Independent review of Personal, Social, Health and Economic education

Call for written evidence

I am delighted to have been asked by the Secretary of State to lead a review of how the Government’s decision to give Personal, Social, Health and Economic (PSHE) education statutory status can be translated into a practicable way forward.

Schools increasingly have a crucial role in supporting young people to cope with a complex, and at times, challenging world. The move to make PSHE education statutory is about improved outcomes for children and young people, and putting their needs first. The issues that PSHE education covers are central to young people’s well-being: nutrition and physical activity; drugs, alcohol and tobacco education; sex and relationships education; emotional health and well-being; safety; careers education; work-related learning; and personal finance. Making the whole subject statutory therefore aims to ensure that children and young people develop the knowledge and skills they need to enjoy healthy, fulfilling lives.

However, making PSHE education statutory raises a number of complex issues, which need to be worked through with care. This is the reason for the review, and the brief that I have been given by Ministers. The review will be governed by the following principles:

- all children and young people should receive a common core of information and practical skills, consolidating the current non-statutory programmes of study, to help them grow and develop as individuals, as members of families and society so that they can live safe, healthy, productive and responsible lives
- parents should be fully involved with schools on PSHE learning, and it should be taught in a way that reflects a school’s ethics and moral values
- there should be a national framework setting out this common core entitlement
- the quality of teaching and learning needs to improve, better to meet the needs of young people
- PSHE education should be planned and delivered by trained, competent and confident teachers with support from expertise beyond the school
- Effective provision should lead to improved outcomes for children in terms of knowledge, skills, understanding and behaviour.

The review will assume that statutory programmes of study, setting out the broad content of a common core of PSHE knowledge and skills that all children and young people should be taught, would be drawn up starting from the existing non-statutory programmes of study for personal and economic
well-being in Key Stages 3 and 4. For Key Stages 1 and 2, the review will take account of work that is already in hand to define the common core content for PSHE education as part of Sir Jim Rose’s review of the primary curriculum (for further information on the existing non-statutory frameworks and programmes of study at Key Stages 1 to 4, please see: http://curriculum.qca.org.uk). The provision of certain elements of PSHE education beyond Key Stage 4 - such as careers and sex and relationships education - is something that the Government will be exploring, but is beyond the remit of this review.

Over the next few months I intend to consult widely, listening to pupils, parents, communities, social partners and other stakeholders, so that we can find the most effective way to make a real difference to the confidence and skills of young people as they deal with the challenges and opportunities of modern life. The first stage in this process is to gather written evidence to help us begin to develop and evaluate possible ways forward, which we will then consult you further on.

Your organisation is a key partner and stakeholder on this issue and I would ask that your response represents the views of your constituents. It is not necessary to answer every question, so please feel free to focus on those where you can add the most value. In addition, I would encourage you not only to address the issues, but also to outline effective solutions and describe existing good practice.

I would therefore be very grateful if you would take the time to answer the questions set out below.

Yours faithfully,

Sir Alasdair Macdonald

The closing date for responses is: 5th December 2008
Please return the completed form to: PSHE.Review@dcsf.gsi.gov.uk

THIS FORM IS NOT INTERACTIVE.

Please direct enquiries to Rory Gallagher on:
Telephone: 0207 925 5631
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Please could you fill in your contact details below:

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Preamble:

The DEPF wishes to welcome the long overdue decision to make PSHE a statutory subject within the curriculum. We support the view of the DCSF advisory group on drug and alcohol education that drug education is most likely to be effective if it is embedded within statutory PSHE which ensures every pupil has an entitlement to effective drug education.

Question 1. What are the best ways to balance a statutory entitlement to PSHE education with sufficient flexibility for individual schools?

Response:

Provide a clear framework of learning outcomes to which all children and young people are entitled and evidence to support a range of models for implementation. PSHE, including drug education should be provided in an environment which is supportive and safe, so that pupils can ask questions and teaching staff feel confident to respond. No single model of implementation will be able to ensure all children, regardless of age, ability, cultural or faith group will receive their entitlement. Thus schools should be able to select elements from the models based on the strengths the models offer to enable the school to meet the needs of the pupils. Pupils should be consulted regularly as to content and style of delivery, and also the quality of learning and teaching in PSHE so that they share ownership of the subject with teaching staff and representatives of outside agencies.

The existing DCSF Drugs: guidance for schools provides a good basis for the drug education content of such a curriculum.

Question 2. What are the best ways to provide a statutory entitlement to PSHE education for all pupils regardless of physical or learning needs?
Response:

Consult pupils, governors, parents and carers – and staff. Consult with specialist teams within schools and external agencies in the school community who are aware of how to adapt teaching styles and resources to meet pupil’s needs. Treat all pupils with respect as individuals with a variety of needs not only governed by their learning or physical abilities. Provide training for staff in assessing the needs of ALL pupils with respect to PSHE.

Question 3. What types of flexibility would you like to see incorporated when building on the non-statutory frameworks/programmes of study (KS 1&2/3&4) to create a new statutory entitlement to PSHE education?

Response:

First make clear that an entitlement curriculum is a minimum entitlement. The content of the curriculum is not for negotiation except to include more, rather than less. What more can be decided on the basis of consultation with pupils, Local Authority statistics, local agencies and the views of parents/carers and school governors. The assessments upon which additional or supplementary provision are made should be explained within the SEF and inspected.

The method of implementation may be flexible although senior staff should give due regard to the strengths and weaknesses of various models and approaches.

The new framework for PSHE introduced in 2008 provides a good basis as it is based on core concepts and processes. Teaching staff new to PSHE may need more help in seeing how these concepts and processes can be delivered through a range of traditional and emerging topics.
Question 4. What are the best ways of ensuring that parents, pupils and governing bodies are all fully involved in the drawing up of individual schools' policy on delivery of sensitive topics within PSHE education?

Response:

Use the framework established as part of healthy schools as a starting point.

Don’t assume what parents/ carers and governors think are sensitive issues include or are confined to SRE or drug education. In the hands of some teachers and outside agencies healthy eating can be a very sensitive issue – as Jamie Oliver has shown us recently!

From the point of view of drug education practitioners we would prefer it if drug education were seen as part of everyday life – after all, ‘all medicines are drugs, but not all drugs are medicines’. The skills we all need to live confidently, safely and positively in a world where drugs of all kinds are used by all kinds of people, for many different reasons are the same skills that we all need to eat healthily, have safe and fulfilling friendships and sexual relationships and avoid injury.

Broaden the focus of PSHE so that parents, pupils and governing bodies stop seeing it as a collection of sensitive issues and see it as an opportunity for pupils to develop skills which can literally change lives.

Have all information available and accessible to parents and pupils.

Question 5. What can be done to assist those working in and with schools of a religious character to develop supplementary resources to support PSHE delivery within a faith context?
Response:

Again, don’t assume that the religious character of schools precludes excellent teaching about some of the most sensitive issues – including bereavement, sexual health and behaviour or drugs. Consult agencies who have developed guidance in these areas (See for example ‘Developing culturally sensitive alcohol education’ a DrugScope briefing paper – link below)


Where good practice exists make sure this is disseminated more widely, and not just to other faith schools. Secular schools have as much to learn as to share.

Question 6. What support and guidance could be developed for school governing bodies to enable them to draw up appropriate policies for the teaching of sensitive topics within PSHE education?

Response:

Help governing bodies get the so called sensitive issues in proportion. Most young people of school age do not use illegal drugs, and of those who do, most use infrequently. The numbers of young people using cannabis has fallen in the last three years. This may come as a surprise to school governors who may be informed more by the tabloid press than by national and local statistics. These positive messages need to be reinforced throughout our communities so that young people see drug use as the exception not the norm.

Simple, interactive universal drug education which is relevant to young people, using unbiased information and is not based on shock horror approaches will contribute to this.

Help governing bodies work together with parents to develop and maintain a sensible, proportionate approach which includes support for universal drug education as an entitlement for all, and where young people have been identified as needing additional help, provide support for parents/carers to address their needs.

Disseminate good practice where this has been identified.

Offer training opportunities to governors to understand the issues and
develop a proportionate approach and disseminate.

Question 7. How can the rights of parents to withdraw their children from parts of sex and relationships education be balanced with the rights of young people to have access to PSHE provision that meets their needs?

Response:

There should be no right to withdraw children and young people from education which can help them to live healthier, safer and more fulfilled lives. This should be the aim of all families and of all authorities working to improve the wellbeing of children. Work with parents to eliminate their concerns.

Question 8. Given the current demands of the curriculum, how can statutory PSHE education best be accommodated?
Response:

Each school should have the personal wellbeing and personal development of pupils at the heart of its planning. PSHE should be a subject within the curriculum but also seen as a whole school issue and the responsibility of all staff. The co-ordination of PSHE within and across the curriculum and in extra curricular and informal activities should be the task of a senior manager within the school, with appropriate training and support from the Local Authority. Various curriculum models and timetabling plans could then be employed to ensure every child at every stage of their development receives the support they need.

Question 9. What scope is there for extra-curricular activity to contribute to PSHE education?

Response:

Extra-curricular activity can complement and reinforce what is taught in the curriculum. It can even offer the opportunity to assess what has been learned in the formal setting, but it cannot and should not be used to deliver an entitlement curriculum.

Schools should be encouraged to ensure that all extra-curricular activities have identified and explicit personal development objectives derived from the school's personal development/ PSHE policy, and that these are assessed and evaluated.

Question 10. What are the major barriers to successful implementation of statutory PSHE education, and how might these be overcome?
Response:

The major barriers are:
- lack of senior management support
- lack of opportunity to train as a PSHE teacher in initial teacher education
- insufficient funding for PSHE in continuing professional development
- insufficient capacity within initial teacher education to train teachers for this important task
- weak and sometimes inappropriate pedagogy from external agencies seeking to fill the gap in schools’ delivery of PSHE
- lack of understanding by teachers, parents, governors and Ofsted inspectors of what PSHE can and can’t offer pupils (PSHE cannot prevent all pupils from ever using illegal drugs, for example, and the success or failure of implementation of this curriculum should not be predicated on such false expectations)

Overcoming these barriers will require:
- Capacity building within initial teacher education and those delivering continuing professional development
- Political support from Local Authorities, Ofsted
- Greater involvement of young people in deciding the detailed content of PSHE and in assessment
- More research into effective approaches to PSHE, including drug education
- Clarity about assessment in PSHE – that this does not mean failing pupils in self esteem as some have suggested. Rather, assessment should be focused on the acquisition of knowledge and skills and evidence of reflection on values and attitudes

Question 11. Please state here any other suggestions for the most effective ways of making PSHE education statutory.
Response:

Host a series of high profile events for senior staff within schools communicating the importance of every child having access to this entitlement curriculum. Raise awareness of the value of the skills developed in PSHE for the workplace, as well as in pupils’ personal lives. Attract industry support for accrediting these skills within vocational diplomas.

Take care not to introduce qualifications which assess personal qualities, but address pupils’ skills and knowledge in reaching decisions which can affect their own health and well being and that of others.

Please see the following link which takes you to a selection of good practice guidance documents developed by the DEPF host, DrugScope. These documents address many issues relevant to the effective delivery of drug education, within PSHE, many of which are transferable to other aspects of PSHE:

http://www.drugscope.org.uk/ourwork/educationandprevention/briefingsandreadinglists.htm

Thank you for taking time to respond to this review.

Completed responses should be sent to the address shown below by 5th December 2008.

Send by post to: PSHE Review Secretariat
Department for Children Schools and Families
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Send by e-mail to: PSHE.Review@dcsf.gsi.gov.uk