

**Professional development of
teachers in England - the impact of
specialist postgraduate accreditation
in well-being, social and emotional
literacy.**

Sam Jane Anderson Preston

MA in Education (by research)

University of York

Department of Educational Studies

December 2009

Abstract

Public Service Agreements (PSAs) set out the key improvements expected from government expenditure. PSA 12 states this investment should “improve the health & well-being of children & young people” with the aspiration that schools will promote emotional health and resilience.¹ Formalised in the *Education and Inspection Act* (DCSF, 2006), it is now the duty of schools to promote the well-being of pupils. This expectation is supported within the *National Healthy Schools Standard* (DH, DfES, 1999), which states clear principles for developing emotional health and well-being (EHWB) through a whole school approach framework specifying Personal Social Health Education (PSHE) teaching approaches to be inclusive and to consider the needs of all learners. This opens the debate between relying on existing PSHE teaching competency levels to support emotional well-being and investment in postgraduate social and emotional literacy professional development to refine practice. This forms the basis of this research and with this debate in mind I wish to find out if there is any measured benefit to teaching skills and ability by investing in postgraduate social and emotional literacy and well-being professional development and if there is any correlation between this extended competency level and outcomes for children and young people. For the purposes of this research well-being is defined in the context of the *Children’s Act* (DCSF, 2004) and includes physical and mental health and emotional wellbeing aligned to the *Every Child Matters* (ECM) framework (DCSF, 2004) and *Sustainable Schools Strategy* (DCSF, 2008) definitions².

In order to gather this information, I analysed the NHSS and ECM frameworks to see which methods they promoted and identified desired outcomes. Using an action research process I carried out a systematic comparative study of this attempt to

improve educational practice which examined teaching practice through observations, questionnaires pre and post completion of the specialised training together with semi-structured interviews with children and young people to see how they felt about the curriculum development alongside a control group.

The results from this research showed that investment in bespoke social and emotional literacy training improved the confidence levels of teachers in lesson planning and curriculum delivery however no direct correlation to improved outcomes for children & young people could be determined. The children and young people interviewed overwhelmingly stated they were unable to identify any impact on PSHE delivery and suggested a move away from universal delivery towards bespoke targeted delivery would be a more efficient use of curriculum time and limited resources.

In conclusion, the aims of my research have been fulfilled, however in order to gain a more definitive answer I would need to undertake further research to monitor long term impact on teaching practice and follow a sample of the children and young people to compare intended and actual outcomes.

¹ A List of PSA targets is detailed within the glossary p132-133

² Details of the ECM and Sustainable School strategies definitions are detailed within the glossary section p131 & 134 .

Table of Contents

Abstract	.....	p2
Contents	.....	p4
Acknowledgements	.....	p6
1 Introduction	.....	p7
2 Literature Review	.....	p12
2.1 Government policy and inspection frameworks- theme 1.		p14
2.2 Child development- theme 2.....		p19
2.3 The learning environment- theme 3.....		p24
2.4 Professional skill sets- theme 4.....		p26
2.5 Literature review summary and conclusions.....		p28
3 Methodology	.....	p31
3.1 Research Techniques.....		p31
3.2 Study design.....		p33
3.3 Data collection methods.....		p39
3.4 Summary of methodology and conclusions.....		p43
4 Research Findings- baseline questionnaire	.....	p45
4.1 Baseline questionnaire findings.....		p45
4.2 Summary of baseline questionnaire findings & conclusions.....		p62

5	Research Findings- postgraduate training and phase 2 questionnaires.....	p65
5.1	Perceptions and learning outcomes from the postgraduate well-being professional development course.....	p67
5.2	Understanding of policy and implications for practice.....	p71
5.3	The effect on teaching and learning.....	p74
5.4	The influence on teachers' confidence levels.....	p77
5.5	Impact on stress levels.....	p79
5.6	Summary of phase 2 findings & conclusions.....	p81
6	Observations of Teaching Practice.....	p83
6.1	Primary lesson observations.....	p84
6.2	Secondary lesson observations.....	p87
7	Research Findings- semi-structured pupil interviews.	p91
7.1	Summary of observations, semi-structured interviews & conclusions.....	p96
8	Conclusions.....	p98
8.1	Summary of findings.....	p99
8.2	Implications for professional development and teaching practice.....	p103
8.3	Review and critique of methodology.....	p104
8.4	Suggestions for further research.....	p106

Appendices

Appendix 1-Search parameters and descriptors.....	p108
Appendix 2-Ofsted descriptors.....	p110
Appendix 3-Baseline questionnaires.....	p112
Appendix 4-Phase 2 questionnaires.....	p119
Appendix 5-Teaching observation sheet.....	p126

Glossary	p131
-----------------------	------

References	p136
-------------------------	------

List of Tables

Table 1	Symptoms of stress at work.....	p61
Table 2	Phase 2 roles and responsibilities	p67

List of Figures

Figure 1	Framework of Assessment of Need.....	p20
Figure 2	Systems Model of Action-Research Process.....	p37

Acknowledgements

All of the schools, teachers and pupils who participated in this research did so anonymously and as such I have not published their details however I would like to acknowledge their contribution to my study and thank them for all their hard work and making the experience so enjoyable.

I would also like to thank my supervisor, Paul Wakeling, for his support and guidance which was truly invaluable.

1 Introduction

The main area of my research is set within the current context of the Ofsted inspection framework (Ofsted, 2005, 2009) whereby schools are required to self evaluate their contribution to the personal development and well-being of their pupils.¹ It is focused on examining the debate between relying on existing PSHE teaching competency levels to support emotional well-being or whether investment in a new postgraduate social and emotional literacy professional development programme is needed to refine teaching practice within British schools. There are two specific areas with regard to this topic I wish to explore namely to find out if investment in postgraduate social and emotional literacy professional development for teachers demonstrates any measured benefit to PSHE teaching skills and competencies and if there is any correlation between this investment and outcomes for children and young people.

Given the announcement by Government office, the Department for Children Schools and Families, to make PSHE a statutory part of the curriculum I am also interested in exploring how the children and young people feel about PSHE as a curriculum subject and if they feel it is beneficial to their development. I wish to investigate these areas as there is a gap in previous research regarding this topic. Whilst there has been extensive research carried out with regard to the mental health of children and young people this has not been applied specifically to universal preventative provision in educational settings. The previous research has surrounded the above debate but has focussed on environmental impact, assessment of need and is predominantly within primary school settings. There is little evidence based

research focussed on teaching competency or in exploring the most effective teaching methodology to support social and emotional literacy within secondary provision. The previous research is discussed further in the literature review section of this research.

In order to find out information regarding the relationship between teaching skills and emotional health and wellbeing I will analyse the current *National Healthy Schools Programme*, NHSP, (DH, DfES, 1999), the extended NHSP for targeted intervention, the ECM frameworks and related PSHE materials, including *Social and Emotional Aspects of Learning*, SEAL, (DCSF, 2005) to see whether the educational policy supports professional development as a key outcome delivery factor. I will also examine the Key Stages that are involved in primary and secondary education to identify if there is a difference in the approaches used to teach social and emotional literacy.

Since I am also interested in school pupils opinions' with regard to PSHE curriculum delivery and methodology I will carry out semi-structured interviews with both the study cohort and control groups to explore teaching approaches and attitudes towards PSHE as a curriculum subject. I am interested in their opinions of current practice as the *Mental Health Improvement: What Works* strategy (Mentality, 2003) specifically states that a holistic approach to PSHE has been shown to improve emotional health and well-being. If the pupils' opinions are in contrast with the methods that the PSHE strategy promotes, this could have wider educational implications with regards to whether this is the best approach to achieve optimal

outcomes such as protective behaviours, ability to resist peer and social pressure and assessment of potentially risky situations.

To summarise I intend to measure the PSHE teaching competency levels of all the participants in this study to establish a baseline measure of current practice. Following the attainment of postgraduate social and emotional literacy accreditation by 50% of the participants I will repeat my measure of competency levels and examine the results to explore if this extended study offers any measured benefit to teaching practice and the content and development of this subject. Throughout this process I will also investigate the influence of educational policy on teaching practice. This will be achieved through a series of questionnaires and classroom observations of teaching practice. In addition I wish to examine if the development of teachers skill sets through postgraduate accreditation alters pupils perceptions of PSHE as a subject and how if they feel it supports their well-being.

In chapter 2 I will review the literature on well-being across four themes. Firstly I will review government policy and inspection frameworks to examine both content and the impact on shaping well-being education in school settings. I will review the relevance of the various stages of child development to the design of a universal well-being strategy and the impact learning environments, including geographical deprivation indicators, have on the efficacy of PSHE. I will also review the current policy that guides the development of professional skill sets and workforce reform.

The methodology adopted in the thesis will be described in chapter 3 with information about the action research process I used. This provides details of the processes implemented to measure and examine the substance of teaching practice. I will also discuss also discuss the methodology used to measure pupils' experiences and perceptions of PSHE delivery. This incorporates methodology to gain the direct experiences of the pupils whilst also ascertaining their views on PSHE as a taught subject.

Chapter 4 will report on the findings obtained from the baseline questionnaires which will establish the teachers' aptitude, capability and perceptions prior to any further training. This will create a database for comparison to enable me to measure change following the extended postgraduate training. In chapter 5 I will review the postgraduate training and discuss the findings gained from the phase 2 questionnaire completed by those teachers who gained accreditation. This will determine the impact of further professional development on teaching and learning including teachers' practice, knowledge and confidence levels. I will discuss this further in chapter 6 following my classroom observation process.

I regard pupil views as an essential contribution to this study and in chapter 7 I will contrast the qualitative data gained from the semi-structured interviews with the previously collected data.

Finally in chapter 8 I will provide an overview of my findings and discuss the implications for future professional development and teaching practice. This will also incorporate a review of the study's methodology and areas of further research suggested by my findings.

¹ Ofsted is the Office for Standards in Education, Children's Services and Skills established by the Education Inspection Act to regulate and inspect the care and education of children and young people.

2 Literature Review

As previously stated this research thesis aimed to explore if investment in postgraduate social and emotional literacy professional development for teachers demonstrates any measured benefit to PSHE teaching skills and competencies and if there is any correlation between this investment and children and young people's perceptions of the value of this curriculum area. To facilitate this process I conducted an in depth review of the available literature base to gain an understanding of the complexity and issues around the delivery of a generic well-being education strategy. I wished to explore the policy development, methodology and possible solutions that are currently implemented to support the same.

Given that this research study is focussed on a collective, multi-dimensional definition of well-being and directly relates to school settings, the 'grey' literature was predominantly relevant given the nature of its whole school focus. Therefore an in depth review of central government departmental strategy and policy namely the Department of Children, Schools and Families (DCSF, formerly DfES), the Department of Health (DH, formerly DOH) and Department for Environment, Food and Rural Affairs (DEFRA) was given key consideration by the researcher. Inspection frameworks were also reviewed utilising information from the Office for Standards in Education, Children's Services and Skills (Ofsted), Her Majesty's inspectorate with the responsibility to inspect and regulate care for children and young people, and inspect education and training for learners of all ages.

The literature review was undertaken to consider the current evidence base in this topic area and to assist in establishing both the research themes and construction of the research process. For this purpose a literature search was conducted using a variety of sources such as databases, web based search engines and a number of professional groups and individuals within the region of the study were contacted re: their published work and to further identify relevant published studies. These are detailed in Appendix 1 and referenced in the reference list and bibliography sections of this thesis.

The key search terms namely: 'well-being', 'curriculum development', 'pedagogy', 'schools', 'children and young people' 'participation' and 'teachers', were identified from the original scope of the research question. As the literature search progressed using these key categories further search terms were identified to expand the knowledge base. A detailed list of the additional search terms is also included in Appendix 1.

On carrying out the literature search it was evident that well-being is a term often used in a variety of subjective definitions. Neumayer (2004) described well-being, often referred to as welfare, as a combination of health, education, freedom, autonomy, recreation and experience of nature. Defining what contributes to optimum well-being is to some extent open to subjective judgment and therefore adds difficulty to the process of creating well-being indicators and measuring performance. For the purpose of this study the above categories were considered within the dimensions of emotional, physical and social wellness. These were combined to attempt to obtain an all encompassing definition of well-being.

Therefore where the term well-being appears in this thesis it includes the concepts of mental health, self-esteem, emotional intelligence, emotional literacy and resilience within the context of achieving optimal health in a climate of on-going social and emotional change.

Scrutiny of the literature search results highlighted four overall important themes related to well-being in educational settings and as such the following section is presented with evidence from the literature by each theme namely:

1. Government policy and inspection frameworks
2. Child development including risk and resilience factors and the relationship between health and attainment.
3. The learning environment encompassing settings, curriculum delivery.
4. Professionals' skill sets

I used these themes to construct the framework for presenting the following literature review and each is presented within the context of applying the original research question. The main body of the literature review is followed by the researcher's conclusions drawn on completion of the review process in relation to the research question.

2.1 Government policy and inspection frameworks- theme 1.

Given the combined search terms, it is understandable that the breadth of this literature search revealed a wealth of central government policy, research and consultation relating to education, health and well-being and, due to the influence

this has on development within school settings, as such this forms a major strand of this literature review. Historically, much of this literature has been produced independently by government departments and had a specific dimensional approach focussed on directing development within particular aspects of well-being. For example, much of the policy reviewed produced by the Department of Health in relation to well-being was solely focused on physical health and the reduction of health inequalities. The green paper *Saving Lives: Our Healthier Nation* (DH, 1998) signalled that this emphasis would need to change, stressing the importance of emotional well-being and defined health in terms of good mental health with the ability to cope and levels of confidence. However Pavis et al (1996) recognised that good mental health was difficult to accurately define. They concluded that practitioners felt ‘psychological and emotional health’ was a more meaningful term. Within health literature, the concept of social well-being was limited to the context of social disease much of which focused on substance misuse, alcohol and drugs, domestic violence and child abuse (Stewart-Brown, 1998).

Similarly, policy produced prior to 1998 by the Department for Education and Skills defined well-being in the context of behaviour management and improving attendance with a strong focus on improving attainment. Although the launch of the National Healthy Schools programme in 1999 marked a significant change in terms of producing joined up national policy development, with both the Department of Health (DH) and DfES co authoring the strategy, it was not until the publication of *Every Child Matters: Change for children* (DfES, 2004) and *The Children’s Act* (DCSF, 2004) that inspection frameworks were introduced to measure outcomes and report on schools performance.¹

In September 2003, the Government produced the green paper *Every Child Matters* (DfES, 2003). Driven by several untimely deaths of children over a number of years, including that of Victoria Climbié, and the apparent lack of coordinated sharing of information, this consultation paper was Government's response to initiating change which focussed on examining professional practice across agencies. This paper opened the debate around the effectiveness of children's services collaborative practices, examining if the existing established processes of collectively working together across agencies ensured the well-being of children and young people.

This debate and the following consultation processes identified five key areas each with a set of performance indicators for all professionals to base and evaluate their practice on and thereby ensure maximum best outcomes for children and young people. The five outcome areas identified were:

- Be Healthy- to ensure all children and young people enjoy good physical and mental health and a healthy lifestyle.
- Stay Safe- to ensure all children and young people are protected from harm, neglect and develop the ability to look after themselves.
- Enjoy and achieve- to ensure all children and young people reach their full potential and develop the necessary skills for adulthood.
- Make a positive contribution- to assist children and young people take an active responsibility within their community and to society.
- Achieve economic wellbeing- to enable all young people have both the skills and access to the workforce to ensure individual economic sustainability.

All five outcomes relate directly and are integral to support the well-being of children and young people. Given that the majority of children and young people access educational provision, formal introduction of these outcomes through the *Every child matters: Change for children* (DfES, 2004) and *Every child matters: The next steps* (DfES, 2004) policies placed a direct responsibility on schools to incorporate them into school development planning, curriculum delivery and pastoral support. At the same time, *The Children Act* (DCSF, 2004) provided the legislative spine for developing more effective and accessible services focused around the needs of children, young people and families. Of particular interest and relevance to this research study, the act identified the need to redefine services to ensure improvement in the overall well-being of children and young people in education and training. However as the Ofsted report *Healthy Minds* (Ofsted, 2005) identified few schools have utilised national guidance to develop, implement or evaluate school policy in supporting pupils' emotional health and well-being. This indicates that although there is a legislative requirement for schools to undertake this and deliver against well-being performance indicators, few have been mapped to the national policy or implementation frameworks. This therefore presents a challenge to effectively evaluate progress against the PSA targets mentioned earlier.

The Education and Inspections Act (DCSF, 2006) placed a new duty on schools to promote the well-being of pupils. This duty came into force in September 2007 along with the introduction of *The Children's Plan* (DCSF, 2007) which outlined central government's vision to 'make this country the best place in the world for our children to grow up'. To determine how this vision should be achieved and legislative duty met at school- level, there was a need for draft guidance. In line with

this the DCSF and Ofsted recognised that whilst there was a wealth of benchmarked data relating to attainment and pupil progress, there was a marked absence of school-level data relating to aspects of pupil well-being. In an attempt to address this they co-authored a consultation paper in 2008 to aid the development of school well-being indicators and inform the content of a framework whereby school's contribution could be measured (DCSF, Ofsted, 2008). The consultation paper clearly stated these performance indicators should be focussed on 'quantified outcomes over which schools can have a significant influence' and should include pupil and parent perceptions to provide a robust evaluation of schools contribution correlated to the ECM outcomes as detailed earlier. The responses to this consultation process were a central factor in the design of the new Ofsted inspection framework introduced in September 2009 (Ofsted, 2009).

Simultaneously in 2006 the government published *The National Framework for Sustainable Schools* (DCSF, 2006) with further supporting guidance in 2008 to drive school improvement through sustainable development. This guidance defined sustainable development as a way of combining practice and extended provision to ensure coherent development planning with a focus on preparing pupils with the desired skills, attributes and achievements necessary for their future. To achieve these aims and support the government literature I have previously described, the framework identified eight themes or doorways as key focus areas, one of which was 'local well-being'. Further discussion of the local well-being doorway is included in the environment section of this literature review.

2.2 Child development - theme 2

The Framework for Assessment of Children in Need (DH, 2000) identified the crucial relationship between child development and achievement of optimal outcomes for children. In terms of well-being, this document raises two key aspects for consideration – an understanding of the general patterns and milestones of development whilst determining the range of developmental needs in relation to the individual child. From both a health and educational perspective, monitoring of early childhood development is consistently aligned with expected developmental progress consisting of observing cognitive and language skills, the reaching of expected physical milestones and the formation of secure attachments.

However as a child advances towards adolescence, educational and social development are more prominent markers of developmental progression and it is at this point where progress may be more difficult to monitor. As Colquhoun (1997) identifies professionals often design support and intervention based on central concepts such as self esteem. This is problematic as it does not include an understanding of the complexity and varied social environments in the lives of young people. Whilst educational progress can be clearly measured through attainment targets and frameworks, social development is somewhat more difficult to measure due to the complexity of factors, many of which lie outside the school environment. For example there is research evidence to correlate the relationship between an adolescent's friendship group and their behaviour in a pro-social or anti-social context (Rutter et al, 1998). Jack (1997) identified the important interface between environmental factors, parenting capacity and child development. As the assessment

framework diagram (Figure 1) displays there are many aspects of children’s developmental needs which, whilst offer a comprehensive spectrum of individual themes by which to measure well-being cannot be looked at in isolation.

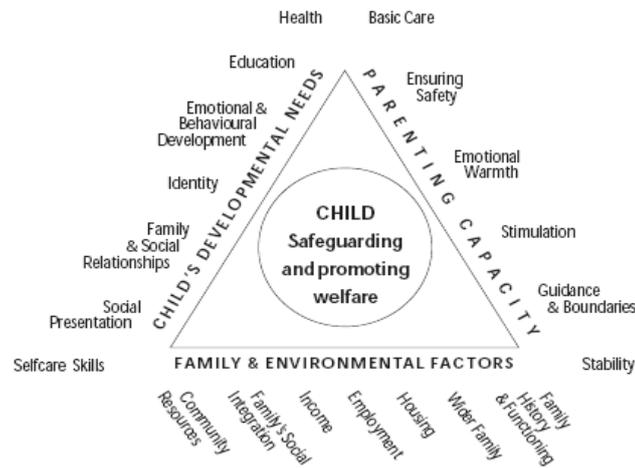


Figure 1- Framework of Assessment of Need. (The Department Of Health, 2000)

As the above diagram indicates there are three inter-related domains, each with a number of critical dimensions. The interaction and influence of these dimensions on each other requires consideration with the ultimate aim being to understand their impact on overall well-being. Within the school environment, securing good relationships and positive educational outcomes are major factors in ensuring success and maximizing pupil well-being progress. Teachers through their regular contact with pupils are well placed to play a key role both in ensuring and monitoring well-being. It is logical to conclude that if teachers are to deliver well-being as part of the curriculum, consideration of this multi dimensional model will be central to effective delivery and support, yet this literature review found little evidence of this in practice.

Schnack (2008) described the current debate on the purpose of education. This debate focuses on the relationship between education and social objectives, identifying the tension that exists between the provision of traditional assessed attainment and a more humanistic participatory model of education. This is evident in the interpretation of the NHSP whole school approach. Whilst the term whole school approach indicates a collaborative approach to improving health and well-being, the prescribed criterion to achieve this status has meant that the curriculum still supports a prescriptive model. This prescriptive model is further endorsed by school curriculum policies, such as sex and relationship education, where the content is determined by what the governing body deems to be appropriate. Simovska (2000) highlighted that learning should combine a democratic approach to health promotion education and a socio-cultural perspective on learning. This combined approach focuses on schools reconsidering their structures and environment to create the optimum setting where pupils are enabled to think creatively about their capability to enhance their health within the context of wider social responsibility. This shared process offers the opportunity for pupils to form their values and determine the significance of concepts in terms school education and those for consideration in a wider societal context. At the same time Simovska (2004) suggests this will also influence schools' approach to teaching and learning and facilitate the deconstruction of hierarchical structure. However, current strategy, focussed on attainment levels as the main measure of pupil success, do not facilitate education in a broader sense. As such it is unlikely teachers will develop the well-being curriculum to support social change.

The strategy for children and young people's health, *Healthy Lives, Brighter Futures* (DH, DCSF, 2009) is a commitment from *The Children's Plan* (DCSF, 2007) to address the health challenges and opportunities for young people.

Recognising the association between good mental health and psychological well-being to personal and social development, the strategy places importance on building young people's resilience during adolescence due to the physical and neurological changes and emotional development experienced during adolescence.

There is evidence within the literature to confirm the association between positive emotion and resilience. Blum et al (1998) describes one of the psychological approaches to ensure well-being as the prevention of young peoples' problem behaviours by applying a risk and protective factors approach. In this approach resilience is considered a protective factor providing children with the positive capacity to cope with stress, and develop resistance to future negative events. In this sense resilience corresponds to cumulative protective factors and is used in opposition to cumulative risk factors.

Two factors are particularly relevant to the provision of well-being through PSHE delivery in schools in order to support this model and modify the negative effects of adverse life situations. The first factor for consideration is levels of vulnerability. Rutter (2000) described this as the correlation between intelligence levels and ability to cope with adversity and identified higher levels of vulnerability in children with low intelligence. The second factor is moderation of negative environmental issues where teachers can direct pupils towards more positive optimistic pathways by focusing on the development of personal attributes, life skills and positive, progressive pathways. Werner (1995) described this process within the context of receiving support or counsel within the community setting which in the context of this study relates to the school setting.

This process of association is further explored by Chess (1989). In this study Chess described “adaptive distancing”, the psychological process whereby an individual has the ability to maintain normality whilst effectively distancing themselves from potentially disruptive or distressing situations or relationships. The process of identifying risk and protective factors must include an understanding of adolescents’ social relationships as they experience developmental changes in their physical, social and psychological selves. Such relationships will vary depending on the social and cultural contexts of the setting. Garnezy et al (1974) described resilience of children within the school setting as working and playing well, holding high expectations and characterized using constructs such as self esteem and autonomy. Bernard (1991) concluded that resilient children have high expectations, a meaning for life, goals, personal agency, and inter-personal problem-solving skills.

In comparison with other areas of pupil progress measured in educational settings, such as attainment, monitoring of this stage of developmental progress is multi factorial, less systematic or clear cut to define within the school environment. The literature suggests that compilation of a comprehensive assessment of developmental progress is difficult for teachers to achieve without the benefit of multi-agency input. The literature search indicates that both collaborative multi-agency working and extending teacher’s skill sets are important in the development and delivery of a well-being strategy however despite the primary focus of collaborative work outlined above within Government strategy there are very few studies and limited evidence to show any influence or impact of collaborative working on improving pupil well-being outcomes.

2.3 The learning environment- theme 3

In order to explore the overarching context of the learning environment I conducted a review of statistical data to profile the geographical location of the study, West Yorkshire. In this area the health of the population is significantly worse than the English average overall. The health profile data produced by the Department of Health (DH, 2008) described evidence of health inequality with some wards amongst the most deprived in England. Compared with England as a whole the percentage of white, mixed and Asian children eligible for free school meals is higher than average. This is a significant indicator of deprivation due to its correlation to poorer health and lower attainment / achievement levels. In 2008 GCSE attainment levels for this area were lower than the average in England with over 40% of secondary schools within the *National Challenge* (DCSF, 2008) category i.e. less than 30% of each school's pupils achieving 5 A-C at GCSE level.² The figures for teenage pregnancy and drug misuse are higher than the English average as are incapacity benefits claimed for mental illness. These indicators presented a useful overall contextual setting on considering social factors impacting on families and the well-being of children attending schools in the area of this study. Of particular interest to this research was the self-assessment of under 15 year olds where 14.6% self reported they were 'not in good health', again higher than the English average.

Central government office designated 2006/7 as the sustainable schools year of action with the aim of 90% of schools demonstrating improvement in environmental performance across the 8 thematic doorways of the *National Framework for Sustainable Schools Strategy* (DCSF, 2006).³ As part of this development there is a focus on inclusion, participation and local well-being becoming curriculum led. This is to establish a cultural change not only within the school environment but extended within local communities. If the Government's vision of all pupils being engaged and participating in school life by 2020 is to be reached, supporting pupil well-being will be an important factor.

Currently much of the literature indicates there has been significant development of generic whole school policies and practices. This is particularly evident within the audit process of the National Healthy Schools Programme however, the majority of the development at individual pupil level has focussed on targeting support for those recognised as vulnerable or known to be at risk. Extending this provides a challenge for schools in the development of curriculum content, teaching skill sets, and the methodology used and raises questions about how all pupils' individual well-being can be supported through the curriculum.

It is well documented that the school ethos and classroom are key elements in creating an environment conducive to learning (Young, 2005., Kyriacou, 2001., Whitaker, 1995.) Whilst it is essential to consider general factors such as pupil composition and the construct of the classroom, creation of a positive culture is equally important. Bowden (2005) identified that teaching and classroom management requires recognition of the social context and the impact this may have

within the learning environment. Therefore to embed the sustainability strategy's principles, teachers must have an understanding of the social processes to facilitate optimum outcomes in order to secure effective well-being outcomes.

2.4 Professional skill sets- theme 4

As described earlier local well-being is one of the eight sustainable school doorways to the DCSF's vision- the creation of sustainable communities. The Egan Review (Egan, 2004) identified community professionals as key contributors to the delivery of a sustainable community approach. This research reviewed the sustainable communities' workforce and highlighted the range and diversity of professions in key educational roles. This includes teachers, particularly those involved in the development and delivery of PSHE and well-being strategies, who are well placed as key professionals to support this approach. The report *Mind the Skills –narrowing the gap in outcomes* (ASC, 2007) examined both the supply of and demand on skill sets needed to deliver a strategic approach to achieve equity in outcomes for children. The study found individuals were often unaware of what skills they needed and concluded there was a deficit in skill sets to construct the government's agenda for the creation of sustainable communities. *Aiming high for children & young people: a ten-year strategy for positive activities* (DCSF, 2009) stated that non-health professionals working with young people need a basic understanding of healthy development to support them in their roles. This literature review was unable to find any research focussed specifically on examining teachers' understanding of healthy developmental progress or their role to support well-being

within a sustainable community framework. Due to this gap in the literature it was decided to explore this within the scope of the baseline monitoring of this research.

In *Education for Sustainable Development- a briefing paper for the Training and Development Agency for Schools* (Huckle, 2006) Huckle identifies that, currently, Education for Sustainable Development (ESD) is not recognised by schools as a significant contributory factor to school improvement planning. The current demands and challenges facing schools to improve attainment, with an inspection framework which prioritises this when measuring schools' overall performance, has not facilitated raising the profile of ESD. Huckle contends that, without inclusion in the formal school inspection process, ESD is unlikely to be prioritised by schools and thereby fail to foster more than a marginal commitment to this area by those responsible for developing and delivering curriculum content.

This resonates with the progression and integration of PSHE into core curriculum content and delivery. Hardcastle (2004) points out that both continuing education and practice development are integral components for a skilled workforce. This literature review found a national continued professional development programme for teachers and nurses has been in place in England for the last six years to support PSHE delivery which consists of core generic training with specialisation in two topic areas namely sex and relationships and drug education. However it was not until 2008 that an option to specialise in emotional well-being was introduced. At the time of this review the DCSF statistics record there are 431,400 qualified teachers working in English local authority maintained schools (DCSF, 2009). Since its inception the PSHE professional development programme has been accessed by less than 2% of qualified teachers with a total of 8,000 applicants, a combination of teachers, nurses and other professionals involved in the delivery of PSHE. This

indicates the majority of the teachers in England currently leading on and teaching PSHE have no postgraduate accredited training in this specialist curriculum area. Late in 2008 central government announced PSHE will be made a statutory curriculum area in 2011 and a consultation process to examine workforce reform and development is currently being carried out. Given that at the time of this study there is only a maximum of two years before statutory PSHE introduction this presents a major challenge in terms of assessing teacher's pedagogical competence in this subject and ensuring their professional development is progressed to adequate or, as Ofsted categorise, 'satisfactory' levels.⁴

Beckett (2004) identified national vocational structures can offer a narrow measure of competency. He argues that the focus such structures have on gathering and assembling evidence is a poor indicator of professional development unless this includes some measure of the practical judgement and the process of application. In a later paper co-authored with Hager (2007), the authors propose that the criteria to measure competency should be multi-faceted and standards should include 'the integration of key intentional actions with personal attributes', 'holism of several kinds' and 'encompass cultures and contexts'. This proposal is particularly relevant when considering PSHE vocational professional development as the very nature of the subject dictates that, to be truly competent, teachers should possess more than discipline-specific knowledge and technical teaching skills. As Beckett (2008) describes the application of holistic competence offers depth to measurement of generic vocational development by combining a wider range of analytical and practical skills in the evaluation of outcomes.

2.5 Literature review summary and conclusions:

In this section of the thesis, a literature review was presented examining three key themes within which various aspects of the relationship between teaching and well-being was explored. The review findings indicated the importance of the role central government strategy plays in leading all aspects of school development, particularly within the context of well-being and improving outcomes for individual pupils. The emphasis such government policy places on the development and support of pupil well-being as a key area of school improvement indicates not only recognition of the positive impact of good PSHE but the relationship this has with improving overall attainment levels.

In this context the review has highlighted that workforce development and creation of optimal learning environments, including collaborative multi agency skills, are important considerations when measuring teachers' pedagogical competency, knowledge and ability. Given so few teachers have an accredited qualification in PSHE there is a distinct gap between aspiration of policy and current workforce capability. As such the following themes were identified to form the content of the research study:

- teachers' roles and perceptions
- continued professional development of teaching staff
- learning environments
- pupils' views

¹ At the time this research study was conducted the National Healthy Schools programme was a voluntary scheme schools can select to undertake.

² A description of The National Challenge Strategy is included in the accompanying glossary p131.

³ A description of The Sustainable School Strategy doorways is detailed in the accompanying glossary p134.

⁴ A full description of the Ofsted indicators is detailed in Appendix 2, p110.

3 Methodology

3.1 Research techniques

On considering which research techniques to use for this study I conducted a review to establish possible methods. As part of this process, a review of the current forms of measuring and evaluating data already held within school environments was undertaken to prevent duplication and to examine the efficacies of data gathering methodology already in use. From this review it was evident the main forms of data monitoring processes in schools were closely related to the Ofsted inspection framework with the main focus on measuring teaching and learning against attainment. This was particularly focussed on performance indicators linked to student attainment against predicted attainment grades within the core subjects of English, Maths and Science for secondary level and key stage 2 SATs for primary level. The review found teaching ability was also monitored through the teacher performance review process where senior management within the school setting carried out classroom observations. In both cases the success criteria were performance focussed and although student engagement was measured there were no specific indicators to measure well-being or teachers contribution to well-being.

There was some evidence that qualitative methods of well-being data gathering were used to provide information for the school development plans, self evaluation forms and Healthy Schools audits. However on examination the methodology used was not robust as it mainly consisted of school staff's opinions and the assumption that, because children had participated in a curriculum delivered

sessions or assemblies, well-being would be improved. On close examination this data was focussed on delivery outputs and not directly correlated to outcome measures. There was no evidence of qualitative and quantitative outcome measures at individual pupil level and sparse comparison to national and local indicator sets or school policy implementation.

The majority of the data collection methods relied upon poorly constructed processes developed by staff with little or no research training which made both the methodology and the validation of the results questionable and an unreliable basis for dissemination as best practice to other schools. Within the primary settings there was great reliance upon information gathered via the school council. As pupil councillors are not statistically representative of the whole school population, the validity of the data collected relied on the efficiency of these groups to accurately measure, evaluate and reflect their peers' views and report findings. Again examination found these processes were not robust and the data gathered questionable. Overall there was little data specifically targeted on measuring well-being and this review could find no evidence of a correlation to teaching practice. In addition, as these data collection methods had not been anonymous, relied on voluntary contributions, and given that not all children may want to volunteer information it was questionable whether these measures were an accurate evaluation of all individual schoolchildren's views.

Using the Ofsted database a selection of individual English school Ofsted reports were also examined to determine if their processes and findings could add validity to this research study. Although these reports contained sections reporting on

health and well-being this tended to be a general school overview, interchangeably used terminology such as personal development, emotional well-being, well-being and wellness without clear definitions of each. They did not include or correlate teacher well-being to the overall school experience of the individual school children.

The conclusion of this initial review process was that current methodology implemented in schools provided limited, often generic information, without robust evidence to support validity therefore I designed a new, independent format for the purpose of this research study.

3.2 Study design

An action research study was designed as a means to facilitate a reflective process of reviewing present practice and to fully engage teaching professionals in the process of progressive change to their practice. Torbert (2004) describes this as action to enable capability of self-transformation, achieve raised awareness leading to sustainability. As such this method was selected to introduce the concept of teachers as stakeholders in improving teaching and learning both in terms of their own professional development and outcomes for children and young people.

A systemic action research study approach was selected to obtain findings for the original research question whilst at the same time enabling the participants to experience the action research process. Burns (2007) identified that this approach, when embedded into organisational structures and processes, can catalyse sustainable change. The intention of using such an approach in this research study

was to offer the participants a degree of learning through the research process, enable the transfer of specialist skills and the opportunity for long term sustainability into their practice. It was felt that progression through this action research process would, as described by McIntyre (2007), enable the teachers to assimilate the process of ongoing reflection, planning, action and change into their practice. The findings from the control group, not introduced to the action research process, would provide a suitable base to compare and contrast the outcomes of the study.

The research study was undertaken at a local level where twenty schools in the West Yorkshire region were selected to participate in the process which focussed on examining the relationship between teaching skill set and improved well-being outcomes for schoolchildren. Although a small sample in relation to the total number of schools in England given the limited resources of the researcher, time and funding, it was felt that the sample size was appropriate to explore the research topic. Each school committed to one qualified teacher participating in the study. A selection criterion was formulated to ensure a cross sectional representation of the regions schools was included.

The first stage of selection process looked at recruiting schools with a variety of key stage 2 or GCSE attainment levels, Ofsted ratings and the percentage of pupils qualifying for free school meals as this is a recognised indicator of local health inequality by both the DCSF and DH. The purpose of this initial criteria monitoring was to ensure the schools offered a broad spectrum sample and to prevent the study being skewed by any one of the above indicators.

The second stage of the selection criteria monitored the time frame for Ofsted inspection. It was felt necessary that the sample schools should have been inspected within the previous 12 months to provide parity in reporting and to prevent any disruption/ delays to the schedule of the research study from an Ofsted visit.

The third stage of the selection criteria considered the type, size and location of the sample schools. This enabled inclusion of the following categories of schools: rural and inner city, faith, foundation, primaries, academies, secondary grammar and colleges.

The final sample of twenty schools, twelve secondary grammar, academies or colleges and eight foundation or primaries, were selected using stage four of the selection process. Each school was selected by ensuring they adhered to the following criteria:

- They offered weekly curriculum timetabled PSHE lessons.
- They were working towards or had achieved National Healthy Schools status.
- They were committed to continued professional development of teaching staff in the subject area of PSHE and citizenship.
- They would support and release teaching staff to attend a postgraduate social and emotional literacy course.

Due to the time limitations of this research it was not the intention of this study to report on the long term physical, emotional or social outcomes for schoolchildren. However, further research to evaluate the impact extended professional training has

on these areas would be extremely beneficial to extend the literature base and inform policy development.

As the research question focussed on examining the impact of extended training on teaching practice I felt it was important to construct the research design with processes to measure existing skills, competencies and attitudes, measure any changes following completion of the postgraduate training whilst also engaging pupils to gain their views. As I stated earlier I was unable to locate suitably robust existing school methods or processes to gather data therefore I designed bespoke tools for all stages of the research process. This process included the use of baseline questionnaires (Appendix 3) which were completed by all twenty teachers at commencement of the study, to build a general overview and provide information for comparison later in the study. A further phase 2 questionnaire, (Appendix 4), was designed to assess any change in skills, attitudes and competency of those teachers who had completed the specialised training. This was followed by classroom observations of all twenty teachers' delivery monitored by a specific performance indicator set (Appendix 5). As the questionnaire processes provided subjective data it was felt necessary to include this observation process to add a dimension of objectivity by an independent reviewer. The final addition to the design process was a series of semi-structured group interviews with children and young people using interactive media and individual pupil web based evaluations to record how they felt about the PSHE curriculum development and teaching practice measured alongside a control group.

As Lewin (1946) identified there is a strong correlation between motivation and enabling change therefore the action research process was designed following the process shown below (Figure 2) not only to gather data but to enable reflection on workforce skills during the process to ensure engagement and promote sustainability in professional development as a key component of the study.

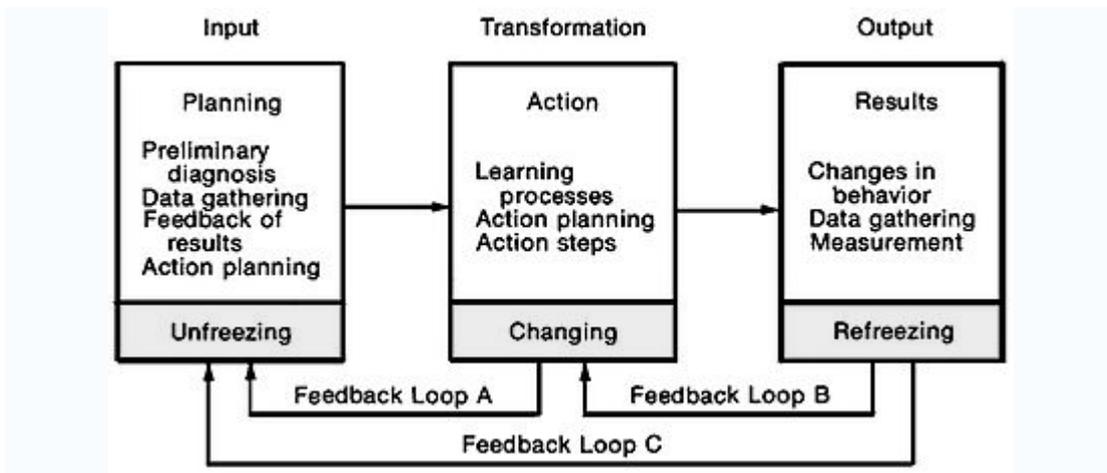


Figure 2: Systems Model of Action-Research Process- Group Decision and Social Change. (Lewin, 1958).

Utilizing this cyclical model the participants of the study were introduced to step 1, unfreezing, where they were presented with the research question and raised awareness of the possible need for change, in this case to maximise learning outcomes from their classroom delivery. This included the researcher working with the participants to explain the process, agree planned actions and obtaining preliminary findings through the completion of the baseline questionnaire.

Following this 50% of the participants were introduced to the action phase, step 2, changing, where new models of practice related to further postgraduate training which were tested and compared to the control group who did not have

access to the training. The aim of using a control group was to find out if the extended training had an effect on skills, attitudes and competency and measure any change or impact on the pupils' learning experience. This was the transformation phase which required the group to attend accredited postgraduate training and complete a portfolio of evidence which was externally assessed.

Finally step 3 was implemented, refreezing, which evaluated practice on completion of the additional postgraduate course. The focus of the evaluation of outcomes was to measure the relationship between applied postgraduate qualification in emotional literacy and the impact on teaching and learning. This was measured by examining lesson planning and classroom delivery to include the perceptions of teachers and students in relation to the quality of lessons together with an impact analysis. Application of new behaviour was measured and evaluated through a second questionnaire and a process of classroom observations conducted by the researcher upon which the results were examined against further outcomes performance indicators closely aligned to the Every Child Matters framework. As stated earlier sustainability was a key priority in the design of this research study and whilst this included these three steps to provide initial conclusions for this paper it was envisaged this process would instigate adjustments in teaching practice therefore activating a repetitive cycle of planning, action and measuring results in everyday practice.

3.3 Data Collection methods

All data collection methods were anonymous to ensure confidentiality and create an ethos where participants could accurately share information without reprisal.

As I recognised the majority of the data collected throughout the study would be qualitative, I implemented a thematic content analysis at each data collection stage. This enabled me to explore themes evident from the literature search as well as those that emerged throughout the various stages of analysis.

Using the information gathered from the literature search, the baseline questionnaire (completed by all twenty teachers) was constructed around four themes related to the overall research question. The first theme was designed to establish a baseline summary of the pattern and methodology of delivery within each school setting and included baseline markers to gather quantitative and qualitative data to determine performance indicators for use in the semi-structured children and young people interviews and to ascertain preferences in chosen methods of teaching. These markers were linked to the information obtained from the second theme of teachers' roles and access to training. Questions for this theme mapped the teachers' current roles whilst examining how the responsibilities for well-being education were allocated in each school and if these roles were recognised within the professional development structure. These questions were correlated to questions focussed on training. This section of the questionnaire investigated previous investment in training to deliver a well-being role and explored teachers' awareness of policy and

available training / professional development sources outside the school environment. The third theme of the questionnaires focussed on establishing support mechanisms which enabled the teachers not only to record baselines but appraise the support mechanisms. The final theme concentrated on qualitative markers to determine teachers' perceptions in areas of overall influence to their practice such as confidence and stress levels. Whilst each separate question provided useful data they were interrelated and by examining the correlation across the four themes key data was collected to support this study and provide baseline evidence to assist in answering the original research question.

Following completion of the accredited postgraduate course by ten of the teachers from the original cohort, application of new behaviour was measured and evaluated through the second phase 2 questionnaires. A further additional process of classroom lesson observations was conducted by the researcher. The results of both the questionnaires and lesson observations were examined against devised outcome performance indicators closely aligned to those within the Every Child Matters framework. The themes and content of the phased 2 questionnaire were determined from the baseline questionnaire results and the postgraduate training learning outcomes. It was designed using a reflective model again based on examining qualitative data across four themes:

- Roles
- Delivery
- Methodology
- Self – assurance

This questionnaire was divided in two sections. The first section focussed on gathering qualitative data about the impact of having completed the social and emotional literacy postgraduate course. The second section focussed on gathering data to measure if there had been any change to practice, attitudes and views.

To complement this process a programme of teaching observations was carried out to validate findings from the questionnaire and to provide additional evidence on the impact of higher-level study on practice. All the teachers who completed the original baseline questionnaires were observed teaching a classroom session within the PSHE curriculum. Whilst the lesson subject was not pre-determined each teacher was given the following remit: the key learning objectives of the delivered lesson should focus on one or more of the following aspects of general well-being: health, security, safety or welfare and should include aspects of both social and emotional well-being. Each lesson was observed by the researcher, who did not participate in the delivery or classroom monitoring.

Whilst it is difficult to measure the effect of the observers' presence within the classroom setting, care was taken to explain this role and prepare the class prior to commencement of the lesson to minimise disruption. As Hannan (2006) indicated there are limitations to the efficacy of this observation method as it cannot be purely objective and requires some subjective judgement. He recognised that within the observation process there is a wide range of influences and contributors which are open to the interpretation and perspective of the observer. To minimise this, the bespoke observation evaluation framework I devised to examine lesson delivery utilised the Ofsted judgement criteria and a variety of standard documents commonly

used within educational inspection and monitoring processes. This enabled me to create a bespoke tool to appropriately measure factors specifically related to this research study whilst incorporating recognised performance indicators used within educational monitoring and evaluation.

The process of the pupil semi-structured interviews offered an additional, essential qualitative element to the research study. It was felt that this qualitative approach would have the advantage of allowing for more topic diversity and that by using this approach it would be possible to capture any information not covered by the other research methods previously used in this study. Most importantly the interviews offered the opportunity to examine relevance and impact from the pupils' perspectives (Kirby et al, 2003). In order to maximise the pupils contribution the interviews consisted of group discussions, anonymous electronic voting sessions and a web based format. The latter two techniques offered a way of engaging those pupils who might not feel confident verbalising their opinions within their peer group. As my previous role had been that of classroom observer, these mediums also offered the opportunity for the group to promptly engage with me and facilitated the interactive process necessary to facilitate a productive discussion session. The interactive media used, similar to television and social networking processes, was carefully selected to utilise methods the pupils were familiar with and enable to sessions to be enjoyable whilst fruitful.

The semi-structured interview schedule was designed using the baseline questionnaire topics as a guide to the discussions. I sought to enable the pupils' collaborative interaction to provide me with their perspective of PSHE, well-being

and teaching practice. To facilitate this, wherever possible, I imposed as little structure as possible to the discussions and kept direction to a minimum. This allowed the pupils to determine the course of the discussions and express views that they felt were pertinent. Pupils were asked open questions related to subject content, teaching knowledge, teacher's confidence and ability levels and methods of delivery. By using this semi-structured process I was able to tailor my questions within the interview context thereby extending the data gathering to additional areas which the pupils felt relevant but were also relevant to the overall research question (Lindlof & Taylor, 2002).

The full findings of all aspects of the research study were discussed with all the participating teachers to provide the opportunity to enhance existing practice and promote further continuation of the action research process , a process which although may not have the rigour of this study would promote self analysis. This enabling process was felt to be an important outcome of the study, not only to determine best practice but to contribute to school development planning, schools' self evaluation processes and Ofsted inspection framework.

3.4 Summary of methodology and conclusions

As stated at the start of this chapter my review was unable to find a robust pre-existing method of gathering data within schools' current evaluation systems. This influenced my decision to construct a strong process using a variety of methods to ensure my findings were based on sound research methodology. The process enabled me to establish baseline data and measure change through a further questionnaire

process. The observation and semi-structured interview processes enabled me to compare the questionnaire findings, self reporting in nature, with the conclusions drawn from practice observations and the pupils' views. My decision to use an action research process enabled the teachers to fully engage with the study whilst at the same time enabling them to assimilate the learnt principles to inform any future data gathering and evaluation.

4 Research Findings

4.1 Baseline questionnaire findings

As stated earlier in this thesis, prior to any intervention a baseline questionnaire was completed by each of the twenty teachers participating in the research study to establish a general overview and provide information across five data themes:

- teachers' roles and access to training
- measurement of existing skills sets, competencies and attitudes
- patterns and methodology of delivery
- support mechanisms including awareness of policy and training / professional development sources
- teachers' assessment of their confidence and stress levels

The baseline information collected, not only provided a valuable compilation of data for examination, but also established a reference base with which to compare and contrast the phase 2 questionnaire data. In addition, to explore the research question, the data was used to determine if there was a relationship between postgraduate professional development and transferable skills that may impact on teaching skill sets and delivery over the range of parameters listed above.

The first question determined the setting in which the teachers were currently teaching. As the literature review identified there are specific noteworthy differences within the makeup of the school population across the key stages of primary and secondary education and the distinctive skill sets needed to teach well-being in these

particular settings. These included the age-related needs of the pupils at various stages of child development, particularly cognitive ability. By compiling a baseline of data, I wished to determine if the findings of this section of the study showed any generic patterns across all schools whilst identifying any results unique to primary or secondary settings. There were areas of commonality identified together with results specific to the particular key stage setting and this is discussed in the following report on the study findings.

The following four questions explored the teachers' roles focusing on leadership and accountability for the overall development of the well-being curriculum together with teaching responsibilities. I also wished to determine if there were any patterns between such responsibilities and the types of school settings. This included measuring the levels of financial remuneration for this area of curriculum leadership. The data showed that all twenty teachers were delivering classroom PSHE. All primary teachers were subject leads for both PSHE and Social and Emotional Aspects of Learning (SEAL) and received a Teaching and Learning Responsibility allowance (TLR) to carry out this role.¹ Of the twelve secondary teachers, ten were PSHE subject leads of which 50% received a TLR2 at minimum level. It should be noted however, that although teachers responded that they received a TLR2 this could extend beyond PSHE duties to include further additional areas of curriculum responsibility not measured by this study.

None of the secondary teachers delivered SSEAL (Secondary Social & Emotional Aspects of Learning), the secondary version of the programme, which may be due to the government roll out, training and implementation timescales. The

primary SEAL programme was introduced in 2005 and has been established over the last four years by a government backed local authority training schedule, whilst the secondary programme is still in its infancy. Two of the secondary teachers did report however that they had accessed and used some of the primary SEAL resources.

Of the sample only three teachers were members their school's senior management team, all of whom were based in primary settings. The question regarding the length of time roles had been held did not provide any valid data as there was a varied interpretation of this question. Some of the respondents related this to their current school where they had held the role for less than six months but had in fact held the same position for considerably longer in schools they had previously worked in. As such, the information from this question was not used in consideration of the other remaining data markers. Whilst this omission did not affect the overall research findings of this study, as the intention was to explore changes in current practice, this information would have been informative and if further research was planned to explore teacher's roles, careful consideration should be made to devise a question to capture this data accurately.

All of the primary teachers had applied to lead on the PSHE curriculum as a teaching specialty area. They reported that they had not directly applied to lead on SEAL as that this was viewed by their senior management as an integral part of PSHE delivery. Only one of the secondary teachers had applied to lead on PSHE. The remaining nine secondary subject leads had not actively sought to lead on PSHE but had been offered and encouraged to do so by their school's senior management team. Possible reasons for this may be explained by views expressed in the

comments section of the questionnaire. In this section the secondary teachers described an implicit hierarchical ranking order in how curriculum subjects were regarded, in which PSHE ranked lower than core subjects. This suggested that teachers may be less likely to choose to lead on this subject in a secondary setting. Career progression may be another factor contributing to secondary teachers' reluctance to actively pursue a lead role in this area of the curriculum.

Given that the earlier data indicated they are less likely to be considered for senior secondary school management roles, those teachers who wish to progress to this level may not see leadership of the PSHE curriculum area as a pathway to achieve their career goals. Also the data gathered indicated secondary school settings were less likely to offer a financial remuneration for this role which may have some influence on teachers' decisions to pursue this area of their career. Further explicit study of secondary school settings would be useful to explore this further.

Questions 5 and 22 were linked to establish a comprehensive picture of the ratio between teacher participation and multi agency delivery. Additional clarification was gained from the teacher comments section. All primary teachers reported they led and participated in the delivery of SRE (sex and relationships education), drugs and emotional well-being education. In these three themes multi agency input in the primary settings was limited to contributing within the SRE remit and mainly consisted of sex education related to puberty.

Examination of the responses to these questions completed by the secondary teachers revealed a somewhat different approach to delivery. The ten PSHE leads

reported they led across all three thematic strands. All twelve teachers reported they participated in the delivery of well-being however in the remaining two strands only seven participated in the classroom delivery of SRE and nine participated in the classroom delivery of drugs education. Additional information indicated secondary teachers had developed multi agency links to deliver the PSHE curriculum and relied heavily upon this specialist support for classroom delivery of these strands.

Data gathered from the feedback comments gave the rationale for the above differences, which was explained in relation to the school setting and stages of development and it was felt that at this developmental stage specialist input was essential. It was clear from this feedback, examination of the PSHE curriculum and classroom observations, carried out for the later part of this study, that there was evidence to support this view.

In the primary schools, pupils were educated together in one class with the majority of curriculum subjects taught by a single class teacher. As the class teacher was with them for most of the week over the academic year the relationship between children and their teachers tended to be more closely developed. The teachers acted in a variety of roles including form tutor, specialist teacher and surrogate parent during the course of the day. In contrast, the secondary schools' daily curriculum delivery was divided into subject periods where different subject specialists educated the pupils during the day and it was not unusual for each pupil to receive their education from ten or more different teachers. In addition, the pupils were streamed in each subject by their expected attainment levels so they did not remain together as one class group. In this setting, there was no consistency of classroom peers or the

opportunity to develop the previously described primary teacher relationship as the contact was more infrequent.

PSHE delivery content in the primary settings was more generic and much of the content was focused on child development stages aimed at preparing pupils for expected physical changes and general well-being levels. The delivery content in secondary settings was aimed at reflecting on current pupil life experiences and, through the construction of a more reflective teaching model; the lessons had a more life skill element. Specifically in terms of the continuity of well-being education, this raised two key issues for further exploration, which may have a bearing on the original research question. Namely:

1. In primary settings, whilst there may be a benefit from the continuity of delivery by a single teacher the pupils have built a relationship with; does this delivery suffer from the lack of specialist multi agency input?
2. In secondary settings, does such weighty reliance on curriculum delivery by a range of teachers and multi agency professionals impinge on continuity, opportunity to develop strong teacher pupil relationships and therefore the learning process?

The remit of the research conducted within this study cannot be extended to answer the specific questions however both these questions were considered in the examination of the postgraduate training questionnaires. Beyond this, further research study in both these areas would add value this study's findings.

Currently within the Postgraduate Certificate in Education (PGCE) training to obtain qualified teachers status (QTS) there is no specialist training to teach PSHE subjects. Therefore, as teachers are in effect delivering a subject having received little or no foundation training in it, I felt it was an important factor for this study to determine if there was any relationship between teacher competency, confidence levels and curriculum delivery. The baseline questionnaire measured existing competency levels by gathering data on existing skill sets together with teachers' perceptions of their level of confidence in a variety of delivery methods. This data established a foundation level to compare to the data gathered from the subsequent questionnaire and observations in order to determine if there was any correlation between these aspects, changes in practice and impact on teaching and learning.

The baseline study and comment feedback revealed that overall primary teachers felt confident when teaching well-being across the set curriculum areas of SRE, substance misuse and emotional well-being but were less confident to utilise explorative teaching methods such as group discussion or drama which might extend to areas beyond the set curriculum. This lack of confidence may be in part influenced by the stringent primary schools' policies, particularly on SRE curriculum delivery, which are ratified by the governing bodies and agreed through a process of consultation with parents and carers. As such, strict criteria are agreed and set with regard to the delivery content. Feedback from the primary teachers indicated they did not feel confident to offer an environment where interactive methodology might exceed such limits.

In contrast the secondary teachers indicated they felt confident for a more open, flexible and explorative methodology in the delivery design of the set curriculum areas but were less confident to teach these sessions without placing great reliance on the extended skill set of multi agency partners to support and co-deliver. Data gathered from the questionnaire highlighted school nurses, sexual health and substance misuse practitioners as the key contributors. There was no reported curriculum planning or delivery from the Child and Adolescent Mental Health Service (CAMHS) practitioners despite their mental health and emotional wellbeing expertise.

This data is linked to my previous findings on teacher pupil relationships, differences between primary and secondary content and school settings all of which influenced the teachers' judgment of appropriateness and confidence to explore certain well-being curriculum areas. Both primary and secondary teachers reported they felt confident when teaching the whole class and in group settings however neither group felt confident to teach at an individual pupil level. Primary teachers reported that whilst they might be aware of external factors impinging on pupil's well-being they did not have the time, expertise or confidence to extend beyond generic curriculum content. Interestingly they stated that there was an expectation this aspect of supporting well-being was the responsibility of pastoral support staff, which was experienced in "circle time" techniques, and was not felt to be within their remit (Moseley, 1996). The secondary teachers indicated that they too felt they were not able to deliver at an individual pupil level but, in contrast to the data gained from the primary teachers, cited the reason for this being that as they had less frequent contact with or information about their pupils' circumstances to support

well-being at this level. Once again this data supports that these rationales are directly related to how education is delivered in these two very different settings.

As identified in the literature review however, there is a duty and clear expectation that well-being should be supported at individual pupil level so this information was also compared to the data gathered from the section of the questionnaire which examined policy awareness and influence on practice. The data showed 100% of the teachers were aware of the Every Child Matters policy however only 30% reported they had actually read the document. Of particular note all eight primary teachers reported they were aware of the policy and stated it guided their practice however only three teachers indicated they had read the document. These statistics may account for the lack of understanding of the focus on individual pupil well-being, a key element of the Every Child Matters agenda, shown in the above data on delivery methods.

Despite children being developmentally able to discuss situations and talk through problems to solve them from middle childhood, the data gathered on delivery resources showed there was little opportunity for the pupils to do so and great reliance was placed on written worksheets across both settings. All of the teachers reported as using them frequently, which primary teachers expanded by combining with SEAL resources. Effective situational discussion does require more adult time (Bergen et al, 2009) and given the limited time allocated to PSHE within the curriculum timetable, particularly in secondary settings, this may explain why lesson delivery utilises other methods.

All of the primary teachers said they developed their classroom display as an integral part of their lesson delivery however, whilst they recognized this as a valuable contribution to lesson delivery, none of the secondary teachers reported they were able to use this resource due to the fact they did not have a dedicated classroom space when teaching PSHE. None of the primary teachers indicated they made use of TV, video or DVD interactive resources whilst these mediums were reportedly used occasionally by 80% of the secondary teachers. Given the earlier data which indicated the strength of multi-agency input in secondary settings, the increase in the use of these formats may be explained in part by the direction of these partners rather than by the PSHE leads. Use of interactive learning methods through VLE (Virtual Learning Environments) content was only reported by one secondary teacher. This is a relatively new format and lack of use may be due to the differing VLE development rates in individual schools and the current available content. Development of well-being education for this medium is essential if PSHE education is to be delivered within 21st century mainstream education and to ensure this subject development occurs in a similar way to the core subjects of English, Mathematics and Sciences. The key benefits this format offers are provision of opportunity to improve individual pupil delivery, a method of continuing the education of well-being of sixth form students who are often studying off school site and crucially supporting those children and young people not in education or training (NEET). Government figures show that, in the second quarter of 2009, there were 464,000 young people aged 16-18 in England, who were not in education, employment or training. The latest end of year data (end 2008) shows that there was an overall increase nationally in the 16-18 year old NEET rate to 10.3%. The figure for the same period for the area of this study, Yorkshire & Humber, was 8% (DCSF, 2009).

These children and young people are often those who are recognized as particularly vulnerable, are more likely to be at risk of experiencing behavioural, emotional or social difficulties and statistical evidence shows they have poorer life outcomes than their peers (DCSF, 2007). Well-being education is crucial to improving the outcomes for this group and VLEs offer a unique opportunity to support this outside the school environment. Overall the data showed the use of interactive resources was limited, particularly in primary settings, which can be correlated to their earlier responses on extending beyond the set curriculum content.

The teachers' views on preparation for lifelong well-being through the curriculum data again fell into two distinct categories. All of the primary teachers felt their children were adequately prepared; however they noted the importance of pupils' transition to and experience of further education as crucial to complete this process. Only two of the secondary teachers felt the curriculum met this requirement. Reasons given by the remainder were connected to particular social needs related to the specific locality environments and the data identified earlier in this thesis. This included areas such as elevated levels of teenage pregnancy, substance misuse (drugs and alcohol) together with engagement in criminal activity.

Given the secondary teachers' earlier comments on individual pupil-directed teaching this presented a strong argument for factoring locality-based data into curriculum planning to enable a more individual pupil-focused approach to be developed and meet each pupil's needs in terms of developing secure well-being skills.

As emotional health and well-being is one of the four core themes within the NHSP and the current government's recommendation is that all schools should be working towards the standard with 75% achieving Healthy Schools status by December 2009 (DCSF, DH., 2008) I felt it was critical to measure the teachers involvement within the development of their local school programme.² As stated earlier involvement in the NHSP was one of the selection criteria for recruitment to this research study. Inclusion of NHSP within this criterion was due to the inclusion of well-being as one of the four core NHSP measures. This offered the opportunity to include schools which had identified and were monitoring / evaluating their baseline infrastructure to measure their schools contribution to the well-being agenda.

Of the total sample 50%, 7 primaries and 3 secondary schools, had achieved NHSP status with the remaining ten schools at various stages of working towards achievement by the December 2009 target date. All of the primary teachers and ten of the secondary PSHE leads reported they led on NHSP development. The two remaining secondary teachers reported they were not leads but did hold roles within the NHSP action group. Analysis of the data gathered within in this study would indicate that it is possible to achieve NHSP status with little PSHE / well-being curriculum content aimed at individual pupil level. The baseline NHSP criteria emphasises development of services to promote pupil well-being support and delivery for vulnerable children but does not ask for evidence of this approach within school settings beyond this group. Given this and the governments' expectation that the programme will contribute towards delivering the extended Every Child Matters framework this does present some idiosyncrasies.

Whilst it is essential to ensure the well-being of the most vulnerable children in society is supported, as the name of the policy clearly indicates ‘every’ child is identified as in need of appropriate and timely support. To date schools have not been required to evidence this or evaluate their service outcomes to gain Healthy Schools status. As a member of the DCSF / DH government steering group for the development of the new extended stage of the Healthy Schools programme I suggested several key focus areas to address this. This included ensuring the programme extended the overarching aims of the basic programme to be meaningful to each and every student, measured individual pupil support and to ensure schools robustly evaluate their impact on improving outcomes. As a result of this steering group consultation, the next planned level of NHSP status requires the enhancement I have outlined with evidence beyond basic whole school development including a focus on specific criteria of evidence at pupil level. This new enhanced model will, provided the mechanisms are in place to robustly measure progress, focus on enabling schools to gather rigorous health and well-being evidence for schools improvements plans, their Ofsted Self Evaluation Form,³ the pupil level well-being indicators and school report card.⁴

Not surprisingly the data showed all teachers had participated in NHSP INSET⁵, with primary teachers having benefitted from SEAL training. At the time the baseline study was conducted none of the participating teachers had accessed or were aware of local authority or postgraduate training specifically focussed on well-being. Of the total sample 20% had completed the government PSHE continued professional development programme. As stated earlier the national uptake of this course by teachers has been very low therefore this data was within the parameters

expected. None of those who had accessed the course had selected well-being as a speciality topic preferring to specialize in sex and relationships (SRE) and drugs education.

The entire sample reported they regularly accessed the Times Educational Supplement (TES) and internet as sources to inform their teaching. As the study did not explore in any depth internet usage to determine efficacy further investigation of this parameter is recommended to establish if sites accessed offered information that is evidence-based, robustly evaluated, regulated and aligned to desired DCSF policy outcomes. The data demonstrated there was a deficiency in available information at a local level as teachers reported their local authorities did not produce supporting well-being literature or information to inform their well-being teaching role. Information gathered from the comments feedback signified there were no school network opportunities to share locally developed best practice or information sharing on their specific locality development.⁶

As one would expect those teachers who held a senior management role reported they had read, contributed to and were actively involved in expanding their school's development plan and provided evidence for the School Evaluation Framework (SEF). Much of this evidence was related to curriculum planning, intensive support plans (ISP) and data gathered from their NHSP audits. The PSHE leads contributions were more limited with only 50% stating they had read both documents. Their role in this area mainly consisted of reporting evidence of outcomes rather than using these tools to embed their subject areas across the curriculum. The remaining teachers reported they had not read or had been requested

to contribute to their school development plan or SEF. In terms of the development of well-being within PSHE, integrating across other curriculum areas and the development of the school well-being ethos the data showed the current systems of schools' central planning and evaluation processes to be inadequate.

The data showed the primary teachers felt well supported by their schools rating them as excellent. This may be explained by their increased involvement in planning and engagement in delivery, subject and whole school development. They rated their local authority support as good but commented this was mainly as a result of intensive training and support to embed SEAL. The data demonstrated secondary teachers were less satisfied with both the support from school, rated as average, and local authority, rated as poor. This dissatisfaction may be linked to the earlier findings on how their subject area is viewed in relation to core subjects and that they have not received the intensive support yet to deliver SSEAL. All were aware of district and regional PSHE network meetings but comments indicated they found it difficult to access these due to timing. They reported difficulty in attending network meetings during the day due to teaching commitments and their involvement with extracurricular school activities and childcare commitments impacted on their ability to attend such meetings at the end of the school day. Even with the introduction of planning preparation and assessment time (PPA)⁷ only one of the teachers reported they had access to cover or release time from curriculum duties to attend network meetings during school time. It was clear from this data that there were no opportunities to share best practice and support each other in their roles across schools within their local authority. This is a key area to consider if teachers are to effectively lead and deliver well-being as a curriculum subject.

The data demonstrated the overall awareness, understanding and transfer of policy into practice was low. This links to the earlier data discussed on ECM, school development planning and SEF. Only two teachers were aware of the sustainable school strategy and 100% of the teachers reported they hadn't read the policy. Due to these results I ensured the phase 2 questionnaire measured the postgraduate teachers' overall knowledge with further examination of the sustainable school strategy particularly their understanding of the well-being gateway to compare to these results.

The data demonstrated all of the schools had developed a well-being policy. Although the policy had been disseminated by a variety of formats the comments indicated there was some uncertainty that it had been read and influenced all school staffs' practice. Every respondent stated pupils were the focus of the well-being policy and that it did not contain any reference to teacher or other school staff well-being. There were small sections within these policies which made reference to the school's human resources and pay and conditions policies. These were mainly descriptive of contractual obligations and not preventative or proactive in nature. A number of research studies have identified teaching as a high stress profession and it is realistic that teachers have to develop mechanisms to cope with the many tensions the school setting creates. (Dunham &Varma, 1998; Kyriacou, 2000). If not monitored and managed however, these demanding environments can create unacceptable levels of stress (Cox, 1998).

However this in itself creates a tension. Schools may be reluctant to monitor stress levels due to stigma as they are reluctant to have this data available to parents/

carers, their local authority and Ofsted inspectorate. None of the schools who participated in this study had a stress monitoring process in place. The study highlighted stress in the workplace was a key difficulty with 40% of teachers reporting they experienced high levels, 50% said they often felt stressed and 10% said they sometimes felt stressed. The Health and Safety Executive (HSE) estimates approximately 80 million working days are lost annually in Britain due to stress, depression or anxiety, or a physical condition caused by work-related stress. Their research in 2000 found teaching to be the most stressful profession in the UK, with 41.5% of teachers reporting themselves as ‘highly stressed’ (HSE, 2000). The latest available government statistics on absence stated that in 2008 50% of Teachers with qualified status (QTS) in England took sickness absence at an average of 8.7 days per teacher (DCSF, 2008). These statistics are not surprising given the relationship between stress and general illness. A study conducted by the National Union of Teachers in 2000 reported that stress was a major concern in one in five schools. Table 1 below indicates common symptoms associated with stress. Whilst teachers may not recognise or admit their stress levels are impacting on their practice they will recognise and more than likely have experienced the symptoms detailed.

Common symptoms of stress at work	
Irritability	Feeling tearful
Depression	Sleeplessness
Feeling Unsettled	Loss of sex drive
Short temper	Feeling tired
Feeling off colour	Nervous tics
Stomach complaints	Mouth ulcers
General aches & pains	Indigestion
Compulsive thoughts about work	Panic attacks
Feeling tense	

Table 1- **Stress-busting for teachers.** (Kyriacou , 2000)

In addition to the obvious detrimental effect sustained elevated stress levels place on teachers' health and wellbeing, this also adversely impacts on the functionality of schools. The financial costs associated with absence, particularly stress-related illness which can be long term, due to maintenance of salaries whilst meeting supply cover costs, restricts schools' budgets and therefore the amount of available funds to expand and develop school life. Teacher stress also negatively impacts on teaching and learning as the teacher will be less effective in their role and schools without teachers' well-being as a central focus will likely have difficulties with recruitment and retention of staff. Kyriacou (2000) identified that a teacher's prime job is to provide a positive learning environment. Reducing teachers' stress levels is an essential part of this process to enable the creation of healthier and happier learning environments. As such a key measure of the phase 2 questionnaire examined if extending teachers' skill sets had any impact on their perceived stress levels.

4.2 Baseline questionnaire summary of key findings and conclusions.

The following points are the key summary findings and conclusions drawn from the initial baseline data. Whilst I am aware the twenty participants are a small proportion of the total number of qualified teachers in England the data gathered did indicate quite definite patterns.

There is a clear distinction between primary and secondary settings when considering approaches to methodology, confidence levels and influences, motivation to lead and teach PSHE and well-being. It is clear the methodology of

delivery is different due to the bespoke operational structure of the two different school settings and this would need to be taken into account when considering the optimum investment in professional development. Definitions of the term well-being also differed between both settings. Interestingly in terms of well-being it was clear primary teachers defined this as life-skills such as positive approaches to making and ending friendships. In secondary sessions there was evidence of a more mental health approach. This indicates teaching staff do not have a clear definition of overall well-being or apply consistently throughout primary and secondary stages which in turn impacts on transitional educational outcomes.

Despite well-being being a core theme, baseline NHSP status has not ensured development of comprehensive well-being policies and practice implemented at an individual pupil level across either primary or secondary settings. In fact the data signified there was a general lack of understanding of this and other key policy documents and their implication for developing teaching practice. The teachers' responses showed that despite the governmental policy discussed earlier in chapter 2 there is still a lack of information sharing and coordinated locality working practices. This may be improved by coordinated release from curriculum duties to ensure a joined up, networked approach between schools and enable the dissemination of best practice. In addition to this the data indicated the need for further study to explore if development of secondary PSHE and related well-being education is adversely affected by the lack of senior management roles.

¹ A TLR2 payment is made for a sustained responsibility in the context of the school's structure needed to ensure continued delivery of high-quality teaching and learning and is remunerated at the rate between the range of £2,422 and a maximum TLR of £5,920 as at September 2008.

² None of the schools who participated in this research study were located in a NHSP beacon school authority area.

³ The self-assessment framework (SEF) is an important aspect of continuous improvement which involves completion of a self-assessment form to record each individual school's planning and target-setting. It is used by Ofsted to monitor and review of progress in achieving outcomes together with schools capacity to improve.

⁴ The School Report Card, to be introduced from 2011, will provide the Government's key statement on the outcomes expected from schools and the balance of priorities between them, ensuring more intelligent accountability across schools' full range of responsibilities. It will report on outcomes across the breadth of school performance including wellbeing.

⁵ INSET is in service training which is bespoke to professional areas.

⁶ The local authorities included in this research study are divided into subset locality areas which contain clusters of schools and key multi-agency services.

⁷ The purpose of guaranteed PPA time is to enable teachers to raise standards through individual or collaborative professional activity. (See glossary p132 for further details)

5 Research Findings- postgraduate training and phase 2 questionnaires.

As stated earlier I wanted to examine if bespoke postgraduate training would positively impact on teaching practice and justify investment in terms of outcomes for both teachers and their pupils. In order to measure the impact of postgraduate training 50% of the original sample were invited to undertake an accredited course in social and emotional literacy, personal development and well-being education. I selected this course for the study as the content and learning outcomes recognised the distinct difference between social and emotional literacy and well-being. On examination of the content I felt the course supported the broader definition of well-being as defined earlier and is reinforced by the document *Planning a Sustainable School driving school improvement through sustainable development*. (DCSF, 2008)¹.

The learning outcomes were based upon the development of teaching practice to promote health and well-being whilst developing the teachers' ability to help pupils develop their own social and emotional skills. The course encompassed learning in the areas of cognitive and physical aspects of childhood development together with a focus on the social and emotional developmental cycles of children. This recognised the impact of a child's relative emotional maturity or immaturity on their behaviour, personal happiness and ability to perform. The course incorporated learning about the process of creating a curriculum environment to support the pupils' personal maturation, which I felt supported the well-being concepts of the afore mentioned Sustainable School Strategy. The course ran over a six-month period and required the teachers to attend twelve tutorial half day sessions whilst

compiling a portfolio of evidence. Final accreditation required submission of their portfolios together with a summative essay on a practical project they had completed over the duration of the course. All ten teachers met the attendance requirements, submitted the required written elements and received full accreditation.

Having received this accreditation the teachers had a further half-term before they completed the phase 2 questionnaire and underwent observations of their teaching practice. This offered the opportunity for the teachers to assimilate their new skills into curriculum delivery and enabled me to measure their responses to the phase 2 questionnaire against competency in practice. Realistically one half-term was a short timescale to fully implement change so the phase 2 questionnaire was designed to detect evidence of the commencement of this process. The teachers were aware there would be a follow up observation process as part of the study however, no instruction was given to the teachers during this period and any evaluation of the curriculum, practice development or change they felt appropriate was self-directed.

As the data gathered in the original baseline questionnaire did not identify each teacher individually, it was necessary to repeat some of the initial questions from the baseline questionnaire to re-establish the data on teachers' roles, teaching and management responsibilities. This data, summarised in table 2 (p 65), confirmed the sample consisted of six female secondary teachers and four primary teachers, three female and one male. All were subject leaders for PSHE. All primary teachers received a TLR2 for this role and 50% held a senior management role. None of the secondary teachers held a senior management role but TLR2 payments were made to

two of these teachers although this was for a wider remit which extended beyond PSHE subject lead to additional duties.

Sector	PSHE Leads	Less than 6 months in role	Member of the SMT	TLR
Primary	4	0	2	4
Secondary	6	0	0	2

Table 2- Phase 2 roles and responsibilities.

The remaining sections of the questionnaire focussed on five key areas developed from the data previously gathered:

- perceptions and learning outcomes from their professional development
- understanding of policy and how it informs practice
- the effect on teaching and learning
- the influence on teachers’ confidence levels
- the impact on teachers’ stress levels

5.1 Perceptions and learning outcomes from the postgraduate well-being professional development course.

All of the teachers responded that the postgraduate training had added to their professional development and was relevant to their subject area. Following completion of the course the data signified all teachers had broadened their vision of what the term well-being encompassed which was more closely aligned to the definition adopted for this thesis detailed earlier in chapter 2 (p 14). After collation

and analysis of their responses, the teachers collectively defined the term well-being as “achieving optimal physical, mental and psychological health whilst developing skills to cope with on-going social and emotional change”. Of interest, the data indicated the teachers now included an aspect of their own well-being. From the responses, there was a sense that some exploration had occurred into each teacher’s individual well-being and the influence this has on their performance and effectiveness at work. Described by Bowden as a “generosity of spirit”, a type of psychological contract, it was clear the teachers now understood the relationship between their own state of good well-being and the necessary qualities such as commitment, enthusiasm, imagination and humour impacted on their ability to excel in their PSHE teaching practice (Thody et al, 2005).

The data showed the teachers now had a clear, extended definition of overall well-being however further questions within the phase 2 questionnaires explored their ability to translate this into curriculum delivery and apply consistently throughout the primary and secondary stages.

All of the teachers reported they felt the training had informed their practice and improved their teaching across whole class and group level. In contrast to their responses prior to the postgraduate training, the teachers all expressed they now had some depth by which to approach individual pupil level support. Although they stated they were unsure of whether their teaching in this area had improved, there was evidence of differentiation within their group work. They described one to one discussions to support individual pupil’s levels of ability and enable them to

complete set tasks. An example response from one of the teachers to support this stated,

Following the training I now try to identify each pupil's readiness to learn within my class. That's not to say pupils are reluctant, they are just maturing at different rates. My individual support needs to be timely so I try to identify when they are able to, and want to, explore how they feel (female secondary school teacher).

Whilst this indicated progression from the baseline questionnaire responses there was evidence that indicated the teachers found adaptation of lesson content to meet individual situational needs a challenge. When asked about this the primary teachers all felt they had fairly comprehensive knowledge of each of their pupil's life situations, mainly due to the amount of contact they had with parents, however they did express they still felt restricted by the set curriculum ratified content and expressed a hesitance to include subjects they thought might upset the pupils. A primary teacher expressed one example of this. She said she had been aware of a child in her class whose father had recently died and as such she had re-adjusted the lesson delivery and not focussed on bereavement when exploring relationship endings. Whilst this decision may have been taken with the best of intentions this indicated that, despite the postgraduate training, the primary teachers were still reluctant to bring an element of everyday life occurrences into their delivery.

A common theme in the responses of the secondary teachers was the restriction the limited curriculum time placed on both establishing teacher pupil relationships and the amount of individual knowledge they had access to in terms of

pupils' personal / social situations citing the lack of contact they had with their pupils' parents as a key factor. As one secondary teacher stated "Since completing the course I feel I can recognise if an individual pupil understands the lesson but I often worry if we're discussing situations which might feel a little close to home for some of them". This response clearly indicates the teachers felt it was important for them to have some understanding of each pupil's background situation to enable them to adequately support their pupils' well-being. Realistically this would encompass effective measures of information gathering and communication between the teacher, parents and professionals involved in each child's life which current processes do not facilitate. Thody (2005) recognised teachers may feel overwhelmed by trying to accomplish this but highlights that these "significant others" offer a wealth of expertise which is valuable to maximising the teaching process. In direct contrast to primary settings, the limited contact a secondary teacher has with their pupils' parents or carers does present a unique challenge in achieving this outcome. Also the volume of pupils within the secondary setting means there is a high pupil to staff ratio, which affects the amount of time each teacher can commit to parental communication.

The results of this study demonstrates that postgraduate training whilst raising teachers' understanding of the benefits this communication can offer, is not in itself enough. The solution to address this issue may lie within restructuring the more functional mechanisms of the secondary structure. That said it should be recognised that this study's findings demonstrate that the extended learning gained from the postgraduate training would also add valuable breadth to facilitating the contact process.

It should be emphasised that across both primary and secondary settings there are parents and carers reluctant to engage with school, and in these cases teachers rely on the effectiveness of their parental involvement staff to support communication. The level and quality of such support is reliant on the role of the parental support officer, which is not generic and varies greatly as determined by each individual school policy. This differs from school to school and is often focussed on attendance issues and problem solving rather than an emphasis on the development of effective proactive parent and school communication.

5.2 Understanding of policy and implications for practice.

The results of the baseline questionnaire data showed there was a general lack of understanding re key policy documents and this had an implication for developing teaching practice. Following the completion of the teachers' postgraduate training; I was interested to measure if this investment had instigated any progress in this area. The data revealed not only a heightened awareness and understanding of the purpose of some policy but showed teachers were actively trying to use policy as models to develop their practice. This was however restricted to three key policy documents namely *Every Child Matters: next steps* (DfES, 2004), *Planning a Sustainable School* (DCSF, 2008) and each school's development plan. As the first two policy documents were included within the postgraduate course syllabus it was not surprising the teachers expressed an understanding of the policy aims and objectives however there was evidence they were relating this to their role as subject PSHE leads. When asked about the sustainable strategy gateways the teachers were

able to give a clear description of the local well-being gateway and were able to describe how this was supported within their area of the curriculum. They did convey however that this was not adopted as a whole school policy and felt that colleagues did not share their level of understanding of policy or the influence this should have on their practice.

The phase 2 questionnaire illustrated the teachers had an understanding of the other gateways; however they reported they were only aware of school development within the inclusion and participation gateway. Whilst this cannot be taken as an indication that the remaining six gateways are not addressed in school development planning the evidence this data presents clearly indicates whole school planning around the sustainable school agenda is not coordinated across all school departments. If the Sustainable School Strategy is to be effective this will require this lack of coordination to be addressed if, as the strategy states, they are to be used “purposefully as a part of school improvement strategy” (DCSF, 2008).

The data from the baseline questionnaire showed that eight of the PSHE leads who were selected for the postgraduate training had limited access to or knowledge of their school’s development plan. I wanted to determine if there was any development in this area and included fields within the phase 2 questionnaires to measure if any change had occurred. All ten teachers stated they were aware of and had read their school’s development plan. It is difficult to evidence if this was solely a result of the postgraduate training or alternatively influenced by their participation in this study, nevertheless it was encouraging progress. The two primary PSHE leads without management responsibilities evidenced that, following gaining their

postgraduate accreditation, they had been approached by the senior management team to actively contribute to school development planning across the key stages. It was clear participation in this study was viewed by the primary schools as an investment due to their senior managements' proactive approach to include the extended skill sets in school improvement planning. This in turn had a positive impact on the morale of the PSHE leads. As one primary teacher stated "Training whilst working was really hard but I am so glad I completed the course. It felt good to be involved in my school's plan, I feel really valued."

The six secondary PSHE leads development planning was still mainly restricted to their subject area however; this was influenced by the learning outcomes of the postgraduate training. The teachers described their practice as more informed. Unlike the primary PSHE leads, they had not been offered the same opportunity to contribute to overall school development planning. This supports the earlier evidence presented, which identified a lack of whole school approach to well-being that may in part be due to the secondary hierarchical structures discussed earlier. Although perhaps not such a positive outcome within the secondary setting, the teachers expressed they felt the training had been worthwhile describing it as "constructive" and "valuable".

When this research study commenced all the selected schools had achieved or were working toward the NHSP standard. By the completion of phase 2 all schools had achieved the baseline NHSP award. I was interested to measure if the teachers were aware of the next NHSP level and if they felt their postgraduate training would positively contribute to the process. The phase 2 questionnaire

revealed all the teachers were aware there was a planned further stage of the programme to progress their school's baseline award achievement; however none of the schools had commenced working towards the new standard. There were some valid comments raised which opened a further debate. For example the teachers were unsure how the new NHSP status linked to the objectives of the *Sustainable School Strategy* and similar policies. They indicated there would need to be a mapping exercise, similar to that carried out for the ECM performance indicators, to enable schools to incorporate and coordinate this work within their school settings. This is indeed a valid comment as historically, when schools feel policy and aims of programmes are not related, engagement is poor. It has taken eleven years to achieve the target baseline NHSP engagement and achievement rates and, unless these teachers' comments are addressed, we may see the same lengthy timescales to achieving the crucial targeted, individual support that will ultimately maximise the best outcomes for all children and young people.

5.3 The effect on teaching and learning

Prior to the postgraduate training the well-being content of the curriculum was described by primary teachers as preparation for physical changes and social and emotional literacy topics such as positive approaches to making and ending friendships. Secondary teachers described their approach as more practically based in theoretical situations and had a strong focus on the development of decision-making processes. When re-examining this area in phase 2 the data showed little progress in extending these approaches however, the data did indicate teachers had reviewed the current curriculum content to ensure it was evidence based. Of

particular note, each of the teachers had amended their overall subject descriptors to be more inclusive of the wider definition of well-being, which was translated into their classroom delivery. All of the teachers could explain the concept of how their extended training should influence on the pupils' learning experience but in the main this was theoretical and they provided little evidence of translation into practice and improvement in learning outcomes. This may be due to the methods teachers are experienced in using to measure progress and attainment.

The DFEE (1997b) standards for newly qualified teachers states that when assessing pupil progress the following competences should be employed:

- assess how well learning objectives have been achieved and use this assessment to improve specific aspects of teaching
- mark and monitor pupils' assigned class work
- assess and record each pupil's progress systematically
- recognise the level at which each pupil is achieving and assess pupils consistently against attainment targets

Whilst this methodology is easily applied to the majority of curriculum subjects, it is somewhat more difficult to use these methods to measure progress and outcomes in PSHE and well-being. Whilst the first two bullet points are achievable, given the earlier comments on lack of knowledge of individual pupil's circumstances and the influence, this may have on their well-being, establishing achievement levels and target setting is problematic in this subject area. Despite the DFEE's aim for the above standards to be in place by 2002, it is clear from the data that the teachers in this study struggled to find appropriate

assessment methods that measured beyond outputs of the completed class work, to evidence outcomes. Development of an appropriate structure and methodology to achieve this in the area of pupil well-being is essential if individual pupil levels are to be established and progress measured.

Curriculum delivery is planned across academic years from September to July. As this study was conducted midway through the academic year, evidence of change to the schemes of work and content of the curriculum was not realistic. As such, the phase 2 questionnaire focussed on the methodology of delivery of the current curriculum. The baseline study data indicated worksheets were commonly used in lesson delivery. The phase 2 questionnaire identified this remained a popular method however there was evidence the teachers had re-evaluated the worksheets contribution to the overall lesson objectives in an attempt to ensure they were not solely purposeful and task orientated but motivated the pupils to engage and explore the subject area. Rather than purely collating the worksheet information into their pupils' learning portfolios, the teachers stated they allowed time in each lesson for feedback and discussion. This data was explored in the semi-structured pupil interviews to ascertain if pupils recognised this change and to gain their views on the effectiveness of the lesson format.

The infrequent use of interactive teaching resources remained low which again may be due to the mid academic year point, however 100% of secondary teachers and 75% of primary teachers indicated they planned to use this format in future lessons. As the previous data revealed none of the primary teachers

currently used this format, this indicated a shift in the teachers' evaluation of this type of resource. This decision is supported by the government policy *Delivering 21st century schools: Next Steps* (DCSF, 2008) which states that better use of the opportunities provided by modern technology will enhance all of the dimensions of a world-class education. Efficacy of this medium requires careful screening to ensure topic relevance, quality and for the teachers to familiarise themselves with the resource. As such, planned introduction for the forthcoming academic year is in all probability a wise decision.

5.4 The influence on teachers' confidence levels

All of the teachers expressed they felt the postgraduate training had improved their overall confidence and were more self-assured in their individual roles.

The data showed the primary teachers felt more confident to try interactive group discussion work. They still felt restricted by agreed remit of the ratified curriculum content but reported they were combining SEAL and circle time techniques more effectively. They reported this had positively influenced working relationships and communication with other staff in school particularly with the pastoral team. In the baseline questionnaire, primary teachers had described a process of hierarchical delegation where tasks were given to the pastoral team. In contrast, the relationship described in the phase 2 questionnaires was a more integrated approach with teachers delegating across teams, recognising other professional skill sets and shared responsibility for progress. A common phrase used was "better information sharing" described as a "more joined up approach".

The secondary teachers reported they felt more skilled to enable effective situational discussion and expressed a heightened awareness of detecting troubled teenagers however rather than feel confident to explore directly with the individual student they tended to refer to the appropriate form tutor. As such, it appears that whilst the training facilitated an element of change in the working practices of primary school staff this had not had a similar effect in the secondary schools. As stated earlier, there are distinct differences in the organisational structures of both settings and it is clear from the data that, to enable the improvement shown in primary settings, further investment in examining the cultural, often hidden dynamics of the secondary school structure and practice is needed.

The data indicated all teachers felt specialist postgraduate training was essential to teach well-being as a teaching specialty area but also commented that similar training should be available to all teachers if well-being was to be supported in line with the Sustainable School Strategy across other subject areas. This is supported by government policy which identifies the need for highly skilled and motivated children's workforce to strengthen arrangements in schools (DCSF, 2008).

All of the teachers reported the postgraduate training had contributed to an increase in confidence to carry out their role as PSHE subject lead. Whilst the data indicated PSHE topics were more integrated across the spectrum of the curriculum in primary settings there was no mechanism to develop a cross curricular model in the secondary schools. Reinforcing the data gained from the baseline study this indicates the difference in the regard for this work and the complexity of timetabling the vast

range of subjects within secondary settings restricts the teachers from fully developing cross curricular delivery in this subject area. As PSHE is to become a statutory subject from 2011 it will be interesting to see if this is considered and addressed in the supporting guidance.

5.5 Impact on stress levels

As I have outlined in this study there are various components or teaching skills essential to support the teaching of PSHE and well-being in school settings. These include skill set competency, confidence, relationships with pupils and parents and an environment conducive to learning. Even if all of these components are achieved, there is one factor that can diminish the positive effect they seek to provide- that is the teacher's well-being.

As identified earlier in chapter 4 one of the most important factors affecting teacher well-being is stress. In phase 2 of this study, when asked again how their own well-being is supported, the data indicated there had been no change in the teachers' earlier baseline questionnaire responses. All responded that schools' policy and practice was reactive, and focussed on solving problems or difficulties when they arose rather than implementing proactive or preventative support methods. Of particular note, when asked how they felt schools could support their well-being 100% of the teachers felt there should be a confidential support process that didn't involve school management or provide information that might affect career progress. The desired process described by the teachers was similar to the clinical supervision model available to other professions such as nurses and social workers. In such

professions, staffs have regular access to and are supported by a clinical supervisor from within their profession who can offer confidential support and advice. This does not have any implication or impact on their career progression as the supervisor has no contact with their line manager. As such the confidential nature of this relationship provides a non-threatening collaboration. Teaching staff do not currently have the benefit of this type of support mechanism.

As the baseline study indicated, 90% of the teachers who participated in this study expressed moderate to high levels of stress with the remaining 10% occasionally experiencing elevated stress levels. Even though the sample size of participants in this study was small in comparison to the total number of teachers with QTS in England, the published statistics quoted earlier on stress levels within this profession indicate the probability is that the data collected is an accurate reflection of the current position. I wanted to measure if there was any impact on perceived stress levels through the extension of teachers' skills sets. The phase 2 data indicated there had been a distinct shift in how teachers' perceived their stress levels. Only one of the secondary teachers reported they experienced high level of stress at work. A further four secondary teachers stated they often felt stressed, with the remaining secondary teacher and four primary teachers reporting they sometimes felt stressed at work. Whilst these results are still a cause for some concern and need to be addressed, the data did indicate teachers' perceptions of stressors in the workplace had lowered. As stated earlier the causes of stress are multi faceted and as such, it is difficult to establish if the postgraduate training was the main factor in reducing stress levels. However, some of the learning outcomes, new behaviour and

situational factors described earlier by the teachers evidenced this professional development had made a positive contribution towards this change.

5.6 Summary of the phase 2 findings and conclusions

The purpose of the phase 2 questionnaire was to measure the impact postgraduate training had on key areas identified from the baseline study. The following is a summary of the main findings established through the collation of this data.

All teachers expressed a clear comprehensive understanding of the term well-being. The data indicated the need for an alternative method of assessing well-being taking into account the impact individual social circumstances places on outcomes and to set realistic and achievable pupil progress measures. As a result of the postgraduate training there was evidence of plans to re-evaluate the curriculum content, using the teachers' learning outcomes and raised understanding of policy, and incorporate more interactive classroom teaching delivery supported by quality assured resources. The teachers felt their teaching had improved based on alterations they had made to their practice following the postgraduate training. They were now trying to approach some delivery at individual pupil level. However, many of the issues raised from the baseline data still made this difficult to achieve. Despite the benefits of the postgraduate training a whole school approach in developing PSHE and supporting well-being was not adopted in secondary settings. Further research to examine the effect of secondary school structures on school development would be necessary to progress this. The postgraduate training had increased confidence levels

and teachers were more involved in school development planning, although in varying degrees. The postgraduate training also appeared to have a positive impact on reducing teachers' perceived stress levels, however the data collected indicated this is still experienced at an unhealthy level.

¹ Please see the glossary p134 for The Sustainable School Strategy definition of well-being.

6 Observations of teaching practice

The third part of the research process consisted of all the twenty participating schools undergoing a classroom observation of teaching practice. The rationale for this part of the research process had two focus areas. I wanted to compare the teaching practice of the two groups to ascertain if there were any significant differences that could be attributed to the postgraduate training. I also wanted to compare the teaching practice of the postgraduate participants with the phase 2 questionnaire findings to measure if the perceived changes the teachers reported were present within their classroom delivery.

Following the completion of the phase 2 questionnaire process, the lesson observations commenced one full term following completion of the postgraduate training. As previously recognised when evaluating the phase 2 questionnaires, the remit of this study limited the amount of time available to the teachers to implement curriculum content changes and although this was measured, the observation sessions mainly focussed on the teachers' methodology of classroom delivery. The observation process consisted of measuring the following areas:

- Lesson planning
- Opening plenary
- Teacher delivery/ classroom management and use of resources
- Closing summation
- Lesson evaluation
- Overall lesson rating based on Ofsted categories. (Primary and Secondary National Strategies, 2005 (see appendix 2)¹

The selection of the above headings was informed by the findings stated in the previous chapter in which the teachers gave evidence of perceived change to their practice. Each area was then subdivided as can be seen by referring to the Teaching Observation Sheet (Appendix 5) to enable inclusion of all comments and findings to be explored.

6.1 Primary lesson observation findings

All of the eight primaries selected the topic of “relationships” for their observed lesson. Prior to delivery of this lesson, I met with each teacher to give him or her opportunity to present an overview and give a rationale for his or her lesson content and delivery methodology. As I did not want to influence or steer the delivery in any way this was an information gathering session and no comments or feedback were given to the teachers at this time.

The planned lessons of the four primary teachers who had not completed the postgraduate course remained within the topic parameter and the content focussed on general skills to build and maintain friendships and family relationships. These lessons were teacher directed to the whole class and the content relied upon the previously established schemes of work. This led to the design being more generic and broad based and did not include opportunities to explore the pupil’s own actual experiences. The planned lesson content designed by the four primary teachers who had gained the postgraduate qualification was still very much guided by existing schemes of work however; these teachers demonstrated the confidence and ability to expand the overarching general content to encourage their pupils to explore their

thoughts and feelings through group work discussion. Whilst this indicated a positive change, to be truly effective these lessons needed further adjustment to take into account each individual pupil's needs and support their personal development and well-being. When asked how the pupils had been selected for each group, the teachers advised they were grouped according to their streamed ability for literacy and numeracy. Whilst ensuring equity of ability is an important consideration to enable participation in the lesson, inclusion of a social context when considering grouping these pupils together is an essential element if teachers are to create an optimal learning environment that will support each individual's well-being.

In all of the primary schools lesson planning the learning outcomes had been clearly identified but there was a lack of consideration of how each individual pupil would experience the lesson and as such, no modification was incorporated to ensure each pupil's needs were being met. Whilst the teachers with postgraduate accreditation displayed a deeper sensitivity towards the pupils learning experience this was limited to the group levels. If these teachers are to progress their professional development and teach effectively to support well-being, it will be necessary to expand on this improvement if they are to foster their pupils learning to optimum levels. This will need to be considered and implemented from the lesson planning stage to be effective.

All of the primary teachers used existing PSHE schemes of work and very much relied upon SEAL content and resources. The structures of these lessons were task orientated and concentrated on completion of worksheets. The focus of these lessons was the completion of set academic tasks, which involved a high level of

teacher direction and monitoring. The teaching skills observed were mainly expository whereby the teachers strictly controlled the learning process. There was little evidence of active learning processes and pupils were not empowered or given autonomy to explore or investigate the subjects outside the frameworks set by the teachers. As such, important generic learning skills such as organisation, communication and co-operative working were not evident within these lessons. Whilst it may be argued attainment of the overarching lesson learning outcomes are important, development of these practical skills within the classroom setting would enable a positive transference of applying learnt skills to the pupils' everyday lives. As Jenson (2000) describes, engagement in the choice of topics and direction of study facilitates an active process of participation. This would equip pupils with skills and techniques that would certainly enhance and contribute to their ability to maintain their future well-being. Whilst still problematic in terms of evaluation of outcomes, an active participation model would offer more scope in terms of setting performance indicators beyond mere membership of a group.

On examining the content of all of the observed primary lessons there was limited evidence to support the incorporation of research based practice or guidance from national policy. This was a surprising outcome given that the teachers who had completed the postgraduate course had demonstrated an improved knowledge and understanding in this area. This finding indicated that whilst awareness had been raised, the postgraduate continued professional development had not equipped the teachers with a method of informing or translating research evidence and policy into their practice.

As my earlier findings demonstrated, primary settings did not take full advantage of specialist multi-agency professionals' skills in the development of schemes of work, lesson planning or delivery. This was substantiated at this stage of the research process as there was no evidence of multi-agency specialist contribution at the planning or implementation stages to inform the practice of any of the primary lessons observed. This may be attributed to the continued use of existing schemes of work however, it was noted there had been no attempt by any of the participating teachers to consider what benefits this input could offer. Therefore, consideration of the benefits collaborative multi-agency specialist input offers curriculum planning, lesson delivery and evaluation remains an area for development in these settings.

The physical primary classroom environment supported PSHE learning and all of the primary teachers made good use of the classroom display with content that supported the topics chosen. All of the classrooms observed offered the opportunity for pupils work and resources to be on display and reinforced the learning outcomes.

6.2 Secondary lesson observation findings

To ensure continuity the secondary teachers were also offered a preliminary meeting to give an overview of their lesson prior to delivery. To maintain parity with the primary meetings this was an information gathering session and no comments or feedback was given to the teachers at this time.

The secondary teachers took a different approach in their lesson topic selection. Whilst the selected secondary lessons focused on one particular topic, they

combined aspects of the other topics to support and broaden the learning outcomes. For example, the lessons I observed on safety incorporated aspects of relationships, physical health and psychological well-being. These links added a further dimension and breadth to the overall topic discussions as pupils were encouraged to think about the impact certain decisions might make on other aspects of their well-being. As identified in earlier chapters secondary teachers were already more likely to utilise discussion methods within their PSHE delivery. In the observed lessons the teachers favoured an active learning approach which was group focussed rather than at individual pupil level however, unlike the primary sessions, membership of these groups were rotated to enable pupils to work with a greater variety of their peers. The six teachers with the accredited postgraduate training extended this slightly further. They also include paired work where two pupils within each group were encouraged to explore a particular topic and feedback their findings to the group, then the class. As the earlier findings illustrated the current structures in secondary schools do not always facilitate teachers having information, particularly in a social context, to support each individual pupil. Whilst the need for this to be addressed remains, the peer support model implemented by these teachers can be a particularly effective way of supporting pupil well-being.

Research suggests that peer education provides motivational and cognitive benefits, raises pupils self esteem and encourages positive social behaviour, all applicable to the development of pupil well-being (Damon, 1984., Milburn, 1995). However, for peer education to be effective, teachers must possess the skills and competencies to combat the possible difficulties that may arise when artificially reconstructing social processes (Milburn, 1995). The observations indicated the

teachers with postgraduate training had gained such skills. Their lesson plans demonstrated they had reflected and evaluated possible outcomes of peer led processes and their classroom delivery was confident and well managed.

There was no evidence of policy and research informing the lessons of the secondary teachers who had not completed the postgraduate course. As the findings from the baseline questionnaire revealed there is a lack of depth in understanding policy and skill set in applying it to practice. This presents a worrying picture if the government's desired school improvement levels of achievement and attainment are to be accomplished across primary and secondary education and raises the question:

If school improvement strategies, development planning and self evaluation frameworks are based on national policy frameworks, how can progress be achieved if teaching staff demonstrate a lack of policy knowledge and ability to incorporate such strategies into lesson planning, delivery and evaluation?

The secondary teachers with the postgraduate qualification had adjusted some of their existing schemes of work to ensure they supported some of the main national policy indicators, particularly within the five outcome headings of ECM and the local well-being gateway of the Sustainable School strategy. This inclusion expanded the content of these lessons and extended PSHE learning into a wider context, that of developing life skills.

None of the secondary PSHE lessons were delivered in bespoke classrooms and a variety of settings was used. This negatively influenced the learning

environment as the displays did not complement or reinforce the learning outcomes and the classroom layout was not always conducive to the delivery method. In four of the observed sessions, pupils had to rearrange tables and seating midway through the lesson, which was, not only time consuming but also distracted the pupils from task. As discussed in an earlier chapter classroom environment is an important factor in facilitating the learning process. Unlike other curriculum subjects, the lack of dedicated resource rooms is a real issue affecting the efficacy of secondary PSHE provision. The ad hoc use of other curriculum subject rooms and their displays was distracting and I observed the pupils' attention often diverted away from task. This is not an easy problem to solve due to the transient method of delivering the curriculum and may be related to the hierarchical structure discussed earlier. This is an important factor for consideration for if secondary schools do not regard PSHE in a similar way to the core curriculum subjects with similar investment and dedicated classrooms, it is unlikely that their pupils will value this learning as highly as their other subjects. Four of the teachers with postgraduate accreditation did creatively try to address this issue by using the interactive whiteboard to introduce their lesson themes and generate display-supporting information with good effect. However, this is not an ideal long-term solution.

The most noticeable difference in the secondary observations was the difference between the teachers' confidence levels. Those teachers who had completed the postgraduate training appeared far more confident both in the subject delivery and in facilitating the discussion and feedback sessions. They presented a positive, self-assured disposition and were confident to allow the content of the pupil discussions to develop quite naturally. This observation reinforces and supports

the findings from the phase 2 questionnaire in which these teachers had perceived their confidence had increased. The teachers who had not benefited from the postgraduate training did not present to such a highly developed level and were more likely to steer and constrain the pupils' comments.

¹ The framework for inspecting schools in England sets out how inspectors make judgements about the overall effectiveness of a school.

7 Research findings- semi-structured pupil interviews.

As stated earlier the final section of the information gathering part of the research process was a series of twenty semi-structured group interviews with pupils from each of the participating schools.

Having thematically streamed the data gathered from the baseline phase 2 questionnaires and observation process an interview process was constructed to explore pupils' opinions in the following four areas:

- subject content
- teaching knowledge
- teaching confidence and ability
- methods of delivery

The initial phase of these interviews utilised an interactive voting system where the pupils could rate each of the four areas. I selected this medium based on my past experience of conducting pupil participation sessions as it is an effective way of initiating cohesive group debate and ensures each pupil engages with the process. This enabled me to capture the opinions of the pupils who were less likely or confident to participate and vocalise their opinions within group discussion. It also offered a modicum of confidential reporting which can be difficult in such small groups, the average being 23 pupils per group. Collation of this data also enabled some quantitative statistics to be recorded. On completion of the voting process, the overall results were shared with each group who were then engaged in discussions to build upon this information.

As stated in chapter 3 I felt it essential to include this qualitative element to allow the pupils freedom of expression and add diversity to the study. My intention was to create a process where the groups not only responded to my questions but also to stimulate discussion and debate between the pupils within each group. The content and progression of these discussions were mainly pupils directed however, a series of open-ended questions were used to facilitate the discussion where appropriate. Importantly this process offered me the opportunity to examine the research topic and outcomes of the postgraduate teacher training from the pupils' perspectives.

Whilst exploring the data related to the role of the teacher a number of salient features were revealed associated to the pupils' school experience in general. The data showed primary pupils were unable to distinguish the difference between teaching ability and particular curriculum subjects. Their views on the teacher's roles were not based on the lesson content and their enjoyment of the session was the principal dynamic. One explanation for this may be due to the majority of the primary curriculum content being delivered by their class teacher and that they have an expectation that teaching skills are universal not subject dependant. Unlike their primary peers, the secondary pupils' dialogue focused on their relationship with their teachers. On examination, the type of relationship they perceived to exist between themselves and the teacher influenced the pupils' opinions of teaching ability and quality of lessons (Pomeroy, 1999). Those pupils, who described having a positive relationship with their teacher, were more likely to describe them as 'good teachers' who delivered 'okay' lessons. Where they described a negative relationship with their teacher this was mirrored in their judgment of teaching ability with lessons described as 'boring' and of poor quality. This may be linked to my earlier

discussion on the limited window of opportunity secondary teachers have in which to develop positive relationships with pupils the secondary setting.

In the schools where the teachers had not completed the postgraduate training the secondary pupils reported they felt they did not have the opportunity to develop the constructive relationships, as apparent in primary settings, with their PSHE teachers as they often only saw them for one lesson per week. These pupils' descriptions of the actors negatively affecting this relationship were collated and, when categorised, appeared to be issues related to discipline and boundaries perceived by them as unjust. Whilst their lessons were similarly restricted, those pupils taught by the accredited postgraduate teachers generally were more positive when describing their relationships with the teachers. Further discussion revealed they felt this was directly related to their perception that the teachers' displayed a positive attitude and appeared confident.

All secondary groups however reported they felt the content of the PSHE curriculum was repetitive, often delivered on subjects they had previously studied. The pupils did not feel the content of these lessons expanded their earlier learning or was appropriate to their age. A common comment was that the pupils felt they often 'knew more about (PSHE) subjects than the teacher'. Whilst this could be emblematic of general adolescent behaviour, the findings were indicative that the pupils felt the curriculum content was not in alignment to their life experiences and, if well-being were to be supported at individual pupil level, this would certainly need to be addressed.

All of the pupils interviewed stated a dislike for task orientated worksheet study and were unable to relate the subject topics covered by these resources to real life experiences. None of the pupils who took part in this study reported they were involved in curriculum development or were aware of pupil involvement in developing teaching and learning within their schools. Research evidence shows that building a culture of participation can facilitate engagement, particularly in the area of PSHE and citizenship (Rudduck & Flutter, 2000). This enables pupils to cultivate a sense of mutual responsibility towards teaching and learning whilst developing a sense of self-belief that they can have a greater control over their lives, a skill particularly pertinent to the development of self and local well-being (Kirby et al, 2003, Jensen & Schnack, 1997). As such, it would appear that pupil involvement in the design of the PSHE curriculum content and methodology of delivery would enhance their learning experience and facilitate a more meaningful setting to develop the essential skills pupils need to support their well-being. This is an important factor for all teachers to consider, particularly the postgraduate accredited teachers as they consider and plan their development of more interactive methods of classroom delivery.

The earlier data from the phase 2 questionnaires revealed the teachers felt their teaching had improved based on alterations they had made to their practice following their postgraduate study and that they were now able to approach some delivery at individual pupil level. The pupils however were unable to distinguish any difference in this area.

7.1 Summary of observations, semi-structured interviews and conclusions

The observation of teachers' practice was an essential part of my research methodology. It not only offered the opportunity to compare practice to the previously gathered data on perceptions of the teachers together but the chance to examine the functionality of the classroom settings and pupils' interaction and engagement.

In summary the data from the observations indicated the several key points for consideration. Even though there was some evidence of improvement by the secondary accredited teachers, there was still a lack of embedding policy into practice and lesson development, with great reliance on pre-existing schemes of work, which was not supported by evidenced based research. To support my earlier findings the observations confirmed the importance of creating optimal learning environments and revealed the negative impact improper settings have on pupil behaviour and learning outcomes. Despite the learning outcomes from the postgraduate training there was little evidence of teaching delivery to support well-being at an individual pupil level. By far the most significant positive change observed was the increased confidence displayed by the postgraduate accredited teachers.

The findings from the observations and semi-structured interviews offered the opportunity to compare and evaluate teaching practice and pupils' perceptions and identify measurable outcomes. This process offered the opportunity to reflect on

the quality of teaching and learning from the student perspective and added a further dimension to my observed teaching sessions.

This revealed key points for consideration in relation to the initial research questions. For investment in postgraduate professional development to be valuable in improving PSHE and supporting well-being consideration of the teacher pupil relationship is crucial. More effective methods of engagement between teachers and their pupils is essential in this subject area, particularly if teachers are to progress towards supporting them at an individual level. When examining the efficacy of this relationship, consideration must be given to the inherent differences that exist between primary and secondary settings. This should also take into account the developmental levels of the age groups and their ability to evaluate based on previous experience. In order to evaluate the data collated on pupils' views accurately two variables must be considered: the amount of regular contact they have with their teachers and if the basis of teaching, regarded as the norm, is sufficient to effectively facilitate this curriculum.

Although extended teaching skills improved secondary pupils' perceptions of teaching ability the current curriculum content significantly impacts on the learning experience. This adds further weight to my earlier evidence on the need for revision of existing schemes of work.

Lack of pupil participation in the design and development of the curriculum content had a negative impact on the value pupils placed on PSHE as a subject. The inability to harness the benefits of pupil participation had a direct effect on the

development of the PSHE curriculum content and restricted the secondary pupils' sense of well-being, which may limit their ability to develop the necessary life skills that contribute to overall local well-being.

8 Conclusions

My aim in conducting this research was to inform the debate about whether current PSHE teaching competency levels are appropriate to support emotional well-being and achieve the desired progress indicated in national policy. I wanted to explore the impact of investment in accredited postgraduate social and emotional literacy and well-being professional development on both teaching practice and pupils' learning experiences. Detailed below is a summary of my findings and the conclusions drawn from the data gathered across all five areas of my research processes namely baseline measurements, phase 2 questionnaires, postgraduate accreditation, teacher observations and semi-structured pupil interviews.

8.1 Summary of findings

As stated at the beginning of this thesis the purpose of my research was to explore if existing levels of PSHE competency were appropriate to support the delivery of emotional well-being education and if investment in bespoke postgraduate social and emotional literacy professional development programme would refine teaching practice and offer any measured benefit. I have endeavoured to explore this at the summation of each previous chapter; however I wish to encapsulate key overarching summations as follows.

On completion of the baseline questionnaire data it was evident that consideration of this hypothesis across education as a whole was not possible due to the quite uniquely different settings in primary and secondary education. That said

there was evidence within the findings that were generic in terms of teaching professional ability.

This research study demonstrated that though all teachers used the term 'well-being' the contexts in which they understood and applied to this term were varied. As such their responses had to be moderated within these contexts so the baseline study was unable to give definitive answers on the efficacy on teaching this subject. Following the completion of the postgraduate training where teachers had acquired a clear definition of the term it was possible to gather more meaningful data when measuring their perceptions and teaching practice. It was clear from the data gathered the postgraduate teachers had a more comprehensive understanding of the term 'well-being' which, my observation and evaluation process evidenced, had a positive effect on their practice. As this is fundamental to enable effective delivery I conclude that there is a need to extend current teacher education to ensure they are appropriately trained to understand and apply the wider concept of well-being than is currently in place.

As detailed earlier the sample size of this study was limited and a small representation of the overall number of teachers currently practicing within England. However, the overwhelming evidence that this sample displayed in relation to policy awareness presents a worrying picture. This study suggested there is a lack of overall understanding of government policy across both settings without which teachers were unable to add depth or breadth to well-being education. As such application was at best sporadic and led to poor integration with other core curriculum subjects. Of particular worry this study indicated there were no processes by which teachers

measured quality standards and often used information and resources which were not formed by evidence-based research or practice. As identified by the findings of this study this raises doubts as to whether the desired school improvement and achievement levels, set by the national policy framework performance indicators, are actually achievable when this lack of knowledge and understanding is not being addressed.

Perhaps the most important finding of this study in relation to equipping pupils with the necessary life skills to maintain well-being was the limited level of support and delivery at an individual pupil level. This was found to be poor in both settings despite primary teachers having greater access to parental and social information. As identified through the literature search process, all government policy dictates professionals support each individual child maintaining this has been identified as essential to both safeguard and ensure optimum life chances. This study however revealed much of school's influence is dictated by governed school policy, generic overarching schemes of work and in the case of secondary settings a lack of parent contact / relationships and external situational information. To improve this position would require a review of school policy and relevant systemic changes to monitoring and gathering of each individual pupil's circumstances. This, particularly in secondary situations, will require a review of parental involvement and improvement in communication systems between schools, parents and multi-agency professionals.

Despite policy direction and research evidence which clearly supports the benefits of multi-agency contribution this study found the process for incorporating

this specialist input to be deficient in both educational settings. In primary settings there was a distinct lack of permitting specialist multi-agency professionals to determine the focus of PSHE in general and particularly well-being educational content. In secondary settings there was no evident structure to combine specialist multi-agency input with school staff teaching delivery and as such there was no evidence of a joined up approach or professional learning process that can occur from multi-agency co-delivery. As such this study was unable to determine a discernable difference that multi-agency input made in achieving optimum educational outcomes for pupils in either setting.

A patent difference recorded from this research was the alteration postgraduate training made to the confidence levels of teachers across both settings when teaching PSHE and well-being education. This was evidenced both in the responses from the phase 2 questionnaire responses and the teaching observation sessions. Whilst criticism could be made around the content and methodology chosen, the postgraduate teachers portrayed a secure poised quality which depicted a more confident and credible classroom delivery technique.

As the literature indicated there is key evidence to indicate stress as a major factor which influences teaching practice and functionality. As such, and given the focus of this research topic was well-being, the opportunity was taken to include this as a measure included within this research study. The stress levels recorded by this study were worryingly high; both at the baseline and phase 2 questionnaire timescales although considering research evidenced by the literature searches this is in line with recorded statistical evidence. Whilst stress levels had decreased

following the postgraduate training the levels described were still a cause for concern. Given that the teaching profession is rated within the top ten most stressful vocations this does indicate that if teachers are to effectively teach well-being there needs to be more effective support mechanisms to reduce the vocational and life stressors of these professionals.

Integral to this research study was the measured benefit of postgraduate training on PSHE delivery and outcomes for pupils, the perceptions of the pupils and their feelings about PSHE as a curriculum subject and any perceived changes they identified to the postgraduate teachers' ability. This study indicated that the pupils' perception of their relationship with the teacher was the most influential component of the pupil's learning experience and as such the short timescales of this study may not have facilitated a credible impact in this area. Whilst this is a key consideration it is also necessary to contemplate the effect external factors, such as the lack of dedicated teaching environments, and how this impacts on pupils' perceptions of efficacy of PSHE delivery. Secondary pupils' opinion of PSHE content was quite negative and as stated earlier this could have serious implications with regard to the efficacy of this current subject format to achieve optimal outcomes such as the aforementioned protective behaviours, ability to resist peer and social pressure and assessment of potentially risky situations.

8.2 Implications for professional development and teaching practice

This study was undertaken to explore if investment in postgraduate social and emotional literacy professional development for teachers demonstrated any measured

benefit to PSHE teaching skills and competencies. My research evidenced that current practice in schools to measure teaching competency or determine the most effective teaching methodology to support social and emotional literacy and well-being was inadequate. This is a crucial issue which needs to be addressed in order to develop teaching practice to suitable levels.

The findings demonstrated there is a need for teachers to review existing schemes of work to ensure they support the required performance indicators and outcome frameworks set by governmental policy and the needs of their pupils. Given the findings from the teaching observation sessions and semi-structured interviews it is essential teachers give more consideration to supporting individual pupil well-being within their lessons and improve their assessment methodology. It is also important that teachers review the use of resources to ensure they are factual and motivate their pupils. This should include incorporation of interactive media and development of appropriate teaching skill sets to use this medium effectively.

8.3 Review and critique of methodology

On considering the design of my research methodology I felt it was important to examine whether any of the existing processes used by the participating schools could add value to this study. This initial review found the existing data gathering and evaluation processes were not robust which made validity questionable. This led me to make two decisions about my research process. In order to gather the data I needed I felt it was necessary to design a new bespoke format using a variety of research methods to ensure the process was robust and to guarantee the validity of

my findings. I also decided to utilise an action research process to create an environment that would enable the teachers to participate in the study as a learning process with the intention of introducing them to an improved model of research than is currently in use within their schools.

The use of the five methods I implemented was effective as it enabled me to examine the baseline data and the opportunity to correlate the perceived changes reported by the accredited postgraduate teachers with actual classroom delivery. Whilst it was positive to observe improvement in aspects of the teachers' practice, knowledge and perceptions I am cautious to explain this solely as a result of the postgraduate accreditation. Consideration of the Hawthorne effect as described by Mayo (1933) may have some significance in that the positive effect observed that may not have a causal basis related to the postgraduate training but occurred because the participants knew they were being studied and had an idea of my desired outcomes. I acknowledge that, as previously stated, my findings are based on a limited sample of the teaching profession. I also acknowledge that I did not select a random sample for this study as I wished to investigate the impact of existing national policy (NHSP) and felt I needed to recruit schools that were not likely to experience an Ofsted inspection to minimise disruption to the study.

As discussed earlier measurement of the effect of well-being education on outcomes for pupils was not the intention of this research as it is not possible to examine this without long term study however the semi-structured interview process added a valuable dimension to the study. By using this method my initial intention was to ascertain if the postgraduate accreditation impacted on the pupil learning

experience however this process extended beyond this area to divulge additional information pertinent to the study. Therefore I conclude that inclusion of this qualitative element made a beneficial and significant contribution towards answering the research question.

As identified earlier my question to ascertain the longevity of PSHE teaching experience did not gather the intended data and whilst this did not impact negatively on the overall study this information would have been useful. Should there be an opportunity to undertake further research in this area I would use this experience to construct a valid way to encapsulate this data accurately.

8.4 Suggestions for further research

Having conducted this study it is clear there are distinctly different factors that need to be further explored in primary and secondary settings. Whilst it was not possible to extend the remit of this study the opportunity to research each setting further would add further depth to the topic.

This study has identified the following areas for further research:

- The contribution of PSHE on improving outcomes for children and young people.
- The relationship between primary school governance and PSHE curriculum development.
- An exploration of hierarchy within secondary settings and its effect on progression of PSHE subject development and career pathways.

- Examination of the motivation of secondary teachers to select PSHE as a curricular area to progress their career.
- Investigation on the impact of stress levels on the wellbeing of teachers together with how this impacts on the pupil learning experience.

Appendix 1- Search engine parameters and descriptors

An in depth review of literature was undertaken to understand the complexity and issues around the delivery of a generic wellbeing education strategy and to explore the possible solutions that are currently being implemented to support the same. This included a review of government departmental strategy and policy namely the Department of Children, Schools and Families (DCSF, formerly DfES), the Department of Health (DOH) and Department for Environment, Food and Rural Affairs (DEFRA). A number of professional groups and individuals within the region of the study were contacted re their published work and to further identify relevant published studies. The review of literature involved a study of books, journals and internet sources. The following databases were searched: ERIC, WED, Medline, Psychlit, Cinahl, British Education Index, DCSF, DH, Cochrane database, the Database of Abstracts of Reviews of Effectiveness (DARE), National Foundation for Educational Research, the Evidence for Policy and Practice Information, the Health Education Authority and Health Development Agency.

Internet searches generated information from government office, Child and Adolescent Mental Health Services (CAMHS), Education World, Young Minds, Schools and Students Health Education Unit and a variety of public health organizations that offered news releases or publications. UK local authority websites, the British Medical Journal and Pubmed and were other sources that were searched on the internet for relevant information particularly in the area of emotional wellbeing. Other online journals related to emotional wellbeing in UK were also reviewed for useful data.

The key words used for the initial literature search were wellbeing, curriculum development, schools, children and young people and teachers. These were combined with the terms social & emotional literacy, social wellbeing, social and emotional learning, behaviour management, professional development, professional competence and adolescents to extend search results. Other additional key words searched included school ethos, emotional wellbeing, personal health and social education, healthy schools, extended schools, workforce reform and stress which ensured inclusion of all possible factors that could have an effect on wellbeing of schoolchildren, teachers' competency levels and inform this study.

Appendix 2- Ofsted descriptors- ratings (Primary and Secondary

National Strategies, 2005)

Outstanding	<p>Exceptional:</p> <p>All or most elements of the school's work are at least good, and significant elements are exemplary.</p>
Good	<p>Inspectors should consider the judgement good when:</p> <ul style="list-style-type: none"> • there is generally strong performance across all aspects of a school's work • the capacity to improve is strong, as shown by its recent improvement. <p>A school may be good in a variety of ways, and may have pockets of excellence, but no school should be judged good if its performance is merely ordinary.</p> <p>No school can be judged to be good unless learners are judged to make good progress.</p>
Satisfactory	<p>The school's work is inadequate in no major area, and may be good in some respects.</p>
Inadequate	<p>A school is likely to be inadequate if one or more of the following are judged to be inadequate: the standards achieved; learners' personal development and well-being; the overall quality of provision; leadership and management. The sixth form or Foundation Stage might also be inadequate, but where the numbers are small this does not necessarily lead to the judgement that the school as a whole is inadequate. At its worst, the school provides an unacceptable standard of education and it lacks the capacity to turn things round.</p>

This judgement should be the last one made in the process, as it takes account of all other evaluations about the school's performance. Inspectors have to ask two key questions:

1. How effective and efficient are the provision and related services for meeting the full range of learners' needs and why?

2. What steps need to be taken to improve provision further?

In evaluating what steps are required to improve the provision further, inspectors should identify the few most significant improvements the school needs to make to raise standards.

When a school's overall effectiveness is judged to be inadequate, it is a school causing concern and requires either special measures or a notice to improve.

Appendix 3- Baseline questionnaire

TEACHER QUESTIONNAIRE

Please complete the following questions answering accurately and selecting the most appropriate response. Tick the boxes that apply as directed in each question.

Please do not write in the shaded areas:

There is a section at the end of this questionnaire where you are encouraged to make any additional comments. Please note all data collected from these questionnaires are treated as confidential and processes ensure anonymity, hence individual teacher, school information is not recorded.

1. Which setting do you currently teach in?

	✓
Primary	
Secondary	

2. How would you describe your role? (Tick all that apply)

I am a member of the school management team	I have a TLR to deliver PSHE	I lead on PSHE as a curriculum subject	I deliver PSHE in classroom settings	I lead on SEAL delivery	Other- please state:

3. Have you held any of the above roles for less than 6 months?

	✓	
No		
Yes		Please state which role/s:

4. Did you apply for / select any of the above role/s as a teaching specialty area?

	✓	Which- please state
Yes		
No		

5. Which of these PSHE areas do you lead/ participate in the delivery of? (Tick all that apply)

	✓ Lead	✓ Deliver
SRE		
Drugs		
Emotional wellbeing		
Other- please state:		

6. Please tick the areas of PSHE you feel confident in teaching:

	✓	Why?
SRE		
Drugs		
Emotional wellbeing		
Other-please state:		

7. Do you feel confident teaching:

	✓ Yes	✓ No	Why?
Whole class sessions			
Group work			
Individual pupils			
Other- please state:			

8. Do you feel you have enough information to support individual pupils? (Tick one box)

	✓
Yes	
No	
Not sure	

9. What methods do you use in your PSHE / wellbeing classroom delivery? (Tick all that apply)

	✓ Frequently	✓ Occasionally	✓ Never
Worksheets			
SEAL materials			
Classroom display			
TV/ Video			
V.L.E.			
Art / drama			

10. Do you think the current curriculum adequately prepares your pupils for lifelong wellbeing?

	✓	
Yes		Why?
No		Why?
Not sure		Why?

11. Do you lead or are on the whole school action group for NHSP?

✓ I lead on NHSP for my school.	✓ I attend my schools' NHSP action group.	Other- please state

12. What training have you had in the last 12 months? (Tick all that apply)

Gov PSHE prog	LA inset	NHSP inset	SEAL inset	Postgraduate specialty	Other- please state

13. Do you access any of the following information sources to support you in this role?
(tick any that apply)

Internet	LA bulletin	LA PSHE newsletter	Specialist subscriptions	T.E.S.	Other-please state:

14. Have you read and / or contributed directly to your school's development plan?(Tick one box)

Read	<input checked="" type="checkbox"/>	Contributed	<input checked="" type="checkbox"/>
Yes		Yes	
No		No	

15. Do you contribute directly to your school's SEF? (Tick one box)

Read	<input checked="" type="checkbox"/>	Contributed	<input checked="" type="checkbox"/>
Yes		Yes	
No		No	

16. Please rate how well you are supported by your school to deliver your wellbeing role? (Tick one box)

<input checked="" type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> Average	<input checked="" type="checkbox"/> Poor

17. How well do you feel you are supported by your local authority to deliver your wellbeing role? (Tick one box)

<input checked="" type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> Average	<input checked="" type="checkbox"/> Poor

18. Do you have access to meetings with teachers in a similar role?

	<input checked="" type="checkbox"/>
Yes	
No	

19. Which of the following policies are you familiar with and guide your current practice: (tick all columns that apply)

Policy	✓ I am aware of	✓ I have read	✓ This informs my practice
Aim Higher			
Every Child Matters: change for children			
Every Child matters: next steps			
Every Child's Future Matters			
Healthy Lives, brighter futures			
Framework for the assessment of children in need and their families			
Planning a sustainable school			
Indicators of a schools contribution to well-being			
Indicators of a schools contribution to well-being			
NHSP guidance for developing emotional health & well being			
The Children Act			
Healthy Lives, brighter futures			
Your school development plan			
Your school SEF			

20. Do you have access to multi agency support?

	✓
Yes	
No	
I don't know what's available	

21. Do any multi agency partners deliver wellbeing curriculum content? (Answer Yes or No)

	✓ Yes	✓ No
CAMHS		
School nurses		
Other- please state:		

22. If you have answered Yes to the above question how often on average do multi agency partners deliver wellbeing curriculum? (Tick one box)

✓ 1-2 times per term	✓ 3-4 times per term	✓ 5-10 times per term	✓ 10+ times per term	Other- please state

23. If your school has a well-being policy how well would you say this is disseminated and implemented across the whole school environment? (Tick one box) Please give a reason for your answer.

✓ Fully	✓ Mostly	✓ Partially	✓ Poorly	✓ Not implemented	Reason- please state

24. Do you feel your school supports your wellbeing? (Tick one box)

	✓
Yes	
No	
Not Sure	

25. Which of the following statement best describes how you **usually** feel? (Tick one box only)

	<input checked="" type="checkbox"/>
I experience high levels of stress whilst at work	<input type="checkbox"/>
I often feel stressed whilst at work	<input type="checkbox"/>
I sometimes feel stressed whilst at work	<input type="checkbox"/>
I never feel stressed whilst at work	<input type="checkbox"/>

Thank you for completing this questionnaire. Please use the space below to provide any information / comments you may feel relevant to the study.

Appendix 4- Phase 2 Questionnaire

TEACHER QUESTIONNAIRE- phase 2

Thank you for completing the postgraduate social and emotional literacy course. Please complete the following questions answering accurately and selecting and ticking the most appropriate response. Please do not write in the shaded areas:

Tick the boxes that apply as directed in each question. There is a section at the end of this questionnaire where you are encouraged to make any additional comments. Please note all data collected from these questionnaires are treated as confidential and processes ensure anonymity, hence individual teacher, school information is not recorded.

1. Which setting do you currently teach in? (Tick one box)

	✓
Primary	
Secondary	

2. How would you describe your role? (Tick all that apply)

I am a member of the school management team	I have a TLR to deliver PSHE	I lead on PSHE as a curriculum subject	I deliver PSHE in classroom settings	I lead on SEAL delivery	Other- please state:

3. Have you held any of the above roles for less than 6 months? Please include any experience from positions held in previous schools(Tick one box)

	✓	
No		
Yes		Please state which role/s:

4. Did you apply for / select any of the above role/s as a teaching specialty area?

	✓	Which- please state
Yes		
No		

5 Which of these PSHE areas do you lead/ participate in the delivery of? (Tick all that apply)

	✓ Lead	✓ Deliver
SRE		
Drugs		
Emotional wellbeing		

6 Having completed the postgraduate training course which of the following best describes how you feel? (Tick one box for each of the statements below)

6.1 I feel the postgraduate training has added to my professional development

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	----------	--------------------------

6.2 I feel the training was relevant to my subject area

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	----------	--------------------------

6.3 I feel the training has informed my practice

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	How/ why?
-----	--------------------------	----	--------------------------	----------	--------------------------	-----------

6.4 I feel the postgraduate training has improved my teaching of

Whole class delivery	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Why?
Group work	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>	Why?

6.5 I feel the postgraduate training has improved my overall confidence

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
-----	--------------------------	----	--------------------------	----------	--------------------------

Please give a reason for your above answer.	
---	--

6.6 I feel the postgraduate training has improved my confidence in teaching:

Whole class delivery	Yes		No		Not sure	
Group work	Yes		No		Not sure	
At individual pupil level	Yes		No		Not sure	

7 How would you describe how you now feel about your role? (Tick all that apply)

I feel confident leading on PSHE as a curriculum subject	I feel confident delivering wellbeing as a PSHE strand	The postgraduate training has improved my SEAL delivery	Other- please state:

8 Do you feel specialist postgraduate training is essential to teach wellbeing as a teaching specialty area? (Tick one box)

	✓
Yes	
No	
Not sure	
Please give you reasons why:	

9 Since completing the postgraduate training have you added any of the following methods to your PSHE / wellbeing classroom delivery? (Tick all that apply)

	✓ I now use	✓ I previously used
Worksheets		
SEAL materials		
Classroom display		
TV/ Video		
V.L.E.		
Art / drama		

10 Since completing the postgraduate course have you accessed any of the following information sources to support you in your role? (Tick all that apply)

<input checked="" type="checkbox"/> Internet	<input checked="" type="checkbox"/> LA bulletin	<input checked="" type="checkbox"/> LA PSHE news letter	<input checked="" type="checkbox"/> Specialist subscription	<input checked="" type="checkbox"/> T.E.S.	Other-please state

11 Do you contribute directly to your school's development plan? (Tick one box)

	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

12 Do you contribute directly to your school's SEF? (tick one box)

	<input checked="" type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

13 Which of the following policies are you now familiar with and guide your current practice: (tick all columns that apply)

Policy	I am aware of	I have read	This informs my practice
Aim Higher			
Every Child Matters: change for children			
Every Child matters: next steps			
Every Child's Future Matters			
Healthy Lives, brighter futures			
Framework for the assessment of children in need and their families			
Planning a sustainable school			
Indicators of a schools contribution to well-being			

Policy(cont)	I am aware of	I have read	This informs my practice
Indicators of a schools contribution to well-being			
NHSP guidance for developing emotional health & well being			
The Children Act			
Healthy lives, brighter futures			
Your school development plan			
Your school SEF			

14 Planning a sustainable school is a key policy to support your role. Which of the 8 gateways are you aware of

Gateways	Aware of	Delivered within the curriculum	Part of whole school development
Food & drink			
Energy & water			
Travel & traffic			
Purchasing & waste			
Buildings & grounds			
Inclusion & participation			
Local well-being			
Global citizenship			

15 Since completing the postgraduate training how well do you feel you are supported by your school to deliver your wellbeing role? (Tick one box)

✓ Excellent	✓ Good	✓ Average	✓ Poor	Other- please state

16 Do you have access to meetings with teachers in a similar role? (Tick all that apply)

Across LA	Yes termly		Yes regularly		Yes infrequently		No	
Within school	Yes termly		Yes regularly		Yes infrequently		No	
Specialist groups	Yes termly		Yes regularly		Yes infrequently		No	

17 Since completing the postgraduate course do you feel you have enough information to support individual pupils? (Tick one box)

	✓
Yes	
No	
Not Sure	

18 Do you think the current curriculum adequately prepares your pupils for life-long wellbeing? (Tick one box)

	✓	Why?
Yes		
No		
Not Sure		

19 Do you feel your school supports your wellbeing? (Tick one box)

	✓
Yes	
No	
Not Sure	

20 Could this be improved? (Tick one box)

	✓	How?
Yes		
No		
Not Sure		

21 Since completing the postgraduate course which of the following statement best describes how you usually feel? (Tick one box only)

	<input checked="" type="checkbox"/>
I experience high levels of stress whilst at work	<input type="checkbox"/>
I often feel stressed whilst at work	<input type="checkbox"/>
I sometimes feel stressed whilst at work	<input type="checkbox"/>
I never feel stressed whilst at work	<input type="checkbox"/>

Thank you for completing this questionnaire. Please use the following space below to provide any information / comments you may feel relevant to the study.

Appendix 5- Teaching observation sheet.

TEACHING OBSERVATION SHEET

Lesson Planning

1. One or more key wellbeing objectives were selected:

physical	Psychological/ mental health	environmental	Safety / welfare	relationships
----------	---------------------------------	---------------	---------------------	---------------

2. A clear concise lesson plan has been prepared

Yes	Partially	No
-----	-----------	----

3. The lesson plan is based on evidence based practice

Yes	Partially	No
-----	-----------	----

4. The lesson plan relates to policy- school, local and national

Yes	Partially	No
-----	-----------	----

5. The lesson plan is informed by specialist knowledge

Yes	Partially	No
-----	-----------	----

6. A variety of methodology has been explored and appropriate selections planned

Yes	Partially	No
-----	-----------	----

7. Further learning is accurately identified

Yes	Partially	No
-----	-----------	----

Overall rating of lesson planning:

Outstanding	Good	Satisfactory	Inadequate
-------------	------	--------------	------------

Opening plenary

The purpose of the lesson is fully explained to all participants

Yes	Partially	No
-----	-----------	----

The learning outcomes are specified in a clear and motivational manner

Yes		Partially		No	
-----	--	-----------	--	----	--

The teacher checks pupils understand the learning outcomes

Yes		Partially		No	
-----	--	-----------	--	----	--

Overall rating for opening plenary:

Outstanding		Good		Satisfactory		Inadequate	
-------------	--	------	--	--------------	--	------------	--

Use of resources

Methodology engages all participants

Yes		Partially		No	
-----	--	-----------	--	----	--

Methodology ensures visual, auditory and kinaesthetic learning takes place

Yes		Partially		No	
-----	--	-----------	--	----	--

The learning process relates to the environment making best use of the setting

Yes		Partially		No	
-----	--	-----------	--	----	--

Overall rating for use of resources

Outstanding		Good		Satisfactory		Inadequate	
-------------	--	------	--	--------------	--	------------	--

Teacher delivery/ classroom management

The teacher prepares and engages the whole class group in activity and learning

Yes		Partially		No	
-----	--	-----------	--	----	--

The teacher appropriately allocates each pupil into working groups

Yes		Partially		No	
-----	--	-----------	--	----	--

The teacher clearly assigns tasks which are appropriate to the ability of each group

Yes		Partially		No	
-----	--	-----------	--	----	--

The teacher effectively engages the class in group work

Yes		Partially		No	
-----	--	-----------	--	----	--

The teacher ensures the groups are on task and monitors progress throughout the lesson

Yes		Partially		No	
-----	--	-----------	--	----	--

The teacher displays and enables a motivational ethos

Yes		Partially		No	
-----	--	-----------	--	----	--

The teacher supports individual pupil learning

Yes		Partially		No	
-----	--	-----------	--	----	--

Individual pupil learning tasks are appropriately allocated to ability

Yes		Partially		No	
-----	--	-----------	--	----	--

Outputs from whole class work are disseminated and discussed with the class

Yes		Partially		No	
-----	--	-----------	--	----	--

Outputs from group work are disseminated to and discussed with the class

Yes		Partially		No	
-----	--	-----------	--	----	--

Outputs from individual pupils are disseminated to and discussed with the class

Yes		Partially		No	
-----	--	-----------	--	----	--

Overall rating for teacher delivery/ classroom management:

Outstanding		Good		Satisfactory		Inadequate	
-------------	--	------	--	--------------	--	------------	--

Closing summation

Original learning outcomes are revisited and discussed with the class

Yes		Partially		No	
-----	--	-----------	--	----	--

Summary of discussions/ outputs and outcomes are discussed

Yes		Partially		No	
-----	--	-----------	--	----	--

Extended learning is discussed

Yes	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	-----------	--------------------------	----	--------------------------

Opportunity for further / confidential support is offered

Yes	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	-----------	--------------------------	----	--------------------------

Overall rating for closing summation

Outstanding	<input type="checkbox"/>	Good	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>
-------------	--------------------------	------	--------------------------	--------------	--------------------------	------------	--------------------------

Evaluation

Whole class learning outcomes are measured

Yes	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	-----------	--------------------------	----	--------------------------

Group work learning outcomes are measured

Yes	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	-----------	--------------------------	----	--------------------------

Individual pupil outcomes are measured

Yes	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	-----------	--------------------------	----	--------------------------

Further learning is accurately identified

Yes	<input type="checkbox"/>	Partially	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	-----------	--------------------------	----	--------------------------

Lesson evaluation is:

accurate		comprehensive		Further learning is accurately identified
-----------------	--	---------------	--	---

Overall rating for evaluation:

Outstanding	<input type="checkbox"/>	Good	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>
-------------	--------------------------	------	--------------------------	--------------	--------------------------	------------	--------------------------

Overall rating for lesson:

Outstanding	<input type="checkbox"/>	Good	<input type="checkbox"/>	Satisfactory	<input type="checkbox"/>	Inadequate	<input type="checkbox"/>
-------------	--------------------------	------	--------------------------	--------------	--------------------------	------------	--------------------------

Further observations:

Glossary of terms and supporting descriptors

DCSF-	The Department of Children Schools and Families- government office.
DfEE-	The Department for Education and Employment- government office.
DfES-	The department for Education and Skills- government office.
ECM-	Every Child Matters- this strategy was introduced by government office as their vision of radical reform to instigate a shared programme of change to improve the outcomes for all children and young people.
EHWB-	Emotional Health and Well-being. One of the four national healthy school standard themes. The other themes consist of healthy eating, physical activity & PHSE (see below).
HSE-	The Health and Safety Executive provides advice, guidance and information on inspections to protect people against risks to health or safety arising out of work activities.
ISP	Intensive Support Plans
National Challenge	The National Challenge Strategy was introduced prior to the end of the 2008 academic year. The National Challenge is intended to support schools with the lowest GCSE results, so that by 2011 in every secondary school at least 30% of students will achieve five GCSEs at A*-C including English and mathematics. The aim of the National Challenge is to focus greater attention, help and resources on schools that are currently below this benchmark.
NEET-	NEET is an acronym for the government classification for people currently "Not in employment, education or training". In England the classification comprises people aged between 16 and 24.
NHSS/NHSP-	National Healthy Schools Standard / National Healthy Schools Programme is a joint initiative between DCSF and Department of Health (DH) - which promotes a whole school / whole child approach to health.
Ofsted	Ofsted is the Office for Standards in Education, Children's Services and Skills established by the Education Inspection Act to regulate and inspect the care and education of children and young people. Their aim is to raise aspirations and

contribute to the long term achievement of ambitious standards and better life chances for service users.

PPA

Since 1 September 2005 all teachers have had an entitlement to a guaranteed minimum of 10 per cent of their timetabled teaching commitment for PPA. The purpose of guaranteed PPA time is to enable teachers to raise standards through individual or collaborative professional activity. The contractual change on PPA is also designed to improve teachers' work/life balance.

PSA-

Public Service Agreements detail the aims and objectives of UK Government departments for a three-year period. Such agreements also describe how targets will be achieved and how performance against these targets will be measured. The agreement may consist of a departmental aim, a set of objectives and targets, and details of who is responsible for delivery.

The 30 current PSAs are:

1. Raise the productivity of the UK economy
 2. Improve the skills of the population, on the way to ensuring a better skills base by 2020
 3. Ensure controlled, fair migration that protects the public and contributes to economic growth
 4. Promote science and innovation in the UK
 5. Deliver reliable and efficient transport networks that support economic growth
 6. Deliver the conditions for business success in the UK
 7. Improve the economic performance of all English regions and reduce the gap in economic growth rates between regions
 8. Maximise employment opportunity for all
 9. Halve the number of children in poverty by 2010-11, on the way to eradicating child poverty by 2020
 10. Raise the educational achievement of all children and young people
 11. Narrow the gap in educational achievement between children from low income and disadvantaged backgrounds and their peers
 12. Improve the health and wellbeing of children and young people
 13. Improve children and young people's safety
 14. Increase the number of children and young people on the path to success
 15. Address the disadvantage that individuals experience because of their gender, race, disability, age, sexual orientation, religion or belief
 16. Increase the proportion of socially excluded adults in settled accommodation and employment, education or training
- (cont)

17. Tackle poverty and promote greater independence and wellbeing in later life
18. Promote better health and wellbeing for all
19. Ensure better care for all
20. Increase long term housing supply and affordability
21. Build more cohesive, empowered and active communities
22. Deliver a successful Olympic Games and Paralympic Games with a sustainable legacy and get more children and young people taking part in high quality PE and sport
23. Make communities safer
24. Deliver a more effective, transparent and responsive Criminal Justice System for victims and the public
25. Reduce the harm caused by Alcohol and Drugs
26. Reduce the risk to the UK and its interests overseas from international terrorism
27. Lead the global effort to avoid dangerous climate change
28. Secure a healthy natural environment for today and the future
29. Reduce poverty in poorer countries through quicker progress towards the Millennium Development Goals
30. Reduce the impact of conflict through enhanced UK and international efforts

PSHE-	Personal Social Health Education (sometimes known as PSHCE which includes citizenship)
QTS	Qualified Teacher Status can be attained by those who have a degree who undertake a postgraduate teacher training course, such as the postgraduate certificate in education professional certificate in education or employment-based training, such as the graduate teacher programme.
School Report Card	The School Report Card, to be introduced from 2011, will provide the Government's key statement on the outcomes expected from schools ensuring more intelligent accountability across schools' full range of responsibilities. It will report on outcomes across the breadth of school performance including well-being.
SEAL	Social and Emotional Aspects of Learning is part of the government's behaviour and attendance programme. It is an approach to promoting social and emotional skills.
SSEAL	Secondary Social and Emotional Aspects of Learning- the secondary version of the above programme.

SEF School evaluation framework which includes the self evaluation form used to measure data gathering against target setting and a school's capacity to improve.

Sustainable School Strategy Doorways

The National Framework section introduces eight 'doorways' through which schools may choose to initiate or extend their sustainable school activity. The framework focuses on ways in which sustainable development can be embedded into whole school management practices and provides practical guidance to help schools operate in a more sustainable way. Each doorway may be approached individually, though schools will find that many of the doorways are actually interconnected. The 8 doorways are:

- Food & drink
- Energy & water
- Travel & traffic
- Purchasing & waste
- Buildings & grounds
- Inclusion & participation
- Local well-being
- Global citizenship

The Sustainable School Strategy-

A government strategy to create sustainable school environments which prepare young people for a lifetime of sustainable living, through teaching, school's fabric and its day-to-day practices. It is guided by a commitment to care and defines well-being as the ability to:

- Care for oneself (our health and well-being);
- Care for each other (across cultures, distances and generations); and
- Care for the environment (both locally and globally).

TLR

A Teaching and Learning Responsibility allowance is a payment for a sustained responsibility in the context of the school's structure needed to ensure continued delivery of high quality teaching and learning. There are four further factors governing whether a TLR payment can be made. These are:

a. impact on educational progress beyond the teacher's assigned pupils

b. leading, developing and enhancing the teaching practice of others

c. having accountability for leading, managing and developing a subject or curriculum area or pupil development across the curriculum

d. having line management responsibility for a significant number of people.

A responsibility must meet both the initial criteria listed above and factors a, b and c in order to qualify for any value of TLR payment. In addition, factor d has to be met for any award of the upper values of payment. With effect from 1 September 2008 this means teachers who meet factors a-c, a minimum TLR of £2,422 and a maximum TLR of £5,920 value will apply to the responsibilities ('TLR 2' payments)

Reference List

A.S.C. (2007). *Mind the Skills Gap. The skills we need for sustainable communities.* Leeds: Academy for Sustainable Communities.

Beckett, D. (2004). Embodied Competence and Generic Skill: The emergence of inferential understanding. *Educational Philosophy and Theory.* 36 (5) 497-508

Beckett, D. (2008). Holistic Competence: Putting Judgements First. *Asia Pacific Education Review.* 9 (1) 21-30

Bergen, D., Fromberg, D. (2009) *Play and Social Interaction in Middle Childhood.* Bloomington: Phi Delta Kappa International

Bernard, B. (1991). *Fostering resiliency in kid: Protective factors in the family, school and community.* Portland : Northwest Regional Educational Laboratory

Blum. R., McNeely. C., Nonnemaker. J. (1998) Vulnerability, risk, and protection. *Journal of Adolescent Health.* 31(1) 28-39

Bowden, D. (2005). Your place in your school. In A. Thody, B. Gray & Bowden, D (Eds.), *Teachers Survival Guide 2.*(pp. 75-90) Cornwall: MPG Books Ltd.

Burns, D. (2007) *Systemic Action Research: A Strategy for Whole System Change.* Bristol: The Policy Press.

Chess, S. (1989). Defying the voice of doom. In T. Dugan & R. Coles (eds.), *The child in our times* (pp179-199). New York: Brunner Mazel

Colquhoun, D. (1997) Researching with young people on health and environment: the politics of self-esteem and stress. *Health Education Research.* 12(4) 449-460

Cox, T. (1998) *Stress research and stress management: putting theory to work* Suffolk: HSE Books

Damon, W. (1984). The untapped potential. *Journal of Applied Developmental Psychology,* 5(4), 331-343

Department for Children, Schools and Families. (2004) *Every Child Matters.* London: The Stationery Office.

Department for Children, Schools and Families. (2004) *The Children Act.* London: The Stationery Office.

Department for Children, Schools and Families. (2005) *Social & Emotional Aspects of Learning.* London: The Stationery Office.

Department for Children, Schools and Families. (2006). *The National Service Framework for Sustainable Schools*. London: The Stationery Office.

Department for Children, Schools and Families. (2006) *The Education and Inspection Act*. London: The Stationery Office.

Department for Children, Schools and Families. (2007). *Narrowing the gap in outcomes*. London: The Stationery Office.

Department for Children, Schools and Families. (2007). *The Childrens' Plan*. London: The Stationery Office.

Department for Children, Schools and Families. (2008). *Planning a Sustainable School*. London: The Stationery Office.

Department for Children, Schools and Families. (2008). *Delivering 21st Century Schools: Next Steps*. London: The Stationery Office.

Department for Children, Schools and Families. (2008) *School Workforce in England*. London: The Stationery Office.

Department for Children, Schools and Families. (2008). *National Challenge: a toolkit for schools and local authorities*. London: The Stationery Office.

Department for Children, Schools and Families. (2008) *Planning a sustainable school- driving school improvement through sustainable development*. London: The Stationery Office.

Department for Children, Schools and Families. (2009). *Statistical First Release- School Workforce In England*. London: The Stationery Office.

Department for Children, Schools and Families. (2009, June 23). NEET Statistics - Quarterly Brief. Retrieved August 10, 2009 from <http://www.dcsf.gov.uk/rsgateway/DB/STR/d000870/NEET/QuarterleyBriefing>

Department for Children, Schools and Families. (2009) *Aiming high for children & young people: a ten-year strategy for positive activities* London: The Stationery Office.

Department for Children, Schools and Families, Department of Health. (2008) *Guidance for Schools on Developing Emotional Health and Wellbeing*. London: The Stationery Office.

Department for Children, Schools and Families, OfSted. (2008). *Indicators of a school's contribution to well-being. Consultation document*. London: The Stationery Office.

- Department for Education and Employment. (1997b). *Excellence in Schools*. London: HMSO
- Department for Education and Skills. (2003). *Every Child Matters green paper*. London: The Stationery Office.
- Department for Education and Skills. (2004). *Every child matters: Change for children*. London: The Stationery Office.
- Department for Education and Skills. (2004). *Every child matters: next steps*. London: The Stationery Office.
- Department of Health. (1998). *Saving Lives: Our Healthier Nation*. London: The Stationery Office.
- Department of Health. (2000). *Framework for the Assessment of Children in Need and their Families*. London: The Stationery Office.
- Department of Health. (2008). Health Profile 2008. Retrieved July 30,2009 from <http://www.healthprofiles.info>
- Department of Health, Department for Education and Skills. (1999). *The National Healthy Schools Standard*. London: HMSO
- Department of Health, Department for Children Schools and Families. (2009) *Healthy Lives, Brighter Futures - The strategy for children and young people's health*. London: The Stationery Office.
- Dunham, J., Varma, V. (1998). *Stress in Teachers: Past Present and Future*. London: Whurr
- Egan, J. (2004). *The Egan Review: Skills for Sustainable communities*. Norwich: HMSO
- Garnezy, N., Masten, A. S., Tellegen, A. (1984) The study of stress and competence in children: A building block for developmental psychopathology. *Child Development* 55, 97-111
- Hager, P., Beckett, D. (2007). Philosophical underpinnings of the integrated conception of competence. *Educational Philosophy and Theory*. 27 (1) 1-24
- Hannan, A. (2006) *Observation Techniques*. Plymouth: University of Plymouth
- Hardcastle, J,E. (2004).The meaning of effective education for critical care nursing practice: a thematic analysis. *Aust Crit Care*. 17(3):114, 116-8, 120-2.
- HSE. (2000). *The Scale of Occupational Stress A further analysis of the impact of demographic factors and type of job*. Suffolk: HSE

Huckle, J. (2006) Education for Sustainable Development. A briefing paper for the Training and Development Agency for Schools. Retrieved December, 14 from <http://john.huckle.org.uk/publications.jsp>

Jack, G. (1997). An Ecological Approach to Social Work with Children and Families. *Child and Family Social Work*. 2: 109-120

Jensen, B. B. (2000). Participation, commitment and knowledge as components of pupils' action competence, In B. B. Jensen, K. Schnack & V. Simovska (Eds), *Critical Environmental and Health Education- Research Issues and Challenges*. (pp. 219-238) Copenhagen: Danish University of Education,.

Jensen, B.B., Schnack, K. (1997). The Action Competence Approach in Environmental Education. *Environmental Education Research*. 3 (2): 163-178.

Kirby. P., Lanyon. C., Cronin. K., Sinclair. R. (2003) *Building a Culture of Participation- Involving children and young people in policy, service planning, delivery and evaluation. Research Report*. London: Department for Education and Skills

Kyriacou, C. (2000). *Stress-busting for teachers*. Cheltenham: Stanley-Thornes.

Kyriacou, C. (2001). *Essential Teaching Skills*. Cheltenham: Nelson Thornes.

Lewin, K. (1946). Action research and minority problems. *J Soc. Issues* 2(4): 34-46.

Lewin, K (1958). *Group Decision and Social Change*. New York: Holt, Rinehart and Winston.

Lewin, G.W. (1948). *Resolving social conflicts*. New York, NY: Harper & Row.

Lindlof T. R., Taylor, B.C. (2002) *Qualitative Communication Research Methods*. London: Sage

Mayo, E, (1933). *The human problems of an industrial civilization*. New York: MacMillan

Mentality. (2003) *Mental Health Improvement: What Works Mentality for the NPMHWB*. Retrieved June 8, 2009 from <http://www.wellscotland.info/uploads/file.php>

McIntyre, A. (2007). *Participatory Action Research (Qualitative Research Methods)*. London: Sage

Milburn, K. (1995). A critical review of peer education with young people. *Health Education Research*, 10 (4), 407-420

- Mosely, J. (1996). *Quality Circle Time*. Cambridge: LDA
- Neumayer, E. (2004). *Sustainability and Well-being indicators*. Finland: World Institute for Development Economics Research.
- Ofsted. (2005). *Healthy Minds*. London: The Stationery Office.
- Ofsted (2005). *The Framework for School Inspection*. London: The Stationery Office.
- Ofsted (2009) *The Framework for School Inspection*. London: The Stationery Office.
- Pavis, S., Masters, H., Burley, S.C. (1996). *Lay concepts of positive mental health and how it can be maintained*. Edinburgh: University of Edinburgh
- Pomeroy, E. (1999). The Teacher-Student Relationship in Secondary School: insights from excluded students. *British Journal of Sociology of Education*, 20 (4): 465-482
- Rudduck, J., Flutter, J. (2000). Pupil Participation and Pupil Perspective: 'carving a new order of experience' *Cambridge Journal of Education*, 30 (1), 75-89.
- Rutter, M., Giller, H., & Hagell, A. (1998). *Anti social behaviour by young people*. Cambridge University Press, Cambridge
- Rutter, M. (2000). Resilience reconsidered: Conceptual considerations, empirical findings, and policy implications. In J. P. Shonkoff & S. J. Meisels (Eds.), *Handbook of early childhood intervention* (2nd ed., pp. 651-682). New York: Cambridge University Press.
- Schnack, K. (2008) Participation, Education, and Democracy: Implications for Environmental Education, Health Education and Education for Sustainable Development. In A. Reid, B.B. Jensen, J. Nikel & V. Simovska (Eds.). *Participation and Learning. Perspectives on Education and the Environment, Health and Sustainability*. (pp.181-196). Dordrecht:Springer
- Simovska, V. (2000) Exploring student participation within health education and health promoting schools. In B.B. Jensen, K. Schnack & V. Simovska (Eds) *Critical Environmental and Health Education: Research Issues and Challenges*. (pp.29-45) Copenhagen: The Danish University of Education.
- Simovska, V. (2004). Student participation: a democratic education perspective – experiences from the health promoting schools in Macedonia. *Health Education Research*. 19 (2) 198-207.
- Stewart-Brown, S. (1998). Emotional wellbeing and its relation to health. *BMJ* 317:1608–9

Thody, A., Gray, B., Bowden, D. (2005). *Teachers Survival Guide*. Cornwall: MPG Books Ltd.

Torbert, W. (2004). *Action Inquiry: The Secret of Timely and Transforming Leadership*. San Francisco: Berrett- Koehler.

Werner, E. E. (1995) Resilience in development. *Current Directions in Psychological Science*. 4, 81-85

Whitaker, P. (1995) *Managing to Learn: Aspects of Reflective and Experiential Learning in Schools*. London: Cassell.

Young, M.R. (2005). Enhancing learning outcomes: the effects of instructional technology, learning styles and student behaviour. *Journal of Marketing Education*. 27, (1): 25-40

