

‘It’s better to learn about your health and things that are going to happen to you than learning things that you just do at school’: findings from a mapping study of PSHE education in primary schools in England

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‘It's better to learn about your health and things that are going to happen to you than learning things that you just do at school’: Findings from a mapping study of PSHE education in primary schools in England

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Abstract

This article reports on recent findings from a mapping study of Personal, Social, Health and Economic (PSHE) education in schools in England, focussing on the data derived from primary school participants. It is based on a nationally representative survey of 923 primary school PSHE education leads, and follow-up in-depth interviews and discussion groups with 171 participants. This included local authority support staff, and from participating primary schools: senior management representatives, PSHE education leads, teaching staff, governors, school improvement partners, parents, and pupils. Results included here primarily relate to two areas: delivery models and curriculum coverage, and pupil views on their experiences and the (potential) value of PSHE education. In examining these areas, the article raises issues about blurred boundaries between PSHE education and Social and Emotional Aspects of Learning (SEAL) and/or pastoral care within school more widely, and particular staff sensitivities about the teaching of certain elements of PSHE education, particularly sex and relationships education (SRE) and drugs, alcohol and tobacco (DAT)

education. These subject areas were less likely to be included or prioritised within PSHE education than, for example, emotional health and wellbeing, but were often the areas highlighted as most important by pupils. In conclusion, the article raises questions about the potential links between PSHE education and attainment, and the use of different teaching approaches across the curriculum more broadly.

Introduction

In October 2008 the Labour Government announced that Personal, Social, Health and Economic (PSHE) education would become compulsory in English schools (for Key Stages 1-4). The subsequent Macdonald review recommended further research to "establish and report on the prevalent models of delivery for PSHE education and their effectiveness" (Macdonald, 2009: 8). As a result, a national mapping study was conducted in English primary and secondary schools, reported in full elsewhere (Formby et al, 2011).

For the purposes of this research, a definition of PSHE education was agreed between the research team, the project steering group, and the funder (the Department for Children, Schools and Families, now the Department for Education). At primary level, this definition included the following 'personal wellbeing' elements: diet, nutrition and healthy lifestyles; drugs, alcohol and tobacco (DAT) education; emotional health and wellbeing; safety education, and sex and relationships education (SRE). It also included, under the 'economic wellbeing and financial capability' strand, enterprise education and personal finance/financial capability¹.

During the course of the research there was a general election and the new (Coalition) Government came to power. In the preceding 'wash-up' period, the relevant clauses of the

¹ At secondary level this strand also included careers education and work-related learning.

Children, Schools and Families Bill (2010) were withdrawn, meaning that PSHE education would not become compulsory. Since then, the Coalition Government has announced their intention to conduct an internal review of PSHE education, but confirmed their decision not to change its current non-statutory status. Though the details of this review have not (yet) been published, PSHE education is supported in a number of emerging policy documents, including the Schools White Paper and the strategy for public health. Some concerns for PSHE education remain among practitioners and interested parties, however, with increasing policy emphasis on curriculum 'flexibility' within schools (DfE, 2010), and with cuts to local authority funding having clear implications for the provision of PSHE education support to schools.

The Every Child Matters agenda, National Healthy Schools Programme, schools' duty to promote the wellbeing of their pupils, and broadening Ofsted inspection criteria relating to wellbeing all strengthened the case for PSHE education, yet research indicates broad agreement about common issues (still) affecting PSHE education delivery, which provided the backdrop to our mapping study. These include, first and foremost, the variety of provision and delivery models, linked to the subject's non-statutory status (Macdonald, 2009). In addition, evidence has documented poor practice through drop-down day² delivery only (Ofsted, 2005, 2010); low status of the subject (Macdonald, 2009; Ofsted, 2007); weaknesses in assessment practices (Crow, 2008; Ofsted, 2005, 2007, 2010), and 'curriculum congestion' (Crow, 2008).

Using survey and case study data, this article focuses specifically on results from primary schools; secondary level results will be explored in a separate article. In particular, this article concentrates on findings regarding two key areas. First, this concerns patterns of

² Drop-down days refer to the suspension of normal timetabling to provide dedicated (themed) provision to pupils that day.

delivery, content and staffing of PSHE education in primary schools in England; second, it explores related pupil views on their experiences of PSHE education, including views on the purpose and value of the subject. These two sections are presented below, summarising key results and highlighting emergent issues, which are then drawn on further in the discussion and conclusions.

Study methods

The study used a combined quantitative (survey) and qualitative (case study) approach. A detailed self-completion survey was distributed to a sample of PSHE education leads in primary schools in England (stratified by local authority size and government office region, and by school capacity and faith status). The questionnaire covered the key research question themes, namely: curriculum coverage and provision; delivery models; use of assessment; workforce and support for PSHE education, and perceptions of effectiveness. In total, 923 completed primary questionnaires were received, equating to a response rate of 22%³. This data was used to produce descriptive statistical analysis of survey responses, with breakdowns by school type or region where statistically significant. The data was also used to statistically model the effectiveness of PSHE education, but this aspect is not reported here.

The next stage of the study involved in-depth local authority (LA) and school case study visits, drawn from willing survey respondents. Nine primary schools were involved in this stage, selected from five LAs in five different government office regions. In total, 171 LA and

³ 617 secondary schools responded, equating to a response rate of 34%. This higher response rate is explained by additional chasing methods being put in place at secondary level to ensure the desired minimum achieved sample size (from a smaller issued sample size).

primary school individuals participated⁴ in individual or group interviews/discussions. At LA level, this included PSHE education leads; Healthy Schools leads, and 'other' LA support staff, such as SRE coordinators. Within participating primary schools, at a school 'strategic' level, this included senior management representatives; PSHE education leads; governors, and school improvement partners. At a school 'delivery' level, interviews and discussion groups were conducted with teaching staff, parents, and (102) pupils.

Interviews and discussion groups were subject to thematic analysis by four members of the research team. This allowed for comparison within and between case studies, highlighting emerging issues and identifying similarities or differences captured in the data. Illustrative extracts are contained within this article, drawn (with one exception) from primary level case study data. Pupils' quotes are taken from discussion group data with children aged between eight and eleven.

Delivery methods and curriculum coverage

Delivery and use of resources

The most common delivery model for PSHE education reported by survey respondents in English primary schools was the use of discrete PSHE education lessons (see Table 1). At a maximum this was one hour per week, though often less, as discussed further below. After this method of delivery, PSHE education was most likely to be covered within Social and Emotional Aspects of Learning (SEAL) lessons, via integration across the curriculum, or as part of other subject lessons.

⁴ A further 89 individuals participated in five secondary level case studies, making a total of 14 case studies and 260 individual case study participants.

Table 1: PSHE education delivery methods at KS1 and KS2

| Delivery method | KS1 (%) | KS2 (%) |
|--|----------------|----------------|
| Discrete PSHE education lessons | 70 | 73 |
| Within SEAL lessons | 70 | 68 |
| Integrated across the curriculum | 65 | 60 |
| Within other subject lessons | 53 | 58 |
| Elements timetabled in their own right | 33 | 49 |
| Within Citizenship lessons | 23 | 31 |

Where discrete lessons were not in place for PSHE education, there was the potential for it to be squeezed out of the curriculum, as one staff member commented:

"PSHE is the thing most likely to drop off the end of the day because of pressure of so many other parts of the curriculum and activities"

Notably, where SEAL lessons (and resources) were used to deliver PSHE education there was a tendency for some aspects of the PSHE education curriculum – those that do not overlap closely with SEAL, such as SRE or DAT education – to be ignored, or marginalised, with implications for the quality of this provision, and ultimately young people's future sexual and broader physical health. In many instances, these elements were delivered by staff external to the school, such as school nurses, thus reinforcing the view by some teachers that SRE and DAT education were 'add-ons' to SEAL rather than integral to PSHE education delivery. Nevertheless, in our case studies there were examples of primary schools demonstrating awareness of this potential by opting to deliver both SEAL and PSHE

education lessons separately, or through explicit use of the Qualifications and Curriculum Development Agency (QCDA) non-statutory curriculum for PSHE education to supplement those resources already in use through SEAL provision. These practices ensured SEAL did not dominate at the expense of some areas of PSHE education, but this was only the case in the minority of schools.

The majority of primary case studies highlighted the extent to which there were blurred boundaries (and understandings) between SEAL and PSHE education. Indeed, some teachers interviewed used the terms SEAL and PSHE education interchangeably, seemingly not recognising the distinctions between them. These schools made use of the SEAL units ('new beginnings', 'getting on and falling out', 'say no to bullying', 'good to be me', 'going for goals', 'changes', and 'relationships'), and saw them as being inextricably linked to, subsuming, or subsumed within, PSHE education. Teachers often stressed how much they valued SEAL, for instance to support behaviour management and attendance issues:

"We use SEAL unconsciously every day, it's part of the air we breathe"

Nevertheless, the age of SEAL resources was an issue for some:

"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"

The use of SEAL resources appeared to give staff more confidence in their delivery of certain lessons. This confidence could be lacking for those elements of PSHE education not covered within SEAL, with SRE being the most likely subject area to cause discomfort or anxiety among teachers, also reported elsewhere (Formby, forthcoming; Formby et al, 2010; Ofsted, 2007, 2010):

“[SRE] is one of those things that if you are not confident in yourself, you shy away from it”

One head teacher also acknowledged that at their school:

“[it is] less easy to follow the thread [of SRE] 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”

Other sources of materials used for PSHE education delivery included 'Teachernet' and specific resources for particular elements, such as Personal Finance Education Group (PFEG) information for economic wellbeing aspects. The range of materials used in primary schools appeared broader than those used within our secondary case study schools. Local authorities were also identified as important sources of support for PSHE education, which could include facilitating local staff networks, the provision of materials or Continuing Professional Development (CPD), and a quality assurance role concerning other resources, external providers, and so on. Where the local authority provided their own teaching resources (often free to schools), this was most likely to cover non-SEAL subject areas, such as SRE or DAT education. These materials tended to be highly praised by teachers, with local specificity or relevance often a particularly valued aspect of local authority-provided materials.

Curriculum coverage and frequency

When asked about the extent of their PSHE education curriculum coverage, between 53-58% of survey respondents (dependent on year group) said they covered 'all' of the seven primary elements. However, 40-43% covered just 'some' of these seven elements (and 2-4% covered 'none'). This variable coverage is illustrated in the frequency with which individual elements were taught (see Table 2). Three-quarters of primary schools in the survey taught

emotional health and wellbeing weekly at KS1, and approximately a third taught both safety education and diet, nutrition and healthy lifestyles up to once a term. By contrast, some other elements were taught once a year or less in the majority of schools. This included SRE, personal finance, enterprise education, and DAT education.

Table 2: Frequency of elements of PSHE education at KS1 and KS2

| Element | KS | Weekly (%) | Up to once a month (%) | Up to once a term (%) | Once a year or less (%) |
|--|-----|------------|------------------------|-----------------------|-------------------------|
| Emotional health and wellbeing | KS1 | 75 | 10 | 10 | 5 |
| | KS2 | 70 | 12 | 12 | 6 |
| Safety education | KS1 | 28 | 21 | 32 | 18 |
| | KS2 | 24 | 20 | 33 | 23 |
| Diet, nutrition and healthy lifestyles | KS1 | 27 | 18 | 32 | 23 |
| | KS2 | 25 | 18 | 33 | 24 |
| SRE | KS1 | 10 | 8 | 22 | 60 |
| | KS2 | 5 | 4 | 17 | 74 |
| Personal finance/financial capability | KS1 | 5 | 6 | 30 | 59 |
| | KS2 | 5 | 6 | 31 | 59 |
| Enterprise education | KS1 | 4 | 6 | 24 | 65 |
| | KS2 | 5 | 5 | 27 | 63 |
| DAT education | KS1 | 3 | 4 | 18 | 74 |
| | KS2 | 3 | 5 | 27 | 65 |

Case study evidence suggested that the economic wellbeing elements were often seen as separate and rarely or poorly integrated into the planning and delivery of PSHE education as a whole, if they were taught at all. As one PSHE education lead commented, “*I think that [enterprise education] is the hardest thing on the PSHE curriculum*”.

The evident focus on emotional health and wellbeing clearly links to the overlap with SEAL highlighted above, with survey results confirming that emotional health and wellbeing was most likely to be taught within SEAL lessons (often using ‘circle’ or ‘carpet’ time teaching approaches, see Mosley, 2006). Nearly three-quarters (72%) of respondents at Key Stages 1 and 2 indicated that this element was taught in this way.

Teaching methods and staffing

Overall, the use of external providers was less common in primary schools than in secondary schools, though still prevalent for certain subject areas, as mentioned previously. This is shown in Table 3, which suggests areas where teaching staff confidence may be lower.

Table 3: Use of school nurses and other external providers in primary schools

| Subject area | Use of school nurses (%) | Use of 'other' external providers (%) |
|--|---------------------------------|--|
| SRE | 45 | 22 |
| Diet, nutrition and healthy lifestyles | 22 | 29 |
| DAT education | 17 | 33 |
| Safety education | 5 | 39 |
| Emotional health and wellbeing | 6 | 12 |
| Enterprise education | 0 | 17 |
| Personal finance | 0 | 15 |

Teachers commented that external providers were valued for their 'technical expertise' and their impact upon pupils, with some suggestion that they were more 'memorable', and thus have greater chance of being effective in their delivery. Nevertheless, other interviewees commented that external delivery could be 'patchy' in its quality, and not always adequately integrated into other PSHE education delivery, risking the marginalisation of certain elements. This has also been found in relation to other (non-teaching) professionals' roles connected to pupil wellbeing and their lack of integration into and/or 'fit' within schools more generally (Kidger et al, 2009; Spratt et al, 2006).

The value of PSHE education: Views from young people

This section addresses the importance of 'pupil voice' in PSHE education curriculum planning and delivery, an area that has been described previously as in need of improvement (Macdonald, 2009; Ofsted, 2007). Whilst 70% of responding primary schools

said they consulted with pupils and used this to inform their delivery, it was not always clear the extent to which pupils' expressed needs were *central* to curriculum planning. This can be evidenced, for example, in the fact that SRE was often a weaker component of PSHE education in many schools, yet it was this area that often drew the most animated and supportive comments from pupils we interviewed, as demonstrated below.

Pupils' experiences of PSHE education

In general, pupils involved in our case studies were naturally curious about the issues associated with PSHE education, and were by and large positive about the subject. They reported valuing the space that PSHE education provided to learn about key issues affecting them both now and in the future, and the opportunity to (safely) ask questions and express their views. On the whole they enjoyed the break it often provided from the intensity of more academic subjects, appreciated the assistance it could provide with personal difficulties and relationships, and acknowledged the role that PSHE education could play in helping them prepare for life beyond school.

Pupils mentioned a number of distinctions between a PSHE education lesson and a typical curriculum-based lesson, with most implying that PSHE education was more interactive than more traditional lessons:

"It's more fun, you can think about things a bit more, not just writing"

"When you've got your head down in literacy or maths and you are concentrating too much, to me it's like a rest [from that]. You don't have to do too much work. You're not allowed to be silly... it helps you but you don't have to work as hard"

In part this was related to the fact that PSHE education tended to be less prescriptive in its content, and offered greater opportunities for pupils to be open about their personal views and feelings:

“In a normal lesson I’m not very confident to say things, but you know in PSHE no one’s allowed to laugh [at you]”

“[I like] everything being open and saying what you think and normally you can’t say that, in say English”

It was acknowledged that this aspect was not always positive, however, with the potential for too much emphasis on painful emotions, for example in relation to family or pet bereavement:

“Normally in our class it’s like a cry session”

Pupil views on the purpose of PSHE education

There was a general consensus among pupils that PSHE education was important for their ‘real’ or future lives:

“[PSHE education] teaches people how to stay safe, we learn what’s going to happen in life, your lifestyle and [about] how you live”

“If we didn’t have PSHE we wouldn’t know what dangers are around us”

Others also stressed the immediate personal impact it had had upon them:

“[I’m] more confident meeting new people [now]”

There was a contrast between data gathered from staff which often stressed the importance of emotional health and wellbeing, and that collected from pupils who often emphasised the importance of aspects of safety, personal development or economic wellbeing – in the guise of SRE, DAT education and forms of financial education (discussed further below). Pupils appeared to be interested in these areas, took a mature approach to them, and found them absorbing and enlightening:

“It’s better to learn about your health and things that are going to happen to you... more than just learning things that you just do at school”

“I know maths and literacy and stuff help you get good jobs, but like about [SRE] if you didn’t learn about that and you were growing up and you might think it’s only happening to you and you might think you’re a monster... and the same with drugs, I mean if you didn’t learn about them and only learnt about maths, literacy... ICT and stuff then you’d probably be dead”

Learning about puberty in particular appeared to instil feelings of relief among some pupils who wanted to understand more about the changes that would (or were already) happening to their bodies:

“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’”

“Sex education helps you a lot, so you get to know things and are able to be sensible”

The openness and willingness to learn about this area contrasted with some teachers' views that this was the most embarrassing element of PSHE education to teach, suggesting that the taboo about childhood/youth sexuality (Jackson, 1996; Formby, forthcoming; Formby et al, 2010; Woodiwiss, 2009) develops later in life, and could be counteracted through a more positive, open approach early on. One head teacher acknowledged this issue when describing his surprise at a parent complaint about a school letter to parents regarding SRE because it had not been in a sealed envelope: "Sex is actually not a dirty word, neither is relationships, and any connotations that are made that way are because people hide it away in brown sealed envelopes". Teachers also alluded to the fact that it was preferable to 'get in early' with DAT education, particularly for pupils in areas where there were high levels of drug, alcohol or tobacco use.

The subject of cyber-bullying and e-safety more broadly was also one that pupils particularly discussed. This appeared to be because of the immediate relevance it had for their own lives, as most were active users of social networking sites at home (teachers also raised this issue in areas where there were high levels of computer ownership locally). However, in a minority of schools, pupils were vocal about certain issues becoming "*repetitive*" or "*boring*", also found in some other research linked to PSHE education or its individual elements (Kidger et al, 2009). This is likely to relate to weaker delivery, rather than boredom with the subject(s) per se, as evidenced by more positive comments above. Nevertheless, bullying was one such example that a number of pupils involved in a group discussion 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"

The reason for their greater discussion among pupils could be that the elements of PSHE education discussed above were more easily distinguished than the emotional health and

wellbeing/SEAL delivery which staff highlighted, which could be so integrated and embedded into school life that pupils might not recognise it as a specific lesson or subject area. In addition, it could be that the use of external providers made certain elements of PSHE education more memorable to pupils (supporting staff views expressed earlier), for example local police officers were sometimes used within DAT education. However, not all memorable lessons were led by external staff, as one pupil discussion group recalled an innovative lesson where their teacher had crushed a sweet up to use in role play about drug dealing so that the pupils could discuss ways to call for help, contact the police, and so on. Linked to this, pupils' perceptions of their teachers more generally, and the credibility of their teachers' expertise in particular, is an area which has already been subject to comment (Formby, forthcoming; Macdonald, 2009; Ofsted, 2005, 2010), but also arose in our case study data, with some agreement amongst staff that secondary level PSHE education requires more detailed subject-specific knowledge (e.g. within DAT education) than at primary level.

The impact of PSHE education

As identified above, for some pupils PSHE education (and the teaching approaches it incorporated) had important, personal impacts upon their lives. This included the potential to raise confidence and self-esteem, and the opportunity to facilitate increased social interaction among pupils who would not ordinarily do so:

"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*⁵

For some discussion group participants, PSHE education had a more specific impact in helping resolve individual cases of bullying or other personal issues, which highlights its broader role within pastoral care for pupils in school (see also Crow, 2008):

"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 [and] PSHE helped me to think about things"

Similarly, some pupils identified how PSHE education had helped them to understand and develop mechanisms of peer support for individuals experiencing issues like the above:

"PSHE taught us we should all give [pupil] a bit more support"

"[Pupil's] mum died and we all took it seriously and thought about how she felt"

In addition, there was evidence that PSHE education (sometimes in using SEAL teaching resources) had led to some immediate behaviour changes among pupils, for example regarding relationships:

"When we fall out, we make up with friends. We now discuss it more [and] work it out for ourselves"

⁵ This quote is from a Year 7 secondary school pupil talking about the PSHE education they had experienced at primary school.

One parent also highlighted the role that she felt PSHE education had played in encouraging her son to understand hygiene and wash more often (which she had been unable to encourage him to do).

Discussion and conclusions

This research highlights the current variety of provision of PSHE education in English primary schools in terms of the breadth, depth and frequency of delivery, but also points to the dominant use of discrete PSHE education lessons. Our evidence suggested that this model of delivery is more likely to lead to effective delivery (Formby et al, 2011), also supporting evidence from elsewhere (Ofsted, 2005, 2010). A key issue which emerged concerning delivery in primary schools, was the overlap and blurred boundaries with SEAL, and the potential this had for certain elements of PSHE education to be minimised, or possibly excluded altogether. This was particularly the case where PSHE education was delivered entirely through the use of SEAL lessons and resources, and where other subject areas such as SRE or DAT education were not timetabled in their own right. Nevertheless, the use of SEAL units, for example, gave some teachers additional confidence in their delivery, in stark contrast to other curriculum areas, notably SRE, where anxieties and discomfort tended to be felt most strongly. To a certain extent, where PSHE education and SEAL were viewed as synonymous this demonstrated a misunderstanding of the breadth and purpose of PSHE education. As Crow commented, “SEAL programmes are no rival to PSHE. In fact, SEAL is better described as a whole-school approach” (Crow, 2008: 48), yet our research suggests that SEAL frequently manifests in ‘SEAL lessons’, where the boundaries with PSHE education often begin to blur.

It was clear that certain elements of the PSHE education curriculum were more vulnerable than others to being squeezed out, related to staff comfort levels and the relative 'safety' of

teaching about emotional health and wellbeing, particularly using SEAL materials. This contrasts with other areas such as SRE and DAT education that may be viewed as more contentious or problematic within media or public opinion (Formby et al, 2010; Simey and Wellings, 2008; Stead and Stradling, 2010). Where emotional health and wellbeing was prioritised, this again highlighted blurred boundaries between PSHE education and broader teaching practices, for instance concerning the use of 'circle time', or pastoral care more widely.

Elements of PSHE education less often integrated into delivery by class teachers were sometimes delivered by external providers. Whilst this could facilitate greater levels of expertise and/or credibility, and was sometimes preferable for teachers lacking confidence in these areas, it nevertheless could raise issues of quality or integration. In contrast to teachers' concerns, pupils often emphasised the importance of the potentially more sensitive areas of PSHE education. Pupils tended to identify the positive impacts of PSHE education as applying to both current and future lives, and some individuals described how PSHE education had clearly helped them deal with current pastoral care needs in the form of more serious personal issues.

The focus of this paper does not allow for a full exploration of the issue of PSHE education's impact on, or links to, attainment. However, some teachers did stress that PSHE education was integral to creating a learning environment that was suitable to support academic achievement. Our data here builds upon other sources increasingly linking health and wellbeing with academic outcomes, in both policy (Hansard, 2006; National College for School Leadership, 2006) and research (Aggleton, 2010; Crow, 2008), though in our study it was the minority that saw PSHE education as being integral to attainment. Related to this, though, it was apparent that the relationship with SEAL was a likely factor in heightening the status and support for PSHE education in primary schools when compared with secondary schools. In addition to the factors explored above (such as staff confidence and comfort), it is

likely that SEAL also played a positive role at primary level in explicitly linking wellbeing with learning, and therefore introducing a relationship to attainment. By contrast, from our study, at secondary level – where SEAL was far less dominant – there were fewer explicit links between PSHE education and attainment, and consequently a less supportive environment for PSHE education.

Pupils did not necessarily explore the link between attainment and PSHE education, tending to separate PSHE education as being useful to them in other ways, and at times argued that these potential benefits were more important than other learning activities which potentially linked more directly to attainment:

“I think PSHE is quite a bit more important than just colouring in your work”

Sometimes what pupils appeared to most value about PSHE education was the teaching approach employed, which was often more interactive (and potentially more memorable) than that used within other subject areas. As one pupil commented, “every lesson should be fun and then you’d learn more”. This may be a point that should be considered further given a policy climate that shows signs of moving towards a narrower curriculum and more traditional styles of learning by rote. Evidence suggests that at least some pupils valued the ‘real life’ applicability and relevance of PSHE education over and above “learning things that you just do at school”.

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Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness published by the Department for Education (Formby et al, 2011).

References

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.

Crow, F. (2008) 'Learning for well-being: personal, social and health education and a changing curriculum', *Pastoral Care in Education* 26(1).

DfE (Department for Education) (2010) *The Importance of Teaching: The Schools White Paper 2010*. London: The Stationary Office.

Formby, E. (2011) 'Sex and relationships education, sexual health, and lesbian, gay and bisexual (LGB) sexual cultures: Views from young people', *Sex Education: Sexuality, Society and Learning* 11(3).

Formby, E., Coldwell, M., Stiell, B., Demack, S., Stevens, A., Shipton, L., Wolstenholme, C. and Willis, B. (2011) *Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness*. Nottingham: Department for 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).

Hansard (2006) *House of Lords Debates*, 30 October 2006, col. 63. London: The Stationery Office.

Jackson, S. (1996) *Childhood and Sexuality Revisited*. Basingstoke: Palgrave Macmillan.

Kidger, J., Donovan, J.L., Biddle, L., Campbell, R. and Gunnell, D. (2009) 'Supporting adolescent emotional health in schools: a mixed methods study of student and staff views in England', *BMC Public Health* 9(403).

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.

Mosley, J. (2006) *Step-by-step Guide to Circle Time for SEAL*. Trowbridge: Positive Press Ltd.

National College for School Leadership (2006) *Every Child Matters: why it matters to leaders*. Nottingham: National College for School Leadership.

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

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

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

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

Spratt, J., Shucksmith, J., Philip, K. and Watson, C. (2006) 'Part of Who we are as a School Should Include Responsibility for Well-Being': Links between the School Environment, Mental Health and Behaviour', *Pastoral Care in Education* 24(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.

Woodiwiss, J. (2009) *Contesting Stories of Childhood Sexual Abuse*. Basingstoke: Palgrave Macmillan.