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"If there's going to be a subject that you don't have to do…" Findings from a mapping study of PSHE education in English secondary schools

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Abstract

This article discusses some key findings about secondary schools from a mapping study of Personal, Social, Health and Economic (PSHE) education in England. The secondary school elements of the study combined a nationally representative survey of 617 secondary schools with follow-up in-depth case studies in five of these schools. These case studies involved interviews and discussion groups with pupils, parents and key school staff members, as well as governors and school improvement partners, and local authority support staff. Results reported here relate to the models and methods of delivery; frequency and curriculum coverage; the purpose and value of schooling, and PSHE education, and issues about staffing, expertise and credibility. Where appropriate, comparisons are made with primary schools. In doing so, the article raises issues about the diminished status and priority of PSHE education in secondary as compared to primary schools, and how this may stem from the ways in which schools do/not value the subject, and its relationship to broader attainment and education policy contexts.

Introduction

Following the proposal by the then (Labour) Schools Minister Jim Knight to make Personal, Social, Health and Economic (PSHE) education compulsory for Key Stages 1-4, the Macdonald review was carried out to examine how best to achieve this. The review identified a need to "establish and report on the prevalent models of delivery for PSHE education" (Macdonald, 2009:8). Sheffield Hallam University were therefore commissioned by the Department for Children, Schools and Families (DCSF), now the Department for Education (DFE), to conduct a mapping study of PSHE education in England (Formby et al, 2011). Part way through this research, however, a general election took place resulting in a new (coalition) government coming to power and the relevant clauses from the Children, Schools and Families Bill (2010) being removed in the preceding 'wash up' period. There have as yet been no indications that the new government intend to reinstate plans to make PSHE education statutory, though an internal review is currently being conducted to consider "how schools can improve the quality of PSHE education" (Gibb, 2011:1).

Using both the quantitative and qualitative data collected from the study, this article builds on a previous publication related to PSHE education in primary schools (Formby, 2011a) by examining a number of issues pertinent to secondary level PSHE education. Where appropriate, direct comparisons are made to primary level findings. Where they exist, distinctions are also made between survey and case study data.

For the purposes of this research, PSHE education was defined as consisting of personal and economic wellbeing elements, including: diet, nutrition and healthy lifestyles; drugs, alcohol and tobacco (DAT) education; emotional health and wellbeing; safety education; sex and relationships education (SRE); enterprise education; personal finance/financial capability, and - exclusively to secondary schools - careers education and work-related learning.

This article first sets out the research methods employed, before describing findings linked to reported models and methods of delivery, and frequency and range of curriculum coverage. These areas are then discussed in relation to two themes, connected to views on the purpose of schooling, and related status of PSHE education, and issues related to staffing, expertise and credibility, before finishing with some concluding thoughts. An important thread running throughout the article is the implicit, and sometimes explicit, tension between schools' drive for achievement in the sense of attainment, and schools' responsibility for pupil wellbeing. A key factor here is that secondary schools in our sample tended to view the purpose of schooling as being focussed on academic outcomes and the development of a relatively narrower range of life skills in comparison with primary schools, which strongly influenced the value and status they placed upon PSHE education, which in turn affected their delivery of the subject.

Research methods

A mixed method study, including both a nationally representative survey and detailed case studies in self-selecting schools, was employed in order to address a number of research questions. The combined postal and online questionnaire was distributed to a sample of PSHE education leads in primary and secondary schools in England (stratified by local authority size and government office region, and by school capacity and faith status). The questionnaire encompassed a large variety of research questions grouped by key themes: curriculum coverage and provision; delivery models; use of assessment; workforce and support for PSHE education, and perceptions of effectiveness. In total, 1540 completed questionnaires were received, equating to response rates of 22% for primary and 34% for

secondary schools.[1] This data was used to produce descriptive statistical analysis of survey responses, with breakdowns by school type or region where statistically significant. The data was also used to statistically model the effectiveness of PSHE education, however this aspect is not reported here.

The survey stage of the research was followed up with fourteen in-depth case studies in five differing government office regions. At secondary level, this involved visiting five case study schools and the local authorities in which they were located. Interviews and focus groups were conducted with staff members, at local authority (LA) level including PSHE education advisors and consultants, and at school level including teachers, Senior Leadership Team (SLT) members, school governors, school improvement partners, and pupils and parents. In total, 97 LA and secondary school participants took part in this stage of the research.[2]

Case study data was written up and analysed thematically, allowing key themes and issues to emerge within and between cases. Verbatim quotes are included throughout this article to illustrate these themes; where these are quotes from pupils, they are taken from focus groups with 11-15 year olds.

Models and methods of delivery

The survey response data (Table 1) shows the principal delivery model in secondary schools was the use of discrete PSHE education lessons. The other most common models were the

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[1] The higher response rate for secondary schools is explained by additional chasing methods being put into place to ensure the desired minimum achieved sample size (from a smaller issued sample size).

[2] A further 163 individuals participated in nine primary level case studies, making a total of 260 individual case study participants.

use of drop-down days[3] (by over half at KS3), followed by integration across the curriculum, within other subject lessons, and within tutor/form group time. In comparison, primary schools were far less likely to depend on drop-down days.

Table 1: Models of delivery at KS3 and KS4

Models of delivery	KS3 (%)	KS4 (%)
Discrete PSHE education lesson	82	66
Within themed or drop-down days	56	49
Integrated across the curriculum	49	29
Within other subject lessons	43	34
Within tutor/form group time	40	33
As part of enrichment sessions	34	28
Within Citizenship lessons	28	21
Elements timetabled in their own right	24	19

Secondary school case studies illustrated a broad range of delivery models, somewhat in contrast to the survey results. Only two schools, for example, were teaching discrete PSHE education lessons of one hour per week, and one school was using six drop-down days per year as their only PSHE education teaching. This school was described by staff as *"academic"* and had a high intake of pupils from relatively affluent backgrounds. Members of

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[3] Drop-down days refer to the suspension of normal timetabling to provide dedicated (themed) provision to pupils on those days.

staff at this school described drop-down days as being *"less onerous"*, and more enjoyable for students. The school had also received high praise from Ofsted for its PSHE education. In contrast, however, pupils at the school described their PSHE education as *"boring"* and *"repetitive"*, with "[only a] *hint of something different* [each year]". There was also evidence that some pupils were pulled out of this delivery to focus on exam preparation (in Year 10), meaning they could effectively miss an entire year's worth of teaching for some elements, such as SRE. The local authority staff member interviewed for this area expressed serious reservations about the effectiveness of this approach to teaching PSHE education:

"…drop-down days don't do it"

When looking at the survey results, teaching methods appear generally comparable across primary and secondary schools (Table 2), for example whole class lessons were the main delivery method at both school phases. Overall, however, secondary schools utilised a broader range of teaching methods.

Table 2: Teaching methods at secondary and primary schools

Teaching method	Secondary	Primary
Whole class lessons	100	100
Theatre/drama/role play	94	91
Facilitated pupil discussion	94	94
Referral/signposting to external services	91	N/A
Referral/signposting to school services	91	N/A
Lectures/teacher led sessions	82	71
Small group lessons	69	91
Single sex lessons	51	65
Visits to local services	43	N/A
Specific lessons for disability/SEN pupils	32	29
Faith specific lessons	9	13

Frequency and curriculum coverage

Our survey data indicates that secondary schools teach PSHE education elements far less frequently than primaries. Over half of all secondary schools surveyed taught each element of PSHE education just once a year or less at both KS3 and KS4 (Table 3), with the exceptions of careers education and emotional wellbeing that just under half taught yearly or less at KS4 and KS3 respectively. Emotional health and wellbeing was far less likely to be taught weekly at secondary schools than at primaries, hinting at the change in focus of schooling across the different phases (discussed further below).

Table 3: Frequency of delivery of PSHE education elements at primary and secondary schools

Element	KS	Weekly (%)	Up to once a month (%)	Up to once a term (%)	Once a year or less (%)
Emotional health and wellbeing	KS1	75	10	10	5
	KS2	70	12	12	6
	KS3	16	15	28	41
	KS4	13	12	25	50
Diet, nutrition and healthy lifestyles	KS1	27	18	32	23
	KS2	25	18	33	24
	KS3	11	11	25	54
	KS4	10	10	21	59
Safety education	KS1	28	21	32	18
	KS2	24	20	33	23
	KS3	8	11	27	55
	KS4	8	8	23	62
Work-related learning	KS1	N/A	N/A	N/A	N/A
	KS2	N/A	N/A	N/A	N/A
	KS3	8	8	19	65
	KS4	11	10	24	54
Careers education	KS1	N/A	N/A	N/A	N/A
	KS2	N/A	N/A	N/A	N/A
	KS3	7	8	22	63
	KS4	10	15	26	48
DAT education	KS1	3	4	18	74
	KS2	3	5	27	65
	KS3	7	9	23	61
	KS4	6	9	21	64
Enterprise education	KS1	4	6	24	65
	KS2	5	5	27	63
	KS3	7	7	21	64
	KS4	7	7	22	64
Personal finance/financial capability	KS1	5	6	30	59
	KS2	5	6	31	59
	KS3	7	7	20	66
	KS4	8	7	22	63
SRE	KS1	10	8	22	60
	KS2	5	4	17	74
	KS3	6	8	20	65
	KS4	7	8	21	63

A continuing theme from the primary schools (see Formby, 2011a) is that certain elements of PSHE education, such as SRE and DAT education, remain neglected or not prioritised at secondary school level, for example being delivered once a year during a drop-down day as illustrated by one of our case studies. This is despite the fact that young people often appreciate the input of quality SRE at this age (Martinez and Emmerson, 2008; Sex Education Forum, 2008; UKYP, 2007), as well as ongoing policy recognition about the importance of good-quality SRE (e.g. DCSF, 2008; DfE, 2010), but is likely to be related in part to teachers' common lack of confidence in these areas (see further discussion below).

This relative consistency in the (in)frequency of delivery of individual PSHE education elements stands alongside data related to curriculum coverage. Overall, between 38% and 70% of secondary schools were teaching all elements of PSHE education, according to our definition. When post-16 provision was excluded this rose to about two-thirds (67% in Y7, 68% in Y8, 70% in Y9, and 63% in Y10 and Y11). Whilst just 1% to 3% were teaching no PSHE education elements at compulsory schooling age, around a third were only teaching some elements (between 29% and 34%) across the same age span. At post-16 level, 48% were teaching some elements and 14% were teaching none.

Purpose and status

An implicit issue connected to the delivery models and methods discussed thus far relates to school views about the purpose of education, and therefore the support and status ascribed to PSHE education within that institution. In short, where schools or senior leaders did not value the broad aims of PSHE education, or saw these as contradictory to the school's main purpose which was related to academic attainment, then PSHE education tended to be awarded less time within the curriculum (conversely, where schools viewed the purpose of schooling being closely tied to the overall wellbeing of their pupils, there was more likely to be a stronger focus on PSHE education). We should note here, of course, that this focus on

attainment is associated with over 20 years of changes in education policy with a focus on performativity (Ball, 2003) and associated pressures. Nevertheless, despite emerging interest in exploring the links between wellbeing and attainment (Aggleton et al, 2010; Crow, 2008; Goodman and Gregg, 2010), there were very few links made between PSHE education and potential academic performance in our case study schools.

The underlying contradiction or tension felt by some schools between attainment and wellbeing (and which a school should prioritise) has been documented previously. Best, for example, has highlighted "the British tradition of schools (and their staff) being *in loco parentis*, and therefore concerned with the all-round well-being of their students... [but] such a concept of education is one head of a monster which, at the other end, pressures schools to produce outcomes which have little to do with what it is to be a person" (Best, 2008: 343). Similarly, Kidger et al found evidence of a reluctance on the part of some school staff to engage in 'emotional health and wellbeing (EHWB) activities' because of a belief that they "obstruct the (more important) academic work of a school" (Kidger et al, 2010: 926). They went on to explain "study participants were convinced that EHWB work went hand in hand with the core aim of schools to achieve academic results [but] felt that colleagues often did not see that [and] took the view that they should not or could not focus on both" (Kidger et al, 2010: 927).

Staff participants in this study also made reference to this context, naming a *"target driven culture"* that contributed to PSHE education being more 'vulnerable' than other subject areas. The importance of leadership support for PSHE education and its individual elements has been widely reported (DCSF, 2008; Macdonald, 2009; Ofsted, 2010) in order to signify its value throughout the school, and ensure good-quality delivery. However, while support for PSHE education may be demonstrated 'on paper', evidenced both in this research and elsewhere (see EdComs, 2010), this does not seem to marry with delivery 'on the ground', according to our data. This is likely to relate to the competing pressures that senior leaders

face, tackled with education being (easily measurable) standards driven, schools being compared in league tables, and so on (Best, 2008; Perryman et al, 2011). One head teacher, for example, commented that PSHE education was important but was something that they had to do *"…on top of the academic targets that we're being driven hard on".* Similarly, one LA lead commented:

"[PSHE education] is a subject that can be pushed out a little bit, and also it's non-statutory, so if there's going to be a subject that you don't have to do…"

One member of staff at a school in an affluent area explained that the status of PSHE education there was *"on the floor"* because the school clearly focussed much more on academic attainment:

"We don't focus on [PSHE education] *and drive it in the same way we do the measured subjects"*

At this particular school it appeared that the approach to PSHE education was somewhat tokenistic, as an SLT representative commented that their reason for reviewing PSHE education that year was so that:

"If Ofsted came in I could hand them the folder"

Another teacher there also commented:

"We're just tinkering at the edges, just ticking the box for Ofsted"

Conversely, some interviewees seemed to stress the importance of PSHE education *despite* its non-explicit link (for them) to attainment:

"We wanted the students to really treat it as a very important part of what they're learning. Even though we're a high achieving school, we're not just churning out results"

"If what we're doing today helps [them] *make an informed decision tomorrow, and therefore takes* [them] *out of trouble, then today has been worthwhile"*

"[The] *school should not just produce academic geniuses, but well-rounded global citizens"*

The tension between attainment and wider purposes of schooling was sharpened at secondary level where PSHE education did not have such a strong relationship with Social and Emotional Aspects of Learning (SEAL). This contrasts with primary schools where PSHE education and SEAL were often tightly linked, with SEAL resources providing teachers delivering PSHE education with heightened confidence, and ultimately status because of SEAL's explicit link to learning, which seems to have a 'knock-on' effect on support for PSHE education delivery (Formby, 2011a). At secondary level, PSHE education was more likely to be linked to 'life skills' and therefore seen as separate to learning and attainment.

Pupils also appeared to stress the relevance and value of PSHE education as being separate to learning and attainment and more linked to 'real life':

"It's the best part, it's like real life, you get taught about relationships and it really helps"

"You realise you're not the only one who feels that way… it opens your eyes a bit more"

"It's the most important, to do with actual life and helps quite a lot"

Following on from this is the specific issue of assessment which illustrates how PSHE education can be devalued because it is often not formally assessed as other 'academic' subjects are (see also Richardson, 2010 for a comparison with the assessment of citizenship education). As one PSHE education lead pointed out:

"The minute it's not examined, [pupils] *don't put the same amount in; they may enjoy it but it may come low on their list of priorities"*

Opinions from participants in the case studies (both staff and pupils) varied from those that felt assessment in PSHE education is unnecessary and would become too formal and too difficult to implement, to those that felt assessment would be one way to improve PSHE education's status, or make teachers *"care more"* about the subject as one young person argued.

As Best acknowledged, "schools vary in the degree to which they accept their mission as something more than the transmission of knowledge" (Best, 2008: 344). An interesting issue linked to the level of status ascribed to PSHE education and its relative relationship to attainment, relates to schools situated in more deprived areas and/or facing more challenging circumstances (for further discussion see Formby et al, 2011; Stiell, 2011). From the case study data, there is some evidence to suggest that schools located in more affluent areas, and with the aims of being 'higher achieving schools', were less likely to prioritise PSHE education delivery. However, in our study, schools in less affluent areas were more likely to link PSHE education to the attainment goals for their pupils:

"[PSHE education] *is hugely important in society today… there is a huge need for this sort of education for our young people, because a lot of them don't get it from their parents"*

"Because they're coming to us at 11… and a good 20-25% are coming with no social skills, no support from their home, and unless the school can help them with this, then their futures are in that sort of cycle"

In comments such as these, some teachers/schools used to pupils from far less affluent backgrounds may have been informed by an approach to learning influenced by Maslow's hierarchy of needs (Maslow, 1943). As Best suggested, "Pupils can't learn and thrive if they don't feel safe, or if health problems are allowed to create barriers" (Best, 2008: 346). That is, there may have been an implicit assumption among some teachers that where they believed pupils' basic needs were not being met at home/outside school, that schools - and specifically PSHE education - should first fulfil that role before addressing other aspects of the curriculum. One case study, for instance, concentrated their PSHE education on issues that they perceived their pupils may face in their day-to-day lives in that locality, including knife crime and gang culture:

"A recognition of issues facing the student has driven me to pitch the work as I have… it was clear that some of the reactions I was getting from certain students to work delivered was not what I expected, quite worrying, very shocking"

School staff explicitly drawing on Maslow to highlight their belief in the need for health-related provision within school has been evidenced elsewhere (Formby et al, 2010b), however an alternative view might be that PSHE education can be supported by beliefs that pupils need other kinds of learning as well as, but not necessarily as a prior condition to, learning focussed on academic outcomes. Clearly, these issues and underlying assumptions and perceptions warrant further exploration in future research related to PSHE education.

Staffing, expertise and credibility

Survey data suggests that secondary schools were slightly more likely to use external deliverers for PSHE education than primary schools (Table 4). School nurses were used by between 15% and 43% at secondary level, compared with between 5% and 45% at primary level (depending on individual element). 'Other' external providers were used by between a quarter (24%) and a half (51%) of secondary schools, compared with between 15% and 39% of primaries (element dependent).

Table 4: Use of school nurses and other external providers in secondary and primary schools

Subject area	Secondary schools		Primary schools	
	Use of schools nurses (%)	Use of 'other' external providers (%)	Use of schools nurses (%)	Use of 'other' external providers (%)
SRE	43	51	45	22
Diet, nutrition and healthy lifestyles	19	24	22	29
DAT education	17	54	17	33
Emotional health and wellbeing	15	24	6	12
Safety education	0	43	5	39
Enterprise education	0	38	0	17
Personal finance	0	30	0	15
Careers education	0	38	N/A	N/A
Work-related learning	0	33	N/A	N/A

Closely linked to the above section, implicit messages within school about the purpose and status of PSHE education (and schooling more broadly) surface in relation to the staffing of the subject, where both staff and students raised issues about the relative expertise and credibility they experienced within delivery. One teacher commented:

"The biggest issue with PSHE is that I'm a form tutor and the [pupils] *don't take it seriously or see it as a lesson because they know I am a* [different subject] *teacher so they don't see it as relevant because I am not a PSHE teacher"*

In addition, as mentioned above, some teachers who deliver PSHE education identified specifically feeling uncomfortable teaching the SRE element. Although this subject may be less contentious at secondary level than at primary, there still appears to be some taboo about teaching it, with teachers not considering themselves adequately qualified or confident enough to deliver high-quality lessons (see also Formby, 2011a, b; Formby et al, 2010a; Ofsted, 2007, 2010). This could result in patchy curriculum coverage, or in simplistic delivery not valued by pupils:

"They tell us don't have sex, don't have sex..."

In another case study, the faith status of the school impacted heavily on the way that SRE was taught, with abstinence being the predominant message given, which as demonstrated above could have implications for the credibility with which the information is viewed by young people.

In general, whilst there may be benefits to the use of specialists where appropriate (Emmerson, 2010; Macdonald, 2009; Ofsted, 2010), case study schools also raised issues about the quality and integration of some external delivery which highlights the need for schools to embed external provision into their PSHE education programme, rather than seeing certain elements – such as SRE – as 'not their responsibility' and therefore to be avoided (see also Formby, 2011a). Other research has also raised issues about the lack of integration of other professionals (non-teachers) into schooling (Kidger et al, 2009; Spratt et al, 2006).

Where PSHE education was delivered well, young people said they valued being given sufficient time for discussion, and where this clearly fit within an overall PSHE education curriculum. Where drop-down days were used to complement discrete PSHE education lessons, students felt that these were good, particularly when they were clearly planned, structured and interesting. Often PSHE education was valued when it had relevance to their 'real lives' which reduced the likelihood of students *"switching off"*. At a school in a less affluent area, where PSHE education was valued strongly by the PSHE education lead who clearly dedicated a large amount of time and effort to the subject, pupils seemed to be much more enthusiastic about their PSHE education lessons, and saw the significance of these:

"I really like it, we all get to contribute, it's more practical"

Where staff were able to utilise a spiral curriculum well, revisiting and clearly developing previous delivery, this was more appreciated by pupils. One school, for example, built each year on the previous year's teaching in order to cover the full range of PSHE education elements (from Year 7 though to Year 10), but at an age-appropriate level. Where the school had utilised this approach in discrete PSHE education lessons, pupils seemed to respond well to this way of learning as the comments below about DAT education and SRE illustrate:

"It starts with just that you shouldn't do it [referring to drug use]*, and then it develops your understanding of it, you start to realise why it's bad and what it does to you"*

"So it develops your skills in the condom workshop, they build it up over the years, it gets more and more difficult so you get beer goggles and spin around, you have to do it in the dark…"

However, returning to the issue of attainment, in some schools pupils did not see the potential value or relevance of PSHE education to their lives, which is likely to relate to their

experiences of their school's PSHE education programme (curriculum, delivery model, teaching methods, etc.), as well as the levels of enthusiasm conveyed by their individual teachers (who may, as demonstrated above, have reservations about teaching the subject).

"I did nothing in that lesson today"

"[I] know I've learned nothing in PSHE all year… totally pointless"

For some, this was explicitly linked to the lack of feedback, attainment and assessment associated with PSHE education:

"We don't even get told 'well done' at the end because we know it was a rubbish lesson anyway"

"All we do in PSHE is stuff we should do at home when we were 10. Now [we have] *exams and they're wasting our time"*

Discussion and conclusions

This article has focussed on four main themes with regard to the provision of PSHE education in secondary schools in England. First, we have provided evidence that elements of PSHE education tend to be delivered less frequently than in primary schools. Each individual element was most likely to be taught once a year at best, which raises issues about the potential continuity and familiarity for pupils with these areas. There is also a greater reliance on non-specific delivery models, such as the use of tutor/form group time, or reliance on drop-down days only, both widely considered to not be good practice (Macdonald, 2009; Ofsted, 2005, 2010). Sometimes, delivery was expressly acknowledged to allow teachers to remain within their 'comfort zones', such as avoiding SRE. Sensitivities

about particular subjects – such as SRE or DAT education – which were more likely to raise discomfort or anxiety amongst staff, are consistent with findings from primary schools in the same study, and also evidenced elsewhere (Formby, 2011a, b; Formby et al, 2010a; Ofsted, 2007, 2010; Stead and Stradling, 2010).

Overall, we found that PSHE education tended to have a lower status at secondary level than at primary, which is likely to be due to secondary schools' reduced focus on child wellbeing in place of a heightened emphasis on attainment and academic results. This low status of the subject concurs with evidence reported elsewhere (Macdonald, 2009; Ofsted, 2007). 'Curriculum congestion' (Crow, 2008), particularly at secondary level, meant that PSHE education was more likely to 'lose out' in timetabling to other subjects, perceived to be 'core' or more important. However, where schools saw educational attainment and supporting pupil development as being explicitly linked, PSHE education was more likely to hold a higher status in the school and therefore be delivered more consistently and/or to a higher standard. This, in turn, should provide pupils with a better experience of PSHE education and they, in theory, would be then more likely to see the potential value of the subject.

Conversely, in many schools the lack of formal assessment contributed to a view that PSHE education was less important (see also Crow, 2008; Ofsted, 2005, 2007, 2010 for discussion of weaknesses in PSHE education assessment practices). The broader educational policy context, therefore, which contributes to the "knowledge-centred, assessment-driven character of UK schooling" (Best, 2008: 345) also undermines the status of PSHE education. The danger of this context is that schools will attempt to fulfil their pupil wellbeing obligations through adopting a tokenistic, 'ticking the box' approach, as evidenced above. This is contrary to PSHE education being driven by young people's opinions and expressed needs, a factor already acknowledged to be in need of improvement (Macdonald, 2009; Ofsted,

2007). Ultimately, it could be argued that the widespread perception that PSHE education is separate from, or different to (and therefore less important than) other learning in schools (particularly at secondary level) is a key factor that contributes to the devaluing of PSHE education. This is clearly also linked to its current non-statutory status. Related to these issues, there are also specific points raised about staffing, expertise and credibility with regard to the delivery of PSHE education, already raised elsewhere (Formby, 2011b; Macdonald, 2009; Ofsted, 2005, 2010).

Running throughout these themes are questions about the potential tension between competing policy agendas or concerns within school, namely the quest for attainment and academic results, and the quest for (supporting) wellbeing. If we believe that children and young people are "more than empty buckets to be filled with knowledge" (Best, 2008: 345), the implications of this tension for the pastoral care and wellbeing of pupils are concerning.

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