Research Brief

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

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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 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 in10 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 the other subject lessons. At secondary level, outside of PSHE education lessons, the most common delivery models were drop-down days[1], 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%) where more likely to teach PSHE education within discrete PSHE 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 that 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

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

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 (depending on year group). Between 63% and 70% of secondary schools (dependant 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% alone).

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).

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. LA's 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 focus 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; improves 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 affective).

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 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 in on a continuum, from an *integrated* approach ar 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 qualification 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 lean 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 PSE 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 schools 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 emphases 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 many, 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.

References

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

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Additional Information

The full report can be accessed at http://publications.education.gov.uk

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