Teachers and pupils under pressure: UK teachers' views on the content and format of Personal, Social, Health and Economic Education

TITLE PAGE

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ABSTRACT

Personal, Social, Health and Economic Education (PSHE) is undergoing changes within UK schools, and many topics, including healthy lifestyles, sex and relationships, and mental resilience/wellbeing will become statutory parts of the curriculum. The overall aim of this study was to describe teachers' views about these topics and how they should be delivered. A cross sectional online survey was completed by 167 teachers (87.8% female). Questions were asked about what was currently covered in schools, and which topics were important, and appropriate. Rating scales were used to garner attitudes and open ended questions probed for more details from the participants. Peer pressure about drugs and alcohol was commonly discussed (72% of participants) however pleasurable effects of drugs were rated inappropriate by 38.1%. Sexting (75.4%), sexual consent (69.5%) were the most frequently discussed in the sex and relationship topics, while 26.5% said that sexually transmitted diseases were not appropriate to talk about in school. Resilience (94.3%), body image/appearance (91.9%) had high levels of coverage, while 41.8% said treatments for mental health conditions were not discussed but should be. For all topics, most teachers rated their access to training as insufficient. Confidence in talking about the topic of mental health and wellbeing was lower than for the other topics. Issues highlighted by these findings should be addressed when new curriculums are being planned. Teachers witness the challenges faced by their pupils on a daily basis and their experiences, alongside further engagement with pupils, should be used to meaningfully inform the new PSHE curriculum.

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INTRODUCTION

Personal, Social, Health, and Economic Education (PSHE) includes education about alcohol and other drugs, sex and relationships, and wellbeing. Until recently PSHE was a non-statutory part of the state curriculum in England. The government provided funding for some organisations such as the PSHE Association, but it appeared that this non-statutory status meant that there was often wide variation in how and what young people learned on these topics. Indeed a 2013 Ofsted report concluded that PSHE was 'not yet good enough' in 40% of schools (Ofsted, 2013), and systematic reviews conclude that there is a lack of effectiveness and cost-effectiveness for many current measures (Foxcroft & Tsertsvadze, 2011; Mason-Jones et al., 2016). This lack of statutory provision meant that PSHE often had a diminished status in schools, compared to academic subjects, particularly given the high pressure exam target driven culture (Formby & Wolstenholme, 2012).

In 2018, the UK government announced changes that would make health and relationships education compulsory as part of the state school curriculum from September 2020 (Department for Education, 2019). This remit included information on healthy lifestyles, sex and relationships, and mental resilience and wellbeing. The current paper focuses on some of the topic areas under this remit; namely alcohol and other drugs; sex and relationships; and mental health and wellbeing. First, we briefly outline why it is important to engage with teachers and then we outline why these specific issues are important for pupils in UK schools.

Importance of working with teachers

As intervention developers, the authors of this paper recognise that it is vitally important to engage with the intended target population when designing any new interventions,

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programmes or resources, such as those for use in PSHE. Thus, our work is grounded in a co-production framework, where we seek to not only engage with, but produce materials with relevant stakeholders (Hawkins et al., 2017). We originally began to work in this area when co-constructing interventions to reduce alcohol misuse in adolescents that were designed to be delivered in PSHE lessons (see Davies, 2016a; Davies, Martin, & Foxcroft, 2015), however it soon became apparent that teachers' voices were under-represented in the published literature by comparison (Davies, 2016b; Davies & Matley, 2017). Furthermore, the literature suggests that teacher characteristics, such as confidence and enthusiasm (Dusenbury, Brannigan, Falco, & Hansen, 2003; Giles et al., 2012) can influence the effectiveness of teaching PSHE topics. Now our current programme of work also addresses wellbeing, mental health and sex and relationships as well as alcohol and other drugs. Thus, in the current study we focus solely on teachers views, while acknowledging the importance of triangulating these findings with those from adolescents and policy makers to build effective and acceptable PSHE content.

Alcohol and other drugs

Drinking alcohol during adolescence is associated with numerous harmful consequences, such as accidents and unprotected sex (Newbury-Birch et al., 2009). While rates of drinking appear to be falling in some groups of young people, alcohol remains a large preventable cause of ill health in the UK (ONS, 2017). Conversely, evidence suggests that rates of illicit drug use are rising in young people; a recent national survey found that 24% of 11-15 year olds reported trying an illicit substance in 2016, up from 15% in 2014 (NHS Digital, 2018b). The regulatory and cultural landscapes are shifting in this area: for example, with the introduction of the Psychoactive Substances Act 2016, and increasingly, access to scheduled drugs is facilitated by the internet (Barratt, Ferris, & Winstock, 2014). Governments raise considerable taxes from some drugs, including alcohol and tobacco, whilst criminalising users of others. This raises a clear challenge for PSHE provision, which must address the delicate balance between providing

knowledge and preventing harm within the confines of such legislation and commercial benefit (Tupper, 2008).

Sex and relationships

Sexual assault is experienced by a large number of young people in the UK; one in five women and one in 20 men have experienced attempted sex against their will (Macdowall et al., 2013). However, in a survey for the National Children's Bureau (NCB), a third of young people said they had not learned about sexual consent at all, and nearly half felt they had not learned all they needed to about sexual consent (Sex Education Forum, 2016). School based sex education may also be able to help students who are being abused. A Cochrane review found that children who were taught about sexual abuse were more likely to report it if it was happening to them (Walsh, Zwi, Woolfenden, & Shlonsky, 2015). Young people who took part in the NCB survey for the Sex Education Forum also highlighted the need to understand what constitutes a healthy relationship and how to tell if a relationship was abusive (Sex Education Forum, 2016).

Mental health and wellbeing

Mental health problems are experienced by up to one in five young people worldwide (Kieling et al., 2011). UK statistics suggest that one in nine children under the age of 19 suffer from a mental health condition, and these rates have risen in recent years (NHS Digital, 2018a). The rising rates of poor mental health in children may, in part, be due to rising rates in adult mental health associated with widening social inequalities (Thorley, 2016). Digital technologies may also play a part; cyberbullying is a common reason that young people contact the charity Childline, for example (NSPCC, 2018), and recent high-profile cases have drawn attention to websites that encourage or reinforce harmful behaviours, such as self-harm or eating disorders (Thorley, 2016). The Children's Society suggest that worries about physical appearance and school performance are among the issues most detrimental to the wellbeing and mental health of young people England (The Children's Society, 2016).

In summary, the challenges facing young people in the modern world are complex and school may be an appropriate place for such challenges to be discussed. However, while the introduction of a statutory curriculum is to be welcomed, there is a lack of evidence about teachers' views and attitudes towards PSHE. This is important because teachers are at the front line in providing PSHE and will be expected to absorb this additional statutory part of the curriculum on top of an already heavy workload, with stress and burnout common issues within the profession (Ravalier & Walsh, 2018). A lack of time may continue to influence the provision of PSHE. For example, a survey of 288 teachers revealed constraints in terms of time, resource and expertise that influenced the perceived quality and effectiveness of drug and alcohol education (Boddington, McWhirter, & Stonehouse, 2013).

Thus, the overall aim of the study was to describe teachers' views about PSHE topics related to alcohol and other drugs; sex and relationships, wellbeing and mental health; and methods of delivery. This is an important topic to explore, given the changing landscape of PSHE provision in England, alongside the increased challenges faced by young people as outlined above.

METHODS

Participants and procedure

The study employed a cross-sectional survey, which was administered online using Qualtrics software and took approximately 20 minutes to complete. In total 248 people clicked on the link and began the survey, and 167 people completed it (67.3% response rate). Teachers (98.4%) and PSHE consultants (1.6%) working in schools across England and Wales were recruited (97.6% in England, 2.4% in Wales). Participants were predominantly female (87.8%), and most were aged between 25 and 34 years (38.9%).

Participants were recruited in a variety of ways. Individual emails were sent to teachers who are known from previous work in schools in the local area, who had already expressed an

interest in taking part. PSHE advisor partners distributed invitations to take part to teachers that they were in contact with via email. Email invitations were sent to schools not already known to the research team. Advertisements were also placed on social media. Participants were offered the opportunity to win one of three £100 shopping vouchers as an incentive. The study was approved by Oxford Brookes University Research Ethics Committee.

Measures

Demographic measures included gender, age, PSHE experience and qualifications, and years of teaching experience. There were four main sections about alcohol and other drugs; sex and relationships; wellbeing and mental health; and methods of delivering teaching in PSHE. The questions were derived following a previous qualitative study (Davies, 2016b), drawing on the topics raised by the participants. For each section, further questions were developed using specific resources aimed at secondary school pupils. The measures were piloted with three teachers who made further suggestions for additions and amendments.

Section 1: Alcohol and other drugs: Topics in this section were taken from PSHE Association materials and covered the effects of alcohol, legal and illegal drugs, peer pressure and how to access help, advice and support.

Section 2: Sex and relationship education: Topics in this section were taken from the PSHE Association and Home Office and Government Equalities Office campaign 'Disrespect No Body' (https://www.disrespectnobody.co.uk/) and covered sexting, relationship abuse, consent, rape and pornography.

Section 3: Wellbeing and mental health: Topics in this section were informed by the Children's Society and Young Minds (http://www.youngminds.org.uk/) and covered mental health issues such as depression, developing resilience and body image.

Section 4: Methods of delivering PSHE education: This section asked questions designed to explore views about different formats for the delivery of PSHE topics, in and outside of the classroom. They were asked to rate the acceptability of each method from +3 (highly acceptable) to -3 (highly unacceptable) using an acceptability scale adapted from Petrescu et al (2016) .

Within sections 1, 2 and 3, participants were asked to identify which topics are discussed in their school, within PSHE, elsewhere, not at all, or not appropriate for PSHE. Within all four sections they were presented with rating scales and asked to indicate their agreement to some further statements on these topics, for example, about training available to teachers, and the use of external speakers, theatre groups and off-curriculum days. All questions can be seen in Tables 1 and 2. After each section, participants were asked 'if you would like to tell us any more about your views on this topic then please use the box below' and then they were provided with an essay text box, which had no restriction on the number of words they could write.

Data Analysis

Descriptive statistics to explore responses to the rating scales were performed in SPSS version 25. Answers to open questions were summarised guided by the steps for coding data in thematic analysis (Braun & Clarke, 2006).   Each chunk of text was assigned a code, and subsequently these were pooled and common areas were noted in the responses to each topic question. Both authors agreed on the codes applied to the text.

RESULTS

The data relating to the types of topics that teachers could respond to is presented in Table 1. Data from the rating scales is presented in Table 2.

[Insert Table 1 & 2]

Alcohol and other drugs

The majority of participants indicated that most of the listed topics were discussed in school, either in PSHE or elsewhere. The highest percentages were found for 'long term health effects of alcohol [e.g. cancer]' (79.0%), and 'the influence of peer pressure on alcohol and drug use' (77.1%).

Topics that were not discussed in school but should be included 'what to do if someone you know has had too much to drink' (25.2%), 'the pleasurable effects of alcohol' (19.8%) and 'the negative short term effect of alcohol [e.g. being sick, having a hangover] (17.5%). Alcohol and other drug topics most likely to considered inappropriate to discuss in school include 'the pleasurable effects of illegal drugs, such as ecstasy' (38.1%), and 'the pleasurable effects of alcohol' (27.3%).

Most participants agreed that 'drug and alcohol education should be a statutory part of the curriculum' (90.7%) and 'using outside speakers such as former addicts in an effective way of teaching young people about alcohol and drugs' (80.6%). Highest levels of disagreement were found in reaction to statements such as 'teachers are able to access sufficient training on alcohol and drug education' (46.8% disagree), 'my school has a clear policy on the type of information we teach about alcohol and drugs (26.9% disagree) and 'stand alone, or off curriculum days, are in effective way of teaching young people about alcohol and drugs' (25.2% disagree).

Responses to the open questions on alcohol and other drugs were predominantly related to either 'addiction' or 'risk taking' in terms of alcohol use, rather than other drugs. Related to addiction, participants highlighted how a parent's alcohol use might be impacting on a student and how this might mean they needed further specialist help:

Alcoholism and drug addiction, as mental illnesses, impact on individuals and families. Sources of help and confidential helpline and support -especially Nacoa. This is essential as it affects so many pupils (P158)

Responses related to risk taking were related to other risks that young people might take while they were under the influence of alcohol, for example drink driving or unsafe sex:

The connection between alcohol use and lack of effective contraceptive use. Risks taken when using mind-altering substances (P172)

Other responses relating to risk taking referred to the experience of getting drunk and peer pressure to drink more than one intended:

I think it is vital to discuss the rate and intensity of intoxication. Since it is difficult to prevent boys drinking completely, it is essential that they understand the risks of ingesting spirits/spiked drinks or succumbing to the 'down-in-one' challenge. It is important that they understand how much more risk is involved in those kinds of experiences compared to beer drinking (P144)

Sex and relationships (SRE)

The majority of participants indicated that most SRE topics were discussed in school, either in PSHE or elsewhere, with the exception of 'pornography' (46.6%). Topics most likely to be discussed in schools included 'sexting' (75.4%), 'sexual consent' (69.5%) and 'methods of contraception' (69.5%). Apart from pornography, other topics that are less likely to be discussed in schools include 'the law about sexual consent and rape' (58.5%) and 'rape' (55.1%).

Most participants agreed that 'sex and relationship education should be a statutory part of the curriculum' (89.4%), 'talking about social norms associated with sex and relationships is an

effective way of teaching young people about these topics' (75.7%) and 'my school has a clear policy on the type of information we teach about sex and relationships education' (73.8%). Using outside speakers was also considered effective in SRE (73.5%). A minority of participants expressed uncertainty (neither agree nor disagree) concerning the efficacy of using of theatre workshops (22.3%), stand-alone or off curriculum days (20.4%) and communication skills training (17.6%) in SRE. Participants were most likely to disagree with statements around teaching SRE with respect to having sufficient training (47.6%), and confidence when talking to pupils (25.5%) or see stand-alone or off curriculum days as being effective (20.4%).

Responses to the open questions on SRE were related to the 'insufficient breadth of current curriculum' and 'issues with raising SRE topics'. Firstly, many participants suggested that current materials were outmoded and did not take into account the ways in which student interacted with the online world:

> *I think the current approaches on topics are way out of date and behind the times. Many students know about sex in a way previous generations didn't, but their info and views are skewed due to online material. Little emphasis on the new threats of online dangers, imagery, pornography and the effect of those on attitudes to girls, self-image and relationships (P223)*

There were also other comments related to the limited viewpoints espoused in current materials that were used in the classroom:

> *Avoiding Heteronormative assumptions, CIs and trans LGBTQ, and issues surrounding, sources of support and information (P158)*

> *Sex as not being defined as just penetrative, between a man and a woman. The emotions involved when you start having sex. How sex is meant to be pleasurable (P198)*

Finally, a number of issues were evident in responses about this topic area. For some this was about parents not giving their agreement for their child to be included in sex education. This might be due to religious beliefs for example:

> *As a Catholic school, we are limited in our discussion of contraception which is not ideal (P188)*

Another important issue raised was about the teachers' own skills and comfort in raising sex and relationship topics in their classroom:

> *I don't think it's right that teachers should be required to discuss these things when they aren't comfortable doing so (P231)*

Wellbeing and mental health (WMH)

More than nine out of ten participants reported that four WMH topics are discussed in schools (PSHE or elsewhere), including 'resilience' (94.3%), 'how to deal with challenges in everyday life' (94.3%), 'body image and appearance' (91.9%) and 'stress' (90.2%). Around two thirds or less indicated that topics such as 'where to get support for mental health issues' (67.5%), 'information about different types of mental health issues' (63.9%), 'how to recognise if someone has a mental health issue' (62.1%) and 'treatments for mental health issues' (48.4%) were discussed in schools. Topics that were less likely to be discussed in PSHE such as 'where to get support for mental health issues', 'how to recognise if someone has a mental health issue' and 'treatments for mental health issues' were also more likely to be rated as topics that were not discussed in school but should be.

The majority of participants agree with most statements about teaching WMH, particularly with statements such as 'mental health and wellbeing education should be a statutory part of the curriculum' (89.9%), the use of outside speakers (86.1%) and talking about mental health and wellbeing social norms (82.6%). Smaller numbers agreed with statements such as 'my school

has a clear policy on the type of information we teach about mental health and wellbeing'
(39.4%) and 'teachers are able to access sufficient training related to mental health and
wellbeing' (22.9%). The highest levels of disagreement were found in response to statements
around accessing sufficient training (62.4% disagree), schools having a clear policy (37.6%
disagree) and the efficacy of using stand-alone or 'off curriculum' days for WMH (28.7%
disagree).

Responses to open questions on WMH were predominantly related to 'stigma' and 'training'.
The problem of stigma was often related to the language used by young people, as the following
two comments attest:

> *The stigma around mental health doesn't help in the classroom, students use the term*
> *"crazy" or "mental" to describe people as they find this funny (P76)*

> *Challenging stigma surrounding mental illness. Inappropriate use of language around MH*
> *e.g. I'm feeling a bit bipolar today etc (P158)*

Participants raised the issue of the training needed to support different groups of students, as
well as how to sensitively raise these topics with their students.

> *I personally would like more specific training in mental health issues, and in how to teach*
> *children, particularly EYFS and KS1 children about these issues (P196)*

> *Teachers need significant training if they are to deliver learning about mental health*
> *without making it isolating or judgemental. It's a tricky topic to handle (P231)*

Finally, issues of funding related to mental health support for young people were raised:

> *There is little point teaching about the issue if once identified students are unable to access*
> *the help they need because of funding concerns at a borough or wider level. Teachers are*

not medical professionals and increasingly there is pressure not only to identify but

support (P196)

Teaching methods

Table 3 displays the responses for questionnaire items about methods of delivery. The majority of participants found most methods of delivery to be acceptable, with the exception of 'websites with information only' (45.1%). 'Class discussions' were considered acceptable by almost all participants (96.7%), followed by 'outside speakers such as police or other agencies' (95.6%) and 'a dedicated timetabled slot each week for PSHE topics' (92.3%). High levels of acceptability were also reported for 'embedding PSHE topics in other lessons' (89.0%), 'former drug users or alcoholics telling their stories' (84.6%) and 'classroom based games or quizzes' (82.4%). 'Websites with games and quizzes' (68.1%), 'using older pupils to discuss topics with younger pupils' (68.1%), 'using drop down or off curriculum days to deliver all PSHE topics' (61.5%) and 'using mobile phone apps' (59.3%) were also considered acceptable but by fewer participants.

[Insert Table 3]

Responses to the open ended questions suggested that discussion and interactive methods were favoured, but issues of funding meant that these were not always available.

Although outside speakers are really good ways of educating people, the trouble is that

schools have no money and the workshops tend to be very expensive. If you are lucky,

charities and organisations can come in for free but they are not available for every topic.

Training teachers is also vital but non-existent (P 4)

Relationships are the key one, as if these are healthy it would prevent a lot of drug and

alcohol mis-use. Digital methods could grab children's attention, but nothing beats the

discussion and interaction of real people!(P174)

Training and time were also identified as important aspects of the responses to the questions in this section. Lack of time might mean a reliance on 'drop-down' days, as extra time needed to plan PSHE lessons could be a source of increased stress:

> *I find that 'stand alone' PSCHE days once a term are often ineffective. Wellbeing and mental health education should be infiltrated within the curriculum (P198)*

> *Teachers are SO OVERWHELMED with work at present that PSHE tends to be seen as a pain as it is another thing to be planned for instead of teaching/marking/catching up on paperwork. It very much depends on the engagement of teacher ad their stress level on how well PSHE is carried out (205)*

DISCUSSION

This study aimed to describe the views of teachers in UK schools about teaching PSHE topics related to alcohol and other drugs, sex and relationships, wellbeing and mental health, and methods of delivery. Although we asked about the topics separately, it is worth highlighting at this point that these things of course do not occur in isolation. For example, as one teacher mentioned, drinking alcohol and sexual risk taking may occur concurrently

Relating to alcohol and other drugs, most teachers reported that the long term impacts of excessive drinking were discussed in school. Open questions suggested addiction and risk taking to be important issues. However, pleasurable effects of drugs were less likely to be discussed, and these things were not mentioned in the open questions. Research with other teachers suggest that they may feel alcohol use is rite of passage for young people (Davies, 2016a). Perhaps this perspective means that they do not think teaching about pleasures is necessary or appropriate. Talking about pleasure could be controversial, but if this aspect is ignored then it may be seen as in contradiction to what young people experience in real life, in terms of their family's use of alcohol and in the media (Davies, Martin, & Foxcroft, 2013). Drug

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use is usually driven by pleasure (Hunt, Evans, & Kares, 2007; Hutton, 2012), and so to ignore this is to ignore an important reason why young people seek out and use different substances.

Within sex and relationships, most topics in the survey were already covered and the participants felt that this was a very important area. Although sexual consent was rated as an important thing to be taught, a recent study of UK university students said they did not learn about this in school (Camp, Sherlock-Smith, & Davies, 2018). The statutory changes to PSHE will hopefully start to address this issue once young people then move on and leave school, but this will take time. Open questions highlighted the limitations of current materials, including need for up to date and relevant information, as well as the lack of discussion on LGBTQ+ issues, and sexual pleasure. It is also important to note that some teachers may not feel comfortable discussing these issues. One recent study highlighting this issue involved interviews with teachers on sex and sexuality education. In particular, one of Preston's (2019) participants talked about their awareness of clinics where students could obtain get free birth control, but their personal views meant they did not tell students about them.

In terms of mental health and wellbeing, many of the topics listed in the survey did receive coverage. However, specific information about types of mental health issues, how to recognise them and how to seek support were less likely to be covered. As highlighted in introduction, pupils may see family members with mental health problems (Thorley, 2016) and so understanding and being sympathetic to such issues is paramount. Our participants also talked about stigma, and the use of language. One way to address this would be to increase mental health literacy in both pupils and teachers (Jorm, 2012). However, mental health problems are currently a huge issue in UK schools, and teachers may already feel overburdened in terms of the care they are expected to provide, often without further support or training. A study found that adolescents relied on their teachers for help, but teachers had limited resources to deal with very complicated mental health issues and further funding beyond the school gates is needed (O'Reilly et al., 2018).

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Class discussions were rated as the most acceptable way to deliver PSHE topics. The use of outside speakers was rated highly as an acceptable way to deliver information about PSHE topics. Drop down days were rated highly by around two thirds of the participants. Midford et al., (2002) underscore the importance of the teacher's ongoing relationship with pupils in direct comparison to externally delivered programmes. Discussion with a trusted teacher should therefore be prioritised. However, the preference for outside speakers is understandable, as it may feel that such topics are being deferred to experts, rather than becoming a further lesson to plan for a class teacher. Theatre groups have also been cited as popular by teachers, but at present there is a lack of evidence for the effectiveness of such measures, as well as a lack of theoretical basis for such programmes (Joronen, Rankin, & Åstedt-Kurki, 2008). Other research has raised some issues with drop down days, including that some pupils may be withdrawn to concentrate on exam preparation (Formby & Wolstenholme, 2012). They are also not considered to be best practice (Macdonald, 2009).

There were low levels of agreement about the training received by teachers to deliver the PSHE topics covered in this study. The significance of teacher training has been highlighted in the United Nations Office on Drugs and Crime International Standards on Drug Use Prevention, as a key influence on positive outcomes in prevention programmes (UNODC, 2015). Research suggests that there are some considerable knowledge and training gaps in health education (Van Hout, Foley, McCormack, & Tardif, 2012). However, the classroom can be a place for empowerment for teachers, if they can overcome some of restrictions placed upon them (Preston, 2019). For this to happen initial teacher training needs to include practical, concrete experiences and skills specific to health, at the same time taking account of the cognitive overload faced by new teachers (Pickett et al., 2017).

Confidence in all topic areas was not particularly high, and within sex and relationships, a greater proportion selected 'disagree' or 'strongly disagree', compared to the other two areas. Previous studies support this assertion showing that although teachers have the necessary skills

to teach PSHE, many lack confidence in comparison to how they feel about teaching their main specialist subject area (Evans & Evans, 2007). Effective training may be one way to increase teacher confidence. One study found that teacher training in PSHE topics tended to take place in drop down days, mirroring the approach taken in schools (Pickett et al., 2017). This perhaps signals the priority of the topic areas covered in PSHE, which teachers in other studies have felt to be low (Dewhirst et al., 2014). However, revisions to the statutory requirements may be able to change this approach.

Whatever this emerging era in PSHE holds, teachers will be expected to deliver the new curriculum, and therefore their views should be taken into account. The curriculum will also need to take account of the ever changing landscape of challenges faced by pupils. The rise of cyberbullying and the increased ways in which we live our lives online mean that it can often feel like teachers are struggling to keep up with new developments (Davies, 2016a). Teachers must be able to adapt materials to their particular context in order to meet the needs of their pupils at different times. For example a report on the Healthy Schools Programme highlights that teachers were not always able to access materials that were appropriate for their specific school context (Arthur et al., 2011).

Limitations

This was a small descriptive study and therefore has some limitations, which must be taken into account alongside the findings. We make no claim to have produced an exhaustive list of topics that could be covered in PSHE, and further research should examine a greater range. All of the teachers who took part clearly felt PSHE was important to some extent. Furthermore, the survey was predominantly completed by female teachers, and most were aged between 25-34, which may impact on the generalisability of the findings. In line with other research on PSHE (Pickett et al., 2017), it is likely that those with more positive views took part, and efforts should be made to ensure a wider range of views is collated in future studies. As the work here is

descriptive and exploratory in nature, further work is needed to triangulate these findings with the insights of a diverse range of pupils and this should explicitly draw on educational theory order to build effective classroom content. Participation is a key component of the United Nations Convention for the Rights of the Child (UNICEF, 1989)– and this principle can be upheld in educational research by co-producing content with young people, as well as their teachers.

Implications and conclusions

Despite the limitations, this study has been able to highlight some important views from teachers, at a time when the statutory landscape for teaching PSHE in England is changing. The results presented here regarding confidence and training should be taken into account when new curriculums are being planned and implemented. Findings about the importance of using appropriate language and avoiding stigma, as highlighted in the wellbeing section, should also be considered in relation to all the topics in this survey. A previous interview study with teachers has suggested that avoiding certain topics due to fear of saying the wrong thing may actually lead to increased stigma of mental health conditions (Cooke, King, & Greenwood, 2016), thus further underscoring the need for appropriate training. Such training should consist of evidence based information, to increase teacher confidence in their own knowledge, and the training should be delivered to all staff, rather than only to specialist teachers designated as PSHE leads. Although strongly supported as a method of delivery, PSHE should not solely be confined to 'drop down' days as is common in many schools –– two thirds of teachers in the present study support the use of dedicated weekly timetabled sessions and class discussions. Such practice should serve to normalise discussions on these topics, helping to reduce embarrassment or discomfort for both teachers and pupils.

In conclusion, further research should be conducted to ensure that teachers are able to effectively have their voices heard on these important topics, and that they have an input into new policies within the classroom, as well as into specific aspects of the curriculum. Teachers

witness the challenges faced by their pupils on a daily basis and thus are well placed to inform the PSHE curriculum from their lived experiences. This study has emphasised the varied and valuable information that can be gleaned from teacher engagement on PSHE topics, which can be used alongside research and engagement with pupils to meaningfully inform the new PSHE curriculum.

REFERENCES

Arthur, A., Barnard, M., Day, N., Ferguson, C., Gilby, N., Hussey, D., . . . Purdon, S. (2011). Evaluation of the National Healthy Schools Programme: Final Report. London: National Centre for Social Research.

Barratt, M. J., Ferris, J. A., & Winstock, A. R. (2014). Use of Silk Road, the online drug marketplace, in the United Kingdom, Australia and the United States. *Addiction, 109*(5), 774-783. doi: 10.1111/add.12470

Boddington, N., McWhirter, J., & Stonehouse, A. (2013). Drug and alcohol education in schools. London: ADEPIS/ PSHE Association.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Camp, S.-J., Sherlock-Smith, A. C., & Davies, E. L. (2018). Awareness and support: students' views about the prevention of sexual assault on UK campuses. *Health Education, 118*(5), 431-446. doi: 10.1108/HE-02-2018-0007

Cooke, A., King, J., & Greenwood, K. (2016). "We could end up in a lot of trouble": teachers' communications with young children about mental health. *Journal of Public Mental Health, 15*(2), 103-114. doi: 10.1108/JPMH-01-2016-0006

Davies, E. L. (2016a). Feasibility of the Prototype Willingness Model as the basis for school-delivered alcohol misuse prevention: A qualitative think aloud study to explore acceptability of 'The Alcohol Smart Quiz' with adolescents and teachers. *Journal of Health Psychology*. doi: doi:10.1177/1359105316648481

Davies, E. L. (2016b). 'The monster of the month': Teachers' views about alcohol within personal, social and health education (PSHE) in schools. *Drugs and Alcohol Today, 16*(4), 279-288.

Davies, E. L., Martin, J., & Foxcroft, D. R. (2013). Young people talking about alcohol: Focus groups exploring constructs in the Prototype Willingness Model. *Drugs: Education, Prevention and Policy, 20*(4), 269-277. doi: 10.3109/09687637.2012.726662

Davies, E. L., Martin, J., & Foxcroft, D. R. (2015). Development and acceptability of a co-produced online intervention to prevent alcohol misuse in adolescents: A think aloud study. *JMIR Human Factors, 2*(2), e13. doi: http://dx.doi.org/10.2196/humanfactors.4452

Davies, E. L., & Matley, F. A. I. (2017). Research on school-based interventions needs more input from teachers. *Education and Health, 35*(3), 60-62.

Department for Education. (2019). Relationships Education, Relationships and Sex Education, and Health Education in England. London: Department for Education.

Dewhirst, S., Pickett, K., Speller, V., Shepherd, J., Byrne, J., Almond, P., . . . Roderick, P. (2014). Are trainee teachers being adequately prepared to promote the health and well-being of school children? A survey of current practice. *Journal of Public Health, 36*(3), 467-475. doi: 10.1093/pubmed/fdt103

Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health Education Research, 18*(2), 237-256. doi: 10.1093/her/18.2.237

Evans, C., & Evans, B. (2007). More than Just Worksheets?: A Study of the Confidence of Newly Qualified Teachers of English in Teaching Personal, Social and Health Education in Secondary Schools. *Pastoral Care in Education, 25*(4), 42-50. doi: 10.1111/j.1468-0122.2007.00424.x

Formby, E., & Wolstenholme, C. (2012). '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. *Pastoral Care in Education, 30*(1), 5-18. doi: 10.1080/02643944.2011.651227

Foxcroft, D. R., & Tsertsvadze, A. (2011). Universal school-based prevention programs for alcohol misuse in young people. *Cochrane Database of Systematic Reviews*(5). doi: Cd00911310.1002/14651858.cd009113

Giles, S. M., Pankratz, M. M., Ringwalt, C., Jackson-Newsom, J., Hansen, W. B., Bishop, D., . . . Gottfredson, N. (2012). THE ROLE OF TEACHER COMMUNICATOR STYLE IN THE DELIVERY OF A MIDDLE SCHOOL SUBSTANCE USE PREVENTION PROGRAM. *Journal of Drug Education, 42*(4), 393-411. doi: 10.2190/DE.42.4.b

Hawkins, J., Madden, K., Fletcher, A., Midgley, L., Grant, A., Cox, G., . . . White, J. (2017). Development of a framework for the co-production and prototyping of public health interventions. *Bmc Public Health, 17*(1), 689. doi: 10.1186/s12889-017-4695-8

Hunt, G. P., Evans, K., & Kares, F. (2007). Drug Use and Meanings of Risk and Pleasure. *Journal of Youth Studies, 10*(1), 73-96. doi: 10.1080/13676260600983668

Hutton, F. (2012). Harm reduction, students and pleasure: An examination of student responses to a binge drinking campaign. *International Journal of Drug Policy, 23*(3), 229-235. doi: 10.1016/j.drugpo.2011.10.001

Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *Am Psychol, 67*(3), 231-243. doi: 10.1037/a0025957

Joronen, K., Rankin, S. H., & Åstedt-Kurki, P. (2008). School-based drama interventions in health promotion for children and adolescents: systematic review. *Journal of Advanced Nursing, 63*(2), 116-131. doi: 10.1111/j.1365-2648.2008.04634.x

Kieling, C., Baker-Henningham, H., Belfer, M., Conti, G., Ertem, I., Omigbodun, O., . . . Rahman, A. (2011). Child and adolescent mental health worldwide: evidence for action. *The Lancet, 378*(9801), 1515-1525. doi: 10.1016/S0140-6736(11)60827-1

Macdonald, S. A. (2009). Independent Review of the proposal to make Personal, Social, Health and Economic (PSHE) education statutory. London: Department for Children, Schools and Families.

Macdowall, W., Gibson, L. J., Tanton, C., Mercer, C. H., Lewis, R., Clifton, S., . . . Wellings, K. (2013). Lifetime prevalence, associated factors, and circumstances of non-volitional sex in women and men in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *Lancet, 382*(9907), 1845-1855. doi: 10.1016/s0140-6736(13)62300-4

Mason-Jones, A. J., Sinclair, D., Mathews, C., Kagee, A., Hillman, A., & Lombard, C. (2016). School-based interventions for preventing HIV, sexually transmitted infections, and pregnancy in adolescents. *Cochrane Database of Systematic Reviews*(11). doi: 10.1002/14651858.CD006417.pub3

Midford, R., Munro, G., McBride, N., Snow, P., & Ladzinski, U. (2002). Principles that underpin effective school-based drug education. *Journal of Drug Education, 32*(4), 363-386. doi: 10.2190/t66j-ydbx-j256-j8t9

Newbury-Birch, D., Walker, J., Avery, L., Beyer, F., Brown, N., Jackson, K., . . . Stewart, S. (2009). Impact of Alcohol Consumption on Young People: A Systematic Review of Published Reviews. Newcastle: Newcastle University.

NHS Digital. (2018a). Mental Health of Children and Young People in England, 2017: NHS.

NHS Digital. (2018b). Statistics on drugs misuse England, 2018: NHS.

NSPCC. (2018). The Courage to Talk: Childline Annual Review. London: National Society for the Prevention of Cruelty to Children.

O'Reilly, M., Adams, S., Whiteman, N., Hughes, J., Reilly, P., & Dogra, N. (2018). Whose Responsibility is Adolescent's Mental Health in the UK? Perspectives of Key Stakeholders. *School Mental Health, 10*(4), 450-461. doi: 10.1007/s12310-018-9263-6

Ofsted. (2013). Not yet good enough: personal, social, health and economic education in schools. Manchester: Ofsted.

ONS. (2017). Adult drinking habits in Great Britain 2005-2016. Newport: Office of National Statistics.

Petrescu, D. C., Hollands, G. J., Couturier, D.-L., Ng, Y.-L., & Marteau, T. M. (2016). Public Acceptability in the UK and USA of Nudging to Reduce Obesity: The Example of Reducing Sugar-Sweetened Beverages Consumption. *Plos One, 11*(6), e0155995. doi: 10.1371/journal.pone.0155995

Pickett, K., Rietdijk, W., Byrne, J., Shepherd, J., Roderick, P., & Grace, M. (2017). Teaching health education: A thematic analysis of early career teachers' experiences following pre-service health training. *Health Education, 117*(3), 323-340. doi: 10.1108/HE-10-2016-0051

Preston, M. (2019). "I'd rather beg for forgiveness than ask for permission": Sexuality education teachers' mediated agency and resistance. *Teaching and Teacher Education, 77*, 332-340. doi: https://doi.org/10.1016/j.tate.2018.10.017

Ravalier, J. M., & Walsh, J. (2018). Working conditions and stress in the English education system. *Occupational Medicine, 68*(2), 129-134. doi: 10.1093/occmed/kqy017

Sex Education Forum. (2016). Heads or tails? What young people are telling us about SRE. London: National Children's Bureau.

The Children's Society. (2016). The Good Childhood Report. London: The Children's Society.

Thorley, C. (2016). Education, education, mental health. London: Institute for Public Policy Research.

Tupper, K. W. (2008). Teaching teachers to just say "know": Reflections on drug education. *Teaching and Teacher Education, 24*(2), 356-367. doi: https://doi.org/10.1016/j.tate.2007.08.007

UNICEF. (1989). The United Nations Convention on the Rights of the Child. Geneva: UNICEF.

UNODC. (2015). International Standards on Drug Use Prevention. Vienna, Austria: United Nations Office on Drugs and Crime.

Van Hout, M. C., Foley, M., McCormack, A., & Tardif, E. (2012). Teachers' perspectives on their role in school-based alcohol and cannabis prevention. *International Journal of Health Promotion and Education, 50*(6), 328-341. doi: 10.1080/14635240.2012.735388

Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (2015). School-based education programmes for the prevention of child sexual abuse. *Cochrane Database of Systematic Reviews*(4). doi: 10.1002/14651858.CD004380.pub3

TABLES

Table 1 *PSHE topics that are covered in the school curriculum and topics that are not discussed but should be, or are inappropriate topics for discussion (% of respondents who selected each answer)*

	Discussed in **PSHE**	Discussed in school but not in PSHE	Not discussed in school but should be	Inappropriate to discuss in school
Alcohol and other drugs				
The influence of peer pressure on alcohol and drug use	**72.0**	5.1	11.0	11.9
Long term health effects of alcohol (e.g. cancer)	**69.7**	9.2	10.9	10.1
The negative effects of illegal drugs, such as ecstasy	**65.5**	7.6	10.9	16.0
The negative short term effects of alcohol (e.g. being sick, having a hangover)	**62.5**	5.8	17.5	14.2
Reasons why people chose to use illegal and legal drugs	**61.9**	9.3	14.4	14.4
How to access help and support about alcohol or drug use	**61.3**	8.4	13.4	16.8
What to do if someone you know has had too much to drink	**52.1**	4.2	25.2	18.5
The pleasurable effects of alcohol	**46.3**	6.6	19.8	27.3
The pleasurable effects of illegal drugs, such as ecstasy	**35.6**	11.0	15.3	38.1
Sex and relationships				
Sexting	**60.2**	15.3	14.4	10.2
Sexual consent	**59.3**	10.2	10.2	20.3
Methods of contraception	**59.3**	10.2	7.6	22.9
Relationship abuse	**55.9**	11.0	17.8	15.3
Sexually transmitted diseases	**55.6**	9.4	8.5	26.5
Where to get help and support for issues related to sex and relationships	**55.6**	11.1	15.4	17.9
The law about sexual consent and rape	**52.5**	5.9	17.8	23.7
Rape	**44.9**	10.2	19.5	25.4
Pornography	**34.5**	12.1	27.6	25.9

Wellbeing and mental health				
Body image and appearance	**82.1**	9.8	7.3	0.8
How to deal with challenges in everyday life such as exams	**73.2**	21.1	4.9	0.8
Dealing with stress	**70.7**	19.5	9.8	-
Resilience	**69.7**	24.6	5.7	-
Mindfulness	**54.0**	26.6	19.4	-
Where to get support for mental health issues	**41.5**	26.0	25.2	7.3
Information about different types of mental health issues	**41.0**	23.0	30.3	5.7
How to recognise if someone has a mental health issue	**36.3**	25.8	30.6	7.3
Treatments for mental health issues	**29.5**	18.9	41.8	9.8

Table 2: *Responses to statements about PSHE topics related to alcohol and other drugs, sex and relationships, and wellbeing and mental health*

Alcohol and other drugs	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Drug and alcohol education should be a statutory part of the curriculum	**62.0**	28.7	6.5	-	2.8
Using outside speakers such as former addicts is an effective way of teaching young people about alcohol and drugs	**43.5**	37.0	10.2	3.7	5.6
I am confident when talking to pupils about alcohol and drugs	**27.8**	38.9	15.7	14.8	2.8
My school has a clear policy on the type of information we teach about alcohol and drugs	**27.8**	26.9	18.5	20.4	6.5
Theatre workshops are an effective way of teaching young people about teaching young people about alcohol and drugs	**23.9**	44.0	18.3	9.2	4.6
Communication skills training is an effective way of preventing alcohol and drug use in young people	**20.4**	40.7	25.9	10.2	2.8
Talking about the social norms associated with alcohol and drug use is an effective way of teaching young people about these topics	**18.3**	58.7	14.7	6.4	1.8
General life skills training is an effective way of preventing alcohol and drug use in young people	**15.6**	44.0	24.8	11.9	3.7
Stand-alone, or 'off curriculum' days are an effective way of teaching young people about alcohol and drugs	**15.0**	41.1	18.7	15.0	10.3
Teachers are able to access sufficient training on alcohol and drug education	**12.8**	21.1	19.3	36.7	10.1
Sex and relationships					
Sex and relationship education should be a statutory part of the curriculum	**76.0**	13.5	7.7	1.0	1.9
My school has a clear policy on the type of information we teach about sex and relationships education	**43.7**	30.1	11.7	11.7	2.9
Using outside speakers, such as survivors of abuse, is an effective way of teaching young people about sex and relationships education	**38.2**	35.3	14.7	6.9	4.9
I am confident when talking to pupils about sex and relationships education	**37.3**	30.4	6.9	18.6	6.9
Talking about social norms associated with sex and relationship is an effective way of teaching young people about these topics	**27.2**	48.5	17.5	2.9	3.9
General life skills training is an effective way of delivering sex and relationships education	**20.6**	48.0	15.7	11.8	3.9

Stand-alone, or 'off curriculum' days are an effective way of teaching young people about sex and relationships education	**19.4**	37.9	20.4	12.6	9.7
Theatre workshops are an effective way of teaching young people about teaching young people about sex and relationships education	**19.4**	42.7	22.3	9.7	5.8
Communication skills training is an effective way of delivering sex and relationships education	**17.6**	50.0	17.6	11.8	2.9
Teachers are able to access sufficient training related to sex and relationships education	**9.7**	25.2	17.5	35.0	12.6
Wellbeing and mental health					
Mental health and wellbeing education should be a statutory part of the curriculum	**70.6**	19.3	6.4	0.9	2.8
Using outside speakers, such as people who have suffered from mental health issues, is an effective way of teaching young people about mental health and wellbeing	**47.2**	38.9	7.4	2.8	3.7
Talking about social norms associated with mental health and wellbeing is an effective way of teaching young people about these topics	**28.4**	54.1	13.8	0.9	2.8
Theatre workshops are an effective way of teaching young people about teaching young people about mental health and wellbeing	**26.9**	38.9	23.1	6.5	4.6
I am confident when talking to pupils about mental health and wellbeing	**25.7**	37.6	11.9	20.2	4.6
Communication skills training is an effective way of delivering mental health and wellbeing education	**23.1**	39.8	29.6	5.6	1.9
General life skills training is an effective way of delivering mental health and wellbeing education	**21.1**	52.3	14.7	10.1	1.8
Stand-alone, or 'off curriculum' days are an effective way of teaching young people about mental health and wellbeing	**16.7**	42.6	12.0	15.7	13.0
My school has a clear policy on the type of information we teach about mental health and wellbeing	**7.3**	32.1	22.9	28.4	9.2
Teachers are able to access sufficient training related to mental health and wellbeing	**5.5**	17.4	14.7	43.1	19.3

Table 3: *Acceptability of different methods of how PSHE topics are delivered*

	Highly acceptable (+3)	+2	+1	0	-1	-2	Highly unacceptable (-3)
A dedicated timetabled slot each week for PSHE topics	68.1	14.3	9.9	5.5	1.1	-	1.1
Class discussions	63.7	25.3	7.7	1.1	2.2	-	-
Outside speakers such as police or other agencies	61.5	26.4	7.7	4.4	-	-	-
Embedding PSHE topics in other lessons	40.7	36.3	12.1	3.3	5.5	1.1	1.1
Former drug users or alcoholics telling their stories	38.5	22.0	24.2	8.8	1.1	2.2	3.3
Using drop down or off curriculum days to deliver all PSHE topics	23.1	24.2	14.3	12.1	9.9	1.1	15.4
Using older pupils to discuss topics with younger pupils	22.0	29.7	16.5	16.5	8.8	5.5	1.1
Classroom based games or quizzes	18.7	37.4	26.4	12.1	4.4	1.1	-
Website with games and quizzes	17.6	22.0	28.6	16.5	12.1	3.3	-
Websites with information only	11.0	15.4	18.7	23.1	18.7	8.8	4.4
Using mobile phone apps	7.7	20.9	30.8	18.7	11.0	5.5	5.5