Consultation on PSHE education

Summary report

March 2013
Contents

Introduction 3
Overview 4
  Content of PSHE 5
  Teaching of PSHE 10
Accountability/Outcomes 15
Evidence 19
Other comments and views 20
**Introduction**

This report has been based on 699 responses to the consultation document. The report is presented in sections. It addresses consultees’ responses with regard to the content of Personal, Social, Health and Economic (PSHE) education, the teaching of PSHE, issues of accountability and assessment, and respondents’ evidence and examples of good practice.

As some respondents may have offered a number of options for questions, total percentages listed under any one question may exceed 100%. Throughout the report, percentages are expressed as a measure of those answering each question, not as a measure of all respondents.

The organisational breakdown of respondents was as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>168</td>
</tr>
<tr>
<td>VCS sector / charity</td>
<td>113</td>
</tr>
<tr>
<td>Teacher</td>
<td>90</td>
</tr>
<tr>
<td>Local authority</td>
<td>71</td>
</tr>
<tr>
<td>Other*</td>
<td>67</td>
</tr>
<tr>
<td>PCT / health / NHS organisations</td>
<td>45</td>
</tr>
<tr>
<td>Educational provider</td>
<td>37</td>
</tr>
<tr>
<td>Individual</td>
<td>31</td>
</tr>
<tr>
<td>Governor</td>
<td>20</td>
</tr>
<tr>
<td>Religion / belief / faith groups</td>
<td>20</td>
</tr>
<tr>
<td>School leader</td>
<td>16</td>
</tr>
<tr>
<td>Teaching association / union</td>
<td>11</td>
</tr>
<tr>
<td>Subject association</td>
<td>5</td>
</tr>
<tr>
<td>Pupil</td>
<td>5</td>
</tr>
</tbody>
</table>

*Those which fell into the ‘other’ category included, Associations, Alliances, Joint responses and those respondents who did not specify a type.*
Overview

Overall, respondents were of the opinion that PSHE education should be provided and effectively taught through a planned programme that expanded gradually and developed key concepts, increased knowledge, deepened understanding and improved key skills. Respondents agreed that PSHE education should be age-appropriate through all the key stages.

Most respondents said the core outcome should be the personal development of children and young people and that it is important for them to develop self-esteem and acquire the skills, knowledge and capabilities to manage their own health, relationships, and finances.

Many of the respondents were of the opinion that sex education should be taught within the context of relationship education. It was suggested that pupils were being taught about the mechanics of sex without an understanding of relationship management, and that the latter was vital to ensure children and young people appreciated and respected themselves and their peers.

Many respondents believed that parents had the principle responsibility for PSHE education, particularly where moral choices had to be made. It was noted that the key areas of learning and knowledge relating to health, lifestyle, social and emotional behaviour and welfare were primarily the responsibility of parents and carers, and that PSHE should reinforce knowledge rather than pre-empt parents and carers.

Many respondents understood that whilst the Government would not be making PSHE a whole statutory subject, it was essential that a strong message was sent to schools to raise the expectation that high quality PSHE should be delivered across all key stages and be afforded real curriculum time.

Some respondents felt there was confusion for schools regarding what part of SRE was covered by statutory science and what part was PSHE education and it would better if all aspects were made statutory.

Most respondents believed that parental engagement in PSHE was crucial across all school provision and providing parents with every possible and practical opportunity to interact and engage with PSHE provision was the most effective way of defining and accounting for PSHE.

Many respondents thought that PSHE outcomes could be evidenced in the positive behaviour of pupils, and observable attitudes and relationships across the school and the local community. They believed PSHE outcomes must move away from quantitative outcomes to things such as school ethos, attitudes to bullying, promotion of equality, and improved social behaviour.
Content of PSHE

The consultation asked several questions about the content of PSHE education, including what the core knowledge and outcomes are that pupils should be expected to acquire, what elements of PSHE could be statutory in the basic curriculum, and how schools can better decide what more pupils need to know.

Core outcomes and knowledge

There were 582 responses to this question.

302 (52%) were of the opinion the most important core outcome was that pupils were able to make informed choices, recognise and manage risk, and have the knowledge and awareness to make safe decisions. They said it was vital that pupils had the ability to negotiate the challenges that life presents.

257 (44%) believed that pupils must be aware of how their behaviours affected others and must be able take responsibility for their actions. Respondents noted that pupils should have the values and integrity to become responsible citizens who could make a positive contribution to society.

225 (39%) said making healthy lifestyle choices was vital and pupils must be given factual information to help them maintain and take responsibility for their own health and wellbeing. Respondents noted that pupils must understand how to maintain their physical fitness by engaging in regular vigorous exercise and should know how nutrition and their food choices affected both their weight and bodily health.

198 (34%) said PSHE must focus more strongly on relationships and the responsibilities that pupils had with, and to, others. Respondents suggested that pupils should be equipped with the skill and ability to form good basic relationships and relate well to others to prepare them for their future role as parents, partners, spouses and friends.

194 (33%) believed one of the core outcomes of PSHE education should be to develop pupils’ emotional resilience and mental health awareness. Respondents said that although the knowledge of facts was important, the skills needed for emotional health and wellbeing such as mediation, listening, assertiveness, resilience and negotiation were core to PSHE education. It was suggested that the health and wellbeing elements of PSHE education needed to give children and young people a range of tools which would help them to identify and express their emotions and develop their self-awareness.

186 (32%) said that pupils must have the knowledge to keep sexually safe and it was therefore vital that sex education continued to be included in the school curriculum. Respondents mentioned that sex education must be age-appropriate and be aimed at preparing pupils in advance for the changes that came with puberty and beyond. It was
noted that educating pupils about sexual matters was a factor that could reduce such issues as teenage pregnancy, sexually transmitted disease and abortion. It was suggested that issues surrounding consent and violence should also be addressed within SRE education.

177 (30%) thought the core outcomes for pupils’ achievement were to enhance their self-esteem, increase their self-confidence and become independent learners. Respondents believed that it was vital that pupils had a sense of self-worth and personal identity to prepare them for adulthood.

175 (30%) were of the opinion that pupils must have basic core knowledge about the effective management of money and have a full understanding of the economy, banking and financial risk. It was suggested that they must know about the management of money in a range of situations, for example personal budgeting, borrowing and saving, gambling, risk and debt.

153 (26%) raised their concerns about PSHE education, especially the SRE element being taught to primary school children. Respondents did not want primary school children to be subject to material that was sensitive and not age-appropriate. They suggested that children should be allowed to be children and that delivering SRE too early would go against safeguarding children and have a negative impact on their innocence.

143 (25%) said PSHE should play a vital role in tackling a range of public health issues in the area of substance misuse. They were of the opinion that pupils must have knowledge and awareness of the risks involved in taking drugs for social use and of misusing alcohol and tobacco. They believed that pupils must be aware of how these substances could affect their health; and what the impact of the misuse of these substances would be on their lives and those of their families and friends.

137 (24%) believed pupils must be given the knowledge to respect others and to appreciate different beliefs. It was mentioned that it was important that they had an understanding of the differences between people and cultures, about gender equality and had the ability to challenge racism, discrimination and stereotyping.

120 (21%) said it was essential that pupils developed employability skills, were well prepared for life in the work place and must have the knowledge to explore career options and make choices. It was suggested that pupils must be able to write CVs, acquire interviewing skills and techniques, be enterprising and ambitious, and function comfortably within the field of employment. It was mentioned that if careers education was removed from the PSHE curriculum, that would risk the consequence of downgrading its importance in some schools.
68 (12%) felt that being able to recognise bullying should be a core outcome of PSHE. Respondents identified two separate issues. Some felt that the main outcome should be to offer support to pupils who were being bullied and help them to deal with the consequences of negative relationships. Others felt that the reason for including the topic was to promote equality and enable pupils to be able to identify and tackle bullying amongst their peers.

**Elements of PSHE that could be made statutory**

**There were 492 responses to this question.**

The following table puts the elements that respondents believed should be made statutory in descending order.

<table>
<thead>
<tr>
<th>Elements of PSHE</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships</td>
<td>146</td>
<td>30%</td>
</tr>
<tr>
<td>Sex education</td>
<td>120</td>
<td>24%</td>
</tr>
<tr>
<td>Drugs and alcohol education</td>
<td>102</td>
<td>21%</td>
</tr>
<tr>
<td>All non-statutory/for guidance only</td>
<td>99</td>
<td>20%</td>
</tr>
<tr>
<td>Economic &amp; financial awareness</td>
<td>89</td>
<td>18%</td>
</tr>
<tr>
<td>Emotional/mental health &amp; well-being (SEAL)</td>
<td>82</td>
<td>17%</td>
</tr>
<tr>
<td>Staying safe/make informed choices</td>
<td>80</td>
<td>16%</td>
</tr>
<tr>
<td>Keeping healthy</td>
<td>75</td>
<td>15%</td>
</tr>
<tr>
<td>All current PSHE elements statutory</td>
<td>73</td>
<td>15%</td>
</tr>
<tr>
<td>Social skills (behaviours and self-awareness)</td>
<td>66</td>
<td>13%</td>
</tr>
<tr>
<td>Careers and work-related learning</td>
<td>55</td>
<td>11%</td>
</tr>
<tr>
<td>Anti-smoking / tobacco</td>
<td>42</td>
<td>9%</td>
</tr>
<tr>
<td>First aid / emergency life support skills</td>
<td>42</td>
<td>9%</td>
</tr>
<tr>
<td>Life skills</td>
<td>38</td>
<td>8%</td>
</tr>
<tr>
<td>Anti-bullying</td>
<td>36</td>
<td>7%</td>
</tr>
<tr>
<td>Independence and confidence</td>
<td>31</td>
<td>6%</td>
</tr>
<tr>
<td>PSHE statutory but allow flexibility for programmes of study</td>
<td>30</td>
<td>6%</td>
</tr>
<tr>
<td>Citizenship</td>
<td>26</td>
<td>5%</td>
</tr>
<tr>
<td>No exemptions for academies &amp; free schools in teaching SRE</td>
<td>25</td>
<td>5%</td>
</tr>
<tr>
<td>Racism/ cultural differences</td>
<td>22</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Overview**

99 (20%) were of the opinion that PSHE should not be made statutory and schools should be offered a non-statutory programme of study to help with their programme planning. Respondents believed schools, with input from parents, should be responsible for the nature of the topics being taught, including the content, the material and its delivery. Some respondents referred to the November 2010 Schools White Paper where the emphasis was on the need for more flexibility for teachers in delivering an education that was appropriate to their groups of pupils, and therefore it was important that issues which had local impact could be incorporated into PSHE.

Conversely, 73 (15%) felt that PSHE should be made statutory in its entirety. Respondents thought that PSHE was not given priority within schools and said although many schools did deliver PSHE, the way it was taught, a lack of time allocated to it, and a lack of adequate training for staff meant that it was not being delivered as well as it should be. It was suggested, therefore, that making all PSHE statutory would clear up the current confusion of some parts being statutory and other parts not, and would allow PSHE to gain the subject status it deserved. Respondents also expressed concern that PSHE would be the first thing to be removed from the curriculum timetable if the subject was not made statutory.

30 (6%) said that PSHE should be made statutory as an entitlement for pupils but the programme of study should be flexible so that schools could plan and deliver a curriculum to meet the needs of pupils and their communities.

25 (5%) were of the opinion that all schools should be covered by the legislation to provide SRE, including private and faith schools. Respondents said that at present, academies and free schools did not have to teach any sex education and respondents believed that this should be amended to bring them in line with mainstream schools.
How schools can decide what more pupils need to know

There were 539 responses to this question.

345 (64%) were of the opinion that parents should be informed about the content of PSHE education in schools and they must be given the opportunity to express their opinions through surveys and parent awareness sessions. Concerns were raised that some schools simply informed parents of what had already been decided on, particularly in the SRE element of PSHE.

164 (30%) said pupils must be involved in any decisions concerning PSHE content, and believed that schools should consult pupils through schools or youth councils, questionnaires, discussions and pupil attitude surveys to ensure there was a genuine pupil voice. Respondents believed doing this would determine the outcomes and trends which could then inform the curriculum and effect changes.

139 (26%) were of the opinion that the PSHE education programme must be flexible enough to reflect the needs of pupils within their own school, for example a bereavement, or specific issues of poor behaviour or bullying. Respondents mentioned that whilst a core structure of knowledge, skills and values was consistent in any school, there were local factors within an immediate area that meant more information could be required on a specific issue, and schools should be free to be responsive to this.

124 (23%) believed schools must have a greater interaction with local community groups, and that head teachers and governors must acknowledge that the whole community had an interest in the teaching of the PSHE curriculum. Respondents said if schools regularly consulted with community groups within their areas then they would be fully aware of the nature and complexities of their communities’ needs and could plan around them.

92 (17%) thought PSHE must be sensitive to the diversity of family life and pupils should be educated in accordance with the wishes of their parents, and with respect to the religious and ethical frameworks within which children were being brought up in their home. It was also mentioned that some pupils were being brought up in ethnically and religiously diverse cultures and these, where possible, should be respected in this area of educational policy.

70 (13%) were of the opinion that children and young people should have a right to all aspects of the PSHE curriculum. It was suggested that if PSHE content was left to schools and parents to decide, then there would be a risk of letting prejudice and vested interests influence the curriculum. Specifically, respondents opposed the right for parents to withdraw children and young people from SRE and felt this usurped a pupil’s right to receive accurate, relevant and age-appropriate information. It was also mentioned that for many pupils PSHE lessons would be the only time they would receive information on SRE and where they had the opportunity to discuss the subject objectively. They
believed refusing this right would lead to ill-informed, ill-prepared and vulnerable children and young people who didn’t have the necessary skills to keep themselves safe.

68 (13%) suggested it would be invaluable to schools if they were provided with key information on aspects of health and relationship data, such as the number of teenage pregnancies, obesity figures, and referrals into local drug and alcohol related services. Respondents said using local health data would highlight the areas in which PSHE was needed most. It was mentioned that other local information on housing, unemployment and anti-social behaviour could also be useful to schools to decide and target what pupils needed to know.

67 (12%) were of the opinion that genuine partnership working between schools and other groups involving children and young people could enable schools to identify and interpret national, regional and local data to inform their practice. It was suggested that schools should consult and engage with cross-phase school representatives, health professionals, police, youth workers and third sector representatives.

**Teaching of PSHE**

The consultation asked several questions about the teaching of PSHE. These covered the effectiveness of the non-statutory programmes of study and the priority given to the teaching of relationships, positive parenting and consent.

**The effectiveness of the non-statutory frameworks and programmes of study**

There were 418 responses to this question.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>144 (34%)</td>
</tr>
<tr>
<td>No</td>
<td>139 (33%)</td>
</tr>
<tr>
<td>Not Sure</td>
<td>135 (33%)</td>
</tr>
</tbody>
</table>

There were mixed views on the issue of whether the non-statutory frameworks and programmes of study (POS) were an effective way of defining content. Those respondents in agreement said a framework was a good starting point for schools to develop a curriculum, and PSHE would be more flexible, organised and responsive if it remained non-statutory.

Those respondents who disagreed or were unsure had concerns that non-statutory frameworks and POS removed the certainty that important knowledge and skills were being consistently delivered to pupils in schools. They were of the opinion that non-statutory guidance allowed too much variation which resulted in a mixed level of quality. It was suggested that a ‘free’ statutory framework would work better, which gave a clear idea of what should be taught, but provided enough scope for teachers to deliver the
content in different ways. Another suggestion put forward was that the existing non-statutory frameworks should be reorganised to create a single framework. Respondents said instead of Personal Well-Being and Economic Well-Being there should be a single framework with the following four strands: Health and Lifestyles; Relationships; Careers and Work; and Personal Finance organised age-appropriately.

74 (18%) were unsure whether the format of the current national POS was the most appropriate approach and said they did not provide enough detail in terms of outcomes and planning ideas for each key stage. They suggested that schools needed more guidance and concise frameworks of learning outcomes which set out the knowledge, understanding and skills that should be covered.

65 (16%) were of the opinion that PSHE was inconsistently covered across the country with many schools only paying 'lip service' to the subject. Respondents said although aspects of PSHE were delivered there was no consistent quality approach to provision, delivery, monitoring or assessment.

64 (15%) said making the frameworks statutory would give PSHE a higher status and would have a greater impact on pupils, schools, teachers and other members of the community. Respondents believed schools would not deliver something that was not statutory and said if PSHE was statutory then schools would be forced to pay it more attention than many did now, and teaching and learning would become more consistent.

53 (13%) said schools should have the flexibility to develop their own curriculum in order to deal with issues that were important within their own school communities.

51 (12%) said the current non-statutory frameworks and POS allowed schools the flexibility and freedom they needed to make PSHE more relevant, useful and topical.

40 (10%) said the main issue in regards to the non-statutory frameworks and guidance was that teachers were not specifically trained in PSHE provision and much depended on the skills and knowledge they had in delivering this subject to pupils.
Strengthening the priority given to teaching about relationships

There were 425 responses to this question.

172 (40%) believed that it was extremely important to teach pupils about building positive and sustainable relationships. It was suggested that strengthening the priority given to relationships as part of SRE was vital and could improve links with the issues relating to domestic violence, abuse, sexual exploitation and bullying. Respondents felt that there should be more clearly defined knowledge, skills and understanding included in the teaching of relationships between individuals.

171 (40%) said there was a need to improve significantly the teaching of the significance of marriage within relationships. Respondents were of the opinion that marriage provided a far more stable environment for raising children and reiterated that pupils must be aware that saving sex for a lifelong monogamous marriage was the healthiest sexual lifestyle. Respondents mentioned that the emphasis should be that marriage was the key building block for safe, stable and healthy relationships within society.

159 (37%) thought the statutory guidance for SRE should give greater emphasis to the teaching of positive relationships and how to manage and maintain them, rather than the current focus on ‘sexual relationships’. They believed that all the elements within SRE should be taught from a relationship point of view, highlighting the importance of healthy relationships as the base for SRE. Respondents were also of the opinion that SRE should be renamed to ‘Relationship and Sex Education’ (RSE), and said this minor change would give much more emphasis to the relationship element.

112 (26%) said the relationship content was weak and respondents asked for better quality teaching on the handling of relationships, and dealing with emotions in real life situations. They said the emphasis must be on how pupils could form positive and caring relationships by teaching them how to build respect and tolerance. It was mentioned that often pupils were only being taught about the importance of a loving stable relationship after sexual behaviour had begun and it was imperative that the teaching of how to form a good relationship came first.

75 (18%) said schools needed a clearly defined policy including outcomes so they knew what content should be taught at the different key stages when teaching about relationships. Suggestions about the current statutory guidance were as follows:

- The guidance documents could be extended to stipulate key stages rather than simply primary and secondary, to avoid everything being taught in year 6 or year 10, when it was often too little or too late. They believed this would strengthen the priority given to teaching about relationships, including the importance of positive parenting and teaching pupils about sexual consent.
- There was confusion about what was statutory and what wasn’t within SRE guidance and how it linked to the statutory elements of the National Curriculum Science. Some respondents proposed that a new guidance document should be written.

42 (10%) believed that some teachers, although qualified to teach academic subjects, did not necessarily have the confidence or expertise to deliver PSHE. They said it was vital that teachers received support and training to deliver this very different form of education.

42 (10%) said relationship education should be broader than the current guidance suggested, and teaching about family life and relationships and good parenting i.e. bringing up children should be included. Respondents felt that increasing the role of positive parenting and dealing with family related problems in a framework for PSHE would be beneficial to pupils.

The importance of positive parenting

There were 377 responses to this question.

169 (45%) said positive parenting was very important and should be part of all pupils’ education. Respondents considered school-based parenting programmes to have a positive effect on pupils, helping them to think more objectively about the role of parenting and the responsibilities of parenthood.

76 (20%) believed learning and understanding the importance of positive life skills, including strengthening morals, values and responsibilities should enable pupils to become positive parents and engage in positive parenting approaches. They suggested that pupils needed to learn that they must grow in maturity and knowledge, not just knowledge of sexual intercourse, but of the responsibilities that come with becoming parents.

68 (18%) believed that it was crucial for schools to involve parents. Respondents mentioned that pupils learnt from their parents. Parents must be included in PSHE education so what children learnt at school could be reinforced at home. It was suggested that schools should be encouraged to communicate more with parents by holding parent evenings, or sending home newsletters, as it was essential that parents had access to information about PSHE content.

60 (16%) said although the positive parenting approach had merits, it was important to teach pupils how to administer firm but loving punishment or correction and this must not be excluded. They believed positive parenting must not just emphasise rewarding good behaviour but should include how to discipline bad behaviour too. It was suggested that ‘involved parenting’ was a more helpful phrase, as positive parenting lacked any discipline or view of the parent as an authority figure.
47 (12%) thought that parents needed advice, guidance and support when discussing SRE with their children and in general parenting issues. It was noted that support for parents needed to be embedded in the approach taken by schools around PSHE and should be given to parents automatically, without them having to seek it out.

**Teaching about sexual consent**

There were 383 responses to this question.

200 (52%) said it was essential that SRE must place sexual relationships within a clear and objective moral context. They mentioned it was important for pupils to know their own self-worth, to have self-respect and learn to value their own bodies. Respondents were of the opinion that commitment and fidelity in sexual relationships were no less important than sexual consent, and the emphasis should be on having respect for themselves and others. It was also put forward that teaching about ‘abstinence’ before marriage should be taught alongside contraception.

151 (39%) were of the opinion that pupils did not understand their rights to sexual consent, nor did they have the ability to deal with pressure and coercion and recognise the risks and say ‘no’. Respondents suggested all of these elements must be covered more effectively.

112 (29%) believed pupils must be given the knowledge and tools to make the right choices for themselves. They thought pupils must be encouraged to think when consent was right for them and consider the consequences or the risks associated with making the wrong choices.

109 (28%) believed that teaching about sexual consent was a key issue within the PSHE curriculum. Respondents said with the current issues around social media, exploitation, bullying and violence within relationships, it was important that the teaching of sexual consent continued to be included within the review of PSHE.

105 (27%) said it was essential that pupils should be taught about the legal age of sexual consent and to respect the law as they believed this had been omitted from the current document. Respondents thought sexual consent needed to be clearly understood, however at the same time care should be taken to ensure that pupils were not given the impression that consent legitimised sexual activity. It was reiterated that the law on the age of consent to sexual intercourse needed to be reinforced for the protection of pupils.

79 (21%) felt that pupils must be given clear guidance on issues surrounding sexual consent and be aware of where to go when they needed further information and advice. They said pupils must have knowledge of which agencies or people could help them, including the telephone numbers to confidential help lines.
Accountability/Outcomes

The consultation also addressed issues of accountability and assessment. It sought views on how schools might define and account for PSHE outcomes, and how PSHE could be improved.

Accounting for PSHE outcomes to pupils and parents

There were 293 responses to this question

113 (39%) said schools should be accountable to parents and that parents should be included and involved in PSHE programmes to maximise the impact of the programmes. They believed providing parents with every possible and practical opportunity to interact and engage was the most effective way of defining and accounting for outcomes. It was suggested that schools should hold sessions for parents at the start of a programme to discuss the teaching and learning materials, and then again at the end during which they could see everything pupils had done, and discuss the results. Respondents also mentioned sending out letters or booklets home with pupils to explain the key messages from PSHE outcomes and encouraging parents to talk with their children would be beneficial. Another suggestion put forward was to send out a consultation survey to parents on the current school PSHE programme and what was being planned in any new programme.

105 (36%) believed it was extremely important that schools tracked pupils’ progress and said it would be essential to work with other local providers to ensure successful progression for all learners at key transition points. Recommendations put forward for reporting on progress were:

- PSHE ‘passport’ or portfolio whereby pupils collected evidence of their progress in relation to each aspect of the PSHE curriculum.
- Figures could be produced to show parents, pupils and local people in a particular school such things as drug misuse, pregnancy rates, and rates of sexually transmitted diseases (STDs) and any reduction in these figures which could be attributed to PSHE education.
- Annual pupil progress reports to parents.
- Standardised reports allowing schools to demonstrate year-on-year progress and comparisons with other schools.
- Use an assessment scale to assess progress and show improvement as a result of interventions.
61 (21%) were of the opinion that accountability for PSHE outcomes should be through accreditation of providers and qualifications for pupils. It was suggested that providers should hold a quality award to illustrate to parents and the wider community their commitment to their areas of learning. It was also suggested that the introduction of a qualification for PSHE would give the subject more credibility with pupils, parents and schools, and would provide evidence of learning.

58 (20%) said the community, public health and other stakeholders must have the opportunity to engage with schools to determine local needs. They were of the opinion that schools should then publish the results of the monitoring and evaluation of their PSHE provision. It was suggested that this information could be important to the Health and Wellbeing Boards being established nationally to support the improvement of health in the community, improving joint working and making best use of collective resources.

54 (18%) thought that parents and local people would know if PSHE was well taught from the confidence, general awareness and behaviours of pupils. They believed that communities would have motivated and aspiring pupils who cared about themselves and others, and shared positive behaviours. It was reiterated that positive behaviour would generate good comments and feedback from parents and the local community about pupils’ attitudes and participation when in, and out of school.

49 (17%) believed it would be difficult to measure outcomes in PSHE education as it would be hard to assess and measure a change in attitude or behaviour. It was mentioned that there was no point in defining outcomes unless there was a means of specifying how the outcomes were arrived at in the first place. A number of respondents also mentioned that the previous Government’s external steering group noted the difficulty in measuring sex and relationship education.

48 (16%) said schools should have a clear PSHE policy which was available on their websites or by request. They should have within their ethos a statement of their targets and aims and their PSHE provision should be modelled to reach these goals.

30 (10%) said indicators were available through results from local health related surveys. It was mentioned that analysing the effects of PSHE on such things as drug misuse, the prevalence of STDs, the number of teenage abortions and the statistics from police about the numbers of underage drinking incidents within a school’s catchment area could be used to define outcomes for PSHE education.

29 (10%) respondents thought that lowering the incidence of teenage pregnancies would define a good outcome for PSHE. It was mentioned that if the rates of young girls who got pregnant did not decrease in the local area of the school, then the programme could be deemed as being unsuccessful and steps taken to improve this element of teaching.
Improving PSHE education

There were 378 responses to this question.

226 (60%) said drawing on external agencies could enhance and complement PSHE programmes in schools and strengthen the position around guidance for teachers. They believed external agencies with specific expertise in particular fields would be better placed than schools to deliver in-depth work on potentially very sensitive issues. It was also mentioned that there were potential cost savings through schools using external agencies as they did not have to develop specific materials and resources themselves.

157 (42%) said many teachers did not feel trained or confident to deliver PSHE, especially the SRE element of the curriculum. They suggested that the quality of teaching would be improved and confidence increased if SRE was part of the initial teacher training programmes for all teachers. It was mentioned that universities and Teaching Schools should provide trainees with up to date knowledge and skills. Respondents believed that teachers must understand the need to promote wellbeing in schools and that they should receive the necessary training resource and support to deliver it. It was also mentioned that the nationally accredited CPD programme for PSHE education teaching offered valuable support in this area.

117 (31%) were of the opinion that external agencies needed to be quality-assured if they were to provide support in schools. Concerns were raised that external agencies used in schools could be giving out wrong messages to pupils. It was mentioned that some agencies had strong or hidden agendas which could be inappropriate for schools. Respondents said it was essential that there was some kind of quality control on what was being taught and what was expected of both external agencies and schools. It was noted that a charter or kite mark would help schools to know who had the expertise and quality to provide the best support for them.

64 (17%) recognised that expertise in the voluntary sector was valuable in supporting and adding value to aspects of PSHE education and said it would be useful if there was a register of groups and what they offered.

55 (15%) believed that teachers must be fully in charge of the delivery of PSHE education in the classroom but they must have access to materials and information to do this. It was suggested that teachers in training should receive information concerning the current statutory duty on schools to promote well-being. The following issues were raised on the use of materials and information:

- Emphasise the need for teaching materials to be free from commercial bias.
- Issue approved lists of external agencies.
- Use the latest online and digital tools in the classroom to bring learning to life.
54 (14%) suggested that the quality of PSHE education and the effectiveness of schools’ actions should be monitored and inspected by Ofsted in the same way as the quality of provision in any other subject.

51 (13%) said ‘Teaching Schools’ could be an excellent lever to use to improve the quality of teaching with PSHE, for example, the development of schools with expertise in teaching SRE that other teachers could learn from. It was suggested that teacher shadowing and mentoring were excellent ways of expanding expertise.

45 (12%) suggested a lack of funding was a problem with tackling the issues of PSHE. Respondents said that many services that had been supportive and often free for PSHE education in schools were now at risk due to cuts in public sector budgets. They were concerned about the additional costs for schools if they elected to buy these services from alternative providers as there were no plans to increase school funding.

38 (10%) said schools should develop and share good practice if it was present within their school. They mentioned that local schools could network regularly to share ideas and any interventions used, and discuss what was working well.
Evidence

The consultation asked consultees to provide any evidence or examples of good practice that they may be aware of. The consultation sought evidence to demonstrate why existing elements or new elements should be part of a PSHE curriculum, and sought examples or case studies that demonstrate best practice in PSHE teaching or in assessing and tracking pupils’ progress in PSHE education.

The review received numerous contributions and representations in response to these queries. Evidence received has been passed to Ofsted to aid that organisation in its work to establish a body of good practice.
Other comments and views

The review asked a more open question to allow consultees the space to provide any further views or comments which they felt they couldn’t address in the rest of the consultation.

There were 457 responses to this question.

173 (38%) were of the opinion that SRE was a particularly sensitive subject and it was essential that schools should not be allowed to force the teaching of this on pupils without proper consideration for the needs of the individual child, nor without proper consultation with the parents of the children involved. Respondents strongly supported maintaining section 403 of the Education Act, which allows parents to withdraw their child wholly or partly from SRE.

129 (28%) were of the opinion that pupils must have a PSHE education appropriate to their age and if the aim of PSHE were to support the social, moral and cultural development of pupils then the programme needed to be one that suited them at the most appropriate time, and in the place where they lived. Respondents suggested that because of the diversity of pupils and society in general, schools needed clear guidance as to what pupils should know and at what age in order to support and equip them to aspire to happy healthy lives.

124 (27%) said PSHE was vital to every pupil’s development if they were to become effective citizens and contribute in a positive way to society. They felt PSHE was important in ensuring that pupils were supported to develop life skills and an understanding of some of the issues they would face as adults. Respondents reiterated that if schools were to play a role in shaping the next generation of emotionally-intelligent, responsible citizens and future parents then PSHE must be kept in the school curriculum, and preferably made statutory to ensure pupils had an entitlement to high quality, well-resourced PSHE provision.

101 (22%) said there was a fundamental need for pupils to be equipped with the values, responsibilities and morals to plan and manage their progression through life. Respondents felt it was essential that the whole curriculum encouraged the development of positive personal attributes and instilled knowledge, understanding, skills and personal qualities in pupils.

99 (22%) believed that the primary responsibility for teaching pupils about PSHE matters should be with parents, as they were the best judges to decide at what stages and in which manner such information was passed on to their children. Respondents said parents were ‘teachers’ of their children in the areas of nutrition and physical activity, drugs, alcohol and tobacco, sex and relationships, emotional well-being, safety and personal finance. Respondents strongly believed that parents should be the deciding
factor when it came to the subject of SRE education as they had the legal responsibility to ensure the education of their children.

85 (19%) thought a big challenge to the successful operation of PSHE was its lack of status amongst both schools and pupils, and believed it was crucial that PSHE was not ‘left to chance’ any longer and must be given priority in schools. They said that the Government now needed to raise its profile further.