# 

# A preliminary report exploring the need for and development of a coherent personal and social education curriculum

## Prepared for The Lord Northbourne DL

**by colleagues working in:**

The Research Centre *for* Children Families and Communities

The Faculty of Education

The Faculty of Health & Social Care

The Faculty of Social & Applied Sciences

**Canterbury Christ Church University**

24th May 2013

## Introduction and Executive Summary

This report aims to give an overview of the reasons why children and young people in UK schools need a coherent, personal and social education curriculum. This is followed by the mapping of a range of recommendations which would support its development. In brief, the report states the following:

* A lack of clarity regarding the status of personal and social education in the curriculum has resulted in inconsistency in its delivery and has undermined the establishment of a cohesive professional network of teachers and health and social care professionals.
* Simultaneously, there is evidence that our young people are not being adequately supported to make the life choices that will enhance their wellbeing and life chances.
* Effective education of children and young people in personal and social matters presents a complex challenge and needs to address the value that the learners themselves place on the relevance of the content of the teaching and the frankness with which it is delivered as well as numerous age - and context-specific determinants of their decision-making and behaviour.
* Given the above, there is a clear need for a review that would comprehensively address the aims, content, delivery and training requirements of this subject.
* This review would best be achieved through the establishment of expert and reference groups, co-ordinated by a body which is well-placed in the sector and appropriately experienced.

## The problem: why is there a need for a coherent personal and social education curriculum?

### 1.1 The context of schools, teaching and the curriculum

There has been an historical and on-going lack of clarity about what should be included in the school curriculum beyond a short list of core subjects. This is illustrated by frequent changes to the national curriculum, the examination specifications and qualification frameworks, since the passing of the Education Reform Act 1988. Such uncertainty extends to curriculum content which is concerned with the individual and society across personal, social, cultural, sexual, moral, civic and economic dimensions. The definition and location of learning across this range of key areas of human development varies widely in terms of subject, mode of assessment, learning purpose, approach and intended outcome. Whilst the learning appears in classrooms in various forms from health education to citizenship, the main route through which our current education system approaches the teaching of personal and social education is via Personal, Social, Health and Economic education (PSHE)[[1]](#footnote-1). The mode of delivery of this subject is variable: in primary schools it is often taught as a discrete topic whilst in secondary schools it often appears across the curriculum delivered by both trained specialists and non-specialists and may be combined with tutorial time. Ofsted have recently reiterated their concerns that the teaching of PSHE is variable in quality and inconsistently delivered and, particularly in secondary schools, does not appear to be meeting the needs of the children and young people (cf. Ofsted, 2007; 2009; 2012).The effect of this lack of clarity is that both the training of teachers and teaching in schools on such matters has tended to be marginalised, with some notable exceptions at particular points in time (for example, the establishment of citizenship as a discrete subject with training allocations following the recommendations of The Crick Report (Advisory Group on Citizenship, 1998)). Furthermore, an independent review of PSHE in primary and secondary phases (Macdonald, 2010) recommended that it should be a statutory subject in the curriculum, that “all initial teacher training (ITT) courses should include some focus on PSHE education,” and that the Government should, “investigate a dedicated route for ITT that will, in time, create a cohort of specialist PSHE education teachers” (p.8). To date, however, no systematic nationwide scheme has been introduced to ensure all teachers are equipped to teach PSHE.

The regular changes to, and lack of consensus about, how personal and social education are delivered have undermined the establishment of a cohesive professional network of teachers and health and social care professionals which would underpin teacher training and continuing professional development in related secondary subject areas and within primary provision. In short, a lack of cohesion in the aims, content, mode of delivery and expert engagement in this subject has frustrated both professional development and effective curriculum delivery.

## 1.2 The context of young people and their wellbeing

Our society continues to proffer a complex pattern of disadvantage, with certain societal groups being particularly at risk (e.g. Aldridge et al., 2012; Blanden & Machin, 2007; DWP/DfE, 2011). Within this hazardous climate, the navigation of youth and adolescence presents particular challenges and choices which are specific to this phase of life and the outcomes of which have a heightened potential to negatively impact on both current and future wellbeing as well as future life chances (Kuh et al., 1997; Graham & Power, 2003; NICE, 2009). A concern that we may not be adequately supporting our young people in this respect chimes with the findings of recent international indicators which suggest that the UK compares unfavourably to its European counterparts in a range of measures relating to youth wellbeing and accomplishment including rates of teenage pregnancy[[2]](#footnote-2) and educational wellbeing[[3]](#footnote-3) (UNICEF, 2013).

Clearly a need exists to improve the way in which we support our children and young people in personal and social matters in order that they can make appropriate life choices and achieve optimum wellbeing. In this respect, education that addresses real life issues has been shown to be valued by young learners. For example, Formby’s (2011) mapping study of PSHE education in primary schools found that pupils expressed feelings of relief at being taught about matters that they considered to be relevant to their lives and were thus motivated to learn more. Additionally, McNeil et al.’s (2012) development of a framework of outcomes for young people found evidence that older pupils valued the interactive nature and openness of PSHE learning; they felt it made an immediate positive personal impact and would also help them to successfully navigate their future lives.

Whilst there are clearly elements of the nature of current PSHE teaching that are appreciated by young learners, any consideration of the best way to support young people in personal and social issues must also take account of the vast range of determinants of behaviour and decision-making at this time in their life. As well as a number of psychologically and socially derived influences, emergent research in neurology appears to indicate that immaturity in brain structure and circuitry has important implications for the way that adolescents process and act upon information they receive (Blakemore & Choudhury, 2006; Burgess Chamberlain, 2009; Dahl, 2003). Clearly, teaching personal and social matters in a way that will impact positively on the ‘real life’ behaviour of children and young people necessitates a very carefully designed and comprehensively researched approach.

## 2. The solution: developing a coherent personal and social education curriculum

### 2.1 Overview

Ofsted (2010) recommended that, “all trainee teachers understand the role of PSHE education in the National Curriculum, develop routes for initial teacher education in PSHE education, and promote the take-up of continuing professional development in PSHE education” (p.6). We would go beyond this recommendation of improvements to teacher education in PSHE to propose that, given the contexts of the subject fragmentation, lesson inconsistency, and the salience of appropriate teaching of personal and social matters to children and adolescents, there is an overarching need to comprehensively address the aims, content, training and delivery of this curriculum. We consider the clarity of *content* of any such curriculum to be of paramount importance since, without this foundation, the best approaches to training and teaching cannot be clear with subsequent negative impact upon teacher knowledge and ultimately pupil understanding (e.g. Shulman, 1987; Ofsted, 2009)

### 2.2 Recommendations

We strongly recommend the establishment of expert and reference groups to include teachers, health professionals, young people and other stakeholders such as parents. The groups’ work would seek to:

1. define the principles and aims of a new, coherent personal and social education (PSE). (We recommend the adoption of the title PSE since this can incorporate everything from health education to citizenship).
2. define programmes of study for the relevant key stages, specifically at what age aspects of the curriculum should be taught and whether this should be achieved discretely or by integration with other curriculum subjects.
3. make proposals for initial training and professional development including:

a. what should be taught ‘across the curriculum’: content that all teachers need to be able to teach;

b. what should be taught discretely by subject experts; and

c. what should be learned through participation in school ethos and extra- curricular activity.

## 3. Next steps

The consultation group review detailed in 2.2 would need to be undertaken as a funded research project. Given the complexity of the challenge, we believe that this would most effectively be achieved by a body of specialists who are able to draw on expertise and experience across a range of school phases, subject specialists and professional networks. This approach would result in an outcome that is grounded in both research and practice. Furthermore, to ensure that the basis upon which any recommendations are made is fully comprehensive it is important that all levels of educational phase are represented: namely early years, primary, secondary and post-compulsory. A successful review would involve a considerable amount of collaborative engagement with a range of stakeholders and would ideally be carried out by a body that has experience of establishing and developing professional subject networks, working across health and education professional networks and working with national and regional providers of teacher training.

## References

Advisory Group on Citizenship (1998) *Education for citizenship and the teaching of democracy in schools*. London: Qualifications and Curriculum Authority.

Aldrige, H., Kenway, P., MacInnes, T. and Parekh, A. (2012) *Monitoring Poverty and Social Exclusion.* York: Joseph Rowntree Foundation.

Blakemore, S. J. & Choudhury, S. (2006) Development of the adolescent brain: implications for executive function and social cognition. *Journal of Child Psychology and Psychiatry,* 47(3-4), 296-312.

Blanden, J. and Machin, S. (2007). *Recent changes in intergenerational mobility in Britain*. London: The Sutton Trust.

Burgess Chamberlain, L. (2009) The amazing teen brain: What every child advocate needs to know. *Child Law Practice*, 28(2), 17-24.

Dahl, R. (2003) Beyond raging hormones: The tinderbox in the teenage brain. *Cerebrum: The Dana Forum on Brain Science*, 5(3), 7-22.

Department for Work and Pensions (DWP)/ Department for Education (DfE) (2011) *A New Approach to Child Poverty: Tackling the Causes of Disadvantage and Transforming Families’ Lives*. Norwich: The Stationery Office.

Formby, E. (2011) “It’s better to learn about your health and things that are going to happen to you than learning things that you just do at school”: findings from a mapping study of PSHE education in primary schools in England. *Pastoral Care in Education*, 29(3) p.161-173.

Graham H. & Power C. (2003) *Childhood disadvantage and adult health, a life course framework*. London: Health Development Agency.

Kuh, D., Power, C., & Blane D. (1997). Social pathways between childhood and adolescent health. In: Kuh, D. & Ben-Shlomo, Y., (Eds*.*) *A life course approach to chronic disease epidemiology.* Oxford: Oxford Medical Publications.

Macdonald A (2010) *An Independent Review of the Proposal to make Personal, Social, Health and Economic Education (PSHE) Statutory*. London: HMSO.

McNeil, B., Reeder, N. & and Rich, J. (2012) *A Framework of Outcomes for Young People*. London: The Young Foundation.

NICE (2009). *Social and Emotional Wellbeing in Secondary Education. Public Health Guidance 20*. Manchester: National Institute for Clinical Excellence.

Ofsted (2007) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2006/7* Manchester: The Office for Standards in Education, Children's Services and Skills.

Ofsted (2009) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2008/9.* Manchester: The Office for Standards in Education, Children's Services and Skills.

Ofsted (2010) *Personal, Social, Health and Economic Education in Schools*. Manchester: The Office for Standards in Education, Children's Services and Skills.

Ofsted (2012) *The Annual Report of Her Majesty's Chief Inspector of Education, Children's Services and Skills 2011/12* Manchester: The Office for Standards in Education, Children's Services and Skills.

Shulman, L. (1987) Knowledge and Teaching: Foundations of the new reform. *Harvard Educational Review*, 57 (1), 1-22.

UNICEF (2013) *Innocenti* *Report Card 11,* Florence, Italy. Available online: http://www.unicef.org.uk/Latest/Publications/report-card-11-child-wellbeing-what-do-you-think/ Accessed 09.4.13

**CCCU staff involved in compiling this preliminary report were:**

Professor Trisha Maynard            Director, Research Centre for Children, Families and

Communities (trisha.maynard@canterbury.ac.uk)

Dr John Moss Dean of the Faculty of Education (john.moss@canterbury.ac.uk)

Dr Robert Bowie                             Senior Lecturer, Faculty of Education

Dr Sarah Christie                      Senior Research and Knowledge Exchange Fellow, Research

Centre for Children, Families and Communities

Dr Alan Bainbridge                        Senior Lecturer, Faculty of Education

Mr Jonathan Barnes                      Senior Lecturer, Faculty of Education

Mr Michael Blamires                     Principal Lecturer, Faculty of Education

Dr Alex Hassett                               Senior Consultant (CAMHS), Faculty of Social and Applied Sciences

Dr Sacha Powell                              Reader, Research Centre for Children, Families and

Communities

Dr Sally Robinson                            Principal Lecturer, Faculty of Health and Social Care

1. Personal and Social Education (PSE) in Wales. [↑](#footnote-ref-1)
2. Teenage pregnancy rates remain significantly higher than other European countries with 29 births per 1000 girls aged 16-19 compared to countries such as France or Germany which have around 7 births per 1000 (UNICEF, 2013). [↑](#footnote-ref-2)
3. Educational wellbeing combines academic achievement at age 15 with rates of participation in preschool and further education. The UK is currently ranked 24th out of 29 countries in this measure (UNICEF, 2013) [↑](#footnote-ref-3)