



Healthy Schools
Healthier Living & Learning

PSHE education

Guidance for Schools



Glossary

For the purpose of this document we will refer to PSHE education. This encompasses the terms Personal, Social and Health Education at Key Stages 1 and 2 and Personal, Social, Health and Economic education at Key Stages 3 and 4. There are sections of this document which refer to the National Healthy Schools Programme (NHSP) criteria and minimum evidence and the terminology here refers simply to PSHE. Throughout the document we also refer to the school, meaning the whole school community, including paid and unpaid staff, children, young people, parents/carers and external contributors.

Term or acronym	Definition or description
CAMHS	Child and Adolescent Mental Health Services
CPD	Continuing professional development
CYP	Children and young people
DCSF	Department for Children, Schools and Families
DH	Department of Health
ECM	Every Child Matters
NCB	National Children's Bureau
NHSP	National Healthy Schools Programme
NHSS	National Healthy School Status
Ofsted	The official body for inspecting schools
pfeg	The Personal Finance Education Group, an education charity which works to ensure that young people leave school with confidence, skills and knowledge in financial matters
PoS	Programme of Study
PSA	Public Service Agreements
PSHE Association	To support teachers and other professionals working with children and young people
SEAL	Social and Emotional Aspects of Learning
SEF	Ofsted Self Evaluation Form used by schools to assess progress
SLT	Senior Leadership Team also known as the Senior Management Team in some schools
SRE	Sex and Relationship Education
QCA	Qualifications and Curriculum Authority

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Introduction

The National Healthy Schools Programme (NHSP) plays a key role in helping schools to deliver good quality PSHE education. It does this by encouraging schools to have minimum evidence in place to meet a set of criteria and then to extend beyond these minimum requirements.

This guidance is written to provide clear advice on PSHE education to schools working towards National Healthy School Status (NHSS), as well as those which have already achieved status and are looking to extend. It also includes more general information on encouraging children and young people to make informed lifestyle choices and become healthily engaged and participate in their communities.

The profile of PSHE education has increased significantly in recent years and this area of the curriculum is still evolving rapidly. The Government has agreed with the SRE and Drug and Alcohol Education reviews in principle, to giving PSHE education statutory status and as a consequence of this, introducing statutory programmes of study for PSHE education.¹ Such a move would underline the key role PSHE education has to play in young people's personal development. It would be consistent with the emphasis in the Children's Plan on schools' role in

developing young people in the round, as well as ensuring that they receive an excellent education; and with the priority it is expected schools will give to the issues, which it covers.

The government has accepted in principle, the following recommendations made by the SRE and Drug and Alcohol working groups. These are presented here as headlines:

Recommendations made by the SRE review group:

- improve the skills and confidence of those who deliver SRE
- encourage the use of external contributors in supporting schools' delivery of SRE
- provide further guidance and support for schools
- involve young people in the design of SRE programmes
- maximise the impact of wider programmes and initiatives
- improve school leadership on SRE.

¹SRE/Drugs and Alcohol review group recommendations and government responses www.teachernet.gov.uk/publications

Recommendations made by the Drug and Alcohol review group:

- clarify the aims of drug and alcohol education and the approach to it through universal information and education
- increase parents' and carers' knowledge and skills about drug and alcohol education, to enable them to better inform and protect their children
- improve the quality of drug and alcohol education in schools
- improve the quality of information and education in FE Colleges and Non-Formal Settings
- improve the identification and support for vulnerable young people.

The Wellbeing Indicators will be published and reflected in the Ofsted inspection process from September 2009 and the Child Health Strategy is due for publication shortly. The link between educational standards and the wellbeing of children and young people is well proven and PSHE education offers a significant route to strengthening this relationship.²

Many schools say they find PSHE education challenging, due to its current status, and are asking for better, clearer advice on the best way to tackle this subject. We have used the latest and most relevant research evidence and information to produce this guidance. PSHE education is a dynamic subject and the Government has indicated that it will receive greater prominence within the curriculum in the future. This is directly linked to the wellbeing agenda, defined in law in terms of the five Every Child Matters outcomes. The NHSP will provide regular updates on its website.

This publication is suitable for a wide audience but is principally targeted at:

- school leaders and teachers in charge of leading schools in achieving National Healthy School Status (NHSS) **(highlighted in light blue)**
- teachers leading on PSHE education in schools **(highlighted in orange)**
- school governors **(highlighted in dark blue)**
- Local and Regional Co-ordinators of the National Healthy Schools Programme **(highlighted in green)**
- community and school nurses and other professionals **(highlighted in grey)**.

²DCSF and Ofsted (2008) Indicators of a School's Contributions to Well-Being – consultation document, Ofsted .gov.uk/ofsted-home/consultations
At the time of going to print the Government responses to the working groups were imminent.

What is PSHE education?

Personal, social, health and economic education (PSHE education) is a planned programme of learning opportunities and experiences that help children and young people grow and develop as individuals, as members of families and of social and economic communities.

This working definition was developed by a group of representatives of national organisations concerned with PSHE education, including the National Healthy Schools Programme (NHSP), Department for Children, Schools and Families (DCSF), Office for Standards in Education (Ofsted), Qualifications and Curriculum Authority (QCA), Personal Finance Education Group (pfeg), Specialist Schools and Academies Trust (SSAT), PSHE Association, the DCSF's Social and Emotional Aspects of Learning (SEAL) programme³, NHEG (National Health Education Group), EBEA (Economic, Business and Enterprise Association), ACEG (Association for Careers Education and Guidance), the National PSE Association for Advisers, Inspectors and Consultants (NSCoPSE) and the National Education Business Partnership Network (NEBPN).

Good quality PSHE education contributes to children and young people living healthier, safer lifestyles. This could include making informed choices around SRE, alcohol, tobacco, drugs, money, employment and enterprise.

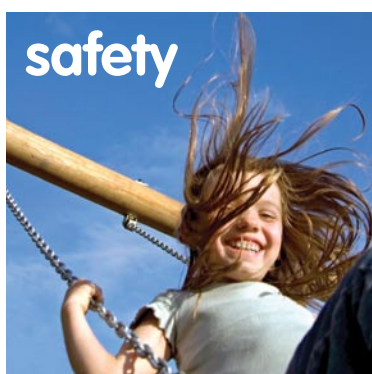


³DCSF (2005) Excellence and Enjoyment: Social and emotional aspects of learning (SEAL) www.publications.teachernet.gov.uk

Why is PSHE education important in the wider agenda?

PSHE education provision is important to schools. It makes a major contribution to the Every Child Matters (ECM)⁴ five outcomes for children and young people and it contributes to a school's statutory responsibility to promote wellbeing in children and young people, as set out in The Children Act 2004⁵ and The Education and Inspections Act 2006⁶. It also contributes to achieving the aims of the whole curriculum and to promoting community cohesion.

The five ECM outcomes are:



School Governors: The Every Child Matters agenda is clearly linked to good PSHE education practice in schools

⁴DCSF (2004) Every Child Matters: Change for Children, www.everychildmatters.gov.uk

⁵DCSF (2004) The Children Act, www.opsi.gov.uk

⁶DCSF (2006) The Education and Inspections Act, www.opsi.gov.uk

The school-based PSHE education curriculum builds on the Early Years Foundation Stage curriculum. The content for primary schools is set out in the Frameworks for PSHE Education and Citizenship for Key Stages 1 and 2, in the National Curriculum Handbook for primary teachers in England Key Stage 1 and 2⁵. The primary curriculum is currently under review and there is more information about this in relation to PSHE education in Chapter 7 of this guidance.

In the secondary curriculum PSHE education is described in two inter-related Programmes of Study (PoS) for both Key Stages 3 and 4. One programme of study is for Personal Wellbeing and the other is for Economic Wellbeing and Financial Capability (EWFC). There are more details of these changes in Chapter 7 of this guidance document.

There is a strong relationship between PSHE education and the DCSF's Social and Emotional Aspects of Learning (SEAL) programme. SEAL contributes to personal development by promoting social and emotional aspects of learning.

It provides a whole school framework and some ideas for teaching social and emotional skills within discrete lessons, across subjects and outside the classroom. PSHE education provides an invaluable contribution to learning the social and emotional skills that are identified in SEAL.

PSHE education can make a direct contribution to the school improvement agenda and supports the promotion of attainment and achievement for children and young people.



⁵QCA (2000) The National Curriculum handbook for primary teachers in England key stage 1 and 2, www.orderline.qca.org.uk

How to deliver good PSHE education in schools

There is, of course, no simple solution which will suit all schools. Different schools have different needs, contexts and challenges.

There are some common messages emerging from schools which have already achieved NHSS, as well as from organisations working with schools such as Ofsted⁸. These can help schools develop their own list of priorities and include:

- ensuring that PSHE education has equal status, time and resources as other curriculum subjects
- ensuring that staff teaching PSHE education have the knowledge, skills, confidence, training, support and time to deliver the curriculum
- actively involving all children and young people in making meaningful decisions, including those who are hard to reach and more vulnerable
- encouraging a high level of active and interactive learning
- monitoring and assessing the impact of PSHE education and using this information to inform changes to policy and practice.

School Leaders and Teachers: There are clear benefits from giving PSHE education high status, including motivated teachers who are qualified and pleased to teach PSHE education

Teachers: Rights and responsibilities are addressed equally when schools have the characteristics of 'rights-based child-friendly' approaches

Schools deliver PSHE education in a number of different ways. These include:

- learning opportunities across and beyond the curriculum
- specific lessons with separate curriculum time
- explicit opportunities in other curriculum subjects
- whole school and extended timetable activities
- specific projects
- information, support and guidance on specific areas of learning and development
- learning through involvement in the life of the school and the wider community
- enhancement opportunities.

'**Drop down/themed days**' can provide good opportunities to further enhance PSHE education but are **no** replacement for an integrated whole school approach encompassing the whole curriculum.

Whatever delivery model schools choose, PSHE education should:

- be based on a culture of high expectation
- build on what learners already know, reflecting their expressed needs
- be developmentally appropriate and culturally sensitive
- allow sufficient time for learning to both take place and to be consolidated.

⁸Ofsted (republished 2007) Time for Change, Personal, Social and Health Education, www.pshe-association.org.uk

Principles for developing PSHE education as part of the WSA

The following key principles are developed from the NHSP Whole School Approach and should be the main points to consider when developing policy and practice as part of PSHE education.

Leadership, management and change	Policy development	Curriculum planning and resourcing including work with outside agencies	Learning and teaching	Schools culture and environment
Leaders and managers behave in a manner which shows they are fully supportive in directing and implementing the school's PSHE education policy ratified by governors.	Policies are developed through an inclusive process that values the views of all, e.g. Children and Young People (CYP) and parents/carers.	Curriculum planning is accessible to and involves all appropriate individuals, including CYP, parents/carers and outside agencies.	All members of the school feel safe to learn. Teaching approaches are inclusive and meet the identified needs of CYP.	The culture of the school is one which gives importance to PSHE education and promotes learning.

Giving CYP a voice	Provision of support services for CYP	Staff professional development needs, health and welfare	Partnerships with parents/ carers and local communities	Assessing, recording and reporting CYP's achievement
CYP share responsibility in decision making within the school and are able to identify their contribution to school improvement, including in assessment and recording systems.	Support services for CYP are relevant, accessible and appropriate. CYP receive the knowledge, skills and understanding to access services. Staff know how and where to refer CYP.	Staff are given professional development opportunities to improve teaching in PSHE education. Senior staff have subject-specific knowledge, which can be enhanced through the National PSHE CPD Programme.	Parents/carers and local communities are actively involved in decision-making. Parents/carers have a voice through parent governors. They influence policy and are consulted directly on potentially sensitive issues such as SRE and Drug Education.	The assessment, reporting and recording systems within the school are rigorous, realistic and relevant to CYP. The achievements of all CYP are celebrated.

NHSP criteria for PSHE education

Within the National Healthy Schools Programme all four core themes have a set of minimum evidence requirements, together with advice and guidance on how to meet the criteria. This includes reference to current guidance, legislation and good practice.

This chapter looks at the requirements under the PSHE education theme. It lists the criteria and minimum evidence and combines this with advice for schools in the form of a checklist under each criterion and also good practice case studies.

There is more information about the links between the themes in Chapter 5.



Planning a programme of PSHE

1.1 Uses the PSHE framework to deliver a planned programme of PSHE, in line with relevant DCSF/QCA guidance

*Note: from September 2008, in addition to the PSHE education framework, there are two inter-related Programmes of Study.

Minimum Evidence:

- the Programme of Study (PoS), and supporting Schemes of Work (SoW) within the school clearly reflect the DCSF/QCA guidance in particular personal, social, emotional and health aspects of learning
- Schemes of Work also include the involvement of external agencies (see 1.7 on page 26).

Teachers: A progressive programme has clear learning outcomes and well-structured programmes of study and schemes of work

Pointers to good practice

Schools develop a progressive programme that has clear learning outcomes and appropriate opportunities for assessment, not relying only on drop down/themed days. This includes use of QCA guidance⁹, the non-statutory framework for PSHE education and additional guidance from DCSF on aspects of PSHE education including Sex and Relationship Education¹⁰, Drug Education, Safety Education, Financial Capability and the Social and Emotional Aspects of Learning.

In schools where PSHE education is delivered effectively, the SLT will recognise and support its status. This is done by ensuring that PSHE education has appropriate time, status, resources and support for CPD, in line with other curriculum areas. It is recommended that the PSHE education Co-ordinator or subject lead be a member of the SLT in a school, in order to drive through national developments. The subject lead also ensures ongoing progression in the subject. Where the subject lead is not a member of the SLT, it is essential that s/he is appropriately qualified to teach PSHE education and has the full support of the SLT.

⁹QCA Curriculum Guidance can be found at www.curriculum.qca.org.uk for

¹⁰DCSF Sex and Relationship Education Guidance, www.dcsf.gov.uk

External agencies can support schools in the planning, learning, teaching, assessment and evaluation of PSHE education. External agencies involved in the delivery of PSHE education should enhance rather than replace good teaching by skilled specialist staff.

- How does the school use the DCSF SEAL programme to supplement its work on PSHE education?
- Does the school set aside appropriate meeting time to discuss the development and improvement of PSHE education?

Schools need to consider:

- How does the school determine the needs of children and young people and how does it involve children and young people effectively?
- How does the school enable all children and young people to access appropriate SRE and Drug Education?
- Has the school used one of the self-evaluation tools to assess its existing programme, such as those developed by the Association for Citizenship Teaching¹¹ or the National Children's Bureau?¹²
- Has the school used the 'Blueprint' programme?¹³
- Has the school allocated enough curriculum time for PSHE education?
- Has the school planned PSHE education provision through a variety of curriculum opportunities including circle time, tutor time, discrete lessons, through other subjects and enrichment opportunities?
- How does the school take advantage of learning opportunities inside and outside the classroom, such as theatre in education groups? Does the school plan pre and post interventions to accompany these sessions?

Case Study

John Hanson Community School, Andover, Hampshire

What the school did

John Hanson School's Programme of Study for PSHE Education and Citizenship includes timetabled teaching by specialist staff, tutors in tutor time, teachers within subjects, across the curriculum and through enhancement days. It is led by two teachers with senior status; the Head of PSHE Education and Citizenship and the Health Education Co-ordinator, who is a teacher governor. This approach fits well with the ethos of the school on Rights, Respect and Responsibilities (RRR), as well as with the emotional health and wellbeing of both staff and young people. PSHE education has equality of status with other curriculum-based areas.

How the school did it

The PSHE Education and Citizenship Programme of Study is thoroughly planned. As well as taking advantage of the expertise within the school it also draws on the skills

¹¹Association for Citizenship Teaching, Secondary Citizenship Self Evaluation Tool, www.teachingcitizenship.sowood.co.uk Primary Citizenship and PSHE Self Evaluation Tool, www.teachingcitizenship.org.

¹²NCB (2008) Are you getting it right? A toolkit for consulting young people on SRE, www.ncb.org.uk

¹³ Home Office, Blueprint, www.drugs.homeoffice.gov.uk

of local authority advisors and external agencies. There are clear links with referral agencies such as PRISM (a Hampshire drug referral agency) and local sexual health clinics. Details of all support and guidance services available are clearly signposted within the school and are also included in student diaries.

Young people have a considerable influence over PSHE Education and Citizenship. They are encouraged to use question boxes from time to time, or simply to write 'have a nice day' if they have no comment to put forward. Comments may be personalised or anonymous. Year 11 students are consulted to help to identify gaps in the curriculum lower down the school. Last year they suggested that the class-based sessions on mental health should be extended to include information on eating disorders. This has now been introduced. The PSHE Education and Citizenship staff emphasise the need for flexibility in lesson format, allowing young people to take the lead in discussion of personal issues, or matters arising in the media. On many an occasion Hollyoaks or Eastenders provides food for thought!

One of the school's strengths is its team of peer listeners, a group of Year 10 students who are trained to act as listeners for younger children at the school to talk to, for whatever reason. Their knowledge of what is troubling young people at the school means they are well placed to influence the

PSHE Education and Citizenship curriculum to meet the needs of the school. The listeners are also attached to Lower School tutor groups and act as personal mentors to more vulnerable students.

What was the impact?

The school says that its PSHE Education and Citizenship programme meets the needs of individual students because they are involved in its development. Linked with the students' focus on RRR, the programme has contributed to a significant and clearly evidenced reduction in bullying, and to a relatively low rate of teenage pregnancy. There is attitudinal change, including some evidence that young people are being more responsible about alcohol consumption, behaviour management and interpersonal relationships.

**For further information: 01264 352546
or mark for the attention of the
Health Education Co-ordinator at
adminoffice@jhanson.hants.sch.uk**

Teachers: Meaningful participation by children and young people influences how they are taught and what they learn

Monitoring and Evaluating your PSHE Programme

1.2 Monitors and evaluates PSHE provision to ensure the quality of learning and teaching

Minimum Evidence:

- the school can evidence how the views of children, young people and teaching staff are used to monitor and evaluate PSHE
- methods of involving children and young people in monitoring are clear from the Schemes of Work
- the Programme of Study and Schemes of Work are regularly reviewed for appropriateness and relevance to children and young people
- learning and teaching in PSHE is in line with the school's Learning and Teaching Policy.

Pointers to good practice

PSHE education is personalised to meet the needs of individual children and young people – this can involve personalised learning and personalised teaching. It is monitored regularly and evaluated to inform the programme so it remains relevant.

Schools need to consider:

- How does the school ensure the quality of learning and teaching, leadership and management in PSHE education?
- How are the views of children, young people and teaching staff incorporated in the evaluation of the PSHE education programme?
- How regularly is the programme monitored to make sure progress is made by children and young people towards planned learning outcomes?
- How is the information gathered and fed back to children and young people?
- How does the school manage/respond if monitoring shows the learning needs of children and young people are not being met?
- Are PSHE education lessons observed as part of a whole school monitoring programme?



Assessing progress

1.3 Assesses children and young people's progress and achievement in line with QCA guidance

Minimum Evidence:

- the school must have considered the QCA end of key stage statements¹⁴ in assessing progress and achievement to inform school practice
- the PSHE Co-ordinator has a clear plan on how progress and achievement in PSHE is assessed, recorded and reported on
- children, young people and staff can clearly identify progress
- children and young people are aware of how their progress and achievement in PSHE is assessed
- PSHE is referred to in the school's Assessment Policy or the assessment system within the school.

Pointers to good practice

It is very important for schools to carry out assessment in line with that carried out for other curriculum areas. QCA offers advice on this. Children and young people have a clear understanding of their progression through PSHE education and what they have learned/developed. Assessment is set against clear learning outcomes and also covers the acquisition of skills as well as knowledge and

understanding. The Personal Finance Education Group (pfeg) can provide advice on how schools can embed Financial Education.¹⁵

Schools need to consider:

- How is the school assessing the learning in PSHE education?
- How does the school link to the QCA end of key stage statements when assessing learning?
- How does the school use the assessment and evaluation information produced by the National Children's Bureau Sex Education Forum?¹⁶
- How does the school use DCSF guidance on SRE and Drug Education, including *Drugs: Guidance for schools*¹⁷ for guidance on assessment?
- How does the school make use of the SRE Audit Toolkit produced by the NCB?
- How do children, young people and staff work together to identify progress e.g. self-assessment, peer assessment and contribution to external assessment?
- How is the school making effective use of resources such as the Association for Citizenship Teaching publications on school self-evaluation? This practice applies equally to PSHE education.
- How does the school make use of resources from the PSHE Association?¹⁸
- Do children and young people know and understand what they have learned through PSHE education?

¹⁴QCA, End of Key Statements, www.curriculum.qca.org.uk

¹⁵pfeg www.pfeg.org/school.asp

¹⁶National Children's Bureau, www.ncb.org.uk and www.ncb.org.uk

¹⁷DCSF *Drugs: Guidance for Schools*, www.publications.teachernet.gov.uk

¹⁸PSHE Association website, www.pshe-association.org.uk

- Is PSHE education given prominence when the school reports to parents/carers on the progress of individual children and young people?
- How does the school involve all children and young people in their own assessment?
- How does the school feedback to children and young people?
- How do the results of the school's assessment inform practice?

Case Study

Oakfield First School, Windsor, Berkshire

The school has more than 200 children, drawn from a multi-cultural catchment area. At any one time, between 20 and 30 different languages are spoken, with English as an additional language (EAL).

What the school did

The school decided to raise the profile of PSHE education with staff, children and parents/carers after a member of the teaching staff gained accreditation through the National PSHE CPD Programme. This coincided with the school setting up a Healthy Schools Task Group with representation from these groups.

How the school did it

They started by focusing on behaviour and respect for others and introducing a number of initiatives such as friendship stops, positive post-it boxes and an owl mascot which champions positive relationships within the school, as well as health issues

such as sun awareness and healthy eating. The school also looked closely at the way it sets individual targets. It introduced a system where the class teacher, teaching assistants, the child and the parents/carers met at the start of the academic year to set individual targets for each child. This meeting focused on personal as well as academic targets and was different in format from that of a traditional parents' evening which focused on progress. The targets were reviewed each term with the child. Written evidence was collected to support their progress and children were encouraged to report back by completing "I can do..." statements.

Written reports to parents/carers included a separate section on PSHE education and teachers were encouraged to use the teachers' comment box to include information about a child's progress in PSHE education.

The ethos of the school means that PSHE education is given equal status to other subjects. It also places importance on emotional health and wellbeing and uses the DCSF SEAL programme.

What was the impact?

Parents/carers are given detailed information on their child's personal progress. PSHE education enjoys equal status to other curriculum areas.

For further information: 01753 861347 or Oakfield@rwbm.org

Named Responsible Staff Member

1.4 Has a named member of staff responsible for PSHE provision with status, training and appropriate Senior Leadership support within the school

Minimum Evidence:

- the named member of staff reports that s/he has appropriate Senior Leadership Team (SLT) support within the school
- the named member of staff reports that s/he has appropriate Senior Leadership Team (SLT) support within the school
- the named member of staff can clarify that s/he receives time to complete the role in line with other subject Co-ordinators
- the named member of staff has had recent training on aspects of PSHE (within the last two years).

School leaders and teachers: Senior Leaders set the tone for establishing the importance of PSHE education, and make the resources and time available to teach it well

Pointers to good practice

The SLT supports the named member of staff and others who are participating in the National PSHE CPD Programme¹⁹ and developing provision across the school.

The named member of staff is up-to-date with recent legislation and guidance linked to PSHE education and is encouraged to become a member of the PSHE Association.

Appropriate funding is available to buy in resources to support the delivery of the school's PSHE education programme. There is a clear process of performance management for the named member of staff and this should be in relation to PSHE education responsibilities. There are close links with other named subject and curriculum leaders to strengthen school improvement.

Schools need to consider:

- Has the school appointed a PSHE education subject leader who has knowledge, skills and experience in this subject?
- Is the PSHE education subject leader suitably qualified, with status, responsibility and SLT support?
- How does the PSHE education leader prepare and support the teachers who teach PSHE education e.g. through the National PSHE CPD Programme?
- How is the PSHE education subject leader encouraged and supported in accessing professional development opportunities, to improve practice within the whole school?
- How does the PSHE education subject leader promote and champion a vision of PSHE education that places the personal and social development of children and young people at the centre of school life?

¹⁹www.pshe-cpd.com

- Is the PSHE education subject leader a member of the SLT or does s/he have direct access to a SLT nominee?
- How does the school involve governors in PSHE education? E.g. does the school have a named governor who works closely with the PSHE education subject leader? Does that governor take a special interest in the planning, learning, teaching, assessment and evaluation of PSHE education and report to the curriculum sub-committee on a regular basis?



Up-to-date Policies

1.5 Has up-to-date policies in place – developed through wide consultation, and implemented, monitored and evaluated for impact covering Sex and Relationship Education, Drug Education and Incidents, Safeguarding and Confidentiality

Minimum Evidence:

- children, young people, staff, parents/carers and governors have been consulted about these policies
- children, young people, staff and other relevant stakeholders can outline their role in the review of these policies
- the school has a Confidentiality Policy or it is referred to in a range of other policies
- the school has a SRE Policy approved by governors
- the school has a Drug Education Policy in line with DCSF guidance
- the school has a Managing Drug Related Incidents Policy (can be part of a Behaviour Policy or Drug Education Policy)
- the school has a Safeguarding Policy.

Teachers: Policies, procedures and practices should be well-documented through collaborative and consultative processes and updated regularly

Pointers to good practice

All of these policies can be under a generic PSHE education Policy. Children, young people, staff, parents/carers, governors and appropriate others are involved in a meaningful way in the development, monitoring and review of policies and have easy access to the components of such a policy. These policies are underpinned by evidence-based research. Policies are actively implemented. The school's Drug and Alcohol Education Policy includes information on managing drug related incidents, in line with DCSF guidance and can form part of a Behaviour Policy.

Schools need to consider:

- How has the school made full use of the resources available from the DCSF to produce and review relevant policies, such as advice on writing a PSHE education Policy; SRE Policy; Drug Education Policy; Economic Wellbeing and Financial Capability Policy²⁰ and from national strategies such as the 10 year Drug Strategy 2008-2018?²¹
- Has the school implemented policies for each of the areas named in the minimum evidence?
- Has the school got a statement or policy on equality, diversity and community cohesion?
- How have children, young people and parents/carers been involved in developing policies in line with the DCSF

²⁰www.teachernet.gov.uk

¹⁹www.drugs.homeoffice.gov.uk

guidance and the NHSP Whole School Approach document?²²

- How does the school ensure that there are parent/carer-friendly versions of main policy documents relating to PSHE education?
- How does the school consult with parents/carers e.g. through a parent council or similar organisation? How effective are these meetings?
- What use was made of the NHSP publication Engaging Parents and Carers: Guidance for Schools?²³
- How does the school maintain rigorous and timely monitoring and review of its main policies and procedures relating to PSHE education?
- What use is made of NHSP guidance such as Confidentiality and Working with Young People?²⁴



²²NHSP (2007) Whole School Approach to the NHSP

²³NHSP (2008) Engaging Parents and Carers: Guidance for Schools

²⁴NHSP (2007) Confidentiality and Working With Young People

Case Study

The Sylvester Community Primary School, Knowsley, Merseyside

The school is in an urban area of deprivation associated with low socio-economic backgrounds. In December 2007, over 76% of the school population resided in a postal code which is ranked as being in the 30% most deprived areas nationally.

What the school did

The school has recently updated its SRE Policy to better meet the needs of children in Years 5 and 6. This year, for the first time, children in Year 6 are being taught about conception, which builds upon the puberty topic which has now been moved to the Year 5 curriculum. This now provides progressive and developmentally appropriate coverage of knowledge and understanding in SRE.

How the school did it

The school set out to make this change because of an increasing number of complex questions from Year 5 and 6 children on SRE. The PSHE education lead liaised with a local authority adviser to establish the school's individual needs by looking at local data (and considering feedback from Year 5 and 6 children). Following this, teaching materials and resources were assessed for their suitability. The PSHE education lead and the Year 6 teacher presented a revised SRE Policy,

lesson plans and selected teaching resources to the governing body and this was followed up with a workshop for parents/carers. Both groups were supportive of the change. The school believes it is vitally important to meet the SRE needs of Year 6 children in a comforting and supportive primary environment. By undertaking such important but sensitive lessons with a group of familiar peers, it will ensure pupils feel secure and confident. The school sees this step as vital in preparation for the transition to secondary school.

For some of the children, the school is the main place where nurture takes place. The whole ethos of the school is based around emotional health and wellbeing, with the teaching of SEAL being a particular strength.

What was the impact?

The development of PSHE education Policy and practice was informed by evidence-based research, local data and feedback from Year 6. Children leaving to start secondary school are now fully equipped with the relevant knowledge and understanding in SRE. Children feel confident about the changes they will encounter in the future, they feel self-assured and are able to form and sustain relationships based on respect for themselves and others.

**For further information: 0151 477 8320
Helen Brenchley, PSHE education lead,
Assistant Headteacher or**

No Smoking Policy

1.6 Has implemented a Non-Smoking Policy

Minimum Evidence:

- the school is a smoke-free site (please note the exception of the caretaker's house)
- children, young people, staff, parents/carers and governors have been involved in the development and implementation of a smoke-free site
- the school is proactive in providing information and support for smokers to quit, e.g. promoting access to smoking cessation classes.

School Leaders and Teachers: Benefits of not smoking and help to avoid or quit are evident in all schools with effective PSHE

Pointers to good practice

The school provides information on smoking cessation sessions for children, young people, staff, parent/ carers, which may even be on the school site. Children and young people are aware of the legislation on smoking in public places and comply with it.

National legislation around smoking was introduced in July 2007²⁵ affecting these criteria.

Schools need to consider:

- Does the school have access to smoking cessation expertise through the school nurse or other specialist agencies and do children, young people, staff and parents/ carers have access to this service?
- Are smoking incidents managed sympathetically with advice and guidance on cessation, as well as sanctions if appropriate?
- Is there clear guidance within school policies, such as the Behaviour Policy or the Drugs Policy, on how to manage smoking incidents?
- How has the school advertised the legal requirements under the smoke free legislation and how does it encourage observance?

There is more information on smoking cessation from the NHS website www.gosmokefree.nhs.uk

²⁵Statutory Instrument 2006 No. 3368 , The Smoke-free (Premises and Enforcement) Regulations 2006 www.opsi.gov.uk

Working with External Agencies

1.7 Involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisers

Minimum Evidence:

- Schemes of Work reflect appropriate involvement of outside agencies
- the roles of such professionals are planned into the Schemes of Work and their contribution evaluated
- there are policies or guidelines about the role of external visitors to support the Schemes of Work including monitoring and evaluation of their input/contribution.

School Leaders and Teachers: Joint working with all agencies is essential to ensure effective use of resources and to help children and young people access services

Pointers to good practice

A range of external contributors are involved in the implementation of the programme for PSHE education. Their contributions are part of a planned programme and are not a 'one-off' experience. External agencies working independently with children and young people have an up-to-date Criminal Records Bureau (CRB) check.

Schools need to consider:

- How have external agencies been involved in the design, monitoring and review of the PSHE education programme?
- How does the school ensure that the PSHE education Co-ordinator is familiar with a wide range of external agencies who can help in the learning of PSHE education, both as part of the curriculum and in the wider school and community?
- How does the school ensure that external agencies enhance and add value to the PSHE education programme?
- Does the school ensure effective working with external agencies, e.g. through policies, procedures and practices, for getting the best from external working?
- How does the school ensure that the external agency has a shared vision in helping the school deliver its PSHE education programme? This could include requesting sight of appropriate policies for equal opportunities and diversity.
- Is there always a teacher present when an external agency is presenting, in order to integrate the input back into the PSHE education programme?
- Has the school discussed the expected learning outcomes, previous learning and the needs of the children and young people with the external agency in advance of any session?

Case Study

'Plastered' DVD and teaching resource pack, Liverpool

What the project did

"It's Not OK" is a violence prevention education programme led by Liverpool Culture Company in partnership with other agencies. The development of 'Plastered' involved close partnership working with agencies such as Liverpool Children's Services, Connexions, Liverpool PCT and Liverpool Healthy Schools.

How the project did it

'Plastered' is a hard hitting drama about a hedonistic night of binge drinking and the violent consequences of alcohol-fuelled decisions. The resource also explores issues around unprotected sex. One of its strengths is that the issues are discussed in the words of the young people themselves. It was created by working with local young people from Connexions who were directly involved with every stage of the film project, from devising the script and acting in the film to the actual camera work and post-production editing.

The information in the DVD is backed up by a comprehensive teaching pack which was developed in consultation with a significant number of practising Liverpool PSHE education teachers. This forms a complete teaching and learning package which is widely used in secondary schools in Liverpool. It is also used by youth workers and community police officers in the area.

What was the impact?

In order to evaluate the impact of the resource, teachers and young people have been involved in the evaluation process. Young people completed a questionnaire both before and after using the resource, the results of which indicate a significant change in attitudes to alcohol and increased awareness about the effects of alcohol and risk. Teacher evaluations are very positive and indicate that teachers value the resource, find it user-friendly, popular with young people and easy to use.

For further information: 0151 233 3901 or sue.brennan@liverpool.gov.uk

Referral support services

1.8 Has arrangements in place to refer children and young people to specialist services who can give professional advice on matters such as contraception, sexual health and drugs

Minimum Evidence:

- the school has clear protocols that are understood by staff
- in secondary schools, children, young people and staff are aware of how to access specialist services
- in primary schools, staff are aware of how to access specialist services
- information for children, young people and staff from appropriate support agencies is promoted
- children and young people report that they have accessed specialist services when required.

Pointers to good practice

The school has appropriate systems in place to identify those in need of support. It actively displays material relating to local and national support agencies. There may be a range of support services on the school site. The school links to extended services, where these are available.

Schools need to consider:

- What confidential advice and support systems are children and young people able to access?
- How does the school use data such as attendance figures, key stage performance figures and anecdotal evidence from teachers to identify and to refer particular groups of children and young people to appropriate support systems?
- How does the school know it is making appropriate referrals e.g. through questionnaires, surveys and focus groups?
- How does the school make use of a range of systems, such as peer support and mentoring, as early intervention for issues with children and young people?
- How does the school ensure that it has clear referral pathways to external agencies, ranging from early intervention to specialist services such as Child and Adolescent Mental Health Services (CAMHS)?
- How does the school create a safe trusting environment where children and young people will ask for help if they need it?
- How does the school support children and young people to be confident to approach staff for help?
- How does the school ensure all staff and external contributors are aware of and adhere to the school's Confidentiality Policy, including when it is different from that of their own organisation?
- How does the school make effective use of services available from a range of providers including the Children's Trust and the voluntary sector?

- How has the school linked with extended services, the local authority and the Primary Care Trust e.g. through a school or community nurse?

Case Study

Pendlebury Centre, Stockport (PRU)

What the centre did

The centre provides education for a range of young people from Stockport with social, emotional and behavioural difficulties for short, medium or long term periods of time. Many are emotionally vulnerable and have experienced a range of difficulties including bullying, anxiety about school, mental health difficulties, non-attendance or exclusion. They are dual registered and within the first few weeks, they make a visit back to their mainstream school and a programme of reintegration begins. Staff see the delivery of good quality PSHE education as being an integral part of this process, as well as at the heart of the ethos of the centre.

The Jigsaw team has enabled the centre to share this approach with mainstream secondary schools in the area. This multi-disciplinary team is based at the Pendlebury Centre and works with Stockport secondary schools, special schools and services. It is made up of teachers, mental health workers and child and family workers.

This team is seen locally as the preventative arm of the Pendlebury Centre, promoting good mental health and providing targeted support.

How the centre did it

The team works in schools on a weekly basis and helps young people access the support they need both in the centre and externally. The team promotes peer mentoring and parenting groups, as well as addressing issues such as raising self-esteem and mental wellbeing. It also provides training for staff in schools around identifying and responding to mental health issues in young people. This close working relationship with the schools also enables young people at the Pendlebury Centre to reintegrate into mainstream education as soon as possible.

What was the impact?

Local data shows that referrals to specialist services such as Core CAMHS have fallen by 40 percent since the initiative was started four years ago. The schools have greater ownership of problems, as they now have the skills and experience to deal successfully with issues in school.

For further information: 0161 428 9305 or headteacher@pendlebury.stockport.sch.uk

Case Study

Haybridge High School, Worcestershire

What the school did

The school is a high-achieving comprehensive school, serving a relatively affluent area, including a number of rural villages. It recognises that stress can be an issue for some of its students, particularly around transition from primary school and exam time. It has also identified some local issues to do with access to alcohol and, more recently, eating disorders.

The school works hard to equip young people with the skills they will need to succeed in the workplace and in life generally. PSHE education and emotional literacy are given equal status to traditional curriculum subjects.

One element of this is the appointment of a trained counsellor two days a week. The school has funded this post for four years. This is designed to supplement the services of external agencies.

How the school did it

Young people can be referred to the counsellor by staff or can self-refer via email or requesting an appointment. This service is also available to staff.

The counsellor deals with a wide range of issues and is further supported by the Time 4 U team, which supports students

with issues relating to general health as well as those linked to alcohol, smoking, drugs and sexual activity.

The school works hard to raise the student counsellor's profile starting with each Year 7 intake, working with them on issues around transition from primary school, including friendships. Sixth Form students are also able to access appointments with her and she visits the Sixth Form Centre for lunches where appropriate. The school says the counsellor plays a key role in helping students deal with stress around exam time and that there has recently been a small number of referrals of young people with eating disorders.

She also played a large part in supporting young people and staff around the time of a sudden death of a teacher in school.

The school comments that although external help is available, there are waiting lists in the area for services such as CAMHS. Employing a school counsellor means that most issues can be dealt with on site or interim measures can be put in place while external support is being arranged.

What was the impact?

The counsellor is well used by young people and plays an important role in the life of the school. The original counsellor left the school last year and the school reappointed to the post.

The counsellor is just one element of a comprehensive PSHE education programme which includes timetabled lessons, cross-curricular opportunities, tutor time and enhancement days. The Student Monitoring questionnaire involving all year groups suggests that young people are happy at school and feel well supported.

For further information: 01562 886213 or office@haybridge.worcs.sch.uk



Use Data to Inform Activities and Priorities

1.9 Uses local data and information to inform activities and support important national priorities such as reducing teenage pregnancies, sexually transmitted infections and drug/alcohol misuse

Minimum Evidence:

- the school uses local data to inform curriculum provision, where appropriate, and takes advice from health professionals such as a member of the school nurse services or local PCT about how the activities of the National Healthy Schools Programme support national priorities.

Pointers to good practice

The school approaches tackling health issues in an informed way using a range of intelligence gathered from a variety of appropriate data sources. This could include information about local targets and priorities from the Local Area Agreement. This information can contribute to the Ofsted Self Evaluation Form (SEF).

Schools need to consider:

The quantity and quality of public health data varies considerably from area to area. PCTs and police forces can often provide relevant data to schools. This can include figures on teenage pregnancy rates, children and young people admitted to hospital with alcohol-related conditions or drug use, or details of crimes or incidents. It is also useful for schools to supplement this quantitative data with anecdotal information from other professionals such as school nurses, community police officers or drug and alcohol referral agencies.

- How has the school used local authority and PCT data to determine the key issues for children and young people locally?
- Have children and young people been involved in identifying local health issues?
- How do other professionals contribute to the development of school priorities?
- How does the school use self-reporting surveys e.g. the Health Survey²⁶ and the Ofsted Tellus²⁷ survey?
- Does the school set performance management targets for PSHE education?

²⁶Department of Health, Health Survey www.dh.gov.uk

²⁷Ofsted, Tellus, www.ofsted.gov.uk

Case Study

Kirkby Sports College, Knowsley, Merseyside

What the school did

The school used local authority data to help inform its policy and practice.

How the school did it

In particular, it has used the results of an annual survey by Knowsley Council with Year 8 and Year 10 young people to identify drug and alcohol misuse and SRE as key issues.

The survey, which has been running for four years, has also helped the school understand better when young people are most likely to start getting involved with drugs and alcohol and to become sexually active.

The school now enhances its PSHE education provision during Year 8, as this is seen as a vital time to work with young people about choices, before they are likely to face greater risks. Two years ago the school was involved in the making of a DVD on alcohol use from the perspective of a young person, which is used to complement lessons. The school also organises enhancement day involving drug and alcohol specialists, teenage pregnancy advisors, smoking cessation advisors, Connexions, the police and colleagues from the health service. These experts work with young people to discuss key issues before they are tasked with producing drama or Powerpoint presentations which highlight

the dangers to young people who choose to live a certain lifestyle. This work is shared with the whole year group.

The school says that anecdotal evidence suggests that the number of young people getting involved with drugs and alcohol has declined since it has taken this approach. It is located in an area of high teenage pregnancy but the figures at the school have remained low.

What was the impact?

The policy was directly influenced by data collection, collation and interpretation. Early signs of impact on behaviour relate to teenage pregnancy and drug use.

For more information: 0151 546 6804

Professional Development Opportunities

1.10 Ensures provision of appropriate PSHE professional development opportunities for staff – such as the National PSHE CPD Programme for teachers and nurses offered by the DH/DCSF

Minimum Evidence:

- there is a planned programme for CPD linked to PSHE
- this programme is accessible to all teachers of PSHE and, where appropriate, is well attended
- staff report the programmes impact on their professional development.

Teachers: Professional development should be well-structured, built around needs analysis and include an element of impact analysis after delivery

Pointers to good practice

The continuing professional development (CPD) programme is accessible to all staff involved in the implementation of PSHE education. The school should have at least one member of staff participating in the National PSHE CPD Programme. This includes, as a minimum, the PSHE education subject lead. Staff members report that they are confident to teach PSHE education.

Schools need to consider:

- How does the school know that all staff involved in teaching PSHE education are confident in the content and approaches?
- How do staff develop their skills, knowledge and confidence in addressing sensitive issues with children and young people?
- Does the school use a range of methods for developing a CPD programme for PSHE education e.g. briefings, seminars and communities of inquiry (this is creative thinking involving a diverse range of stakeholders)?
- How do staff share in the good practice arising from the school's CPD programme e.g. through staff meetings, staff briefings and closure days?
- Has the school encouraged a senior member of staff to undertake the National PSHE CPD Programme?

Case Study

Vale of Evesham School, Worcestershire (Special)

The school has 140 places for children and young people aged two to 19 years with moderate learning difficulties, severe learning difficulties, profound and multiple learning difficulties and with autism. It also has weekly boarding facilities for a small number of children and young people.

What the school did

The school has increased the opportunities for all staff to raise issues and to take part in regular training on PSHE education.

How the school did it

It has done this through the introduction of a weekly meeting and training hour. A fortnightly departmental meeting and school improvement session, which is separate from the meeting and training hour, is also an opportunity for further discussion on PSHE education.

This approach has led to staff feeling more confident about delivering the PSHE education programme and more able to share ideas and seek advice and support.

The school takes the approach that PSHE education is best delivered by individual class teachers. Staff say that this is because the class teacher usually knows an individual child or young person best and understands

their needs, including any factors relating to their special needs. The school also makes the point that assessment of PSHE education with special needs children and young people can be additionally challenging. Staff say that the class teacher is best placed to carry out this assessment because they are familiar with the individual needs of each child or young person.

This class teacher led approach is particularly successful in the delivery of SRE. The school splits classes into smaller groups with similar levels of maturity. It emphasises the need to make sure children and young people with special needs remain engaged and relaxed when discussing some of the issues in SRE. The school also involves the school nurse in some of these sessions with support from the class teacher and teaching assistants. The school has undertaken a questionnaire with young people on this area of work and as a result has introduced additional sessions on sexually transmitted infections (STIs).

The school has recently developed a programme of workshops for parents/ carers, including one session on SRE.

What was the impact?

Participation in accredited PSHE education training led directly to a dissemination programme with regular training sessions for colleagues.

**For further information: 01386 443367 or
pfoley@valeofevesham.worcs.sch.uk**

Curriculum Planning

1.11 Has mechanisms in place to ensure all children and young people's views are reflected in curriculum planning, learning and teaching and the whole school environment, including those with special educational needs and specific health conditions, as well as disaffected children and young people, young carers and teenage parents

Minimum Evidence:

- the school has well-embedded mechanisms, such as a school council, year or class councils, circle time or structured and collated consultation sessions that allow both consultation and feedback
- the school can demonstrate what has changed in aspects of curriculum planning, learning and teaching and the school environment as a result of children and young people's views.

Pointers to good practice

Children and young people are involved in all aspects of the school and not just improving the school environment. They are able to contribute to aspects of learning and appropriately influence systems, processes and procedures that are linked to their learning, achievement and personal and social development.

Schools need to consider:

- How does the school implement guidance concerning the voices of children and young people?²⁸
- How does the school use the school council or its equivalent to play an active role in decision-making in the school?
- Has the school considered engaging with the UK Youth Parliament or equivalent local forum?

Case Study

Newent Community School, Gloucestershire

The school has 1,300 young people and is just outside Gloucester, serving the town of Newent and the surrounding rural community.

What the school did

Following feedback from young people, the school identified a need to cover in greater depth some aspects of the Financial Capability curriculum. In particular, it was keen to better illustrate the challenges of managing a budget and to give young people a flavour of some real-life financial situations.

How the school did it

The school achieved this by holding a series of off-timetable days which involved a number of games and interactive activities, devised by the school. The day was led by teaching staff but included input from

²⁸DCSF (2008) Working Together: Listening to the voices of children and young people, www.publications.teachernet.gov.uk

members of the community as well, including a bank manager, doctor, postman and housewife. There were also pre and post classroom sessions.

Young people worked alongside adults from the community in teams to explore a number of different financial challenges. E.g. each team was given a salary and they had to work within a budget, taking into consideration outgoings such as tax, utility bills and spending. There was an opportunity to discuss issues such as the use of credit cards, compound interest, savings and financial planning. They also took part in activities designed to help them consider times in their lives when they might be under financial pressure, such as setting up home, having children or retirement.

The school says that the young people responded well to the exercises because they could clearly understand how they would relate to their own lives. Some of them had never seen documentation such as a payslip before and for many, the concept of deducting tax and national insurance at source was new.

The feedback indicated that 100 % of the young people taking part found it very useful and that they particularly welcomed the sessions on credit, savings, interest and financial planning. They also said that it had helped them develop confidence and communication skills.

The day was devised and led by teaching staff, with expertise in PSHE education,

Careers, Citizenship and Work-related learning. It was designed to complement learning on Financial Capability in a fun and rewarding way.

The school piloted the sessions with Year 11 students and will introduce them with Year 10 during this academic year.

What was the impact?

Young people identified their need to develop financial lifeskills, which led directly to an integrated day, where they had the opportunity to get a basic understanding of issues such as credit cards, pay, payslips, financial planning and budgeting.

For further information: 01531 820550 or dharrill@newent.gloucs.sch.uk

Case Study

Stoke Damerel Community College, Plymouth

What the school did

The school has used pupil voice to inform its SRE policies and practices, as part of a wider initiative encouraging students to become more involved with a range of projects around the Every Child Matters (ECM) outcomes. The whole ethos of the school is based on the principles of encouraging young people to make a difference and it says that this is at the root of good PSHE education.

How the school did it

A group of Year 9 young people volunteered to take part in the SRE project. They looked closely at provision and decided that they would organise a survey of Year 9 young people to seek their views. This fits with the school's approach to involve as many young people as possible in a meaningful way, rather than relying on an elite group such as the school council.

The results showed that young people wanted more SRE in Year 9 and it pinpointed areas of particular interest. This same group then observed Year 9 SRE lessons to gain further feedback and a better understanding of the issues involved. This provided them with an opportunity to talk to young people in a class environment and helped them better understand some of the survey results. They also met with representatives from a parent/carer consultation group to plan an evening workshop which was open to all parents/carers.

The school is now making changes to the Year 9 SRE curriculum. It also has an experienced, qualified sexual health worker in school once a week.

At the same time, the school enabled two Year 12 students to deliver an SRE workshop to a group of Year 7 boys as part of a GCSE Citizenship project. This was also successful and is likely to be repeated in the future.

What was the impact?

The feedback from young people involved in the projects was positive. This initiative is part of a wider drive by the school to involve young people meaningfully in decision-making processes. While it is too early to assess the outcomes of this particular project, the school has already looked carefully at the impact of using pupil voice extensively in school.

It has found that this has improved the interpersonal skills of young people and has a positive impact on exam results. It has looked closely at individuals within year groups and compared those participating with pupil voice initiatives against those who don't. The school says that those who participate are more likely to exceed their individual expectation academically. It also has evidence of young people having the skills and knowledge to run a successful campaign on an issue outside the school, involving a family of asylum seekers, without the input of the school.

For further information: 01752 556065 or info@sdcc.plymouth.sch.uk



Workforce Development

The National PSHE CPD Programme provides a valuable opportunity for teachers, community nurses and other professionals to develop their knowledge, understanding and teaching and learning skills in the delivery of PSHE education in schools and other settings.

The National PSHE CPD Programme has been running for six years and has involved approximately 10,000 teachers and community nurses to date. As a result of the introduction of the National PSHE CPD Programme, children and young people have access to better advice from specialised professionals including teachers, teaching assistants, nurses, police, specialists in local authorities and within the voluntary sector. Since September 2007 successful participants are accredited through Roehampton University.

The National PSHE CPD Programme aims to:

- improve the competence and confidence of those delivering PSHE education
- raise the quality of teaching and learning in PSHE education to improve the knowledge, understanding and skills of children and young people
- effect positive change in PSHE education curriculum planning, leadership, delivery and development within schools and other settings
- provide accredited recognition for individuals' knowledge, experience and skills related to teaching, learning and practice within PSHE education
- contribute to wider Government initiatives, in particular the Teenage Pregnancy Strategy (1999 & 2006), Drug Strategy (1999, 2002 & 2008), Every Child Matters (2003) and the Children's Plan (2007).

During the course of the year, participants must develop a portfolio of professional practice with evidence of meeting national standards. The standards within Dimension A are concerned with the context and core skills of effective PSHE education practice. Participants are also able to choose a Dimension B module where they demonstrate knowledge, understanding and its application to teaching in one of the following areas: Sex and Relationship Education; Drug Education; Emotional Health and Wellbeing; Economic Wellbeing and Financial Capability.

Choosing Health (2004)²⁹ called for a new and relevant role for school nurses as partners in delivering high quality PSHE education. Their role includes supporting all children and young people to attain good physical, sexual and mental health. In addition, they work to reduce inequalities by helping children and young people make healthier choices.

Ofsted (2007) Time for Change³⁰ states: "...teachers and community nurses have enhanced their experience in teaching PSHE education. Their enthusiasm, confidence and knowledge have improved and many are able to support their colleagues better. Pupils have benefited from improved teaching and learning, including more varied and appropriate teaching methods. The aims of the programmes have been met successfully."

²⁹Department of Health (2004) Choosing Health, www.dh.gov.uk

³⁰Ofsted (2007) Time for Change, Personal, Social and Health Education, pg 22, www.pshe-association.org.uk

What teachers and nurses have said about the National PSHE CPD Programme...

- 'Meeting up and **sharing ideas** with colleagues **has been excellent**, it has helped raise the profile of PSHE education in the school.'
- 'This has really **improved my practice**, enabling improved interaction with other professionals and students. It has made me think about how I deliver PSHE education. I now adopt a more **structured approach to planning, delivering and evaluation of sessions**.'
- 'Anybody involved in teaching PSHE education should do this course, I feel much more equipped to deal with sensitive issues and **it's been great fun** too.'
- 'It has renewed my **enthusiasm for PSHE education** and I know my pupils are benefiting from better planned, **more creative lessons** with much more active teaching and learning.'

Helpful tips

- Your NHSP Regional or Local Programme Co-ordinator will be able to advise on how to access the PSHE CPD programme.
- The Local Co-ordinator will know which specialist services are available to schools.
- The local PCT and local authority will each have a nominated Co-ordinator for specialised staff who could contribute to PSHE education.
- The National PSHE CPD Programme will enable nurses and other staff to demonstrate how their practice meets the requirements of the Knowledge and Skills Framework.
- Check the policies, aims and objectives of specialist services to ensure they are in line with school/ LA/ PCT inclusion /equalities policies.
- The National PSHE CPD Programme will support teachers in their applications for further professional qualification including DCSF Threshold Assessment, Advanced Skills Teacher Status and National Professional Qualification for Headship.
- Access local data and information from all of the above to further develop evidence-based practice.



Links to other Core Themes of NHSP

In order to promote children and young people's wellbeing, it is important for schools to consider developments in PSHE education alongside work under the other core themes Healthy Eating, Physical Activity and Emotional Health and Wellbeing.

The themes are intrinsically linked and real success can only be achieved if schools have an integrated focus on developments under all four core themes.

Of the other core themes, the most direct connection with PSHE education is with Emotional Health and Wellbeing. PSHE education is about developing the knowledge, skills and understanding that contribute to the personal development of an individual. These skills can lead to an increase in resilience and other protective behaviours, such as the ability to resist peer and social pressure and to manage risky situations and behaviour more effectively. These are further described in NHSP, Anti-Bullying Guidance.

A holistic approach to PSHE education has been shown to improve EHWPB, including approaches that combine changes to school culture, staff morale and the involvement of children, young people, families and the community.³¹ One part of a holistic approach is to adopt a whole school approach for the curriculum-based part of PSHE education.

School leaders and teachers:
PSHE has the potential to improve:

- Behaviour
- Standards
- Attendance
- Reduced exclusions
- Wellbeing

³¹NHSP (2007) Emotional Health and Wellbeing, case study of Bourne Community School, West Sussex (pg 42) www.healthyschools.gov.uk

Involving Parents and Carers in developing PSHE education

PSHE education has the potential to help build close partnerships with parents/carers. A successful PSHE education programme will have learning outcomes which connect to the lives of children, young people, their families and their communities.

It is important for schools to involve parents/carers in the development of policies surrounding PSHE education, particularly with sensitive issues such as SRE. A shared understanding of PSHE education encourages improved partnership working between home and school. The involvement of parents/carers in their children's education is considered a significant protective factor, increasing their resilience towards risky behaviours.

Local and Regional Co-ordinators:

PSHE education can help build closer partnerships with parents/carers

It is useful to involve parents/carers when developing, monitoring and reviewing guidelines. This helps ensure that policies are owned by the whole school community.

Schools can do this in a variety of ways including booklets, information sheets, notices, information stalls at parent's evenings, drop-ins, taster sessions/workshops and websites. Schools may want to make use of

parent councils, parent teacher associations or home-school liaison roles to promote the services available. Literature may need to be translated to enable all members of the school community to access the information.

Schools need to consider

- Does the school create work for children and young people which encourages discussion with their parents/carers and extended family?
- How does the school let parents/carers know about the PSHE education learning objectives for the term and how does it invite comments and ideas?
- How does the school encourage comments and ideas on the PSHE education curriculum e.g. through the website, questionnaires and focus groups?
- How does the school make best use of any special PSHE education skills or expertise of parents/carers?

PSHE education and Links to Key Policies

The NHSP, including the PSHE education core theme, is a crucial part of the Government's commitment to improving the health and wellbeing of children and young people.

It is also a central element of the wider Government agenda to make England the best place in the world for children and young people to grow up in. The strategy for achieving this is set out in the DCSF document The Children's Plan.³² It includes:

- make children and young people happy and healthy
- keep them safe and sound
- give them a top class education
- help them stay on track.

The DCSF has produced separate fact sheets on the Children's Plan including two relating directly to health. These are Risky Behaviour: Young People and Alcohol, and Children and Young People's Health. The strategic objectives map directly onto both the primary and secondary aims for PSHE education.



³²DCSF (2007) The Children's Plan www.dcsf.gov.uk

This guidance also links to the HM Treasury Public Sector Agreements (PSA)³³, specifically PSA Delivery Agreement 12: Improve the health and wellbeing of children and young people, and PSA Delivery Agreement 14: Increase the number of Children and Young people on the pathway to success.

A number of the Key Indicators within **PSA 12** relate to PSHE education including:

- **Indicator 3**: Levels of childhood obesity
- **Indicator 4**: Emotional health and wellbeing, and child and adolescent mental health services (CAMHS).

Within PSA Delivery Agreement 12 there is a focus on “empowering children and families to meet their own health goals”.

Key Indicators within **PSA 14** that relate to PSHE education include:

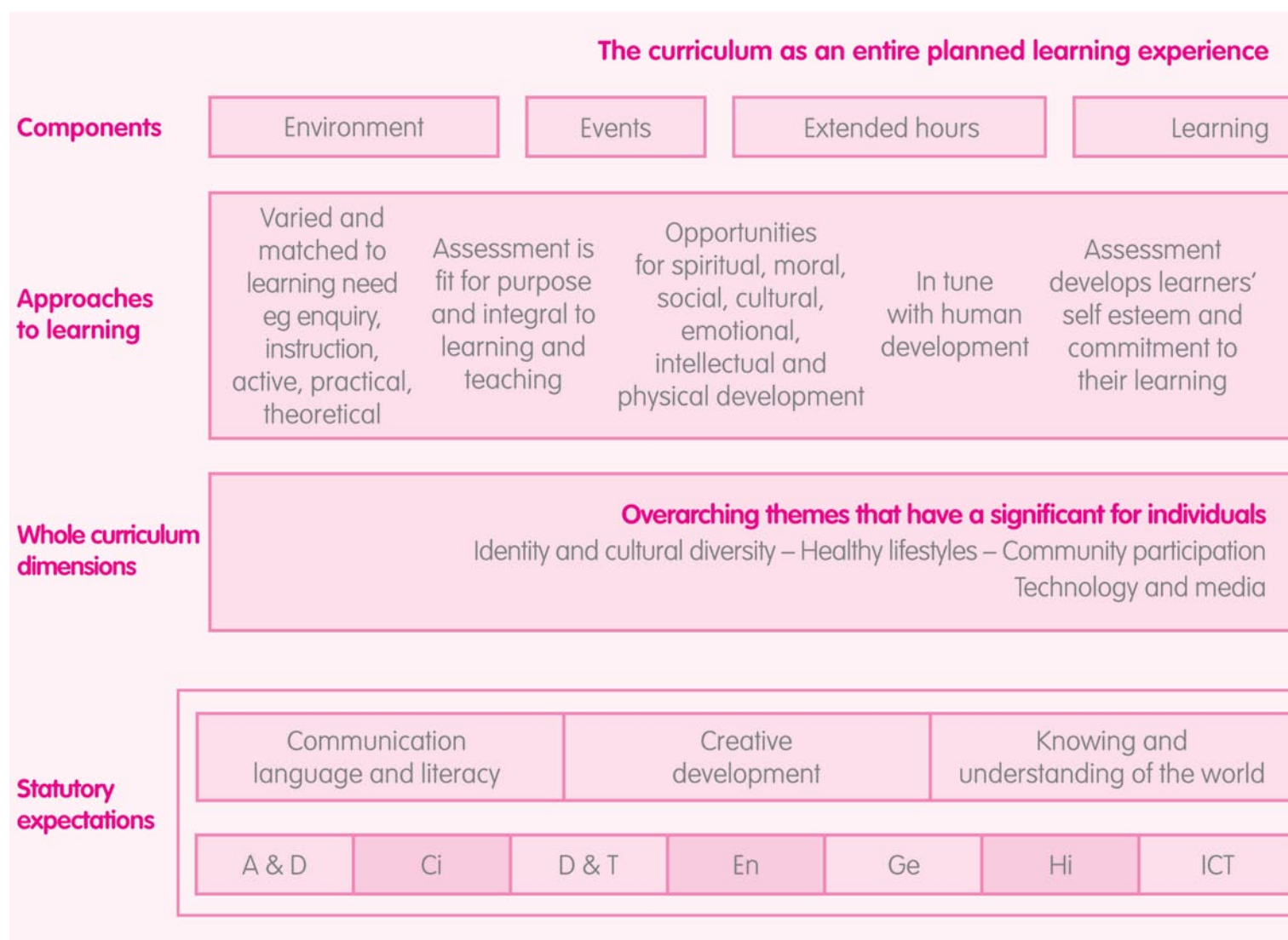
- **Indicator 3**: Reduce the proportion of young people using illicit drugs, alcohol or volatile substances
- **Indicator 4**: Reduce the under 18 conception rate.

Within PSA Delivery Agreement 14, there is a focus on successful transitions into adulthood, in terms of increased participation and increased resilience alongside tackling negative outcomes.

³³PSA Delivery Agreement 12, www.hm-treasury.gov.uk

PSHE education position in the curriculum

How do we organise learning?



Adapted with thanks to colleagues at the Council for Curriculum, Examinations and Assessment (CCEA)

underpinned by a broad set of common values and purposes

outside the classroom

Lessons

Locations

Routines

Personalised - offering challenge and support to enable all learners to make progress and achieve

Relevant purposeful and for a range of audiences.

Assessment uses a wide range of evidence to encourage learners to reflect on their own learning

Involve learners proactively in their own learning

Resources well matched to learning need eg use of time, space, people, materials

society, and provide relevant learning contexts:

– Enterprise –Global dimension and sustainable development – Creativity and critical thinking.

Personal, social and emotional development

Physical Development

Problem solving, reasoning and numeracy

Ma

MFL

Mu

PE

PSHE

RE

SC

PSHE education in Key Stages 1 and 2

At Key Stages 1 and 2, PSHE education is part of the joint non-statutory framework for PSHE Education and Citizenship. This framework does not include attainment targets. However, QCA has produced non-statutory end of key stage statements describing what most children are expected to know by the end of each key stage. The statements help to raise teachers' expectations for achievement and to provide guidelines for assessing progress and attainment.

PSHE education in Key Stages 3 and 4

The new secondary curriculum has provided schools with a challenge to develop a coherent and planned approach to PSHE education. PSHE education makes an essential contribution to developing successful children and young people who enjoy learning. It can result in confident individuals, able to live safe, healthy and fulfilling lives as well as being responsible citizens who make a positive contribution to society. The personal development of young people is a vital part of the new curriculum. All subjects contribute to the personal development of children and young people and this includes two new Programmes of Study, within the area of PSHE education:

- Personal Wellbeing
- Economic Wellbeing and Financial Capability.

These programmes of study make a special contribution to personal development and bring together, in a coherent way, Personal, Social and Health Education, Careers Education, Enterprise and Business Education, Work-related learning and Financial Capability. Both programmes of study are non-statutory, but include some statutory elements (see below). However, the status of these programmes of study is likely to change when PSHE education becomes a statutory subject.

Personal Wellbeing helps young people embrace change, feel positive about who they are and enjoy healthy, safe, responsible and fulfilled lives. It creates a focus on the social and emotional aspects of effective learning, such as self-esteem, managing feelings, motivation, empathy and social skills. Through active learning opportunities, children and young people recognise and manage risk, take increasing responsibility for themselves, their choices and behaviours and make positive contributions to their families, schools and communities.

The Economic Wellbeing and Financial Capability Programme of Study brings together Careers Education, Work-related learning, Enterprise and Financial Capability.

Both Programmes of Study are intended to support schools in developing coherent whole school approaches to the two areas. They also provide a context for schools to fulfil their legal responsibilities, e.g. in providing Sex and Relationship Education (Personal Wellbeing), Careers Education and Work-related learning (Economic Wellbeing and Financial Capability).

PSHE education and Ofsted

In the Ofsted report “Time for change? Personal, Social and Health Education” inspectors recognised that the quality of PSHE education programmes in schools had gradually improved over the previous five years. The report said that effective PSHE education ensured that children and young people developed their knowledge and skills and had opportunities to reflect on their attitudes and values. It also identified a number of areas to be improved, including greater involvement by pupils in considering how the education curriculum might meet their needs.

A central element of the current inspection arrangements is the Ofsted Self Evaluation Form (SEF). The SEF is expected to convey a clear picture of how well the school is doing and to show what is being done to build on successes and remedy weaknesses. The SEF commentaries are expected to be evaluative and not descriptive, with inspectors looking for clear judgements that are supported by evidence linked to outcomes for children and young people.

PSHE education is increasingly seen as a key priority for improvement for any effective school and underpins effective learning. Use of the National Audit for NHSS has helped schools establish an accurate baseline in this area.

Together with partners such as PSHE education consultants, advisors for SEAL and PSHE education, school nurses and other key partners, schools can readily identify how well they are doing, identify gaps and establish how they can do better. A school achieving NHSS will have evidence to back up its conclusions.

While there is no statutory requirement to report end of key stage attainment in PSHE education, or a formal qualification for young people, some schools are now trying to evaluate the contribution of PSHE education to the promotion of children and young people’s wellbeing.

Websites

APAUSE

Provides programmes around SRE.

www.apause.com

ASPECT

The professional association and trade union representing professionals working in education and children's services.

www.aspect.org.uk

Association for Careers Education and Guidance

Promoting excellence and innovation in careers education and guidance for all young people.

www.aceg.org.uk

Association for Citizenship Teaching

Knowledge, skills and resources from the professional subject association for those involved in citizenship education.

www.teachingcitizenship.org.uk

Brook

Free and confidential sexual health service for young people, which also has useful resources.

www.brook.org.uk

Cegnet

The website for the DCSF careers education support programme. Contains resources for teaching and learning, professional development and management of careers education.

www.cegnet.co.uk

Connexions Direct

Offers advice on education, careers, housing, money, health and relationships for 13-19 year olds in the UK.

www.connexions-direct.com

Drug Education Forum

The Drug Education Forum brings together national organisations from health, education, police and voluntary sectors that deliver or support the delivery of drug education.

www.drugeducationforum.com

Enterprise in Schools

Dedicated Enterprise website with resources, case studies, events, news and more.

www.enterpriseinschools.org.uk

Every Child Matters

Range of useful information and guidance for practitioners and parents/carers.

www.everychildmatters.gov.uk

Family Planning Association

Family Planning Association (fpa) is the UK's leading sexual health charity working to improve the sexual health of all people throughout the UK.

www.fpa.org.uk

General Teaching Council for England

The General Teaching Council for England, as the professional body for teaching, provides an opportunity for teachers to shape the development of professional practice and policy, and to maintain and set professional standards.

www.gtce.org.uk

Institute of Career Guidance

The Institute of Career Guidance is the largest professional association for guidance practitioners in the UK.

www.icg-uk.org

National Children's Bureau PSHE & Citizenship Information Service

A specialist information resource providing information on many aspects of children's personal, social, health and citizenship education.

www.ncb.org.uk/PSHE

National Curriculum website from QCA

Provides useful information on managing the curriculum and updates on the changes to the secondary curriculum.

www.curriculum.qca.org.uk

National PSE Association for advisors, inspectors and consultants

NSCoPSE is the professional organisation for LA advisers, inspectors and consultants with responsibility for all aspects of personal and social education, including health education and citizenship.

www.nscopse.org.uk

National Association for Pastoral Care in Education

NAPCE was founded in 1982 to establish links between all those who have an interest in pastoral care and personal and social education.

www.napce.org.uk

National Health Education Group

NHEG aims to promote the entitlement to and delivery of quality personal, social and health education including SRE for all children and young people. It is a network of LA advisory staff, health promotion specialists and freelance consultants who work with school communities to develop policy and practice.

www.nheg.org.uk

National Emotional Literacy Interest Group

NELIG promotes emotional literacy.

www.nelig.com

Personal Finance Education Group (pfeg)

Offers guidance on how to plan a financial capability curriculum, easy access to teaching resources, many of which are quality marked, and case studies of good practice.

www.pfeg.org

PSHE Association

The key purpose of the PSHE Association is to raise the status, quality and impact of PSHE education. It is committed to helping teachers and other PSHE education professionals to better plan, manage, deliver, evaluate and monitor PSHE education provision, raising its status and quality and increasing its impact on, and relevance to, learners in the 21st century.

www.pshe-association.org.uk

National PSHE CPD Programme

Information for community nurses, teachers and other professionals on gaining recognition and accreditation of their experience in teaching PSHE education.

www.pshe-cpd.com

Qualifications and Curriculum Authority (QCA)

Public body sponsored by the DCSF, which regulates, develops and modernises the curriculum, assessments, examinations and qualifications. PSHE education subject section.

www.qca.org.uk/pshe

Sex Education Forum

www.ncb.org.uk/sef

Social and Emotional Aspects of Learning (SEAL)

A whole school approach to promoting social and emotional skills that aims to involve all members of the school and all aspects of school life.

www.bandapilot.org.uk

Subject Associations website

Highlights the work of subject associations and their subject focused support for education.

www.subjectassociation.org.uk

Talk to Frank

Website with sections such as A-Z of drugs, talk to someone, worried about someone, and more.

www.talktofrank.com

Teachernet - PSHE

DCSF site with PSHE education information for teachers.

www.teachernet.gov.uk/wholeschool/healthyliving/curriculum/pshe/

Teenage Pregnancy Unit (DCSF)

This area of the Every Child Matters website provides resources for local areas and all agencies working on tackling both the causes and the consequences of teenage pregnancy.

www.everychildmatters.gov.uk/teenagepregnancy

Trident from Edexcel

Trident has a well-established track record of supporting young people between the ages of 14-19 to prepare for life beyond the classroom.

www.trident-edexcel.co.uk

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A summary of the Programmes of Study are available on the NHSP website
www.healthyschools.gov.uk



For further copies of this publication please
contact us on telephone number: 0845 601 7848



Healthy Schools

www.healthyschools.gov.uk

For further information...

please contact your Local Programme Co-ordinator. Their contact details and more information about the National Healthy Schools Programme can be found on our website www.healthyschools.gov.uk



department for
children, schools and families



The National Healthy Schools Programme is a joint Department of Health and Department for Children, Schools and Families initiative