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Personal, social, and health education in changing times; a view from Ofsted

"Time for change" was the title of the last personal, social and health education (PSHE) report from Ofsted, published in April 2007. Since the publication of that report there have been changes that have affected PSHE and there are more changes to come. Three of these changes are described in this article: firstly, the introduction of well-being indicators and perception surveys to school inspections; secondly, the impact of the new inspection framework currently being trialled for September 2009 on PSHE; and lastly what Ofsted's evidence shows is needed to secure high quality PSHE.

Well-being Indicators

In 2006, the Education and Inspections Act laid a duty on schools to promote the well-being of children, pupils and young people. This was followed in July 2008 with a DCSF consultation document entitled "Schools' Role in Promoting Pupil Well-being - Draft Guidance for Consultation". The guidance explains that well-being is defined in law in terms of the five Every Child Matters (ECM) outcomes; schools are already inspected against these by Ofsted. In promoting well-being schools must have regard to the Children and Young People's Plan for their area and to the views of parents. Section 5 of the document discusses how schools go about considering and reviewing their contribution to all aspects of well-being in their cycle of self-evaluation, improvement planning and review. Section 6 gives more detailed, illustrative examples of some of the practical ways in which

schools promote the well-being of children and their families, for example, by delivering effective health education through well-planned PSHE programmes, with appropriate input from health and other professionals.

This was followed by a consultation paper from the DCSF and Ofsted on "The Indicators of a School's Contribution to Well-being". This consultation paper set out a rationale for developing school-level indicators and proposals for how they will be used to inform self-evaluation and inspection. Well-being indicators are needed because, excepting attainment and progress, there are few data for well-being at school level which can be benchmarked nationally.

The purpose of the indicators is to provide measures of relative performance, to complement qualitative evidence and to help inspectors and schools to consider how effectively well-being is promoted and how this could be more effective. Indicators will not be used to hold schools fully accountable for outcomes over which they have limited influence, such as child obesity and teenage pregnancy rates, but what a school can be held accountable for is its contribution to improving outcomes and impact.

Two types of indicator are being proposed:

- ~ Indicators relating to quantifiable outcomes over which schools can have a significant influence such as; absence rates, exclusion rates, post-16 progression rates, take-up of school lunches and two hours physical education.

- ~ Indicators based on the perceptions of pupils and parents relating to the ECM agenda. For example, their perceptions of whether the school promotes healthy eating and exercise and discourages smoking and harmful substances.

When coming to judgements about the effectiveness of a school in promoting well-being, inspectors will take account of both pupils' and parents' perceptions of well-being alongside indicators of outcomes as well as a range of other evidence.

The consultation ended in February 2009 and there were well over three hundred responses. The results will be published in the summer. The precise questions for inclusion in the perception surveys and the methodology have not yet been finalised.

New Inspection Developments

From September 2009 there will be a new approach to school inspections and this will have implications for PSHE. School inspections are being changed for the following reasons:

- ~ To ensure that inspection has an even greater impact on school improvement
- ~ To use Ofsted's resources even more efficiently and effectively by focusing them where there is the greatest need, and
- ~ To involve and inform parents and pupils to an even greater degree

An extensive pilot programme has been used to test out the effectiveness of the new arrangements. The input of schools and local authorities to this process has proved invaluable.

The main differences between existing section 5 school inspections and the new inspections are:

- ~ A revised framework of judgements (the evaluation schedule) with a strong focus on improvement and

- the school's capacity to improve
- ~ Refinement and change of emphasis of some inspection judgements especially those that include the Every Child Matters outcomes, behaviour, and spiritual, moral, social and cultural development
- ~ Emphasis on a full set of grade descriptors to ensure more consistent judgements
- ~ More time spent in the classroom observing teaching and its impact on learning
- ~ Greater focus in reports on the achievement and well-being of different groups of pupils, equalities issues and safeguarding issues
- ~ Greater use of the views of parents and pupils to inform inspection selection
- ~ Frequency of inspection in proportion to need: good and outstanding schools will be inspected less frequently
- ~ A new judgement on how effectively schools work in partnership with other providers to promote better outcomes

As with the present system, Ofsted school inspections will not focus on any subjects in detail, but the new arrangements do have some implications for PSHE. Schools, in their self-evaluation, and inspectors will be prompted to consider how well different groups of pupils understand the dangers of smoking, drug taking, use of alcohol, sexual health risks and the factors which may lead to mental or emotional difficulties, and the benefits of healthy exercise. They will also be prompted to consider data such as the uptake of school meals as well as pupils' responses to PSHE education.

Securing High Quality PSHE education

Although, as noted in 'Time for Change'

and observed by inspectors in the continuing PSHE subject survey, much PSHE is judged to be good, there remain some long standing issues including the low profile of the subject in some schools. In around a quarter of schools substantial improvements need to be made before provision can be judged as good. Several persistent weaknesses were noted in inspections:

- ~ The lack of systematic assessment of pupils' progress, with learning objectives that are insufficiently focused on clear and measurable learning outcomes
- ~ Incomplete curriculum coverage: for example sex and relationship education is "too little and too late"
- ~ In secondary schools, insufficient curriculum time or teaching only through thematic days, with aspects of the curriculum not being covered leading to learning which lacks continuity and progression
- ~ The lack of skilled, specialist teachers resulting in many dull and superficial lessons

Yet, several factors are beginning to have a positive impact on the quality of PSHE and outcomes for children and young people. The higher profile for the Every Child Matters (ECM) agenda and personal development and well-being has meant that many more headteachers and senior leaders are becoming aware of the value of PSHE. This is reflected, for example, in thoughtful rewriting of school improvement plans around the five ECM outcomes.

The impact of the Healthy Schools Award has been strengthened with revised assessment procedures, ensuring that schools are more focused in their approach to health promotion.

Teachers and nurses who have completed the PSHE certificate are doing a better job, not only in teaching PSHE, but

also in supporting others to do so.

Where used judiciously, social and emotional aspects of learning (SEAL) materials has added to the breadth of the curriculum.

Good schools are making effective use of a wide variety of external agencies to bring in expertise and make sessions more engaging and relevant for pupils.

Many schools provide a wide range of extra curricular activities where pupils can apply and extend their PSHE skills.

Sir Alasdair Macdonald's review on making PSHE statutory has just reported, and has raised still further the profile of PSHE.

Conclusion

Whatever the final wording of the well-being indicators; the statutory nature of PSHE, the new inspection framework, and the new curriculum for PSHE education, what really matters is what happens in the classroom.

Ofsted evidence indicates the following factors are necessary for high quality PSHE:

- ~ Strong commitment by senior managers
- ~ A member of staff with responsibility for PSHE education
- ~ Dedicated curriculum time
- ~ Teachers confident in their subject knowledge
- ~ Vivid learning experiences provided for pupils
- ~ Effective use of resources

Only by tackling these issues rigorously can schools bring about improvement PSHE and ensure every child's needs are met.

Sir Alasdair Macdonald's vision, as expressed in his review of PSHE, was for a common entitlement of effective PSHE that equips children and young people with the knowledge, understanding, attitudes and practical skills to live healthy, safe, productive and fulfilled lives.