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# Review of the Pilot Drug Education Standard of the PSHE CPD Programme

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with Stuart Watson and Maria Zuurmond

Thomas Coram Research Unit  
Institute of Education, University of London

**Research Report  
No 536**

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***Review of the Pilot Drug Education  
Standard of the PSHE CPD  
Programme***

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education and Skills.

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We would like to thank teachers, school drug advisers and PSHE leads in each of the six pilot areas, together with the national assessors, for taking part in the review.

We are grateful too to those PSHE leads who were able to help us make contact with teachers in their local site.

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## Summary

As part of the Personal Social and Health Education (PSHE) Certification programme for teachers, a pilot drug education component was piloted.

The broad aim of the drug education component is to assist educators, and particularly teachers, to develop their confidence and effectiveness in supporting young people's learning about drugs, alcohol and tobacco. Participants in the pilot drug education component are expected to provide evidence that they can apply their knowledge and understanding of drugs, alcohol and tobacco against a standard which, for drug education consists of a single dimension, and a number of themes and elements.

Building upon its earlier evaluation of the pilot SRE Accreditation Scheme, the Thomas Coram Research Unit at the Institute of Education, University of London, was asked by the DfES to undertake a review of the standard

Interviews with carried out with teachers and PSHE leads across the six pilot sites and with national assessors.

### Key Findings

- ◆ In general, and despite being not yet half-way through the programme, respondents perceived it to have assisted them to extend the knowledge, understanding and skills in relation to drug education
- ◆ However, a number of respondents questioned the clarity of some of the elements that made up the standard: in particular, how best to produce evidence about the role of drugs in society, use of teaching approaches, use of national and local policies, the effects of drug use and support services available. Special challenges were said to face teachers at KS1 and KS2, especially in relation to producing evidence about the links between drug use and sexual practices.
- ◆ While examples of evidence were thought useful, teachers requested further examples more attuned to exemplifying good practice in drug education
- ◆ The support of PSHE leads was perceived to be an essential element of the programme, although further guidance could be provided to clarify their role and responsibilities
- ◆ The rigour and credibility of the programme in general, and the drug component in particular, was said to lie in development. While many good features were in place, further improvements needed to take place to help convince teachers and headteachers of the value of this form of CPD.

## Background

In the region of 750 teachers drawn from 50 LEAs are currently participating in the Personal Social and Health Education (PSHE) Certification programme, a major national initiative within the field of Continuing Professional Development (CPD) for teachers.<sup>1</sup> As part of this work, which builds upon earlier successful work concerned with the certification of sex and relationship education (SRE), a drug education component is currently being piloted with 30 teachers from six LEAs (five teachers each from Bradford, Durham, Gateshead, North East Lincolnshire, Rochdale and Thurrock). The broad aims of the drug education component are to assist educators, and particularly teachers, to develop their confidence and effectiveness in supporting young people's learning about drugs, alcohol and tobacco.

### ***The standards***

Participants in the pilot drug education component are expected to provide evidence that they can apply their knowledge and understanding of drugs, alcohol and tobacco against a set of standards which, for drug education consists of a single dimension, and a number of themes and elements. The standard, which complements that related to the teaching and management of pupil learning, has been developed with reference to the consultation draft of *Drugs: Guidance for Schools*, the Updated Drug Strategy (Drugs Strategy Directorate, 2002), the Ofsted Drug Education in Schools (Ofsted, 1997) report together with its Update (Ofsted, 2002), and guidance linked to the National Healthy School Standard.<sup>2,3</sup>

The dimension consists of four themes, each of which is divided into 3, 4 or 5 elements. The themes relate to:

- Policy context (theme D1, consisting of 3 elements)
- Development of personal awareness, confidence and responsibility (theme D2, consisting of 4 elements)
- Development of a healthy, safer lifestyle (theme D3, consisting of 5 elements)
- Development of positive relationships and respecting difference and diversity (theme D4, consisting of 3 elements)<sup>4</sup>

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<sup>1</sup> For further information about the PSHE CPD programme, see: <http://www.teachernet.gov.uk/pshe/microsite/index.cfm> for further information

<sup>2</sup> For further information about the NHSS and drug education, see: <http://www.wiredforhealth.gov.uk/cat.php?catid=862>

<sup>3</sup> For guidance from the DfES about drugs and schools, see also: DfES (2004)

<sup>4</sup> Unless otherwise stated, references made in this report to Dimensions relate to those outlined in the draft handbook. This was the handbook used by respondents at the time of the review and about which most made comments. In the draft handbook, the theme, 'Knowledge and understanding and its application in the teaching of drug education', was termed 'Dimension D'. In the revised handbook this is now termed 'Dimension B'.

Within each theme, participants in the pilot drug education standard must provide 'valid and sufficient' evidence to demonstrate that they have a secure knowledge and understanding of certain 'core' elements, and must address the other elements in an action plan.

Along with other pieces of written material, the evidence and the information contained in action plans, is to be brought together in a professional development record (PDR) and submitted to a National Assessor for their scrutiny. Feedback on an interim PDR (to be submitted in November 2003) will be provided in December 2003, with submission of the final PDR due around March/April 2004.

With regard to information about drug education, the interim PDR is expected to contain evidence related to theme D1. Information about the other 3 themes will be contained in the final PDR.

The 15 elements and 4 themes that make up dimension D have been developed via a national consultation with drug education experts. However, to assist with the ongoing review of the pilot drug education component, the DfES hopes to learn from those involved in the pilot, and to build on their experience and expertise to ensure that the final standard (and the process leading to certification) is credible through being comprehensive, challenging, clear and verifiable.

To assist in this process, and building upon its earlier evaluation of the pilot SRE Accreditation Scheme,<sup>5</sup> the Thomas Coram Research Unit at the Institute of Education, University of London, was asked to undertake a small scale study to:

- Inform the development of the pilot drug education component by the DFES, to help ensure it is clear and helpful to PSHE leads and educators taking part, in preparation for the national roll-out of the component.

## Methods

Semi-structured face-to-face and telephone Interviews were conducted with 29 respondents, 25 drawn from the six pilot sites and four assessors.<sup>6</sup> In consultation with the DfES and the national coordinator of the programme, semi-structured interview schedules were developed for (i) teachers, (ii) PSHE leads and School Drug Advisers, and (iii) assessors. Interviewees were invited to:

- Comment on the clarity of the handbook overall, and the elements and themes that made up Dimension D in particular

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<sup>5</sup> Report available at: <http://www.dfes.gov.uk/research/data/uploadfiles/RR376.doc> Accessed March 5, 2004

<sup>6</sup> Attempts were made to interview all those involved in the programme in pilot sites. This was not possible due to the unavailability of respondents for personal and professional reasons during the period in which interviews were undertaken.



- Identify those themes and elements about which it was problematic (or unproblematic) to gather evidence
- Outline what factors helped and hindered their participation in the programme
- Comment on the extent to which they viewed the programme as credible, relevant and worthwhile
- Outline what changes participation in the programme had made to teachers' practice.

The review took place concurrent with the implementation of the pilot. Information was collected from teachers around the time of their interim PDR submission, and from assessors after PDRs had been commented on and returned to teachers. As such, respondents were able to comment on work undertaken in relation to Dimension A and the first two elements of Dimension D (D1.1, relating to school policies, and D1.2, relating to the law and school rules). Respondents were asked to comment on anticipated difficulties they might come across when working on the other elements of Dimension D (D1.3 – D4.3).

## Findings

### ***Views about the programme overall***

More often than not, teachers appreciated their involvement in the PSHE CPD programme and responded more or less positively to the pilot drug education standard. Being only around half-way through the programme, some were already able to report on gains made. Not uncommon were comments that related to feeling different about their subject area; greater enthusiasm and confidence in particular. Intellectually too, having time to 'take stock' and review or reflect on their professional practice against the standards had enabled some teachers to gain new insights and extend their knowledge.

In terms of skills, involvement in the programme had assisted one teacher at least to improve the way that pupils communicate in the classroom, another to find ways to better inform parents, one other to improve the support provided to colleagues, and others to develop new evaluation activities or carry out better activities in classrooms

*I like the certification process because it provides continuity, a time for reflection, and I have gained enthusiasm from it, and gained insight from other schools. (Teacher, secondary)*

*It has empowered me to feel more confident about raising the profile of PSHE ... I can talk more confidently to colleagues and help them ... It's made me take stock how valuable & necessary the PSHE is for every child... It's the cement between the building blocks. (Teacher, primary)*

*I'd worked on the school policy on drugs before the course ... the add on has been that I have now started to do individual lesson plans for teachers who deliver this based on needs analysis work ... also, I'm starting to evaluate a lot more what we're doing ... in the past we set things up but never really sat down to evaluate them. (Teacher, secondary)*

*It has been one of the best things I've done in teaching in relation to promoting my career and improving my teaching. (Teacher, special)*

*The lessons on drugs have improved enormously, young people enjoy them and it has proved really successful sharing learning in the classroom and young people enjoy challenging each other about information, what is correct and where do we get our information from. It is a challenging way of working from the teacher's point of view but it is worth it. (Teacher, secondary)*

*It does feel credible ... I'm now more aware of the national picture, which I had no idea about... It made me realise that we're doing the children a massive disservice if we don't do any of this education ... It's completely worthwhile ... It has also helped in informing parents about things, for example, on open nights. (Teacher, primary)*

A PSHE lead too, was particularly confident about the programme, especially as it provided teachers with the opportunity to consider the implications of national policies on school life and classroom practice.

*The Dimension broadens teachers' thinking ... So many of our teachers only think about what happens in schools without thinking about national policy ... it really does make them think much wider than what happens in the classroom, and that is the crucial element in it. (PSHE lead/SDA)*

Still, not everyone felt that involvement in the programme had deepened or extended teachers' understanding, knowledge or skills. Two teachers, each with several years experience in drug education, stated that the programme, while addressing key issues, was of little use to them, even though they anticipated it would benefit less experienced colleagues. Furthermore, accreditation attached to a Masters degree, rather than certification from the DfES, would for them have greater utility.

*It has not hugely changed the way in which I teach or what I teach but it has improved my personal expertise and the course has covered most aspects of teaching and learning styles. (Teacher, secondary)*

*The programme would be of more use to someone young and starting off. It was not a great deal of use to me personally. My career has moved on and I*

*am now [a member of the senior management team] ... Accreditation would be useful if it was, say, part of a Masters course. (Teacher, secondary)*

These sentiments resonated with those from others who questioned who might best be recruited into the programme. So far, this had not been made clear. It was thought that experienced teachers, more so than others new to the profession, would be able to share what had been learned with colleagues.

*There needs to be more clarity about who the certification is for. It's not just for new teachers who've never done anything before - as it's been interpreted by some schools. It should also be useful for acknowledging the excellent work of experienced PSHE teachers ... I wouldn't want to miss the opportunity for it to be used for teachers who have done a huge amount of work around this and just want to get better ... These experienced teachers are more likely to pass on their experience to others in the school. (PSHE lead/SDA)*

Respondents, whether teachers, PSHE leads, school drug advisers or assessors, were not uncritical of the programme. Below, we report on what they had to say about the handbook, about meeting together and the role of PSHE leads, about the Professional Development Records and the production of evidence, about time and money, and about the rigour, relevance, credibility and status of the programme.

### ***The handbook***

Respondents generally indicated that the handbook provided them with a clear sense of the requirements of the programme and their role in it. However, with positive remarks about the handbook in general, came more negative sentiments about Dimension D in particular, and the themes and elements and themes that made it up. Compared with the themes and elements under Dimension A, teachers found those under Dimension D somewhat harder to understand, especially if they worked at KS1 or KS2. While examples of evidence were said to be useful in 'grounding' an element, respondents more often than not indicated that it was discussion with colleagues, facilitated by PSHE leads, which helped them clarify their thinking.

*The handbook is very strong on providing classroom lessons and good practice . It's been good for getting my policies tighter and more focussed ... My lessons are really more focussed now and I am now linking more with national and local policies. (Teacher, special)*

*I think the manual is clear and the most helpful things are the examples of evidence. There are one or two areas that are difficult to unpick, particularly as a KS1 teacher, in particular, can I evidence that I'm doing this? The evidence grids prompted lots of discussion, and forced us to ask what it's really getting at, and how to evidence that. A commentary to support the evidence would have been useful ... 'A' ones were more straight forward than 'D' ones which were more difficult to unpick, If it hadn't been for the network of colleagues then I would have found that hard to do ... The elements have been quite tricky to evidence with younger children. The Dimension A ones have been fine, but the drug specific ones are more difficult. (Teacher, primary)*

*The handbook was straightforward but the questions sometimes doubled up and repeated themselves on certain issues ... the handbook itself was clear and concise and easy to follow ... the examples of evidence were very good and it was nice to have examples. Many of the courses I have been on in the past don't do this. The examples helped to ground the subject and make it much more practical and relevant. (Teacher, secondary)*

*The handbook was absolutely terrifying at first ... there is an awful lot of it and when you first look at it is very daunting and off-putting. Once you get into it though, it is not as bad as you first think and there is not so much of it as I first thought. (Teacher, primary)*

One educator, who worked in out-of-school settings, was one of those most critical of the handbook. A lot of unnecessary detail did not help in working out whether, what, and how best, evidence should be produced.

*I found the handbook complicated to use and didn't understand how to interact with it to produce the evidence that they were looking for. There is a lot of unnecessary detail ... I made notes but it was still unclear how I should provide the evidence. I work across a number of settings and I think it is obvious that the handbook has been designed with classroom teachers in mind and doesn't relate to my way of working so easily. (Teacher, primary)*

Perhaps due to their overview of the programme along with their breadth and depth of drug education experience, assessors were more critical than teachers about the quality and comprehensiveness of the handbook and of Dimension D.

Two assessors were interviewed after the revised handbook had been produced and were able to note that revisions, all of them apparently for the better, had been made.<sup>7</sup>

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<sup>7</sup> The revised handbook is available at:

<http://www.teachernet.gov.uk/pshe/microsite/linkAttachments/ACF98.pdf>

Accessed: March 5, 2004

There was some concern that the elements making up Dimension D were little changed from those that made up the Dimension A in the draft handbook. Echoing the concerns of some teachers, it was also noted that teachers at KS1 and KS2 might find it difficult to see the relevance of the elements to the primary school context.

*It looks as if some of the drugs themes and elements in the [draft] handbook were just taken from the SRE themes, with some changes to the wording.  
(Assessor)*

*In some themes and elements in the [draft] handbook, they were asking for two things at the same time. They also appeared to be very secondary biased and KS1 and KS2 teachers may struggle to see the relevance, they probably have more work to do in interpreting them to their own circumstances.  
(Assessor)*

The inclusion of examples of evidence that could be collected under each element was noted as a strength of the handbook. Perhaps surprisingly, the absence of these in the revised handbook was viewed more positively than negatively; but only if a supplementary booklet of examples of evidence was to be produced.

*The sections on policies and the role of drugs in societies are not as clear as they might have been. For the infant school teacher, more needs to be said about this, such as medicines. And we also have to think about which society? Outlining examples about the breadth of this would be useful.  
(Assessor)*

*In the old handbook, they had examples of the sort of evidence that could be collected. That's gone in the new handbook, which is probably a good thing as it makes the standards handbook not too daunting. But what is also needed, and this could be collected centrally and locally, are the sorts of evidence that relate to themes and elements, a supplementary booklet.  
(Assessor)*

Although teachers did not indicate that there were gaps in the written materials, assessors drew attention to two areas where this might be the case: reference to the national standards for subject leaders, and more prompts to help teachers consider the role of parents in drug education. With regard to the former, two assessors noted that, like any other curriculum area, a subject leader in PSHE should provide leadership and direction for the subject and ensure that it is managed and organised to meet the aims and objectives of the school and the

subject itself.<sup>8</sup> Having such a standard could, in theory at least, help identify areas for development.

*I think that the handbook should make reference to the National Standards for Subject Leaders, as PSHE should have the same standards as any other curriculum area. This may help highlight any weaknesses for those who are leading on PSHE. (Assessor)*

One assessor noted that, on the whole, the handbook drew well on the PSHE framework and the DfES guidance for schools on drugs. With regard to parents, and mindful of the reference to their role in the development of a school's drug policy contained in the drugs guidance (DfES, 2004), one assessor felt the handbook could prompt teachers to consider more fully issues of parental involvement. Another assessor noted that, where teachers were responding to a drug related incident, any problems could be compounded by lack of parental awareness regarding the school's drug policy.

*The Standard appears to be relevant with themes taken from the PSHE framework and the latest drug guidance. I can't see anything to take issue with or is omitted ... perhaps, though, there could be something about involving parents. I suppose there's nothing to prevent teachers producing evidence about this, but perhaps it needs to be highlighted. (Assessor)*

*SMT need more guidance on how to respond to incidents and prepare parents and local community to understand the policy. When something comes up, unless the ground is well prepared, all hell will be let loose, and this uses up so much time. (Assessor)*

As noted above, teachers reported that clarification of each element often took place in discussion with colleagues and the PSHE lead. This was a common theme raised during interviews, although not one universally shared. For example, on teacher's initial reactions to the written materials were negative, but going through them step-by-step with another person made them more comprehensible. However, another respondent stated that the handbook seemed clear, at least after an initial read through. Yet despite 'good' discussions with colleagues and the local PSHE lead, s/he had been left more confused about what the elements referred to.

*When I first saw the handbook I thought 'Bloody hell. What is this?', very daunting, and when I read it I have to say I thought it was too wordy, too full of jargon, not hands on enough and very off putting, not at all worded for*

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<sup>8</sup> For further information see: <http://www.tta.gov.uk/>

*teachers. Very intimidating until [the PSHE lead] went through it step by step with me. (Teacher, secondary)*

*I generally thought written materials were clear. I had thought they were quite straight forward when looking at it by myself. But when we've had meetings and discussed it, then that confused me even more. Although the discussions very good. (Teacher, secondary)*

Although not noted as an absence, two respondents commented that a greater emphasis be placed on cultural, and especially, religious issues. For one, Christian values should more fully permeate drug education. Even so, this teacher, along with another, stated that a diversity of cultures and faiths should be addressed, whatever the age of pupils.

*We should be able to put forward a moral model for drug education based on Christian values ... there was not enough emphasis placed on Christian values. ... but there should be moral messages from other religions as well. (Teacher, secondary)*

*The materials could have had a stronger focus on cultural and religious differences and different views about alcohol and drugs, which is particularly relevant in an area like ours with a big Muslim population ... work with young people from Black and Minority Ethnic communities needs to take account of cultural differences, but we also need an understanding of the needs of particular cultures and faith groups ... but respecting traditions shouldn't mean that work with those young people shouldn't take place. (Teacher, primary)*

A few requests were made for the handbook, and especially the grids attached to dimensions, themes and elements, be published on the internet. In one site at least, the PSHE lead had already made the form available electronically to teachers, an appreciated development that made the grids easier to complete.

*The PSHE lead transferred parts of the handbook that needed filling in onto a computer, this was very useful. It was much easier to fill in on the computer. (Teacher, primary)*

PSHE leads were said to play a central role in supporting teachers' involvement in the programme, engagement with the handbook, and production of their interim PDRs. Yet, as we shall see in the following section, there were concerns about whether the programme prepared local leads as best it might.

*The new handbook is a great improvement. Reading through it, the themes and elements are now clear ... where issues need to be teased out, this can be done by the PSHE lead ... The local lead is crucial to the success of the process, and this begs the question of whether they are the right calibre.*  
(Assessor)

### **Meeting together and the role of PSHE leads**

The handbook, no matter what the feelings about its design, format, content or clarity, always required some interpretation by teachers. A generally valued feature of the CPD programme was said often to lie in the opportunities it provided teachers to review, discuss and clarify their work in preparation for submission of their PDR. This teacher echoed the voices of many in commenting,

*Having the support of the PSHE lead and drugs trainer, and meeting with the others has been absolutely critical ... They've put us at our ease ... the key meetings to review the interim assessment were very much needed.*  
(Teacher, secondary)

One-to-one support, where it happened, and whether it came from colleagues or, more often mentioned, from the PSHE lead, helped teachers to understand more fully the requirements of the programme. Observation and its accompanying feedback helped teachers draw lessons from the work of others. However, opportunities for 'getting together more regularly' and visiting another's school were limited due to the time available, and especially so in those LEAs where finding supply cover was a difficulty.

*The observation lessons were very good and I had three of these. The Head looked at evidence and performance in my lessons and [the PSHE lead] came in to observe one lesson as well. This was a really useful exercise and the feedback is very helpful.* (Teacher, primary)

*It's been difficult to get the group together, supply cover in [our LEA] can be difficult I know, but it would have been better if we could all have got together more regularly and also had more opportunity to have got inside each others schools and environments.* (Teacher, primary)

Teachers appreciated the opportunities they had to consider how drug education was developed and organised in settings other than their own. Transferring learning from one place to another might involve a consideration of the similarities and differences across school sites. But it could just as well be about deepening their knowledge and understanding of local drug issues and services,



these gains being made particularly through discussion with health professionals and specialist drug workers.

*The most important thing for me has been sharing with other schools, the whole networking thing, it is really helpful to see how other schools tackle issues differently and set up different structures. (Teacher, primary)*

*The school have been very supportive and have given me time to write up the folder - this has been critical ... But I need more time to be able to visit local services ... doing this whole project has made me more acutely aware of linking to local organisations, like the drugs misuse worker. (Teacher, secondary)*

*The materials have been very up to date and the statistics have been useful. The health professionals that we've been in contact with have good inside information of what is happening locally and they're more in touch with what's going on and this has been impressive ... Having met other agencies is very important. (Teacher, secondary)*

One the whole, there were calls for further opportunities to meet colleagues and other professionals. However, two respondents noted that more could have been made of their time together. For one, a different mix of people at each meeting had limited the benefits that could be drawn from working together. For another, a more specific agenda might have brought with it a tighter focus and led to better sharing of good practice.

*We could have met more often than we did, we only met twice and it was a different mix of people each time. The good intention was there but we didn't get to make the most of it. The benefit of work like this is that we can learn from each other and we should be able to share good teaching practice. I would have liked to have had the chance to do some shared teaching. (Teacher, primary)*

*The network meetings were on the whole helpful and [the PSHE lead] organised three of these. They have been useful in sharing good practice but I felt the meetings could have been more focused and more tightly run as they tended to meander and not really have a specific agenda ... one weakness of the programme has been that I would have liked more network meetings, but shorter ones, and more focussed on a particular issue each meeting. (Teacher, secondary)*

Assessors, too, indicated that some PSHE leads could make improvements to the assistance provided to teachers. A background in health might bring with it a depth and breadth of understanding of local health issues. A background in education, however, was more likely to bring with it an understanding of how best

to integrate health issues into schools and classrooms. The need to make improvements to the guidance provided to teachers was not lost on PSHE leads either. Being just 'one page ahead' of teachers in the handbook had left one lead feeling 'foolish'. Better preparation for the pilot would, it was said, have made it easier to respond to teachers' questions.

*Perhaps not all the leads are as secure as best they might be in terms of supporting teachers. It depends on whether they have a health or education background. Those in health have good up to date knowledge about local health issues, in education they have a better understanding about schools and lessons. (Assessor)*

*I would have liked more time for my own preparation. I felt like I was only one paragraph ahead of the teachers most of the time. The lack of preparation for the pilot had made me feel foolish when I couldn't answer teachers' questions, especially when I was trying to sell the pilot to them. (PSHE lead/SDA)*

Improved preparation and guidance was also the theme that arose from assessors' comments about PSHE leads. Guidelines about their role should be made available to PSHE leads, said two assessors. These would, at the very least, address the number of sessions organised and identify their focus. To assist with the production of written materials, local leads could be provided with an opportunity to themselves assess a PDR.

*There are not guidelines, to my knowledge, about how many sessions PSHE leads should carry out. Perhaps they can provide good practice guidance on that. (Assessor)*

*It might be useful for the leads to have a greater understanding, more guidance, on what they do in their core days with teachers. Say, day 1 do this, then this and this with teachers. Something useful might be to get them [leads] to assess a portfolio themselves. (Assessor)*

Greater clarity about the role and training of leads might also have an impact on the work of assessors. On the one hand, assessors could spend a greater amount of time training leads at the beginning of the year. On the other, and with this done, the receipt of better PDRs (with adequate cross-referencing, correctly ordered and numbered pages, and more consistent use of evidence), would provide assessors with fewer challenges when commenting on interim materials.

*Assessors could be more fully involved in the PSHE lead training. It would have been good for the assessors and good for the PSHE leads and perhaps*

*built a better understanding about what the teachers needed to do for their portfolio. There was some confusion about cross-referencing and how evidence can be used. Some portfolios did not even have numbered pages or pages in the correct order. There was lots of variation too among teachers in what counts as sufficient evidence. (Assessor)*

### **Professional Development Records and the production of evidence**

There were comments, particularly from assessors, that the 'portfolio' approach to assessment helped teachers focus on, and develop, their own practice. Assessment by portfolio was far better, one assessor suggested, than, say, by examination. However, at this point in the programme, teachers rarely, if ever, spoke enthusiastically about putting together their PDR. One respondent found the process tedious, wasteful, and felt it had had a negative impact on the 'course'. Another stated that a personal visit from an assessor would consolidate the 'good aspects' of the programme. Yet others, while not exactly animated by portfolio production, did recognise its potential value.

*Stop the portfolio obsession, far too much paperwork, this is mind numbingly boring, the whole photocopying, putting the handbook together time consuming process is just ludicrous and it detracts from the value of the course. (Teacher, secondary)*

*... the organisation, administrative aspects, the whole paper chase and working late, takes hours and it is not a positive feeling afterwards, it detracts from the good aspects, it would be better for someone to come and assess us rather than hand in files. (Teacher, secondary)*

*Lots of the things I was doing in any case but I am a lot more organised as a result of the course. Even doing the portfolio, though pretty dreadful is useful in that I have now got everything in one place and other teachers have seen it and had a look. (Teacher, secondary)*

More commonly, concerns about the PDR related to the type or sorts of evidence that could be used to verify individual school or classroom activities. Given that teachers had been asked to exemplify their understanding of, and teaching about, drug-related policies, assessors had had the opportunity to consider teachers' strengths and areas for development about these elements of Dimension D. Overall, despite seeing some good PDRs, there was scope for improvement. What was missing, all assessors noted, were the links, or evidence- or audit-trails from national policy to classroom practice. Further help and guidance, perhaps an extra section in the handbook, might be needed to encourage teachers to establish the connections between national policies and classroom activities.

*In terms of school policy, teachers **have** to show how they have contributed to its development, or reflect on how their understanding of the policy impacts on the programme they have developed. The handbook may need an extra section on the policy and what it has to do with them as teachers. (Assessor)*

*What we need is a clear audit trail, from statute to guidance, to school policy to workplans to what happens with children in the classroom. This was not done at all well in the interim portfolios. People need help to think that through. (Assessor)*

Perhaps due to the interim nature of the submission at the time this review was carried out, there was little evidence from teachers that they had brought about changes to the work of others in their school. One primary school teacher noted that s/he was being asked by colleagues about drugs issues, and hoped that the profile of drug education would be raised in other schools too. Other respondents stated that more could be done to assist teachers review the impact they had made, not only on colleagues but also school systems, towards the end of their participation in the programme.

*I have had a lot of recognition within the school for taking part in the course and other staff have approached me to find out about it and to talk about the drugs issue ... The scheme will have its profile raised because every school has to have a certificated person. (Teacher, primary)*

*What is important in terms of the handbook or at programme level, is to ask them to reflect on the changes that have happened in school. As a finishing point really. They have to write a personal values statement and part of that could be to ask them about their impact on the school. That might be useful, because at the end of the day that's what you would hope. (PSHE lead/SDA)*

*Some teachers would say that it's good for their own professional development but that it's not really impacting on the school. If there are no changes you could ask them to identify why ... It would be good in the contextual statement and as part of summing up, if they had to comment on the impact upon the school. (PSHE lead/SDA)*

To support teachers in their production of evidence, PSHE leads and School Drug Advisers, in particular, noted that the handbook could potentially contain an 'array' of evidence drawn not from sex and relationship, but drug, education. This would help teachers identify what forms of evidence might be acceptable. Even though photographs or videos of children could picture what work had taken place, their use in a PDR was likely to be limited due to child and data protection issues. Whatever form evidence took, one PSHE lead noted, teachers should be

aware that it must be signed and dated, a requirement not made as clear as it should be.

*It would have been useful to have more examples of evidence and types of evidence. The examples that are there have been useful, but they have obviously been on based guidelines from the SRE component and it would have been better to have more drug related examples. (PSHE lead/SDA)*

*There is insufficient emphasis in the handbook that evidence needs to be signed and dated. (PSHE lead/SDA)*

*It would be useful to have an array of different examples of evidence to see what is acceptable ... None of the elements have been really problematic to provide evidence about. But from a practical perspective it is difficult for some teachers to come up with evidence because they could not include photos of children or use videos - because of data protection and the child protection issues. (PSHE lead/SDA)*

One teacher, relatively new to PSHE and drug education, was concerned that it was other staff members' evidence, rather than their own, that was being submitted.

*It was difficult to find evidence because I am new to the whole PSHE area ... I felt that it wasn't my own personal evidence that I was providing, it wasn't me who had delivered it, devising the original lesson plans etc., and that affected my confidence in putting together the portfolio. (Teacher, primary)*

In fact, some assessors and PSHE leads also noted that, especially in relation to school policies, teachers may not have direct influence on the development of the policy and may find it difficult to respond to element D1.1.<sup>9</sup> However, what was important for teachers to show others, assessors stated, was their knowledge of policies and to communicate how these influenced their classroom activities.

It was questioned whether the assessment process was unnecessarily cumbersome in its operation, with files having to be mailed to London for viewing by national assessors. Bringing assessment closer to hand, one respondent noted, may bring with it greater transparency. One assessor considered also whether PSHE leads could have greater role in assessment, with assessors taking on a more defined training and quality assurance role.

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<sup>9</sup> Element D1.1 stated: 'School policies appropriate to drug education and incident management and how these reflect national and local policy and statutory and non statutory guidance.'

*The assessor process needs to be clearer. We need to check whether there is an easier way to have it reviewed with assessors without posting off to London. It would be useful to have someone locally to assess them. (PSHE lead/SDA)*

### **Time and money**

One respondent, almost alone among those we spoke with, stated that the timing of the programme:

*... fitted right in with what I needed and at the right time starting in October. (Teacher, secondary)*

More frequent, though, were less positive sentiments: too compressed a timescale, an unclear time by which activities and meetings should take place, the need to 'spread out' activities more evenly across the year, and one or two suggestions that the programme should run over two years, rather than one.

*What has been difficult is the timing of course. This has not been completely clear. It would have been useful to have a pull-out calendar in the handbook - how you can plan your own work - a fold out planner - showing what elements you should have achieved, and by when. (Teacher, secondary)*

*... to do it [the portfolio] properly was far too time consuming. The quality of evidence that is required is high and this takes time to gather. In effect having 7 weeks to get to the interim stage is far too compressed a timescale. I did a lot of it in my own time at home but I also got witness statements, from our librarian, school nurse.....it really is quite a big commitment time wise. No problems actually providing the evidence but a lot of work crammed into a short space of time and to do it justice is hard. (Teacher, secondary)*

*The main weakness of the scheme is its timescale, the whole thing has been far too compressed. A two year course would offer greater flexibility and more support, the support would be more spread out and ongoing and that would be very useful. We could also spread out our use of supply teachers and that would please my Head. We really had only 7 weeks of term time on the course and I had to fit 3 lesson observations into that time. It also meant that I ended up doing lessons about drugs in the first term when I didn't really know the class well enough. (Teacher, primary)*

PSHE leads noted that the financial resources available to them during the pilot had facilitated the involvement of teachers. On the one hand, it made it possible for supply cover to be bought in, so enabling teachers to work outside of their

school. On the other, it addressed a less tangible but no less an important issue in raising the status of the programme.

*The funding has been helpful to enable teachers to get out of schools and feel there is cover - particularly primary schools - that's very important. (PSHE lead/SDA)*

*The money has enabled us to do some creative things around resourcing and to enable teachers to have time to work on their own ... it's the kudos that the money brings ... it has lifted it ... it is more credible because it brings money with it. (PSHE lead/SDA)*

However, it was also noted that the financial resources did not compensate adequately for either the teacher's cover, or PSHE lead's time. Other budgets were being used to supplement resources available to the pilot. Furthermore, the requirements of the financial rather than academic year, were felt to drive the programme.

*The funding doesn't cover all of the PSHE lead's time put in, or cover needed for teachers. I've had to find support from teachers from other budgets. This is going to be a big issue big issue for extending the scheme. (PSHE lead/SDA)*

*One of the weaknesses relates to the financial versus the academic year. It would be much better if the pilot could have been started at the beginning of the academic year and not tied to a Departmental financial year/planning round. (PSHE lead/SDA)*

A few comments were made about the loss of ring-fencing of resources for drug education. There were various views that money was either being re-directed to schools or to Drug Action Teams.<sup>10</sup> Whatever their perceptions, respondents with these concerns were concerned about how best to prioritise and embed drug education for young people.

*I'm worried that the money for drug education is losing its ringfencing. In many cases this will mean it just gets absorbed into general accounts. Who will be educating the Governors in schools to make sure they prioritise it? (Assessor)*

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<sup>10</sup> Standards Fund Grant 204, provided ring-fenced resources for drug education from 1995 to 2004. Standards Fund Grants are intended only to stimulate activities in the short-term. Drug education remains a statutory part of the curriculum which all schools are required to deliver. It is the responsibility of LEAs and schools to identify the funding and how much they want to spend supporting drug education out of the total resources available to them.

Assessors had other points to make too about time and resources, particularly in relation to their own role in the programme. Recognising that interim portfolios would require greater attention than those submitted for final assessment, assessors indicated that, the lower the quality of the portfolio, the greater the amount of time needed to read through it and provide constructive feedback.

*It certainly takes a darn sight longer than two hours to assess a portfolio, some of them were enormous! And especially at this interim stage when we need to provide constructive feedback. (Assessor)*

Such comments led onto others about payment; more time was put into assessing portfolios than that for which payment was received, and the level of pay not comparing favourably with other areas of work in which they could get involved. This was raised as an issue, not only for those who were self-employed, but also for those employed within LEAs whose financial officers soon noted that payroll costs were higher than the daily rate received. While valuing the CPD programme greatly, it did leave one or two assessors wondering whether 'good quality people' would be discouraged from continuing with the programme.

*It probably took around three times as long to carry out the interim assessments than I got paid for. (Assessor)*

*The hardest portfolios to assess or those that are poorly put together as they require more feedback of good quality. And compared to other work they can do, assessors don't get paid enough. Assessors may do it a couple of times and then you lose the good quality people. It's about £240 at the moment, but you can get £360/370 on, say, working on performance management. (Assessor)*

*There's an issue with funding. I started last summer, but then got paid last week. It must be especially hard for those who are self-employed. And £250 per day is crazy. Many people will do it for their C.V. Some people ruled the job out as their LEA ruled it out as it cost more to employ them than they got back. £350 would be more realistic and competitive. (Assessor)*

### ***Rigour, relevance, credibility and status***

Where teachers were able to make comparisons with other CPD opportunities, they stated that the PSHE CPD process was more relevant to their needs than those they had come across in other areas, for example, history, science as well as those for special schools. The views of one assessor resonated with these general sentiments, suggesting that all CPD needed to move away from one-off



courses towards programmes that provided teachers with the opportunity to provide evidence of their teaching practice in an on-going way.

*The programme helps teachers produce good evidence of teaching practice. It moves CPD away from a one off seminar to an on-going process. All CPD needs to go this way. It's a fantastic process that needs a little tweaking (Assessor)*

Still, the credibility of the programme could be more fully developed. With regard to its rigour, and as already noted, much good work had taken place, yet further changes were needed. A number of these have already taken place with the revision of the handbook, although others were needed in relation to assisting PSHE leads and a continued consideration of the links between evidence and elements. While the existence of a national programme had improved the perceived status of PSHE, at least to some extent among some teachers, its value was yet to be fully proved.

*Is it rigorous? Well, it will become more credible as it develops. In the first instance the PSHE leads may not be too sure about their role. We noticed that sometimes there may have been too much tutoring with the contextual statements from different people appearing to be similar. Also, some of the lesson observations were not tied as closely as they could be to the standard, which makes you question their usefulness. (Assessor)*

*Teachers have felt very empowered by doing the course ... PSHE has been looked down upon for such a long time and doing the SRE and drugs pilot means that they feel valued, recognised as having something worthwhile to contribute to the curriculum and not just being seen as dealing with the problem areas no-one else is interested in. (PSHE lead/SDA)*

In one sense, rigour, credibility, relevance and status moved hand in hand at local and national levels. Those in schools and sites had to show national stakeholders, through evidence brought together and assessed in PDRs, that teachers were improving on and extending their knowledge, skills and understanding of drug education. National figures had to show those in sites and schools, through programming and resourcing, that PSHE and drug education were important features of life in schools.

*The course itself is credible and a high quality input, but PHSE is not recognised and I'm not sure how far this pilot will go towards remedying this ... What do we get out of it, what does the certificate mean? No-one has heard of it and it won't be valued, we need more publicity for it at a national level to raise it's profile. (Teacher, secondary)*

*I'm delighted with it - it has refuelled my enthusiasm ... It's important that it's recognised nationally ... I like the fact that the DfES are placing a value on it. (Teacher, primary)*

*The certification programme needs credibility and recognition at the highest levels, the DfES, to make sure that teachers see it as worthwhile ... Advisers have some clout with headteachers, but this area is not statutory ... teachers **know** the importance of PSHE and drug education, but the government has to say that this **has** to be done as there are so many competing pressures on schools. (Assessor)*

*What the teachers are telling us is that because it's a national certification process it has more weight ... it's credible because it's endorsed through the DFES and by the HDA. (PSHE lead/SDA)*

## Summary and implications

Although not yet half-way through this CPD drug education programme, teachers were generally enthusiastic about their participation in it. More often than not, they found it valuable to 'take stock' of their professional practice and, with the assistance of colleagues and PSHE leads, to collect evidence against PSHE and drug education standards and submit an interim PDR for assessment.

However, despite this general picture, respondents had a number of concerns about their participation in the programme. Many questioned the clarity of elements that made up dimensions. Others noted some gaps in the handbook (particularly in relation to whether it encompassed issues addressed by the National Standards for Subject Leaders, whether parental needs could be more fully addressed and whether greater attention should be paid to cultural and religious diversity). Themes and elements were said to be more relevant for work at KS3 and KS4 than KS1 and KS2. When available, online materials were found to be useful.

A few respondents were unsure about who might best benefit from involvement in the programme: was it for experienced teachers or those new to drug education?

Examples of evidence were valued, but needed to be extended to encompass more fully the issues addressed across the themes, and the types of evidence that could be submitted in PDRs.

Teachers benefited from discussions with colleagues and PSHE leads about whether, what and how best to include evidence of practice in their PDR. Assessors noted that more attention should be paid to the evidence-trail linking national policies to classroom activities.

Given the centrality of PSHE leads in the CPD process, there were calls to support them more fully in assisting teachers. At the very least, written guidelines about the number, types and focus of meetings should be produced and could be drawn up as entitlements for participants. Assessors may also have a role in PSHE lead training, particularly for those leads who had limited experience of school-based work or of developing PDRs.

Many respondents felt that the timescale for the programme was too compressed, giving teachers barely enough time to produce and submit their interim PDRs.

A few assessors were concerned that, with the current daily rate of payment (often well below that available for other consultancy) it would be hard to sustain some assessors' involvement in the programme. While the financial resources available to the programme to aid teachers' participation should continue, it might be useful to consider whether further financial support is needed to cover more fully teachers' and assessors' costs.

The rigour and credibility of the programme, especially in relation to the drug education standard, was said to be in development. While many good features were in place, there were improvements still to make at local and national levels.

Given the current status of PSHE, without top-level national support for this area of work, and without sustained efforts to extend and exemplify participants' professional practice, respondents felt that some teachers and headteachers would question their actual (or potential) involvement in this CPD programme.

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## Appendix A – Respondents' comments on elements

In order to assist with the development of the CPD programme, and the revision of the handbook in particular, verbal feedback of emerging themes from interviews, relating to the elements of Dimension D, was provided in January, 2004, to DfES representatives and the CPD programme's national coordinator. Below, we provide a bullet point summary of the comments reported at the verbal feedback under each of the elements mentioned by respondents.

- **Element**
  - **Comment**
- A1.4 & A1.5 & A1.6 (Strategies to respond to spontaneous issues / challenges prejudice / Manages controversial issues)
  - Important issues, but one piece of evidence could cover all three
- A2.2 & 2.3 (Uses range of teaching styles / Uses range of teaching approaches)
  - Issues in the two different themes are too similar
  - Some overlap between A.2.2, A2.3 and A3.3. May be clearer to ask for evidence of strategies to address: a) attitudes; b) skills; and c) information.
- A3.2 & D1.2 (Awareness of legislation / The law and school rules)
  - Too similar and issues would be better addressed under one theme
- A4.2 & D1.3 & D3.1 (Taught about range of support services / National support services / Skills for keeping safe and managing risk)
  - All about local support services and could be combined
- D1.1 (School policies)
  - Needs breaking down into school policies and a separate theme about how these relate to national policies
  - Some teachers are not responsible for development of school drug policy, what do they do in relation to this element?
  - Example of annotated policy would be helpful
- D1.2 (Confidentiality and child protection)
  - More explanation needed of what evidence is required
- D1.3 (National and local services, the support they offer to children, young people and parents and referral procedures)
  - Too many issues in one element
- D2.1 (The role of drugs in society)
  - Needs some examples to help clarify what is required of teachers (4 teachers)
- D3.2 (physical, psychological, social, emotional, and environmental effects and risks of drug taking and misuse)
  - Too many issues to address in one element
- D3.3 (Basic emergency first aid procedures)
  - Questioned as to whether this required teachers to have gone on first aid course, or knew first-aider in the school

- D3.4 (How to support pupils with drug-related needs and those with drug misusing parents/carers)
  - Could pose problems for those in primary schools and relations with parents
- 3.5 (links between drug use and sexual activity)
  - Hard to evidence in primary
- D4.1 (The range of attitudes ... including cultural and religious values)
  - Hard to get examples of this, especially in schools with few pupils from minority ethnic communities
  - More examples needed of the sort of evidence required
  - Might prove difficult for those in primary schools to address as they cannot be as open about drug issues as teachers in secondary schools

## **Appendix B – Interview schedules**

## Review of the Pilot Drug Education Standards

### *Interview Schedule – Teachers*

- We are carrying out a review of the pilot drug education standards developed for the PSHE Certification Programme
  - The findings from this review will inform the development of the drug education component of the PSHE Certification Programme.
- We would like to ask you about whether you view the scheme to be relevant and worthwhile, and about any suggestions you have for making improvements
- Any information we receive from you will be reported anonymously.
- The interview will last about 20-30 minutes over the 'phone or about 45-60 mins face to face
- If it is ok with you, we would like to tape record the interview. This will help us later to write-up the themes and issues you highlight
  - *Check that the interviewee agrees to the tape-recording*

### **Background**

- 1) Could you say a little about your background and your expectations of taking part in the certification Programme?
  - a) *Prompts:*
    - i) *PSHE (and drugs) related teaching*  
*(1) How long teaching PSHE?*
    - ii) *Other responsibilities e.g. KS Co-ordinator*
    - iii) *If they are not the PSHE co-ordinator – is there one?*  
*(1) How is PSHE teaching organised – specialist teams?*
    - iv) *Other CPD events/schemes attended and how useful they were*
    - v) *Involved in the SRE pilot or are also doing the SRE component?*
    - vi) *Expectations of taking part in the programme (drug education and PSHE more generally)*

### **Views about dimension D – drug education themes and elements**

We would like to learn about your views on the themes and elements that make up dimension D.

- 2) Are the written materials clear in supporting you through the certification process?
  - a) *Prompts:*
    - i) *The handbook overall*



- ii) *The section about Dimension D*
  - iii) *Other written information (such as examples of evidence)?*
- 3) How useful and relevant are the elements in developing drug-related work within your school?
- a) *Prompts:*
    - i) *Developing drug-related policies*
    - ii) *Extending learning among pupils at KS1, KS2, KS3 & KS4*
    - iii) *Extending learning among pupils with special educational needs*
    - iv) *Improving teachers' drug-related educational expertise*
    - v) *Suggestions for improving themes and elements*

### **Collecting evidence**

As you know, evidence has to be collected to verify whether and in what ways themes and elements have been achieved.

- 4) Could you indicate if there are themes and elements that might be especially problematic (or relatively straightforward) to verify?
- a) *Prompts:*
    - i) *Themes and elements seen to be problematic*  
*(1) Why problematic?*
    - ii) *Themes and elements seen to be unproblematic (check whether challenging enough)*
    - iii) *Examples of the sorts of evidence that might be collected for two to three elements*

### **Taking part in the certification programme**

Although you are still currently working on the certification process, we would like to ask about what has so far helped and hindered your participation in the scheme.

- 5) Could you say a little about the self-review process?
- a) *Prompts:*
    - i) *Did you feel supported through this process (and by whom – role of SDA and PSHE Lead)?*
    - ii) *What professional development activities, if any, have been planned as a result of the self-review process*
    - iii) *Overall, how useful was the self-review process in developing drug-related work?*
- 6) Could you outline the sorts of support that have been particularly helpful (or less helpful)?
- a) *Prompts:*

- i) *Support (or lack of it) at school level, local level (especially Local Network Meetings), regional and national levels*
  - ii) *Key people who have been particularly helpful (or obstructive)*
  - iii) *Synergy (or otherwise) between different aspects of the scheme*
    - (1) *(For those doing SRE AND drug components: whether and in what ways drug education component could be improved when compared to SRE component)*
  
- 7) Overall, to what extent would you view the drug education component to be:
  - a) Credible (in terms of there being a rigorous and supportive process)
  - b) And, worthwhile (in terms of helping you to extend pupils' understanding and skills about drug related issues)
    - i) *Prompts:*
      - (1) *Reasons for answers and suggestions for improvements*
  
- 8) Overall, what are your views about the strengths and weaknesses of this certification programme compared to other CPD training and events in which you have taken part?
  - a) *Prompts:*
    - i) *Whether worthwhile with regard to time and monetary resources involved in participation in this programme when compared to others*
  
- 9) Could you say if there is anything you would do differently as a result of taking part in this certification process?
  - a) *Prompts:*
    - i) *Working with pupils*
    - ii) *Working with colleagues*
    - iii) *Your own professional development*
  
- 10) Is there anything else about improving the certification programme you would like to add?

**Thank you for your time**

## Review of the Pilot Drug Education Standards

### *Interview Schedule – LEA School Drug Advisers*

- We are carrying out a review of the pilot drug education standards developed for the PSHE Certification Programme
  - The findings from this review will inform the development of the drug education component of the PSHE Certification Programme.
- We would like to ask you about whether you view the scheme to be relevant and worthwhile, and about any suggestions you have for making improvements
- Any information we receive from you will be reported anonymously.
- The interview will last about 20-30 minutes over the 'phone or about 45-60 mins face to face
- If it is ok with you, we would like to tape record the interview. This will help us later to write-up the themes and issues you highlight
  - *Check that the interviewee agrees to the tape-recording*

### **Background**

1. Could you say a little about your background and your expectations of the certification programme?
  - *Prompts:*
    1. *PSHE and drugs related work*
    2. *Work related to supporting CPD*
    3. *Expectations of this certification programme*

### **Views about dimension D – drug education themes and elements**

We would like to learn about your views on the themes and elements that make up dimension D.

2. Could you outline whether the written materials could be improved so as to better support teachers through the certification process?
  - *Prompts:*
    1. *Clarity of handbook overall (wording, ambiguity, repetition etc)*
    2. *Clarity of section about Dimension D*

3. *Additional information that might be helpful (such as examples of evidence)*
3. How useful are the elements and themes in supporting teachers CPD and assisting them to provide evidence about their professional practice?
  - *Prompts:*
    1. *Addressing policies*
    2. *Improving professional practice at KS1, KS2, KS3 & KS4*
    3. *Extending learning among pupils with special educational needs*
    4. *Improving teachers' drug-related educational expertise*
    5. *Suggestions for improving themes and elements*

### **Collecting evidence**

As you know, evidence has to be collected to verify whether and in what ways themes and elements have been achieved and standards achieved.

4. Could you indicate if there are themes and elements that might be especially problematic (or relatively straightforward) for teachers to verify or evidence?
  - *Prompts:*
    1. *Themes and elements seen to be problematic*
      - *Why problematic?*
    2. *Themes and elements seen to be unproblematic (check whether challenging enough)*
    3. *Examples of the sorts of evidence that might be collected for two to three elements*

### **Taking part in the certification programme**

Although the certification process is still underway, we would like to ask about what has so far helped and hindered your own and teachers' participation in the programme.

5. Could you say a little about whether you have been involved in taking teachers through their self-review process?
  - *Prompts:*
    1. *Suggestions for improvements about how teachers might best be supported.*
    2. *Strengths and weaknesses of teachers taking part in SRE and drug components at the same time?*

6. Could you say a little about who or what has supported your own involvement in the programme?
- *Prompts:*
    1. *Support at school, local, regional and national levels – especially whether you have suggestions for improving the ‘national’ training days for the drug component*
    2. *Key people that have been particularly helpful (or obstructive) – especially whether improvements could be made to working with the PSHE Lead and better utilising respective expertise*
    3. *Synergy (or otherwise) between different aspects of the scheme.*
7. Overall, to what extent would you view the drug education component to be:
- Credible (in terms of there being a rigorous and supportive process)
  - And, worthwhile (in terms of extending teachers’ CPD)
  - *Prompts:*
    1. *Reasons for answers and suggestions for improvements*
8. Overall, what are your views about the strengths and weaknesses of this certification scheme compared to other CPD training/events you know of?
9. What impact (both positive and negative) has the programme had on your own professional work?
- *Prompts:*
    1. *Impact on your role*
    2. *In relation to financial and time resources*
10. Is anything you would do differently as a result of taking part in this certification process?
- *Prompts:*
    1. *Supporting the professional development of teachers*
    2. *Working with colleagues*
11. Is there anything else about improving the certification programme you would like to add?

**Thank you for your time**

## Review of the Pilot Drug Education Standards

### *Interview Schedule – PSHE Leads*

- We are carrying out a review of the pilot drug education standards developed for the PSHE Certification Programme
  - The findings from this review will inform the development of the drug education component of the PSHE Certification Programme.
- We would like to ask you about whether you view the scheme to be relevant and worthwhile, and about any suggestions you have for making improvements
- Any information we receive from you will be reported anonymously.
- The interview will last about 20-30 minutes over the 'phone or about 45-60 mins face to face
- If it is ok with you, we would like to tape record the interview. This will help us later to write-up the themes and issues you highlight
  - *Check that the interviewee agrees to the tape-recording*

### **Background**

1. Could you say a little about your background and your expectations of the certification programme?
  - *Prompts:*
    1. *PSHE and drugs related work*
    2. *Work related to supporting CPD*
    3. *Expectations of this certification programme*

### **Views about dimension D – drug education themes and elements**

We would like to learn about your views on the themes and elements that make up dimension D.

2. Could you outline whether the written materials could be improved so as to better support teachers through the certification process?
  - *Prompts:*
    1. *Clarity of handbook overall (wording, ambiguity, repetition etc)*
    2. *Clarity of section about Dimension D*

3. *Additional information that might be helpful (such as examples of evidence)*
3. How useful are the elements and themes in supporting teachers CPD and assisting them to provide evidence about their professional practice?
  - *Prompts:*
    1. *Addressing policies*
    2. *Improving professional practice at KS1, KS2, KS3 & KS4*
    3. *Extending learning among pupils with special educational needs*
    4. *Improving teachers' drug-related educational expertise*
    5. *Suggestions for improving themes and elements*

### **Collecting evidence**

As you know, evidence has to be collected to verify whether and in what ways themes and elements have been achieved and standards achieved.

4. Could you indicate if there are themes and elements that might be especially problematic (or relatively straightforward) for teachers to verify or evidence?
  - *Prompts:*
    1. *Themes and elements seen to be problematic*
      - *Why problematic?*
    2. *Themes and elements seen to be unproblematic (check whether challenging enough)*
    3. *Examples of the sorts of evidence that might be collected for two to three elements*

### **Taking part in the certification programme**

Although the certification process is still underway, we would like to ask about what has so far helped and hindered your own and teachers' participation in the programme.

5. Could you say a little about whether you have been involved in taking teachers through their self-review process?
  - *Prompts:*
    1. *Suggestions for improvements about how teachers might best be supported.*
    2. *Strengths and weaknesses of teachers taking part in SRE and drug components at the same time?*

6. Could you say a little about who or what has supported your own involvement in the programme?
  - *Prompts:*
    1. *Support at school, local, regional and national levels – especially whether you have suggestions for improving the ‘national’ training days for the drug component*
    2. *Key people that have been particularly helpful (or obstructive) – especially whether improvements could be made to working with the SDA and better utilising respective expertise*
    3. *Synergy (or otherwise) between different aspects of the scheme.*
  
7. Overall, to what extent would you view the drug education component to be:
  - Credible (in terms of there being a rigorous and supportive process)
  - And, worthwhile (in terms of extending teachers’ CPD)
  - *Prompts:*
    1. *Reasons for answers and suggestions for improvements*
  
8. Overall, what are your views about the strengths and weaknesses of this certification scheme compared to other CPD training/events you know of?
  
9. What impact (both positive and negative) has the programme had on your own professional work?
  - *Prompts:*
    1. *Impact on your role*
    2. *In relation to financial and time resources*
  
10. Is anything you would do differently as a result of taking part in this certification process?
  - *Prompts:*
    1. *Supporting the professional development of teachers*
    2. *Working with colleagues*
  
11. Is there anything else about improving the certification programme you would like to add?

**Thank you for your time**



## Review of the Pilot Drug Education Standards

### *Interview Schedule – Assessors*

- We are carrying out a review of the pilot drug education standards developed for the PSHE Certification Programme
  - The findings from this review will inform the development of the drug education component of the PSHE Certification Programme.
- We would like to ask you about whether you view the scheme to be relevant and worthwhile, and about any suggestions you have for making improvements
- Any information we receive from you will be reported anonymously.
- The interview will last about 20-30 minutes over the 'phone or about 45-60 mins face to face
- If it is ok with you, we would like to tape record the interview. This will help us later to write-up the themes and issues you highlight
  - *Check that the interviewee agrees to the tape-recording*

#### **Background**

1. Could you say a little about your background and your expectations of the certification programme?
  - *Prompts:*
    1. *PSHE and drugs related work*
    2. *Work related to supporting CPD*
    3. *Expectations of this certification programme*

#### **Views about dimension D – drug education themes and elements**

We would like to learn about your views on the themes and elements that make up dimension D.

2. Could you outline whether the written materials could be improved so as to better support teachers through the certification process?
  - *Prompts:*
    1. *Clarity of handbook overall (wording, ambiguity, repetition etc)*
    2. *Clarity of section about Dimension D*
    3. *Additional information that might be helpful (such as examples of evidence)*
3. How useful are the elements and themes in supporting teachers CPD and assisting them to provide evidence about their professional practice?
  - *Prompts:*
    1. *Addressing policies*
    2. *Improving professional practice at KS1, KS2, KS3 & KS4*

3. *Extending learning among pupils with special educational needs*
4. *Improving teachers' knowledge, understanding and skills to deliver effective drug, alcohol and tobacco education*
5. *Do you have any suggestions for improving the wording of any of the themes and elements to ensure they are more easily understood?*

### **Collecting evidence**

As you know, evidence has to be collected to verify whether and in what ways themes and elements have been achieved and standards achieved.

4. Could you indicate if there are themes and elements that have been, or you judge will be, especially problematic (or relatively straightforward) for teachers to verify or evidence?
  - *Prompts:*
    1. *Themes and elements seen to be problematic*
      - *Why problematic?*
    2. *Themes and elements seen to be unproblematic (check whether challenging enough)*
    3. *Examples of the sorts of evidence that might be collected for two to three elements*
    4. *In what ways could the themes and elements be changed to enable better evidence collection?*

### **Taking part in the certification programme**

Although the certification process is still underway, we would like to ask about what has so far helped and hindered your own participation in the programme.

5. Could you say a little about who or what has supported your own involvement in the programme?
  - *Prompts:*
    1. *Links with National Team and other Assessors*
6. Overall, to what extent would you view the drug education component to be:
  - Credible (in terms of there being a rigorous and supportive process)
  - Worthwhile (in terms of extending teachers' CPD)
  - And, appropriate (in terms of being the right collection of standards)
  - *Prompts:*
    1. *Reasons for answers and suggestions for improvements*
7. Overall, what are your views about the strengths and weaknesses of this certification scheme compared to other CPD training/events you know of?
8. Is there anything else about improving the certification programme, related to the drugs module, you would like to add?

**Thank you for your time**

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