Trainee teachers & PSHE education: A snapshot

February 2019
Trainee Teachers & PSHE Education

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EXECUTIVE SUMMARY

Background:

The PSHE Association, with funding from Health Education England, completed an investigation of current practice in initial teacher education (ITE) across the West Midlands to inform understanding of how best to upskill teaching professionals to deliver safe and effective PSHE education practice. This is an important part of ensuring the health and education workforces are sufficiently skilled to effectively safeguard young people and equip them with the knowledge, skills and attributes needed to have a healthy, safe and fulfilling future.

Key Findings:

- PSHE education is often conflated with pastoral provision, in many cases providers are unaware they are failing to address PSHE.
- Training (aside from direct lesson delivery) tends to focus on meeting statutory safeguarding requirements with little or no focus on delivering safe, effective PSHE.
- Organisational attitudes to PSHE have an impact on the quality of trainee teachers’ experiences.
- There is a tendency for reduced emphasis on PSHE in some secondary training settings compared with primary provision.
- The level of PSHE input differs depending on secondary subject specialism.

We must ensure teachers have the skills to deliver PSHE effectively in order to reap the benefits of this important subject and to reduce poor quality teaching; poor standards can be harmful to young people and reduce teacher motivation and wellbeing in staff who feel ill prepared to teach the subject.

Our research identified a number of barriers to ITE providers delivering training in PSHE education; lack of subject status, lack of provider expertise in PSHE education, and time pressures. However, we also found broad support for PSHE education in the sector amongst both providers and students. Many interview participants noted the potential career benefits which PSHE education training can provide.
Embedding additional PSHE provision in initial teacher education would not only raise standards of PSHE in school by equipping student teachers, but has the scope to reduce the training burden facing individual schools in the light of statutory changes by NQT's cascading their training to others, thereby providing cost savings.

Framework to support teacher educators & trainee teachers

In response to these research findings, the PSHE Association has created a framework to support teacher educators to embed PSHE education within their programmes. This has been revised in light of initial feedback and will be available to download soon from: www.pshe-association.org.uk/ite

“poor standards can be harmful to young people and can reduce teacher motivation and wellbeing in staff who feel ill prepared to teach the subject.”

Recommendations

- PSHE education should be a planned part of all ITE programmes.
- PSHE pedagogical training should include safe practice for all, planning opportunities for most, and leadership training for some.
- Training in PSHE education should be provided by those who have undertaken PSHE education training themselves, or have relevant expertise.
- ITE providers should routinely comment on PSHE in transition documentation, particularly if there is a shortfall in practice during training year(s).
- There needs to be commitment to this provision within government PSHE proposals.
- Stakeholders should engage with professional networks to share good practice.
**INTRODUCTION**

Personal, social, health and economic (PSHE) education is a school curriculum subject in England, designed to support pupils to be healthy (mentally and physically), safe and prepared for life and work. A key strand of PSHE education focuses on learning about health and wellbeing. This can include learning opportunities to address diet, exercise, positive alcohol and drug messages and development of help-seeking behaviours. Such learning is delivered alongside connected learning on healthy relationship behaviours and economic wellbeing which underpin wider determinants of health.

Positive health behaviours developed at an early stage are likely to support long-term health and economic prosperity\(^1\)\(^2\)\(^3\). PSHE education is a key vehicle for delivery of learning which supports development of such behaviours and improvements to health and wellbeing\(^4\).

In addition, research shows that PSHE education has the capacity to improve educational outcomes\(^5\), with further implications for the reduction of health inequalities\(^6\). The national curriculum framework states that all schools ‘should’ teach PSHE, yet lack of statutory status meant that, historically, provision has been patchy.

The Department for Education recognised the need to improve PSHE standards in all schools following reports of decreasing curriculum time and concerns raised by Ofsted that teaching was ‘not yet good enough’ in 40% of schools.
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So in July 2018, following a wide-ranging call for evidence, the government committed to making the health education strand of PSHE compulsory, in addition to existing commitments to compulsory relationships education (relationships and sex education in secondary schools). These requirements will come into place in 2020 following further consultation on draft guidance, though schools will be expected to prepare in advance. These measures reflect an understanding of the positive impact of PSHE education, and the need to ensure schools provide an entitlement for all.

Yet robust PSHE education is rarely included in initial teacher training education (ITE), meaning many teachers will have had very little, if any, training on delivering this potentially sensitive subject area. Unlike many other subject areas, PSHE education is delivered using a variety of curriculum models, meaning that all staff are likely to find themselves delivering PSHE at some point in their teaching careers. Therefore, effective PSHE education training for trainee teachers should be provided in order to prepare for these statutory changes, and to improve the effectiveness and safety of subject delivery.

With multiple undergraduate and postgraduate routes into teaching, including the recent introduction of a new postgraduate teaching apprenticeship, it is important that recommendations for such training are adaptable to all ITE contexts. Health Education England commissioned the PSHE Association to investigate the current initial teacher training landscape, identify ways to effectively embed PSHE education training, and to share existing and emerging good practice in the sector.

Changes to the teacher training landscape:
The last 20 years has seen a range of changes in the routes into teaching. Historically, most teachers trained with a university provider and completed a number of school-based placements as part of this training. Recent government policy — outlined in two White Papers, Educational Excellence Everywhere (2016) and The Importance of Teaching (2017) — placed additional emphasis on the school-based aspects of teacher training, leading to increased provision of school-led teacher training opportunities such as Teach First, School Direct (including a salaried option) and SCITT centres.

Whilst school-based initial teacher training is still completed in partnership with universities, this shift means that schools themselves are taking increased ownership of trainee teacher recruitment and oversight. This has led to awareness of the need to retain academic rigour in ITE and ensure opportunities for learning about the wider pedagogical and theoretical framework are preserved.

In this new landscape, ITE provision could be said to be at its strongest for a long time. Ofsted recently rated 90% of ITE provision ‘good or outstanding’. However, many newly trained teachers express concerns about the quality of training they receive on whole school issues such as special educational needs and disability (SEND), and English as an additional language (EAL) (as shown in the 2016 DfE national survey). According to Angela Milner — Ofsted’s initial teacher education (ITE) lead — there also remain concerns that trainees are unclear as to how to apply the basic Keeping Children Safe in Education duties in a real context. Ofsted’s research found trainees’ understanding of their responsibilities regarding the Prevent duty and the teaching of British values were of particular concern.
The PSHE education curriculum:

The PSHE curriculum is a key component of whole school approaches to safeguarding and the promotion of wellbeing. In order for ITE providers to address whole school issues effectively, they therefore need to consider how to address PSHE education within their training provision.

PSHE education has a well-established pedagogy and evidence base. There are key principles teachers need to be aware of when delivering the subject. These include the need to provide a developmental curriculum which is matched to pupils’ needs, and the need to ensure resources are not instructional in unhealthy behaviours. These principles help ensure practice is not only effective, but safe. Taught badly, PSHE can do more harm than good. For example, we know that there are very real risks of re-traumatising young people who have experienced previous trauma if lesson materials are not sufficiently distanced; this includes learning on issues such as female genital mutilation, bereavement through traffic accidents or ill health, or relationship violence.

Furthermore, learning which is intended to evoke shock, fear or guilt to encourage behaviour change has been shown to be counter-productive.

As there are no fixed requirements for teacher training provision, however, there is the capacity for huge variation in the preparation trainee teachers are given to ensure such a pedagogical underpinning of PSHE delivery.

PSHE delivered well has the capacity to work synergistically by helping young people to both make and act upon healthier choices — giving them the tools and confidence to act positively and to resist peer influence to do otherwise. It is therefore important that teachers are supported to understand how to effectively plan and deliver a developmental PSHE education programme which has the capacity to embed positive behaviours and, where necessary, bring about behaviour change.

Background to the research:

Part of Health Education England’s (HEE) remit is to ensure the public health workforce has the skills and capacity to promote continued improvement in the population’s health. Working in collaboration with HEE, Public Health England’s work also focuses on improvements to public health, and in particular on the reduction of health inequalities. Education is an important aspect of broader efforts to prevent negative outcomes, and school-based programmes provide an important context through which to deliver universal preventative interventions and encourage personal responsibility for health.
In light of the wealth of evidence showing that classroom-based prevention education can have a significant impact across a range of health behaviours (when taught in line with best practice), Health Education England in the West Midlands commissioned the PSHE Association to investigate the initial teacher education picture regarding PSHE in the region.

The West Midlands has both rural and inner city schools supplied by teachers from a range of different types of ITE provider. This geographical area provides a fairly typical spread of ITE provision and is therefore a useful sample location from which to draw conclusions with national relevance.

In 2017, there were 26 organisations explicitly running initial teacher training provision in the West Midlands. Of these, eight were university providers, the remainder were school-based initial teacher educators. Additionally, a university from another region had a satellite centre in the area. The project benefited from a strong local authority lead who was able to provide consultation on the local context and directly contribute to the research.

A provisional list of ITE providers in the West Midlands was identified using the DfE Official Statistics: Initial teacher training: trainee number census 2017-2018, which bases its boundaries on government office regions.

All initial teacher education providers in the area were invited to participate in this project via both a survey and/or an initial telephone call. The survey was distributed directly to institutions via email, plus two ITE representative organisations provided a link in their weekly newsletter. Further exploratory calls and meetings were arranged where providers had volunteered to contribute and were able to give additional detail.

Questions within the survey focused on attitudes towards PSHE education, the current provision for PSHE education within their training programmes and any planned changes in the light of the proposed statutory changes. The findings from this survey provided the context for the additional investigations conducted by the researchers. Of the nine universities providing initial teacher training in the West Midlands (including the university we identified with a satellite centre from another authority), five institutions engaged with the project.

Alongside a survey for initial teacher educators, a survey for trainees and newly qualified teachers was circulated via contacts made within ITE institutions. Due to the way contact was made with trainee teachers, results are inevitably positively biased, as those providers engaged enough to share our survey link were likely to be those who were favourable towards the project. However, the insights of this subset of teachers were helpful in confirming feedback from training providers and in providing case examples of the consequences of good and less favourable practice.

Given the small sample size, a decision was taken not to name or code interview respondents in order to maintain anonymity. We were able to identify a number of key themes from both surveys, and via the interviews with training providers, trainee (and recently qualified) teachers and other interested organisations.

“Learning which is intended to evoke shock, fear or guilt to encourage behaviour change has been shown to be counter-productive”
Due to the wide variation in PSHE education practice in schools nationally, the researchers encountered a wide spectrum of views and approaches to PSHE within ITE. The initial survey found that nearly two-thirds of providers felt they were facilitating at least adequate, if not significant, PSHE training. This was also reflected in the student response, where a similar percentage of respondents said training was at least adequate.

Yet when this survey finding was followed up through interviews with both survey respondents and those who had not engaged in the survey phase, it was clear that this did not represent the full picture. Many initial teacher educators reported that their PSHE education provision was limited or non-existent, and a number of trainees said they felt that they had not received enough PSHE education preparation in their training.

Those that had received input had received lectures and/or workshops (often from external providers), and seemed to have found them beneficial, yet there was a clear call for more practical provision from many student teacher contributors to the research. Three higher education institutions provided assignments on PSHE to encourage high quality reflection on this aspect of their work. The PSHE Association’s Chartered Teacher Award was noted by a number of respondents as a way of recognising PSHE education’s importance and raising the impact of any lectures and workshops. This award has since been relaunched as the Certificate of Professional Development in PSHE Education for NQTs.

The Certificate of Professional Development in PSHE Education for NQTs, previously known as the PSHE Association Chartered Teacher NQT Award, provides teachers new to the profession with the opportunity to explore good practice in PSHE education, reflect on its relevance to their own teaching context and validate their enhanced understanding.

The certificate framework explains the key understanding and competencies trainee teachers should acquire and demonstrate, prior to teaching PSHE education. Teachers self-assess and reflect on ten core principles. Their work is then peer reviewed in the school and/or training setting. This framework can be used alongside the new framework for ITE providers to ensure new teachers have a way of documenting their enhanced understanding and the experiences gained thanks to the learning opportunities provided by their schools/ training institutions.
Many of the ITE educators spoke very favourably of PSHE and felt that, whilst not a particular focus within their training provision, they were addressing the subject within their whole school issues sessions. However, many of the comments suggested conflation of general pastoral responsibilities with PSHE education as a discrete curriculum subject. For example, lectures on safeguarding and tutor responsibilities were automatically seen as covering PSHE, even though there may not have been a curriculum component to such sessions.

Such misconceptions are likely to confuse student teachers about the nature of PSHE and encourage poor practice. Indeed, one of the students interviewed felt quite passionately about PSHE as a subject, having greatly enjoyed her own PSHE lessons at school. However, she had been disappointed to find that her university had not covered PSHE within their whole school sessions; she was very clear that whole school sessions had not addressed this aspect of teaching and learning. This was in contrast to the views of the tutors at that training provider. This suggests that at the very least, it is important that providers explain how they are addressing the taught subject of PSHE education.

“School-based programmes provide an important context through which to deliver universal preventative interventions and encourage personal responsibility for health.”

Key findings 1:

PSHE education is often conflated with pastoral provision.
Training tends to focus on meeting statutory safeguarding requirements with little or no focus on delivering safe, effective PSHE.

As noted previously, many of the contributors to our research spoke of lectures and workshops on whole school duties (such as safeguarding responsibilities and the Prevent duty) as a context for the provision of PSHE content.

A number of the students showed limited understanding of key issues in PSHE pedagogy — for example, the importance of not using materials which induce shock, fear or guilt. One student interviewed spoke highly of a PSHE visitor event which did not reflect best practice principles and was clearly unsafe.

Conversations with a number of student teachers suggested trainees had not been given clear advice regarding how to assess if and when to use external speakers to contribute to PSHE lessons and how to ensure learning is safe and relevant in these circumstances. This is particularly concerning given the potential for harm in cases where speakers unwittingly encourage young people to engage in the unhealthy behaviours they are attempting to reduce.

There are notable exceptions to this general trend. University of Chester invited input from a local authority specialist in Shropshire for their School Direct primary PGCE cohort. As a result of this day workshop, confidence in good quality delivery of PSHE rose from just 12% to 100% of trainees being quite confident or confident. Feedback from delegates showed that they had taken a lot of practical understanding from the session, including knowledge of assessment practices, teaching techniques, and support available to enhance delivery. They also had a better understanding of how to construct safe classrooms for discussion, which reduced the stigma around delivery of sensitive topics.
Stourport SCITT also provided a model to support new teachers in understanding PSHE and its pedagogy, although the model for this was under review at the time of writing: This approach meant that all teachers trained through Stourport SCITT had exposure to some kind of PSHE training which not only covered theory, but also explored the practical application of PSHE provision.

The centre’s PSHE education lead runs a training session which looks at the lead school’s PSHE education curriculum overview and places this within the context of the aims and rationale for teaching those components. There is recognition that PSHE provision is different across different schools so each school’s curriculum will differ.

Two PSHE focus days are held in the lead school during the year, composed of 10 lessons taught by tutors. Tutors are responsible for planning and delivery of the session so, as each trainee shadows a tutor, all student teachers take part in this preparation. What they teach depends on which year group they are attached to; some sessions focus on personal safety or on career skills such as CV writing and enterprise. Others focus on more Citizenship-related elements such as the environment.

This is supplemented by half a day’s training from the Worcestershire Sexual Health Team on sexual health education where trainees explore how to approach teaching RSE and how to keep the learning safe.

Case Study: Stourport SCITT

Course choices are often dictated by whether an individual ITE provider values a particular element. Owing to its poor status in many schools, PSHE education provision often depends on a committed staff member to champion it—whether in an ITE context or specific schools. This means the amount of PSHE covered by individual ITE providers can be subject to change when individual champions for the subject move on. The wider sector is also not static, and with course leadership and management change as well, provision is fragile and fragmented.

Many tutors said that practical learning of how to deliver PSHE was important, and felt in-school experiences were more beneficial than taught sessions. However, it is notable that an emphasis on PSHE training via placement experiences alone depends on a curriculum delivery model where most staff are involved in its delivery. Given that the delivery model for PSHE may be different at each placement school, some trainees may have multiple opportunities to learn how to teach PSHE whilst others may experience none. A history specialist,
for example, might go to a school where a specialist PSHE team delivers PSHE (so they have no experience of teaching this in their training) then begin their teaching careers in a school where all tutors are expected to teach PSHE within tutor time.

We heard from many sources that the quality of trainees’ experiences of PSHE would be dependent on the placement school’s approach to this curriculum area. We also know that trainees will learn both practice and ethos from their mentors whilst on placement.

As Ofsted explained in their 2012 PSHE report, teaching and learning in PSHE are variable in quality. And we know that historically, attitudes towards PSHE education are variable. One student teacher reflected that she was sad to see PSHE taught by non-specialists who had no motivation for the subject in her first placement school.

**PSHE education provision often depends on a committed staff member to champion it**

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**“How much time or emphasis in your school placements has been given to support you in this role?”**

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<td>28%</td>
<td>19</td>
</tr>
<tr>
<td>Some time but little emphasis given</td>
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<td>6</td>
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<tr>
<td><strong>Total: 69</strong></td>
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* Survey answers from trainee and newly qualified teachers

This table highlights both the variability in experience, and the fact that two thirds of contributors felt inadequate time and emphasis was given to PSHE education. One survey contributor was particularly concerned about their placement experience and stated the following as a barrier to their training during placement:

**“SLT not seeing the need for it/prioritising core curriculum over even a half decent PSHE/RSE.”**

Our research prompted one secondary SCITT provider to review their provision, as there was no specific focus on PSHE within their programme. The SCITT lead canvassed student teachers on their experiences so as to inform the department’s next steps.

Their findings confirmed that the different PSHE education delivery models in different schools within the partnership led to a wide range of experiences of PSHE. There were reports of the use of unsafe practice in drop-down days at one school, PSHE delivered only through assemblies in another school, yet high quality PSHE in discrete lessons in another large school in the partnership. In this latter instance, however, lessons were now delivered by a core group of specialists—so it was rare that the trainees would be involved in PSHE education delivery. These findings show the variance in availability and suitability of
much PSHE education training provision, and highlight that there is rarely quality assurance of such provision in placement schools. In recognition of this, one SCITT centre provided all their graduates with input on PSHE education via a half-day focus session with a partner organisation outside of their placement, to ensure at least a minimum entitlement for all.

A concerning finding was that, amongst all the trainee teachers interviewed, only one had met directly with the PSHE education lead for the school they were training in. Most trainees therefore had no understanding of the policy context or school ethos within which they were delivering PSHE, and had no recourse for support or further information beyond the class teacher they were paired with (who themselves often had very limited PSHE expertise).

Some differences were noted between provision within primary initial teacher training and that of secondary training institutions. Two provider survey respondents commented explicitly:

“Different for primary and secondary“

“We only deliver [PSHE training at] primary. I don’t think secondary cover it”

Others commented that basic core content was provided across the cohort, but additional PSHE education input varied, dependent on any subject specific cross-over. This theme resurfaced when one university lead commented that many secondary school subject areas cover connected PSHE education material (e.g. Science covers puberty, Religious Education covers diversity and moral issues), but that this was the extent of current PSHE coverage at their institution. They commented that “if there becomes more of a statutory element, this may need to be revisited.” Given the recent government changes, there is likely to be recognition that improvements to PSHE education provision in ITE are needed.

One explanation for the distinction is that approximately a third of all primary trainee teachers come via an undergraduate route. This means there is more time to accommodate delivery of training on a range of important areas within such a route. Others have suggested that the more thematic nature of primary education, and the single-teacher delivery of most subjects, may mean that PSHE education is more likely to be considered as part of teacher training preparation. At secondary level, there is a stricter focus on the trainee’s main subject specialism. This means that any additional elements are sometimes perceived to be a distraction, diverting focus from a trainee’s main teacher training. One university contact noted that new entrants in the secondary phase were always encouraged to recognise PSHE’s importance, but the
Trainee Teachers & PSHE Education

reality is that many trainees are struggling with the demands of learning to teach their main subject, let alone additional responsibilities. This is particularly the case given that student teachers’ assessment focuses on their main subject area. Indeed, one of the first strategies employed in that centre if a trainee needs additional support during their training year, is to remove their tutor time responsibilities to free up more time to focus on their core teaching responsibilities. Such pragmatic strategies highlight the challenges of supporting teachers to become skilled in all aspects of teaching practice.

Key findings 5:

Differences by subject specialism

Alongside differences between the two phases, PSHE education training provision differed depending on the secondary subject specialism trainees had chosen. Subjects such as Religious Education, Physical Education and Drama were seen as disciplines where PSHE could be considered an additional ‘string to their bow’.

In these cases, it was felt PSHE training would improve job prospects. This meant that students on some courses were recommended to complete the PSHE Association Certificate of Professional Development in PSHE Education for NQTs, previously known as the PSHE Association Chartered Teacher NQT Award, to highlight their additional skills to prospective employers.

In contrast, one student teacher reported she was the only person on her Secondary Mathematics PGCE who had opted to complete the Award. Keeping such elements of training optional has benefits, but does not resolve the fact that many teachers — including maths teachers — will be asked to deliver PSHE education through tutor times or to fill a timetable gap at some point in their career. In fact, with maths there is a direct benefit in linking learning with the economic wellbeing aspects of PSHE.

The University of Worcester deviated from this trend, demonstrating a unified approach to promotion of PSHE. All trainees from both phases enjoyed embedded PSHE education training.
Trainee Teachers & PSHE Education

At primary level, the trainee teacher programme benefits from a specific lecturer being responsible for PSHE and RSE, who has extensive experience in the subject. Course tutors aim to prepare trainee teachers for leadership of PSHE education—not just the teaching of PSHE, as the reality is that many new teachers are given this responsibility quite soon after qualifying, so they must respond to this sector need.

PSHE content is threaded through wider professional practice sessions to ensure personal development and wellbeing issues are covered extensively throughout the course, mirroring the common thematic teaching practices in many schools. The use of picture books as a stimulus for PSHE education discussions is a clear focus for the team who have created comprehensive reference guides to signpost teachers to relevant books. They also loan resource boxes to teachers to support their provision.

Their research into student teachers’ concerns identified trainee anxieties about delivering issues such as relationships and sex education and bereavement. They were particularly concerned about the consequences of contradicting parental beliefs. In response to these issues, the programme aims to help trainees to increase their confidence when liaising with parents through a detailed session focusing on managing parental input and concerns.

At secondary level, students are provided with a focus week on PSHE education. Within this, there is an expectation that students plan a scheme of work which follows a spiral curriculum model. Local specialists are invited to contribute to different workshops which includes specific coverage of best practice principles.

To tie in with this focus week, both primary and secondary phase trainees benefit from a PSHE fair where 15-20 external contributors, connected to a range of PSHE themes, are able to show what they offer to support PSHE education programmes. This fair is open to local school PSHE leads to attend to encourage sustainable PSHE education training for all.

This approach has led to an increase in student confidence regarding PSHE education. In recognition of the lack of PSHE expertise amongst many long-standing teachers in the community, the university also runs low-fee outreach training sessions to support practice in the local area. This is particularly important at primary level where many higher level teaching assistants (HLTA) are expected to deliver RSE, especially to those with SEND — so they are invited to attend these sessions to support their knowledge and skills in this area, alongside school governors who wish to raise their awareness in this field.

Case Study: University of Worcester

“At course tutors aim to prepare trainee teachers for leadership of PSHE education — not just the teaching of PSHE”
Barriers to effective PSHE in ITE:

The research identified three main barriers to the inclusion of effective PSHE education input in ITE programmes.

Lack of status for the subject

Provider view on lack of status:
Many of the providers shared the belief that PSHE has a poor status compared to other mainstream subject areas. One provider interviewed was frustrated by the lack of recognition of the value of subjects like PSHE, Citizenship and RE, which provide a more holistic dimension to young people’s education. They referred to PSHE education as a ‘Cinderella subject’ because it is often neglected and seen as unimportant by many who are tasked with delivering it.

A number of providers hoped that statutory changes would support recognition of the subject and its benefits.

Student view on lack of status:
Over 40% of student teacher survey respondents thought that the need to focus on core statutory subjects was a barrier to effective ITE provision in universities for PSHE education. This rose to 48% in the context of placement schools. Only two tutors in higher education institutions shared this concern, but it is interesting that student teacher perception was that this is a major limiting factor in time allocation in their programmes.

Interestingly, those student teachers interviewed spoke of their enjoyment of delivering PSHE. Some wanted to pursue the subject further, and went on to say they wished they could do a PGCE in PSHE education as this was a real passion for them. This suggests that attitudes towards PSHE are shifting, in part due to the improved experience of some trainees through their own schooling, in part due to the growing recognition of the subject’s impact.

Lack of ITE expertise in PSHE

The quality of trainees’ school-based PSHE experience is dependent on the level of capability of their school placement colleagues. As we have already noted, many experienced teachers lack an understanding of PSHE pedagogy, meaning that in many cases, trainees are learning to deliver PSHE from non-specialists.

A number of trainees shared examples of poor PSHE education practice which they had encountered during their training. This included overuse of external classroom visitors without embedding learning — a
practice which has been shown to be ineffective\textsuperscript{15}. Another reported the use of ready-made booklets without adaptation from external providers to teach key stage 4 relationships and sex education—such an approach is unlikely to match young people’s needs or be sufficiently interactive to embed skills and attributes alongside gaining knowledge; this has been shown to be ineffective\textsuperscript{16}. Another student explained that ‘real-life’ accounts were used to counter negative attitudes to refugees—these have the potential to re-traumatise young people who have experienced relocation.

These examples should be considered in the light of historical reports of unsafe practice which suggest that these are not isolated instances. For example, we know that a number of schools have used ex-addicts to discuss their experiences as a warning to young people. Yet this has been shown to unintentionally normalise risk behaviours by glamourising a hedonistic lifestyle and minimising young people’s understanding of the dangers of substance abuse.

The survey suggested that many ITE lecturers themselves had limited training in PSHE education, so there is a risk that some providers will feel confident in their provision yet not provide training based on clear evidence of best practice. This is supported by the aforementioned conflation between pastoral provision and PSHE education as a discrete subject area.

Only 20% of providers felt lack of lecturer expertise was a barrier—but the potential bias in survey completion may have influenced this, as many survey responders engaged with the survey due to their own interest in PSHE.

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“in many cases, trainees are learning to deliver PSHE from non-specialists.”

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Importance of training to keep learning age appropriate:

The researchers interviewed representatives from Services for Education, a charity comprising services formerly offered by Birmingham City Council. A component of their work is school-based initial teacher training, focusing on the primary phase.

A member of their team with extensive understanding of PSHE pedagogy felt that it was particularly important to help primary teachers see that the teaching of underpinning knowledge, skills and attributes is a much better way to approach many more sensitive topics than through explicit coverage of the topics themselves.

For example, a lesson on ‘sexting’ in younger years might be less appropriate and effective than a session on healthy relationships, consent and help-seeking. They were concerned that teachers who were not trained to understand this could deliver topics in a way that was not age and stage appropriate. They felt that ITE trainers themselves needed to know such pedagogical principles in order to pass them on to their trainees, leading to safer and more effective practice.
Services for Education aim to foster an atmosphere where school is a safe place and young people feel they can talk to a trusted adult in an appropriate way. This requires training on distancing, creating safe spaces and de-escalating conversations.

Professional practice sessions on statutory elements like safeguarding include content on female genital mutilation (focusing on body integrity and relationships) and British Values/Prevent, for example. These are key issues within Birmingham schools, so they are seen as having huge relevance by student teachers and schools.

A protective behaviours specialist then adds to this provision, including helping teachers to see the need to help young people explore their ‘this doesn't feel right’ feelings. Throughout they help teachers to see that, via a spiral curriculum, PSHE education builds the foundations for children to have resilience later in their school careers.

There was a mixed view on the capacity to embed PSHE education elements into an ITE programme. The PSHE Association recognises that rapid governmental changes have had an impact on the sector, so there is a reluctance to add to expectations on institutions when time in direct contact with student teachers is so tight. However, those institutions that had worked hard to embed PSHE into their programmes felt it was down to having the will to embed it; if PSHE education is valued, providers will find the time to address it effectively.

Additionally, many contributors to the research referred to the recent proposal to extend the induction period for NQT’s which could provide an ideal opportunity to provide PSHE education training.
Whilst this does provide a possible solution, trainees strongly believed this input should be provided at the earliest opportunity that this input is needed at the earliest opportunity, as they felt they needed PSHE education training before commencing delivery of the subject in order to raise their confidence levels and keep learning safe.

**Opportunities**

Despite these potential barriers, this research has identified a number of opportunities. These include ways that PSHE education training can improve existing provision and outcomes for trainees and schools.

The initial survey found that 75% of ITE contributors felt that preparing trainees for their potential role in planning, delivering and assessing PSHE education was important. Whilst this statistic is only based on the views of University ITE providers due to the poor return rate from SCITT centres, this is still a very favourable figure.

It is likely that the new statutory status for the health and relationships strands of PSHE will increase recognition of the subject’s importance and increase schools’ need for related skills in their workforce.

All providers interviewed recognised that PSHE education was an important element of initial teacher education. Given that pastoral responsibilities in tutor times often involved a PSHE delivery component, it was felt that teachers should be prepared for this aspect of their practice. All institutions were eager to improve their practice and to offer the best PSHE education training they could within the constraints of their individual circumstances, as they recognised its contribution to supporting all teachers within their future roles.
Many of the students were disappointed at the lack of opportunity to explore PSHE education further within the course. Most seemed eager to learn more and develop their practice. One student teacher reflected that recent sexual harassment and abuse in Hollywood illustrated the need for lessons on consent and sexual harassment—to protect young people from harm and to allow them the opportunity to air their concerns about such issues.

A recently qualified teacher wanted further help in understanding “how to talk to young people about drugs appropriately”. They reflected that a lot of PSHE education provision is self-taught or learned on the job during the NQT year with little preparation or support; this can lead to poorer quality provision for school pupils.

As previously noted, many university tutors felt PSHE training increased trainee employability. A number of student teachers also held this view, particularly those who had gained recognition for their PSHE experience through the Certificate of Professional Development in PSHE Education for NQTs, previously known as the Chartered Teacher NQT Award.

One Geography trainee stressed the advantage of teaching PSHE during their placements; they felt it helped build positive relationships with pupils.

At University of Worcester, PSHE education and pastoral care were seen as learning priorities to develop trainees’ core values. The course providers commented that such a focus on wellbeing aided the health of their cohort as well as upskilling the trainees. They felt this approach supports trainee retention, as teachers are more likely to stay in the profession if they have a values basis and holistic philosophy to their teaching.

Two trainee teachers noted that many of the trainees on their course were teaching colleagues at their placement schools how to address PSHE teaching and learning. They were sharing fresh ideas about content and potential enrichment opportunities, directly due to their PSHE education training input. This highlights that outstanding initial teacher training has longer term impacts on schools, even aside from teaching the profession one trainee at a time.

Where robust PSHE education training existed, there was clear awareness that drop-down days and one-off events were not sufficient, in line with Ofsted comments on the requirement to provide opportunities for progression and assessment18. If this message is gaining traction amongst the ITE community, it will hopefully lead to high quality curriculum structures for PSHE in schools over time, thus improving standards in the subject.
Given the evidence base shows that high quality PSHE education teaching and learning can directly contribute to improved student outcomes, improved PSHE standards in schools may have the capacity to increase student performance and retention.

NQT burnout was a concern raised across all sectors who contributed to this research. Recently qualified teachers may be less likely to seek out PSHE development opportunities if no time and/or training investment is provided by schools. This suggests that if PSHE training is not provided during initial training, it may not be completed at all, or may be seen as another element to an already heavy load. Plans to provide additional training opportunities during a 2-year induction period for NQT’s could address this but without explicit direction to cover this important element, schools could miss this.

Given schools’ budgetary constraints, it is perhaps more cost effective to train teachers during their training year rather than having to pay costs associated with teachers in employment coming off timetable to complete such training. Adequate initial teacher education is therefore cost effective.

**Opportunities 5:**
Reduced CPD burden on schools—trainees are PSHE ready

"Where robust PSHE education training existed, there was clear awareness that drop-down days and one-off events were not sufficient”

**Stakeholder requirements:**
As part of our research, we asked initial teacher educators and trainees what support they needed to improve their practice.

**ITE providers**
to effectively implement any changes to the status of the subject, providers need:

- ✔ Training
- ✔ Professional/subject association support and/or a local network support
- ✔ Supporting documentation and guidelines on what to include in ITE provision
- ✔ Good practice materials — e.g. exemplar schemes of work, visiting speaker advice, subject specific curriculum links, ideas for content and effective delivery

**Students**:
to support their next PSHE education steps, students need:

- ✔ Further training, including from visiting speakers
- ✔ More teaching practice in PSHE, especially team teaching
- ✔ Provision of exemplar resources and guidance documents
- ✔ Support with curriculum planning
- ✔ The opportunity to work with PSHE leads
Students identified the following as features of good quality training:

- Relevant lectures and discussions of what teaching PSHE involves
- Development of knowledge and skills required to approach more sensitive topics
- Demonstration of how they would plan for a safe learning environment in PSHE lessons, including providing model answers on difficult questions
- Provision of good quality resources and support identifying appropriate resources
- Watching/shadowing other practitioners teaching PSHE
- Practice within a school environment to plan and deliver a PSHE lesson with suitable evaluation
- Support with long term planning choices
- Review/analysis of trainee teachers’ ability to plan and deliver PSHE content
- Alignment of PSHE education teaching expectations with trainees’ knowledge base and skill level

Within the initial survey, many respondents noted the need to cover both theory and practice. One trainee contributor commented:

“Trainees need to have subject knowledge for PSHE in the same way as they would for e.g. English. They also need to understand the sensitivities potentially involved in delivering PSHE. “

And...

“They also need to develop awareness of the importance of school ethos, as the context in which PSHE lessons are delivered i.e. the hidden curriculum.”

A university tutor in our survey stated that student teachers should be:

“... well-prepared with knowledge and skills to contribute to medium term planning of PSHE teaching in partnership with experienced colleagues.”

Contributors to the ITE provider survey highlighted the need to explain the theory of PSHE and its place within a whole school approach to wellbeing. For example, one respondent stated that it should be approached:

“...from a solid foundation of research integrated with the reality of teaching and working with policies in schools and the impact these have on children; and an awareness of roles and responsibilities and how these are implemented in different ways according to meeting individual needs.”
A student teacher who had benefited from good quality PSHE education training shared a number of insights. She believed the other student teachers on her course were apprehensive about covering PSHE education in their training, and of the prospect of being expected to deliver this subject as part of their teaching practice.

After the focus week run by the university (details above) she felt her colleagues were much calmer about what was expected of them, and a show of hands at the end of external relationships and sex education input showed a huge improvement in student confidence.

This speaker had raised the importance of addressing the needs of students with SEND within PSHE education which helped the trainee teachers to understand approaches to differentiation, and this benefitted their practice beyond the scope of PSHE education.

This individual felt that, whilst the external inputs had a big impact on her understanding and confidence, the most beneficial aspect of the focus week was to plan schemes of work and lesson plans for PSHE education. She felt all trainees should have the opportunity to learn to do this as it gave her so much confidence that, if put in the position of needing to do this as part of her future career, she had now shown herself that it was possible and manageable to do so.

She noted that in school placements before the training, some of her fellow trainees had been uncertain as to how they should cover things like racism and bullying within PSHE education lessons; they did not know how to pitch the learning appropriately, set the lesson tone using the school ethos, or how to appropriately respond to difficult questions.

The trainee therefore felt that—despite the time restrictions in a one-year training course—there was scope to dovetail PSHE education basics with Spiritual, Moral, Social and Cultural aspects of learning input earlier in the year, so that all trainees felt more confident about this aspect of their practice from the outset.

The point about ensuring training happens early enough is important given that so many of the trainees surveyed and interviewed had team taught or directly taught PSHE lessons within their first placement.

“Whilst the external inputs had a big impact on her understanding and confidence, the most beneficial aspect of the focus week was to plan schemes of work and lesson plans for PSHE education.”
Given that almost all teachers will be expected to teach it at some point in their careers, it is vital that all teachers have at least a basic understanding of safe practice in PSHE education teaching and learning.

There are different models for delivering PSHE in ITE. Those considered within the examples of good practice included an afternoon workshop (or a day’s input), through to a week’s input (which provided a broader experience that prepared teachers for PSHE education leadership as well as teaching).

Some providers approached PSHE training by embedding it within relevant whole school issue sessions whilst others had designated PSHE education input. Both models have merits, but participants must be made aware of a distinction between whole school pastoral provision and a PSHE education curriculum.

Where course leaders are aware of how PSHE education contributes to whole school strategies, embedding such learning in university curricula worked well. An example of good practice was noted at the University of Birmingham:

Within a one-year PGCE programme, whole school issues such as safeguarding, the Prevent duty, British values and SMSC account for approximately 8 out of 30 days in university during the course of the academic year. Aspects of PSHE teaching and learning are embedded within these sessions.

Course leaders are aware of the need to effectively address PSHE education, so they set up a working party of 5 schools to look at standards for PSHE. This working group developed a list of 10 activities that would give teachers a basic grounding in PSHE; they are a mix between quick activities and those requiring more in-depth exploration by students. Examples of such activities include team teaching a lesson on relationships and sex education, and talking to the PSHE lead.

For the last two years, a one-day event has been held to share and celebrate good practice; this is open to all trainees to attend from all subject specialisms. Embedded within this is a half-day session run by a PSHE Association subject specialist on safe, effective PSHE teaching practice. The day involves around 70 students and is particularly well attended by those with a Religious Education specialism.

Recommendations:

Recommendations 1:
PSHE education should be a planned part of all ITE programmes.

Case Study: University of Birmingham
A DfE national survey of NQT’s (2016) found evidence that school-based trainees felt better prepared than university based trainees regarding a range of skills. The most relevant to PSHE was promotion of British values; there was big variation here between school-based training (where trainees were quite confident) and HEI providers (who felt less confident, by a 17% margin). There was also a difference between phases—with secondary trainees feeling more confident than primary graduates. This data suggests that a practical component to PSHE teacher training is important.

This view was reinforced by a number of ITE mentors who recommended that there should be a practical element to the PSHE training—team teaching or planning a lesson. One lecturer who had been involved in the Teach First programme felt that:

‘PSHE training only comes alive after you start to teach it’.

Furthermore, a number of trainee teachers interviewed for this research confirmed the importance of learning to manage sensitive topic areas before they are expected to teach them. One trainee felt comfortable covering friendships with a year 7 group, but was unsure how to answer certain questions and felt anxious about covering sex education further up the school as, despite being comfortable with the topic content, she was unclear on best practice.

ITE providers should have the capacity to adapt their programmes to suit their training cohort. However, to ensure learning is safe, trainee teachers should not be expected to teach PSHE unless they have had basic PSHE education training. The PSHE Association has produced a free-to-download framework for ITE providers to audit and improve their PSHE training provision.

Furthermore, Consideration should be given as to whether new pathways should be created to train PSHE education specialist teachers. Existing provision can be bolstered in order to support more teachers to receive effective PSHE education training, but there was a clear desire from a number of contributors for training which was aimed at creating PSHE education subject specialists.

Our survey highlighted limited expertise in PSHE within ITE. Ofsted’s 2012 ‘Not Yet Good Enough’ PSHE report has already drawn attention to the lack of consistency in delivery in schools, and our research suggests that the student teacher experience is similar. Training initial teacher training mentors in PSHE could have a great impact on how new teachers are prepared to cover PSHE.
It is also important that trainees are signposted to a designated PSHE lead whilst on placement so they know where to get further help and information. Over a quarter of survey respondents thought a lack of a PSHE lead was a significant barrier to effective training.

ITE tutors and advisory bodies stated that it was important for ITE providers to consider whether a trainee has received sufficient experience in PSHE as part of their initial placements. If not, steps should be taken to redress this in any additional placements.

A number of contributors recommended that there should be more detail in transition documents when trainees join their first school so that any gaps in ITE provision are identified (e.g. no PSHE teaching experience). This is currently a missed opportunity.

Given that interview respondents raised concerns about the limits of what schools and ITE providers will actually deliver, even with a change in statutory status, there is clearly a need to monitor delivery of any measures which are put in place.

Some providers raised concerns that statutory status may lead to a tick-box approach due to already cramped ITE curricula. All providers agreed that it often takes time to understand the significance of statutory changes and that sector-wide support would be needed to ensure any transition was positive.

These opinions from interviews correlate with the survey results, which showed that nearly 20% of providers thought the changes in statutory status would have no impact on their provision; the remaining 80% suggested it might have ‘some impact’ but no more than that.

In order to build the reputation and quality of PSHE education, teaching and learning should be based on clear evidence of what works. Regular training and networking opportunities will encourage sharing of research evidence, high quality materials and teaching techniques between the health and education sectors. This will ensure teachers, higher education facilitators, health professionals and sector partners continue to have a dialogue which supports learning in this field — improving the rigour in this important area of education.
PSHE education is increasingly recognised for its impact on pupils’ health, wellbeing and readiness for life and work. These increased expectations must be matched by a workforce able to maximise the subject’s potential. Most critically, all teachers should begin their careers with a basic preparation that ensures safe, effective practice. The complexity and sensitivity of issues covered mean it is an unfair and unrealistic expectation on new teachers to deliver PSHE without appropriate preparation.

Initial teacher educators have a crucial role to play, so it is imperative that they ensure a PSHE component for all trainees, and that they have relevant training themselves. At the very least, basic best practice principles should be understood by all in order to safeguard young people, especially given the real risk of PSHE doing more harm than good if lessons are delivered inappropriately.

"it is an unfair and unrealistic expectation on new teachers to deliver PSHE without appropriate preparation."

Student teachers clearly value PSHE when given the tools to deliver it well. As well as a grounding in relevant theory and best practice, students want opportunities to observe, plan and teach PSHE during their training year. This hands-on experience develops the confidence and understanding to deliver PSHE independently.

PSHE education is on a journey from being seen as a ‘nice-to-have’ to a ‘must-have’, so it’s crucial that generations of new teachers begin their careers ‘PSHE ready’, particularly in the light of the forthcoming statutory changes. Initial teacher training in PSHE education not only improves the chances of better, safer PSHE for all, but could significantly reduce CPD and workload burdens on schools as they prepare to implement the new requirements.
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16. Scale of 1-5; 1 = low priority and 5 = high priority. ‘high priority’ categorised here as a response of 4 or 5 on this scale.