		ns
<b>Other Support Staff</b>				
No elements taught by other support staff	75%	33%	76%	28%
Some elements taught by other support staff	19%	35%	22%	33%
Most elements taught by other support staff	4%	43%	1%	29%
ALL elements taught by other support staff	2%	33%	2%	36%
Chi-Square sig; Cramer's V		ns		ns
<b>Other LA Staff</b>				
No elements taught by other LA staff			40%	27%
Some elements taught by other LA staff			54%	30%
Most elements taught by other LA staff			5%	39%
ALL elements taught by other LA staff			2%	46%
Chi-Square sig; Cramer's V				ns
<b>Guest Speakers</b>				
No elements taught by guest speakers	40%	30%	23%	20%
Some elements taught by guest speakers	43%	35%	54%	33%
Most elements taught by guest speakers	15%	41%	16%	26%
ALL elements taught by guest speakers	3%	36%	7%	39%
Chi-Square sig; Cramer's V		ns		<0.05; 0.128

## Part 2: Assessment

**Table 2a: Assessment methods in PSHE education**

	Primary	(n=868) ...of which % reporting V.Effective	Secondary	(n=592) ...of which % reporting V.Effective
<b>Teacher Observation</b>				
Use	94%	36%	86%	31%
Do not use	6%	25%	14%	24%
Chi-Square sig; Cramer's V		Ns		ns
<b>Verbal Feedback</b>				
Use	82%	36%	82%	30%
Do not use	18%	31%	18%	28%
Chi-Square sig; Cramer's V		Ns		ns
<b>Written Assessment</b>				
Use	33%	42%	49%	36%
Do not use	67%	32%	51%	25%
Chi-Square sig; Cramer's V		<0.05; 0.099		<0.05; 0.128
<b>Student progress record</b>				
Use	94%	45%	51%	38%
Do not use	6%	29%	49%	22%
Chi-Square sig; Cramer's V		<0.05; 0.155		<0.05; 0.176
<b>Pupil Self assessment</b>				
Use	94%	37%	81%	33%
Do not use	6%	30%	19%	19%
Chi-Square sig; Cramer's V		Ns		<0.05; 0.111
<b>Peer assessment</b>				
Use	94%	39%	63%	35%
Do not use	6%	31%	37%	21%
Chi-Square sig; Cramer's V		<0.05; 0.083		<0.05; 0.146

**Table 2b: Visibility of PSHE education assessment**

	Primary	(n=868) ...of which % reporting V.Effective	Secondary	(n=592) ...of which % reporting V.Effective
<b>..use QCDA end of KS statements in PSHE education assessment</b>				
Yes	33%	45%	36%	37%
No/dk	68%	29%	64%	24%
Chi-Square sig; Cramer's V		<0.05; 0.165		<0.05; 0.130
<b>Is PSHE education referred to in school assessment policy / plan</b>				
Yes	37%	48%	36%	38%
No/dk	64%	27%	65%	24%
Chi-Square sig; Cramer's V		<0.05; 0.210		<0.05; 0.143
<b>Do teachers comment on pupils achievements in PSHE education in annual reports</b>				
Yes	87%	35%	68%	34%
No/dk	13%	27%	32%	19%
Chi-Square sig; Cramer's V		ns		<0.05; 0.160
<b>Pupils progress in PSHE education at parents' evenings</b>				
Yes	70%	39%	52%	37%
No/dk	31%	23%	48%	21%
Chi-Square sig; Cramer's V		<0.05; 0.163		<0.05; 0.180

### Part 3: Qualifications and CPD

**Table 3a: PSHE education qualifications amongst teaching staff**

	Primary	...of which % reporting V.Effective	Secondary	...of which % reporting V.Effective
<b>National PSHE education CPD qualification</b>				
None	72%	33%	68%	21%
1 member of staff	24%	36%	34%	38%
2+ members of staff	4%	62%	13%	40%
Chi-Square sig; Cramer's V		<0.05; 0.116		<0.05; 0.193
<b>Other accredited PSHE education qualification</b>				
None	95%	34%	91%	29%
1 member of staff	3%	35%	6%	33%
2+ members of staff	2%	77%	3%	15%
Chi-Square sig; Cramer's V		<0.05; 0.125		ns
<b>Non-accredited PSHE education qualification</b>				
None	63%	33%	68%	26%
1 member of staff	15%	39%	11%	27%
2+ members of staff	23%	38%	21%	40%
Chi-Square sig; Cramer's V		ns		<0.05; 0.128

**Table 3b: Awareness of CPD for PSHE education**

	Primary	...of which % reporting V.Effective	Secondary	...of which % reporting V.Effective
<b>Q14a – awareness of national CPD opps</b>				
Agree	69%	40%	73%	34%
Neut/disagree	31%	21%	27%	16%
Chi-Square sig; Cramer's V		<0.05; 0.184		<0.05; 0.174
<b>Q14b – awareness of local CPD opps</b>				
Agree	37%	44%	58%	37%
Neut/disagree	64%	28%	42%	20%
Chi-Square sig; Cramer's V		<0.05; 0.163		<0.05; 0.183
<b>Q14a and b – awareness of CPD opps</b>				
Neither	29%	20%	23%	15%
Just National	34%	35%	19%	26%
Just Local	2%	33%	3%	16%
Both	35%	45%	54%	38%
Chi-Square sig; Cramer's V		<0.05; 0.207		<0.05; 0.213



**Table 3c: Ease of release / funding for PSHE education CPD**

	Primary	...of which % reporting V.Effective	Secondary	...of which % reporting V.Effective
<b>Q14c – easy for school to release staff</b>				
Agree	41%	42%	28%	40%
Neut/disagree	59%	28%	72%	25%
Chi-Square sig; Cramer's V		<0.05; 0.144		<0.05; 0.146
<b>Q14b – easy for school to fund CPD staff</b>				
Agree	26%	45%	21%	39%
Neut/disagree	75%	31%	79%	27%
Chi-Square sig; Cramer's V		<0.05; 0.128		<0.05; 0.105
<b>Q14c and d – easiness for school to support (release and fund)</b>				
Neither	57%	28%	66%	25%
Release but not fund	34%	39%	15%	38%
Fund but not release	2%	42%	5%	29%
Both	35%	45%	16%	42%
Chi-Square sig; Cramer's V		<0.05; 0.156		<0.05; 0.150

**Part 4: Coordination and Leadership**

**Table 4a: Presence of a PSHE education coordinator**

	Primary	...of which % reporting V.Effective	Secondary	...of which % reporting V.Effective
<b>Clearly Identified person responsible for PSHE education coord</b>				
Yes	96%	35%	97%	30%
No / don't know	4%	18%	3%	12%
Chi-Square sig; Cramer's V		<0.05; 0.068		ns~

~ - chi-square test not valid

**Table 4b: Support (time and money) for PSHE education Coordination**

	Primary	...of which % reporting V.Effective	Secondary	...of which % reporting V.Effective
<b>Does PSHE education lead get additional allowance?</b>				
Yes	11%	39%	77%	31%
No / don't know	89%	33%	23%	23%
Chi-Square sig; Cramer's V		<0.05; 0.068		ns
<b>Does PSHE education lead get additional time?</b>				
Yes	32%	44%	64%	33%
No / don't know	68%	30%	36%	22%
Chi-Square sig; Cramer's V		<0.05; 0.132		<0.05; 0.115
<b>Above two combined</b>				
Neither time nor money	64%	30%	20%	24%
Money but not time	4%	32%	16%	20%
Time but not money	25%	44%	4%	15%
Both time and money	7%	43%	61%	34%
Chi-Square sig; Cramer's V		<0.05; 0.131		<0.05; 0.141
<b>Whether respondent was PSHE education lead</b>				
Yes	77%	33%	92%	29%
No	23%	38%	8%	25%
Chi-Square sig; Cramer's V		ns		ns

**Table 4c: Support for PSHE education from SLT / governor**

	Primary	...of which % reporting V.Effective	Secondary	...of which % reporting V.Effective
<b>Clearly identified member of SMT/SLT responsible for supporting PSHE education</b>				
Yes	72%	38%	86%	30%
No / don't know	28%	24%	14%	21%
Chi-Square sig; Cramer's V		<0.05; 0.128		ns
<b>Clearly identified governor responsible for supporting PSHE education</b>				
Yes	54%	40%	47%	38%
No / don't know	46%	28%	53%	21%
Chi-Square sig; Cramer's V		<0.05; 0.128		<0.05; 0.186
<b>Above two combined</b>				
Neither SLT nor governor	16%	25%	11%	17%
SLT but not governor	31%	29%	42%	22%
Governor but not SLT	12%	23%	3%	39%
Both	42%	44%	44%	38%
Chi-Square sig; Cramer's V		<0.05; 0.187		<0.05; 0.193

**Table 4d: Presence of PSHE education in school policy**

<b>Clearly identified school policy about PSHE education</b>				
Yes	93%	36%	84%	32%
No / don't know	7%	10%	16%	12%
Chi-Square sig; Cramer's V		<0.05; 0.144		<0.05; 0.168
<b>PSHE education is part of schools' improvement plan/policy</b>				
Yes	67%	38%	73%	33%
No / don't know	33%	27%	27%	16%
Chi-Square sig; Cramer's V		<0.05; 0.112		<0.05; 0.171
<b>Above two combined</b>				
Not in policy or improvement plan	5%	8%	10%	14%
In policy but not improvement plan	29%	30%	17%	17%
In improvement plan but not in policy	3%	13%	7%	8%
In both	64%	39%	66%	36%
Chi-Square sig; Cramer's V		<0.05; 0.171		<0.05; 0.233

## Part 5: Evaluation

**Table 5: Evaluation of PSHE education**

	Primary	Overall – 34% reported PSHE education as v effective	Secondary	Overall – 29% reported PSHE education as v effective
		...of which % reporting V.Effective		...of which % reporting V.Effective
<b>Pupils</b>				
Yes and Findings Used	63%	42%	79%	34%
Yes but not used yet	13%	24%	8%	13%
No/dk	24%	21%	14%	10%
Chi-Square sig; Cramer's V		<0.05; V= 0.207		<0.05; V=0.200
<b>School Staff</b>				
Yes and Findings Used	73%	40%	66%	32%
Yes but not used yet	12%	21%	7%	15%
no	16%	19%	27%	26%
Chi-Square sig; Cramer's V		<0.05; V= 0.187		ns
<b>Governors</b>				
Yes and Findings Used	40%	46%	28%	41%
Yes but not used yet	11%	28%	8%	35%
no	40%	27%	65%	24%
Chi-Square sig; Cramer's V		<0.05; V=0.196		<0.05; V=0.169
<b>Parents / Carers</b>				
Yes and Findings Used	48%	44%	33%	41%
Yes but not used yet	11%	30%	7%	33%
no	41%	24%	60%	22%
Chi-Square sig; Cramer's V		<0.05; V=0.196		<0.05; V=0.190
<b>Local Community</b>				
Yes and Findings Used	10%	52%	13%	48%
Yes but not used yet	3%	36%	3%	37%
no	87%	32%	84%	26%
Chi-Square sig; Cramer's V		<0.05; V=0.121		<0.05; V=0.162
<b>Faith Orgs</b>				
Yes and Findings Used	11%	53%	9%	29%
Yes but not used yet	3%	28%	3%	32%
no	86%	32%	88%	29%
Chi-Square sig; Cramer's V		<0.05; V=0.138		ns
<b>External Agencies</b>				
Yes and Findings Used	40%	39%	53%	39%
Yes but not used yet	5%	33%	7%	16%
no	56%	31%	40%	19%
Chi-Square sig; Cramer's V		ns		<0.05; 0.217

## Part 6: Healthy Schools

**Table 6: Healthy Schools Status**

	Primary	Overall – 34% reported PSHE education as v effective	Secondary	Overall – 29% reported PSHE education as v effective
		...of which % reporting V.Effective		...of which % reporting V.Effective
<b>Q27 - National Healthy Schools Status?</b>				
Yes	89%	35%	83%	<b>32%</b>
No/dk	11%	19%	17%	<b>16%</b>
Chi-Square sig; Cramer's V		<0.05; V= 0.11		<0.05; V= 0.13
<b>Q28 - In Healthy Schools Enhancement Mode</b>				
Yes	50%	39%	40%	33%
No/dk	50%	29%	60%	26%
Chi-Square sig; Cramer's V		<0.05; V= 0.11		ns

## Part 7: Workforce and estimated cost

Respondents were asked to estimate the approximate number of staff involved in teaching and support PSHE education across the following staff groups: head of PSHE education or teacher of PSHE education; senior leader(s); teacher(s) of other subjects within school; school nursing staff; teaching assistant(s); other support staff; other LA staff, and guest speaker(s). For each staff group respondents were asked to give the average percentage of time staff spent on teaching/supporting PSHE education. External data<sup>2</sup> containing the average salary of each staff group was then merged in. These were then multiplied together to produce an approximate figure for staff costs across each staff group. The total figure for staff costs was then added to the figure for any other costs per school year to give a total amount spent on PSHE education. This was then divided by the number of pupils in the school (from school census data) to give a cost per pupil. Three tables summarise these analyses. The first presents the cost estimate variables (scale and categorised). The key thing about this table is the striking positive skew of the data – a few instances of very high spending around PSHE education distort the mean upwards, away from the centre of the data (the median). This is the main reason for categorising this variable – such a skew makes statistical tests such as ANOVA invalid (Kruskal Wallis and/or Mann-Whitney U being used instead). The second two present the association between the cost estimates and the 4 PSHE education outcomes.

---

<sup>2</sup> [http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000874/Addition\\_G.xls](http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000874/Addition_G.xls);  
<http://www.dcsf.gov.uk/rsgateway/DB/SFR/s000874/index.shtml>;  
<http://www.education.gov.uk/research/data/uploadfiles/DCSF-RR154.pdf>.

### Cost estimate details – univariate summaries

<b>Cost-per-pupil</b>		
	<b>Primary Schools</b>	<b>Secondary Schools</b>
n=	604	457
missing	319	160
Mean	265.03	135.73
Sd	367.85	232.78
Lower Q	76.10	44.98
Median	140.18	72.93
Upper Q	293.45	130.71
Min	2.06	1.84
Max	3001.58	2,002.06
<b>Categorised Cost-per-pupil</b>		
	<b>Primary Schools</b>	<b>Secondary Schools</b>
0-76	25% (153)	-
77-140	25% (152)	-
141-293	25% (149)	-
294+	25% (150)	-
0-44	-	25% (114)
45-73	-	25% (115)
74-130	-	25% (114)
131+	-	25% (114)

### Primary school sample – cost estimate v 4 PSHE education outcomes

<b>Cost-per-pupil</b>				
	Mean	Median		
Perception = 0	250.65	129.30		
Perception = 1 (V effective)	283.76	168.55		
ANOVA / Mann Whitney U significance / eta	ns			
OFSTED1(spirit) = 0	252.77	140.34		
OFSTED1(spirit) = 1 (outstanding)	296.32	135.23		
ANOVA / Mann Whitney U significance / eta	ns			
OFSTED2(healthy) = 0	267.67	156.30		
OFSTED2(healthy) = 1 (outstanding)	266.05	119.64		
ANOVA / Mann Whitney U significance / eta	ns			
OFSTED3(workplace skills) = 0	270.06	140.15		
OFSTED3(workplace skills) = 1 (outstanding)	252.14	136.91		
ANOVA / Mann Whitney U significance / eta	ns			
<b>Categorised Cost-per-pupil</b>				
	Perception % V effective	OFSTED 1 % Outstanding	OFSTED 2 % Outstanding	OFSTED 3 % Outstanding
All respondents	34%	31%	39%	16%
Categorised Cost-per-pupil				
0-76	34%	34%	46%	13%
77-140	27%	35%	42%	22%
141-293	35%	32%	34%	19%
294+	43%	30%	36%	14%
Chi-square sig; Cramers V	p<0.05; 0.12	ns	ns	ns

## Secondary school sample – cost estimate v 4 PSHE education outcomes

<b>Cost-per-pupil</b>				
	Mean	Median		
Perception = 0	137.96	72.33		
Perception = 1 (V effective)	134.00	83.15		
ANOVA / Mann Whitney U significance / eta	ns			
OFSTED1(spirit) = 0	126.53	67.74		
OFSTED1(spirit) = 1 (outstanding)	153.83	65.80		
ANOVA / Mann Whitney U significance / eta	ns			
OFSTED2(healthy) = 0	140.58	69.61		
OFSTED2(healthy) = 1 (outstanding)	117.29	61.12		
ANOVA / Mann Whitney U significance / eta	ns			
OFSTED3(workplace skills) = 0	135.91	67.71		
OFSTED3(workplace skills) = 1 (outstanding)	126.72	67.91		
ANOVA / Mann Whitney U significance / eta	ns			
<b>Categorised Cost-per-pupil</b>				
	Perception % V effective	OFSTED 1 % Outstanding	OFSTED 2 % Outstanding	OFSTED 3 % Outstanding
All respondents	29%	28%	32%	27%
Categorised Cost-per-pupil				
0-44	24%	35%	34%	27%
45-73	28%	15%	27%	18%
74-130	34%	28%	24%	26%
131+	28%	29%	31%	28%
Chi-square sig; Cramers V	ns	ns	ns	ns



## Part 8: External / contextual factors

**Table 8: External / contextual factors**

	Primary	Overall – 34% reported PSHE education as v effective	Secondary	Overall – 29% reported PSHE education as v effective
		...of which % reporting V.Effective		...of which % reporting V.Effective
<b>Faith School?</b>	Yes No	34% 66%	36% 33%	18% 82%
Chi-Square sig; Cramer's V		ns		ns
<b>Eligibility for FSM</b>	Lowest 25% Low-Mid 25% Mid-High 25% Highest 25%	25% 25% 25% 25%	37% 32% 36% 30%	26% 25% 26% 24%
Chi-Square sig; Cramer's V		ns		ns
<b>School Capacity</b>	Small Medium Large	29% 33% 38%	36% 35% 31%	33% 34% 33%
Chi-Square sig; Cramer's V		ns		P<0.05; 0.121
<b>GOR</b>	East Mids East of England London NE NW SE SW West Mids Yorks and Humber	14% 12% 8% 5% 14% 18% 13% 7% 10%	35% 36% 39% 35% 26% 33% 33% 29% 44%	9% 13% 12% 6% 14% 15% 10% 12% 9%
Chi-Square sig; Cramer's V		ns		ns
<b>Type of School</b>	Community Foundation Voluntary Aided Voluntary Controlled	65% 2% 22% 12%	33% 31% 34% 38%	56% 23% 17% 4%
Chi-Square sig; Cramer's V		ns		ns
<b>Sex of School</b>	Mixed / Coed Boys Girls	n/a		86% 4% 9%
Chi-Square sig; Cramer's V				P<0.05; 0.112

**APPENDIX B: An examination of bivariate associations between the four outcome measures and external / contextual factors.**

Primary Schools		Judged as outstanding ...			
	Perceived very effective PSHE education	Ofsted 1 (Spiritual / Moral Development)	Ofsted 2 (Healthy Lifestyles)	Ofsted 3 (Workplace Skills)	
<b>All Respondents</b>	34% (305)	31% (133)	39% (167)	16% (69)	
<b>Faith Status</b>					
Faith School	33% (197)	24% (71)	33% (99)	12% (35)	
Not Faith School	36% (106)	48% (62)	52% (68)	26% (34)	
V=	ns	0.24	0.18	0.18	
<b>Eligibility for FSM</b>					
Least Deprived (FSM <= 5.2%)	37% (79)	40% (37)	58% (53)	30% (28)	
5.3 - 9.7%	32% (68)	34% (33)	40% (39)	13% (13)	
9.8 - 17.7%	36% (78)	30% (33)	33% (36)	12% (13)	
17.8%+	30% (65)	22% (23)	26% (27)	8% (8)	
V=	ns	0.14	0.24	0.24	

## Secondary Schools

## Judged as outstanding ...

	Perceived very effective PSHE education	Ofsted 1 (Spiritual / Moral Development)	Ofsted 2 (Healthy Lifestyles)	Ofsted 3 (Workplace Skills)
<b>All Respondents</b>	29% (174)	28% (81)	32% (92)	27% (77)
<b>Single-sex / mixed</b>				
Mixed	27% (144)	24% (60)	28% (69)	23% (58)
Boys School	21% (6)	36% (5)	43% (6)	36% (5)
Girls School	43% (25)	71% (17)	71% (17)	61% (14)
V=	0.11	0.29	0.26	0.24
<b>Faith Status</b>				
Faith School	31% (34)	42% (18)	32% (14)	30% (13)
Not Faith School	29% (140)	26% (63)	32% (78)	26% (63)
V=	ns	0.13	ns	ns
<b>Eligibility for FSM</b>				
Least Deprived (FSM <= 5.2%)	36% (57)	55% (39)	67% (46)	55% (38)
5.3 - 9.7%	28% (41)	26% (17)	34% (22)	26% (17)
9.8 - 17.7%	27% (41)	18% (14)	15% (12)	14% (11)
17.8%+	24% (34)	16% (12)	15% (11)	14% (10)
V=	ns	0.35	0.45	0.38
<b>School Capacity</b>				
Small (<= 900)	29% (55)	28% (25)	38% (34)	27% (24)
Medium (901-1,200)	23% (46)	27% (26)	26% (25)	23% (22)
Large (1,201+)	36% (72)	30% (31)	33% (33)	29% (30)
V=	0.12	ns	ns	ns
<b>Admissions Policy</b>				
Comprehensive	28% (134)	28% (64)	29% (67)	25% (57)
Selective	44% (16)	73% (11)	93% (14)	81% (13)
Other	30% (23)	14% (6)	24% (10)	17% (7)
V=	ns	0.26	0.31	0.31

**Ref: DFE-RR080**

**ISBN: 978-1-84775-851-4**

**© Sheffield Hallam University**

January 2011

# Sheffield Hallam University

*Personal, social, health and economic (PSHE) education: A mapping study of the prevalent models of delivery and their effectiveness*

FORMBY, Eleanor <<http://orcid.org/0000-0003-4137-6592>>, COLDWELL, Michael <<http://orcid.org/0000-0002-7385-3077>>, STIELL, Bernadette <<http://orcid.org/0000-0001-8784-6989>>, DEMACK, Sean <<http://orcid.org/0000-0002-2953-1337>>, STEVENS, Anna <<http://orcid.org/0000-0002-9450-890X>>, SHIPTON, Lucy <<http://orcid.org/0000-0003-2965-6305>>, WOLSTENHOLME, Claire <<http://orcid.org/0000-0002-6660-6385>> and WILLIS, Benjamin <<http://orcid.org/0000-0002-4346-0459>>

Available from the Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/3849/>

## Copyright and re-use policy

Please visit <http://shura.shu.ac.uk/3849/> and <http://shura.shu.ac.uk/information.html> for further details about copyright and re-use permissions.