

**Thomas Coram Research Unit**  
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**PSHE CPD for Teachers and  
Nurses: options for the future**

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**September 2005**

## **Background**

In order to improve the quality of PSHE provision in schools, the DfES and DH have established two PSHE CPD programmes, one for teachers and the other for community and school nurses.

Since the inception of these programmes in November, 2001 and April, 2003 respectively, the school context and responsibilities of the DH and DfES have changed. In particular, two key factors are likely to affect the future provision of these aspects of CPD:

- the existing level of national resources will not be available from April 2006, these increasingly being devolved to a local level;
- the National Healthy School Programme is restructuring, to be run via a small strategic unit in DH, with the intention eventually to outsource all aspects of delivery in line with other government programmes.

There remains a commitment to continued support for the PSHE CPD programmes, albeit with restructured management and administration and delivery of the programmes to help ensure sustainability at local level.

To build on earlier studies of CPD in PSHE and Citizenship carried out by the Thomas Coram Research Unit (TCRU) at the Institute of Education, University of London, the DH and DfES asked TCRU to report on the feasibility of new forms of PSHE CPD provision for teachers and nurses.

### ***Overall aim and objectives***

#### **Aim**

To identify options for delivering the PSHE CPD programmes for teachers and nurses from September 2006, and to inform the Departmental decision-making process.

#### **Objectives**

More specific objectives include:

1. identifying a range of respondents who could provide an overview of major issues regarding the development of the PSHE CPD programmes, and bringing together evidence (such as reviews of CPD) that can provide insights into successful PSHE CPD provision,
2. interviewing key informants and gathering written material regarding the development of current PSHE CPD programmes,
3. identifying four to five key options for future PSHE CPD provision for teachers and nurses,
4. developing a report for DfES and DH outlining the benefits and risks of each potential approach to providing PSHE CPD.

## **Methods**

### ***Respondents***

Forty-six respondents in total were interviewed. They were identified in consultation with DfES and DH senior staff. Respondents included those with a national perspective on the development and provision of PSHE CPD programmes as well as those who could speak to more local circumstances and issues.

Forty interviews took place (some interviews involved more than one interviewee). Twelve were conducted face-to-face and 28 by telephone. Interviews took place over a five-week period and lasted between 20 and 90 minutes.

A list of the respondents interviewed is attached as Appendix A.

### ***Interview schedule***

A semi-structured interview schedule was developed in close consultation with the DfES and DH. It focused on CPD provision in general, the form and content of past, present and future PSHE CPD programmes, how best to involve teachers and nurses in such provision, and how best to ensure programmes achieved their goals.

Interviewees were invited to talk to their specific areas of expertise (related, for example, to working with teachers, nurses or both, to CPD provision or Inspection).

The interview schedule used is attached as Appendix B.

### ***Analysis and reporting***

Following each interview, members of the research team prepared a written record of the issues that had been discussed and identified emerging themes. These were discussed among the team to identify commonalities and differences across respondents' accounts.

Interview write-ups were subsequently analysed by the lead member of the team, with reference made to the options for future delivery of the programme provided by DfES and DH (see Appendix C). Specific attention was given to how the PSHE CPD needs of teachers and of nurses might best be met.

An internal draft report was prepared, discussed and revisions made. A draft of this was submitted to the DfES and DH for comment. Following a subsequent meeting between the research team and DfES and DH, revisions were made and a final paper delivered.

## **Findings**

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

When invited to describe the strengths of the current PSHE CPD programmes, many respondents viewed them as good quality programmes that had extended the expertise of teachers and nurses, had raised the profile of PSHE in schools and had generally met participants' needs.

Respondents stated that a particular strength of the programmes lay in their ability to help build local networks. Face-to-face interaction between participants and different groups of professionals had helped to maximise learning about fulfilling the requirements of the programme, and had contributed positively to the development of PSHE provision in schools. Teachers' and nurses' confidence had been raised and their specialist knowledge deepened to an extent.

Running the programmes through the Healthy Schools Programme had helped with their marketing. In particular, it had assisted teacher and nurse recruitment and in reaching teachers and nurses in areas and schools with particular needs (such as in areas with high rates of teenage pregnancy).

Concerns were expressed, however, about the consistency of provision and of assessment. Respondents felt that a few local PSHE CPD Leads did not have the capacity to run courses as best they might (although some Leads were indicated as coordinating provision rather than delivering it). Respondents also noted that assessment procedures could lack uniformity (although assessors had sought to address this through moderation meetings).

Given the perceived strengths of the current programmes, some respondents expressed concern about changes to them. They feared that there might be delays in setting up new systems of PSHE CPD provision. But even were there to be no delay, respondents were concerned that change could lead to a decline in recruitment, poorer quality provision and might even exclude some of those (such as PSHE Leads, PSHE Advisers, members of Healthy School Partnerships) who were familiar with the current programmes, had developed insights into local needs and built up useful networks.

### ***Content, methods and assessment***

The current programmes were seen as embodying some of the best characteristics of good quality CPD – they provided time for professionals to reflect on and self-evaluate their practice; to compare what they did in relation

to others; to find out about new approaches, methods and content areas; to test out new activities and then to embed learning in new ways of working.<sup>1</sup>

However, a number of respondents felt that more could be done to increase the taught component of the programmes so as to increase specialism in PSHE and to provide participants with the chance to learn more about classroom management and approaches to teaching and learning. One respondent noted that developing expertise in PSHE can assist teachers manage classroom behaviour by making lessons more relevant and exciting for pupils. It was suggested that CPD which deepens subject or area specialism might be a better way to do this than behaviour management courses – the development of subject specialism fitting well with the DfES Five Year Strategy for Children and Learners.

When talking about the distinct contribution of nurses to PSHE CPD and work in schools, respondents valued their specialist knowledge about, among other things: anatomy and physiology; law, policy and services with respect to contraception; and drugs and alcohol misuse. They noted that nurses' substantive knowledge (such as protocols for the prescribing of emergency contraception) could be gained through other CPD programmes. It was indicated by a few respondents, however, that future PSHE CPD provision for nurses should have a particular focus on building their expertise in classroom management and teaching and learning.

When commenting on the unique contribution of teachers in special schools, respondents noted their creative approach to meet the needs of pupils with special needs. This was said to inspire other teachers – and was said to be another reason to ensure that participants had both time and opportunity to learn from each other.

Several respondents noted that future programmes of provision should be open to all those who might contribute to PSHE in schools, including the police, social workers, youth workers and teaching and health care assistants. This was felt to be in line with new priorities for the provision of services to children, young people and their families by a wide range of professionals working together.

One respondent stated that professionals attached to local consortia of schools could work together to decide what sort of PSHE CPD provision they might need (its content, its mode of delivery, its cost) and negotiate this with potential course providers.

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<sup>1</sup> An outline of key characteristics of effective CPD is available in: Warwick, I., Rivers, K. & Aggleton, P., with Knight, A., Watson, S. & Zuurmond, M. (2004) *Developing a Programme of Continuing Professional Development (CPD) in Citizenship*. Research Report 563. London, DfES. Systematic reviews of CPD in education are available on the EPPI-Centre website <http://eppi.ioe.ac.uk/EPPIWeb/home.aspx> Accessed 30 July 2005.

A number of respondents believed that whatever a professional's area of work, they should be encouraged to review PSHE provision in the school in which they worked as well as their own practice, identify a problem on which to focus and a potential solution, test this out, assess what change, if any, has come about and disseminate what had been learned. Some respondents saw this as close to action-oriented research and felt this to be a particularly valuable way for professionals to develop their expertise and address school priorities.

There was agreement that interactive and participatory ways of working should be used in future CPD programmes. One respondent suggested that participants should first test out the activities that are to be used with pupils. Three highlighted the importance of assessment being integral to the development of learning – both for programme participants and for pupils – and should be integrated into a course.

A few respondents felt that a PSHE CPD distance learning course should be set up – particularly to support teachers and nurses in local areas with too few participants to meet together. Some others, however, felt that a distance learning course might not allow for sustained face-to-face interaction among local professionals – one quality of current programmes that was well regarded. One respondent noted that opportunities to learn about the work of others and to begin to build a support network could be built into a distance learning course.

The present PSHE CPD assessment structure, and to some extent its culture, came in for criticism from many respondents. Finding and bringing together evidence to show that all the themes and elements in the handbook standards had been met had proved cumbersome. A few respondents suggested it would be better if teachers were assessed by way of a small number of focused activities. An 'evidence trail' (an account and observation of classroom practice that linked it with school policies, local needs and national priorities) could be produced – perhaps as part of a report on carrying out action-oriented research. Two to three assignments could ask participants to demonstrate their new learning.

The current role and number of national assessors were said to be unsustainable; too much time was needed by too many to mark, feedback and moderate Professional Development Records (PDRs). A number of respondents noted that if assessment were to be carried out by course providers such as HEIs, this would enable it to be integrated into existing quality assurance systems.

### ***Quality assurance***

Taken together, respondents' accounts suggested that quality would best be assured by a tiered approach through which ownership of the programmes is developed at least locally and nationally and perhaps also regionally (or sub-regionally).

At the national level, criteria or guidelines concerning form, content and methods of teaching and learning for PSEH CPD could be developed and disseminated to potential course providers, potential participants and their managers.

Two respondents suggested that outsourcing future provision of the programme to one HEI might help assure quality by standardising course provision. A number of others, however, were wary of too singular an involvement of HEIs, since those running courses may have insufficient understanding of teachers' and nurses' particular circumstances and may fail to utilise the expertise of those who currently support PSHE locally, such as LEA Advisers.

A few respondents suggested that any future programme of PSHE CPD should be 'needs-led' – nurses, teachers and their managers should first identify their needs and then seek courses that best meet these. Professionals' perceptions and experiences of programmes should be disseminated to develop an 'informed market'. Some respondents noted that programme recruitment already took place by 'word of mouth.'

A few respondents suggested that a national body, such as the DfES or the Teacher Development Agency (TDA) and possibly the Royal College of Nursing (RCN) and the Community Practitioners' and Health Visitors' Association (CPHVA) could be involved in developing and/or disseminating information to nurses and teachers about what to look for in good PSHE CPD.

At the regional or sub-regional level, the National Science Learning Centres (NSLC), the National College of School Leadership (NCSL) or HEIs could provide and/or coordinate provision. A few respondents suggested that involving such bodies would help ensure quality by utilising their 'rigorous' quality assurance mechanisms for course development, provision and assessment.

In response to the Making Sense of Health initiative and in anticipation of the changes to the KS4 Science curriculum (which will become more 'issue' driven and encompass social, ethical and lifestyle issues), the National Science Learning Centres are already coordinating the provision of a number of PSHE CPD courses for teachers.<sup>2</sup>

No respondents suggested that Government Offices or LEAs should have sole responsibility for PSHE CPD programmes. However, several indicated that Advisers in Government Offices could have a role in advocating for the programme and helping organise local training opportunities.

Some concerns were expressed that there appeared to be a lack of uniformity among HEIs when awarding credit points for PSHE CPD courses – perhaps

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<sup>2</sup> For more information about the pilot 'Making Sense of Health' initiative with schools, see: <http://www.makingsenseofhealth.org.uk/default.asp?section=Default&chapter=introduction> for further information. Accessed 27 July, 2005

10, 20 or 40 for what seemed, to respondents at least, to be similar pieces of work. However, two respondents noted that a degree of variability was part of the higher education system and appeared to be little different for PSHE CPD than for other courses.

One respondent stated that the Royal College of Nursing (RCN) Accreditation Unit (independent from the RCN) can accredit day workshops or longer programmes of CPD for nurses. This involves providing RCN 'approval' for courses, rather than awarding credit points on successful completion of them. The Unit had been set up in response to nurses' experiences of variable quality provision and was said to assist nurses decide which CPD provision to choose. Under this system, course providers apply to the Accreditation Unit for accreditation.

### ***Views about the current context***

Although one or two respondents considered the ending of ring-fenced monies for PSHE CPD provision as a threat to existing programmes, others felt that the sustainability of PSHE CPD would only come about when such activity came to be seen as a priority locally. One or two respondents stated that managers would need to strike a balance between supporting CPD for PSHE and for other topics and subjects. Others doubted whether PSHE was of sufficiently high standing for managers to ask staff to improve their practice within the field.

Respondents were of the view that nurses' and teachers' managers should not only know about the programmes, but should consider their staff's participation in them to be necessary in addressing school and/or PCT priorities. Respondents indicated that there were a number of ways to draw the attention of nurse managers and members of Senior Leadership Teams (SLT) in schools to the potential value of the PSHE CPD programmes. These included making use of national policies, local targets, and self-evaluation tools such as:

- Standard 1 of the *National Service Framework for Children, Young People and Maternity Services* highlights the importance of coordinated programmes of action to prevent risk taking and promote healthy lifestyles;
- the *DH Priorities and Planning Framework* states that capacity for public health improvement be built in PCTs, that teenage conception rates be reduced, that access to sexual health services be improved, that the use of illicit drugs by young people be reduced;
- actions outlined in the *Choosing Health* White Paper aim to support all children and young people to attain good physical and mental health, reduce inequalities in opportunities for children to make healthy choices and ensure all children and young people develop a good understanding of how they can balance health-related opportunities and risks;



- the *Healthy Living Blueprint for Schools*, the objectives of which include promoting a school ethos that encourages a healthy lifestyle; using the full capacity of the curriculum to achieve a healthy lifestyle; and promoting an understanding of the full range of issues and behaviours which impact on lifelong health;
- the Ofsted *Self-Evaluation Form* for special, primary and secondary schools asks schools to judge the overall personal development and well-being of learners; to focus on the extent to whether they adopt healthy lifestyles; to consider the extent to which they feel safe and adopt safe practices; and to take note of their social, emotional and cultural development. If action needs to be taken to improve learners' personal development and well-being, SLT members are required to identify what needs to be done.

Beyond the above, the Healthy Schools Programme (HSP) has produced a series of guides and briefings for managers in health and education that identify how participation in the HSP and the PSHE CPD programmes can help them realise their aims and goals.

Although making the most of national and local policies and guidelines will not guarantee that managers, nurses and teachers prioritise participation in PSHE CPD programmes, some respondents felt it provided a sound footing from which to build and sustain new forms of provision.

### ***Separate or together?***

All respondents noted there could be benefits to teachers and nurses learning together. Subject knowledge could be shared, teaching strategies discussed, professional roles clarified and the requirements of the course considered. That said, there were also benefits to be gained through learning *within* profession groups. Nurses may value learning about different approaches to teaching and learning, for example, or how to ensure that one-to-one work can be built into a PSHE programme. Teachers may need to deepen their understanding of a topic, or plan how to improve the provision of PSHE across a school. Respondents felt that the best solution lay in teachers and nurses having opportunities to learn *separately as well as together*, and that this would require good facilitation by course providers.

There was less agreement about the value of linking future PSHE CPD programmes with those in Citizenship. In some HEIs, combined courses are already provided. And in some schools, a single teacher was said to be taking a lead on both Citizenship and PSHE. But national level respondents, in particular, saw the two areas as distinct: PSHE particularly focussed on physical and emotional well-being, and Citizenship addressed, among other things, understandings of legal and political systems. However, even these respondents called for each area and the links between the two to be better understood. At a time when Citizenship is being promoted (and possibly greater attention paid to the value of PSHE in meeting school priorities), some respondents felt that combining the two may do both a disservice.

Respondents generally shared the view that nurses' and teachers' managers should not only know about the programmes, but should consider their staff's participation in them to be necessary in addressing school and/or PCT priorities.

## **Options for future programme development**

Drawing on the findings from the consultation process, it is possible to identify six key principles to inform the development of future options. Essentially, future provision for PSHE CPD should be:

- Sustainable, by
  - reducing the central/national workload at the DfES and DH;
  - strengthening interest and commitment among teachers, nurses and their managers;
  - involving a range of professional groups in accessing PSHE CPD; and
  - encouraging the use of devolved budgets to support future provision for PSHE CPD.
- Needs-led and responsive to national and local priorities, by
  - inviting nurses, teachers and their managers (and other professionals) to identify in what ways they wish to develop PSHE in schools; and
  - demonstrating how PSHE CPD can assist senior managers and their staff in meeting targets.
- Utilising of existing expertise, by
  - building upon but extending current PSHE CPD provision; and
  - drawing on (where possible) the knowledge, understanding and skills of participants who have participated in current programmes.
- Quality enhancing, by
  - producing and disseminating guidelines for good practice in PSHE CPD provision; and
  - using established local and regional structures to coordinate and provide PSHE CPD
- Strengthening of local capacity, by
  - supporting the development of local networks and skills/knowledge interchange; and
  - assisting relevant professionals to extend and deepen their understanding of others' roles, responsibilities and duties
- Nationally and locally 'owned' and advocated for, by
  - continuing to raise the profile and value of PSHE in schools, colleges and other settings; and
  - Involving national and local stakeholders in the development of PSHE CPD provision.

Overall, respondents perceived that there had been a good investment in PSHE CPD to date. On the whole, programmes were viewed as responsive, of good quality, as contributing to capacity building and as being 'owned' at national and local levels. Given the value attached to the current programmes, too great a change may be perceived as lowering their worth and may hamper future recruitment to them.

Outlined below, therefore, is a series of programmatic options, each with its potential advantages and disadvantages.

### **1. Continue the programmes in their current form**

Respondents generally valued the teachers and the nurses PSHE CPD programmes. However, some noted that, due to the changing nature of funding, the programmes in their current form were unsustainable. Furthermore, there were concerns expressed about some elements of the programmes, such as the limited extent of teaching (compared with producing evidence for standards) and the methods of assessment.

#### Advantages

- i. Would build on current programmes that are valued

#### Disadvantages

- i. Programmes would be unsustainable in the long term
- ii. Would not respond to respondents' concerns about current weaknesses

### **2. Discontinue the PSHE CPD programmes**

One option outlined in the *Options for PSHE Certificate* (see Appendix C) was that programmes could be discontinued, at least in their present form. However, no respondents expressed this as a preference. Rather, they believed that continuation of the programmes, albeit in a modified form, was needed to develop nurses' and teachers' expertise in PSHE.

#### Advantages

- i. Would release capacity at DH and DfES
- ii. May allow new forms of provision to be developed by alternative providers

#### Disadvantages

- i. Without some national involvement, the value attached to PSHE among teachers and nurses may lessen
- ii. New courses may develop slowly with no check on consistency of provision in and across regions
- iii. Without guidance from the national level, quality of provision may be compromised

### **3. Continue the programmes in a modified form**

To build on the good work of the current programmes and to make further improvements to them, new forms of provision could be encouraged. Respondents suggested that utilising expertise at the national and local levels could help ensure that PSHE CPD continues to be relevant to nurses and teachers.

#### Potential advantages

- i. Would build on the work of current programmes
- ii. Would reduce workload at the national level while still retaining some degree of national ownership
- iii. Could make the programme 'cost-neutral' in the medium-term (in that course costs are met locally)
- iv. May help stimulate provision in areas of needs
- v. Would show, at the national level, that PSHE CPD continues to be a priority

#### Potential disadvantages

- i. Would require a new (albeit reduced) involvement of DH & DfES

Given that option three appears best to respond to the views of respondents, we have provided a series of further options for a modified programme that seek to strike a balance between building on the good components of existing PSHE CPD programmes while viewing change as an opportunity for further improvement.

#### *a. Set up transitional arrangements*

With changes being made to funding arrangements and in anticipation of local course providers responding to nurses' and teachers' PSHE CPD needs, a transitional process could be established. This would assume that, in two to three years, national level involvement from the DH and DfES would be reduced to a minimum. However, during the transition, dialogue will need to take place with national agencies such as the TDA, the RCN and/or the CPHVA (or other organisations that could represent nurses) on how best to ensure the continued provision of good quality PSHE CPD.

#### Potential advantages

- i. May help a range of organisations take ownership of PSHE CPD for teachers and nurses
- ii. Points of review could be built into transitional arrangements (after say, 12, 24, 30 months for a 3 year programme) to identify progress and respond to new circumstances

#### Potential disadvantages

- i. Other national organisations may be unwilling to oversee the PSHE CPD provision

b. *Combine the two national programmes into a single programme*

In order to be responsive to national policies and guidelines, to local priorities and targets, and to professional responsibilities and needs, teachers and community and school nurses involved in PSHE require opportunities to learn together and to have opportunities to focus on their respective professional needs. However, it may be unnecessary to run two separate national programmes.

Potential advantages

- i. National level involvement would be strategic rather than linked to the support of individual courses
- ii. Would lessen national workload
- iii. Would continue to highlight the importance of nurses and teachers working together

Potential disadvantages

- i. The value of nurses' unique contribution to achieving goals relevant to PSHE may not be fully realised

c. *Develop national guidelines for good quality PSHE CPD provision*

One way of building quality and consistency into future PSHE CPD provision would be to develop national level criteria or guidelines for programme provision. These would set standards and inform potential course providers, as well as potential course participants and their managers, as to what constitutes good quality PSHE CPD for nurses and teachers. Were national guidelines about the form and content of PSHE CPD to be developed, this could assist new providers to enter the market and might provide encouragement to existing providers to revise, established course provision. Furthermore, national guidelines could show how the use of local budgets for the PHSE CPD programme may help delivery on local targets and priorities.

Potential advantages

- i. Could guide course providers so as to build on existing good practice
- ii. Could help develop an informed market among teachers, nurses and their managers

Potential disadvantages

- i. Time consuming and perceived as irrelevant by course providers
- ii. No process in place to ensure that guidelines are followed in full

In Box One (below), we have outlined the sorts of areas that national guidelines could address.

d. *Appoint a National Coordinator*

In order to sustain the momentum of existing programmes, to ensure the production of guidelines and to oversee transitional arrangements, a national coordinator for the programme(s) could continue to be supported by the DfES and/or DH in the medium term (say 2-3 years). The coordinator could be located outside the DfES or DH with discussions about hosting the post to take place with organisations such as the Teacher Training Agency/Teacher Development Agency, non-governmental agencies (such as the National Children's Bureau), a private sector agency (such as Capita), an HEI, or the anticipated training and support agency for the Healthy School's Programme.

Potential advantages

- i. The appointment would provide stability for transitional arrangements
- ii. The post-holder would oversee the development and dissemination of guidelines
- iii. The coordinator would act as a figurehead to promote PSHE CPD

Potential disadvantages

- i. Post-holder could be/feel isolated
- ii. The individual selected might lack broad-based credibility among both nurses *and* teachers
- iii. Were the post to be located too 'close' to the Departments, its existence could reinforce a national sense of dependency on DfES and DH

e. *Set up a National Transitional Advisory Process*

An alternative or perhaps a complement to the creation of such a post would be the setting up of a transitional National Transitional Advisory Process (NTAP) to ensure the development of the above guidelines and the coming into existence of diverse forms of provision. The NTAP could draw on the expertise of a range of nursing and education stakeholders who would advise on the production of guidelines, advocate nationally and locally for PSHE CPD, and assist organisations and agencies take future 'ownership' of the programme. The NTAP would be a time limited body, linked to but based outside the DfES or DH. Furthermore, the chair of the NTAP could act as a figurehead or leader to promote PSHE CPD at the national level.

Potential advantages

- i. Could build a broad-based sense of ownership of PSHE CPD among a range of national stakeholders
- ii. Could assist in raising the national profile of PSHE CPD
- iii. Could engage systematically with nurses' and teachers' professional networks
- iv. Could advise and provide support to the national coordinator
- v. Chair of NTAP could complement professional background of national coordinator/leader

Potential disadvantages

- i. There exists relatively little UK experience of the utilisation of such an approach
- ii. The need for a credible, small but broad-based Secretariat together with a national 'leader' as Chair can be envisaged
- iii. Limited consensus among NTAP members might limit its advisory capacity and influence

f. *Continue to use the Healthy School Programme infrastructure.*

Healthy school partnerships currently exist in every LEA. These were generally seen by respondents as bringing together key health and education professionals. Members of partnerships could in the future be charged to act as local advocates for a new PSHE CPD programme(s).

Potential advantages

- i. Partnerships already know of PSHE CPD programmes
- ii. Such an arrangement would build on existing networks
- iii. Advocacy of this kind may help target provision to areas of special need

Potential disadvantages

- i. Less well functioning partnerships may promote the new PSHE CPD programme ineffectively
- ii. Existing partnerships may not 'reach' into education *and* nursing networks (especially community nurse managers)

g. *Broaden provision to include all those involved in PSHE in schools*

Although current PSHE CPD programmes are intended for teachers and community nurses, participants within a future system of provision might usefully be drawn from a wider pool. This could include youth workers, the police, nursery nurses, childcare workers, support workers including health care assistants, teaching

assistants, or any professional who has an input into a schools' PSHE provision. Broadening the scope of provision in this way may make future forms of PSHE CPD more sustainable, more responsive and help build local capacity among a network of professionals.

Potential advantages

- i. Would help build a common understanding among a range of professionals involved in PSHE provision
- ii. May create further demand
- iii. May draw on a broader range of sources of CPD funding relevant to different professional groups

Potential disadvantages

- i. Courses may not be perceived as relevant to those from range of professional backgrounds and needs and with different levels of PSHE-related expertise
- ii. Participants may differ in their level of advance preparation and may have varied levels of study skills

h. *Utilise existing regional (or sub-regional) structures to coordinate provision*

Regional (or sub-regional) centres that provide or coordinate courses could be used to help ensure the quality of provision. Such centres could include HEIs; the National College for School Leadership and the National Science Learning Centres.

Potential advantages

- i. Such institutions have existing mechanisms for quality assurance
- ii. HEIs would be able to accredit courses and award qualifications sought after by current PSHE CPD participants,
- iii. National Science Learning Centres and some HEIs already provide PSHE CPD courses for teachers
- iv. A number of HEIs are already involved in the provision of high quality credible CPD for nurses
- v. Assessment could be built into course provision and would cease to be a national activity
- vi. It would be possible to provide 'region-wide' courses

Potential disadvantages

- i. Form and content of courses cannot easily be controlled nationally



### **Box One**

#### **Options for the development of national guidelines for the provision of PSHE CPD**

National guidelines for the future provision of PSHE CPD should address:

- Overall purpose of courses
  - To assist individuals in reviewing their own and their school/college/s PSHE provision; identify areas for future development; plan and test out activities to improve provision; and review, report on and disseminate new learning
- Overall form of provision
  - Should allow sufficient time (probably one year) for professionals to test out and embed new learning and to facilitate understanding of others' professional roles, cultures, responsibilities and duties
  - Could highlight the potential, although perhaps limited, role of distance learning for PSHE CPD
  - Could emphasise the need for providing courses in partnership with those with local expertise in PSHE (such as LEA Advisers)
- Methods of teaching and learning
  - Could outline the strengths and limitations of different teaching and learning approaches – didactic, skills-based, affective, and interactive and participatory
  - Could highlight value in using nurses and teachers, already PSHE certificated, to support newly recruited professionals
  - Could emphasise the value of action-oriented research
- Content
  - Should be responsive to national policies and priorities, national guidelines, local targets, schools' needs and individual priorities for professional development
  - Could be negotiated with consortia of schools and/or local networks of professionals
  - Could use a self-review guide (based on guidance from QCA and Ofsted reports) to help participants identify strengths and areas for development<sup>3</sup>
  - Should highlight areas of commonality and difference between PSHE and Citizenship

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<sup>3</sup> In their evaluation of pilot courses for the Certificate for the Teaching of Citizenship, Ofsted recommends that "Where this is not done already, courses should carry out a thorough needs identification of individuals in their school context". Ofsted (2005) *Certificate for the teaching of citizenship. An evaluation of pilot courses*. Unpublished. London, Ofsted.

- Assessment
  - To include the preparation of a concise PDR or 'evidence trail'
  - To include concise assignments in which teachers and nurses will be required to demonstrate new learning on particular topics or issues
  
- Recognition and accreditation
  - Certificate of course completion to be provided locally but within a national standards framework overseen by a reputable national agency
  - Wherever possible, provision should offer opportunities for gaining credit towards the award of relevant academic and professional qualifications – depending on the requirements of accrediting body
  - Guidelines could suggest that courses across country are accredited at same level (say, 20, 30 or 40 credit points).

## Appendix A: List of Respondents

No.	Name	Title	Organisation	Type of interview
<b><i>National respondents</i></b>				
1	Maxine Bailey	HIGH Executive Officer	PSHE and Citizenship Team, Curriculum Division, Department for Education and Skills	Joint face-to-face interview with Sarah Maclean
2	Jan Campbell	Head of Inclusion, Diversity and Humanities	Qualifications and Curriculum Authority	Joint face-to-face interview with Lucy Marcovitch
3	Roz Caught	National Co-ordinator of Teacher PSHE CPD Programme	National Healthy Schools Programme Team, Department of Health	Face-to-face interview
4	Peter Griffiths HMI	Specialist Subject Adviser for PSHE	Office for Standards in Education (Ofsted)	Telephone interview
5	Alison Hadley	Programme Manager, Teenage Pregnancy Unit	Department for Education and Skills	Joint face-to-face interview with Rob Macpherson
6	Scott Harrison HMI	Specialist Subject Adviser for Citizenship	Office for Standards in Education (Ofsted)	Telephone interview
7	Ruth Joyce	Manager of Blueprint, Drug Education Research Programme	Home Office	Telephone interview

<b>No.</b>	<b>Name</b>	<b>Title</b>	<b>Organisation</b>	<b>Type of interview</b>
8	Sarah Maclean	Head of PSHE and Citizenship Team	Curriculum Division, Department for Education and Skills	Joint face-to-face interview with Maxine Bailey
9	Rob Macpherson	National Policy Manager, Teenage Pregnancy Unit	Department for Education and Skills	Joint face-to-face interview with Alison Hadley
10	Lucy Marcovitch	PSHE Subject Adviser	Inclusion, Diversity and Humanities Group, Qualifications and Curriculum Authority	Joint face-to-face interview with Jan Campbell
11	Sam Mellor	Head of National Healthy Schools Programme Team	Department of Health	Telephone interview
12	Karen Turner	Programme Manager, Children & Young People's Public Health	Department of Health	Face-to-face interview
13	Babs Young	National Co-ordinator of Nurse PSHE CPD Programme	National Healthy Schools Programme Team, Department of Health	Face-to-face interview

No.	Name	Title	Organisation	Type of interview
<b><i>Local and regional PSHE Certificate leads; national assessors</i></b>				
14	Christine Allen	<p>PSHE CPD Programme Regional Certification Adviser (RCA) South East</p> <p>National Assessor for Teachers' PSHE Certificate Programme</p> <p>Teacher and Nurse PSHE Certificate Lead</p> <p>Healthy Schools Consultant</p>	West Berkshire Local Authority	Telephone interview
15	Andrew Cooper	<p>PSHE CPD Programme Regional Certification Adviser (RCA) West Midlands.</p> <p>Teacher and Nurse PSHE Certificate Lead</p> <p>Healthy Schools Co-ordinator</p>	Birmingham Local Authority	Telephone interview
16	Eileen Northey	<p>PSHE CPD Programme Regional Certification Adviser (RCA) East Midlands</p> <p>National Assessor for Teachers' PSHE</p> <p>Teacher and Nurse PSHE Certificate Lead.</p>	Milton Keynes Local Authority	Telephone interview

No.	Name	Title	Organisation	Type of interview
17	Sarah Sherwin	Senior Lecturer in School Nursing National Assessor for Nurses' PSHE Certificate Programme Nurse PSHE Certificate Lead for Worcestershire	Wolverhampton University	Telephone interview
18	Marianne Wilson	PSHE Advanced Skills Teacher and Co-ordinator in a Leeds secondary school National Assessor for Teachers' PSHE Certificate Programme	Leeds Local Authority	Telephone interview
<b><i>HEIs and course providers (with expertise in course provision for teachers and/or nurses)</i></b>				
19	Joanne Blake	Senior Lecturer and Pathway Leader for School Nursing	Department of Nursing and Midwifery, St. Martin's College, Lancaster	Face-to-face interview
20	Karen Gibson	Senior Lecturer Sexual Health Teacher and Nurse PSHE Certificate Lead for Ealing	Faculty of Health and Human Sciences, Thames Valley University	Telephone interview
21	Ginette Johnson	Director of Training	Family Planning Association (fpa)	Telephone interview
22	Gordon Taylor	Associate Dean with responsibility for CPD in Faculty of Education	University of Plymouth	Telephone interview

No.	Name	Title	Organisation	Type of interview
23	Linda Thorne	Principal Lecturer Outreach and Collaborative Developments  Accreditation of Prior Learning Co-ordinator	School of Health and Social Care, University of Greenwich	Joint face-to-face interview with Ros Delaney and Pam Alldridge
24	Ros Delaney	Senior Lecturer (Midwifery)	School of Health and Social Care, University of Greenwich	Joint face-to-face interview with Linda Thorne and Pam Alldridge
25	Pam Alldridge	Senior Lecturer	School of Education and Training, University of Greenwich	Joint face-to-face interview with Linda Thorne and Ros Delaney
<b><i>Teenage Pregnancy Coordinators and LEA PSHE Advisors/Consultants</i></b>				
26	Nick Boddington	Senior Curriculum Development Advisor  Healthy Schools Co-ordinator	Essex Local Authority	Telephone interview
27	Lesley Hodder	Teenage Pregnancy Co-ordinator	Blackpool Local Authority	Joint face-to-face interview with Christine Sharpole
28	Suzanne Holroyd	PSHE Advisory Teacher  Teacher PSHE Certificate Lead	Blackpool Local Authority	Telephone interview
29	Lynn Jones	PSHE Advisory Teacher  Teacher PSHE Certificate Lead	Barking and Dagenham Local Authority	Telephone interview
30	Irene Kakoullis	Teenage Pregnancy Co-ordinator	Nottingham Local Authority	Telephone interview

No.	Name	Title	Organisation	Type of interview
<b><i>Key informants with expertise in Nurses' PSHE Certificate Programme or CPD</i></b>				
31	Viv Crouch	Lead School Health Nurse. Member of Independent Advisory Group for Teenage Pregnancy	Bath and North East Somerset Primary Care Trust	Face-to-face interview
32	Cathy Donelon	Manager of East Kent Health Promotion Nurse PSHE Certificate Lead	East Kent Coastal Teaching Primary Care Trust	Telephone interview
33	Pat Jackson	Professional Officer for Nurses	Community Practitioners' and Health Visitors' Association (CPHVA)	Telephone interview
34	Garth Long	Education Adviser	Nursing and Midwifery Council (NMC)	Telephone interview
35	Margaret Murphy	Children's Services Manager	Rotherham Primary Care Trust	Telephone interview
36	Mary O'Donoghue	Accreditation Administrator, Accreditation Unit	Royal College of Nursing (RCN)	Telephone interview
37	Liz Plastow	Professional Adviser for Specialist Community Public Health Nursing	Nursing and Midwifery Council (NMC)	Telephone interview
38	Christine Sharpole	Public Health Manager for Nursing	Blackpool Primary Care Trust	Joint face-to-face interview with Lesley Hodder
39	Carol Watson	Health Promotion Specialist	Bristol South and West Primary Care Trust	Telephone interview



No.	Name	Title	Organisation	Type of interview
<b><i>Key informants with PSHE or other specialist expertise</i></b>				
40	Terry Allcott	Deputy General Secretary	Secondary Heads Association	Telephone interview
41	John Carr	Programme Leader CPD	Teacher Training Agency	Telephone interview
42	Gill Frances	Children's Director Chair of the Independent Advisory Group for Teenage Pregnancy	National Children's Bureau (NCB)	Face-to-face interview
43	Jan Green	Division Leader of Science, Maths and Technology Executive Director of Science Learning Centre, North West Co-leader of the national network of Science Learning Centres	Institute of Education, Manchester Metropolitan University	Telephone interview
44	Angela Hall	Director of Science Learning Centre, London	Institute of Education, University of London	Telephone interview
45	Jane Lees	Chair of NSCoPSE (National PSE Association for advisers, inspectors and consultants) Teacher and Nurse PSHE Certificate Lead Healthy Schools Consultant PSHE Trainer	Wandsworth Local Authority	Telephone interview

No.	Name	Title	Organisation	Type of interview
46	Janet Palmer	Senior Lecturer Social Sciences and Citizenship Education Course Leader for Postgraduate Certificate in PSHE and Leadership	Institute of Education, Manchester Metropolitan University	Telephone interview

## Appendix B: Interview Schedule

- To improve the quality of PSHE provision in schools, the DH and DfES have established two PSE CPD programmes, one for teachers (in special, primary and secondary schools) and the other for community and school nurses.
- Since the inception of these programmes, the national context, the school context and responsibilities of the DH and DfES have changed – as has funding for the programmes.
- The **overall aim** of this study is to provide the DH and DfES with a number of options for delivering the PSHE CPD programmes for teachers and nurses from September 2006 and to inform their decision-making process.
- As someone with expertise in this field, we would like to ask for your views about the form and the content of any new PSHE CPD programme for teachers and nurses.
- The interview will last about 30 minutes over the telephone or about 45-60 minutes face to face.
- Any information we receive from you will be reported anonymously.
- If it is ok with you, we would like to tape record the interview. This will help us later to write-up the themes and issues you highlight.
  - Check that the interviewee agrees to the tape-recording

### About yourself

- 1) Name
- 2) Position and organisation represented
- 3) Could you say a little about your professional background
  - a) *Prompts:*
    - i) *Involvement in teaching PSHE*
    - ii) *Work related to supporting CPD*

### Background and context

- 4) In your view, what are the key present day challenges and opportunities facing the development, planning and teaching of PSHE in schools?
  - a) *Prompts*
    - i) *About 2-3 challenges and opportunities*
    - ii) *For teachers (special, primary, secondary)*
    - iii) *For nurses*
- 5) What needs for PSHE CPD do teachers and community nurses working with them have?
  - a) *Prompts:*
    - i) *Based on the actual work of nurses in and out of school settings*

- ii) *Based on the actual work of teachers across a school and in classrooms*
- 6) What changes would you expect a PSHE CPD programme to bring about among the teachers and nurses who might be taking part in it?
- a) *Prompts*
    - i) *For a teacher*
    - ii) *For a nurse*
    - iii) *Among pupils*
    - iv) *Other?*
- 7) Could you outline what, in your view, you think are the strengths and areas for development of the current PSHE CPD programmes for teachers and community nurses?
- a) *Prompts:*
    - i) *For nurses*
    - ii) *For teachers (special, primary, secondary)*
- 8) Before we ask you about your more detailed thoughts about future PSHE CPD programmes, could you tell us about any excellent CPD schemes/programmes more generally that you believe have really helped to improve teachers' and/or community nurses' professional practice?
- a) *Prompts:*
    - i) *What might be learned from these existing schemes that could be used to develop the PSHE CPD programme?*
    - ii) *For teachers (special, primary, secondary)*
    - iii) *What has proved popular with nurses and/or teachers*
    - iv) *And possibly any particularly **ineffective** CPD (what **not** to do for the future)*

### **The form and content of a future PSHE CPD**

- 9) What sort of future PSHE CPD programme(s) do you believe should be in place for community nurses and for teachers?
- a) *Prompts:*
    - i) *Reasons for this?*
- 10) Given the PSHE-related work currently carried out by teachers and community nurses, what topics and issues should future PSHE CPD programmes cover?
- a) *Prompts:*
    - i) *Reasons for particular topics/issues for nurses and teachers*
    - ii) *For special, primary and secondary teachers?*
    - iii) *Differences (if known) to current CPD PSHE programme?*
- 11) What methods of CPD might be most useful to train and support teachers and nurses contributing to PSHE?
- a) *Prompts:*

- i) *Lecture based, participatory activities, action-oriented research?*
  - ii) *One-off, ongoing, over one or more terms?*
  - iii) *Similarities and differences between teachers and nurses?*
  
- 12) What modes of assessment would be most useful in a future PSHE CPD programmes for teachers and nurses?
  - a) *Prompts:*
    - i) *Assignment, portfolio, examination*
    - ii) *Differences (if known) to current portfolio assessment*
    - iii) *Similarities and differences in assessment of teachers and nurses?*
  
- 13) How best might the achievements of teachers and community nurses be recognised?
  - a) *Prompts:*
    - i) *Accreditation, CATS?*
    - ii) *Level (Certificate, Diploma, Masters, other)?*
    - iii) *Importance of accreditation for nurses and teachers?*
    - iv) *Who thinks accreditation is important (nurses and teachers, or their line managers, certain nurses and teachers)?*
  
- 14) What forms of quality assurance might be needed to ensure that future forms of PSHE CPD training are relevant and credible?
  - a) *Prompt:*
    - i) *Similarities and differences between CPD for teachers and nurses?*
    - ii) *For special, primary and secondary teachers?*
    - iii) *Balance between national and local decisions about form, content and provision of CPD?*

## **Involving teachers and nurses in PSHE CPD**

- 15) What might attract teachers and community nurses to a PSHE CPD programme?
  - a) *Prompts:*
    - i) *Influence of line managers (or others – such as local budget holders)?*
    - ii) *Similarities and differences between teachers and nurses?*
    - iii) *Different courses for practitioners with different levels of expertise?*
  
- 16) What sources of funding do you believe are likely to be available to support the future involvement of teachers and community nurses in PSHE CPD programmes?
  - a) *Prompts:*
    - i) *For teachers (special, primary, secondary) and for nurses?*

- 17) How might teachers and community nurses best be recruited into a future PSHE CPD programme?
- a) Prompts:
- i) Who needs to be influenced/made aware of the programme(s) to encourage recruitment?
  - ii) *Who needs to be doing the influencing (national/regional/local)?*
- 18) There is an ongoing debate about whether the teachers' CPD programme and the nurses' CPD programme should be run together or separately. What is your view about the benefits/pitfalls of running the two programmes together?
- a) Prompts:
- i) *What does 'running the programmes together' mean to you?*
- 19) What might be the benefits/pitfalls of linking future PSHE CPD programmes with Citizenship CPD?
- a) Prompts:
- i) *Reasons for this?*

### **Making the Programmes Work**

- 20) Can you foresee any blocks/barriers or risks that might limit the success of any future PSHE CPD programme for teachers and community nurses?
- a) Prompts
- i) *Financial resources (national, regional, local)*
  - ii) *Time*
  - iii) *Particular issues for teachers (special, primary, secondary) and nurses*
- 21) Is there anything else about future PSHE CPD programme(s) for community nurses and teachers you would like to add?
- a) Prompts:
- i) *What would be your single piece of advice about the future provision of PSHE CPD programme(s) nationally and/or locally?*

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*Prompts for HEIs and other course providers: Ask if possible to have course materials.*

**Thank you for your time**

## Appendix C: Options for PSHE CPD Certificate

Options	Risk
1. Leave it as it is and do nothing.	No funding post 2006. Not a serious option.
2. Discontinue programme.	Politically damaging. Not a serious option.
3. Organise on a Government Office basis with LEA involvement using existing field force. TTA funding direct to schools and Ofsted monitoring the impact?	In line with policy of devolved power to Government Office regions. Danger of schools not using funding for purpose.
4. Organise with HEIs using similar model to Citizenship CPD Certificate currently being piloted in 3 regions. TTA funding HEIs centrally.	Limited number of HEIs offering appropriate health related courses. Limitations of market forces for recruitment.
5. Organise through LEAs using existing LEA Leads and NHSS Assessors. Funding to from TTA to teachers recharged through LEA.	Capacity of LEAs to deliver and quality assure. Variable quality of practice currently.
6. Organise on a Government Office basis in conjunction with designated HEIs. TTA funding direct to teachers.	Limitations of market forces for recruitment.
7. Establish a virtual programme through an HEI(s). Funding to provider from TTA for management, funding direct to teachers.	Cost of establishing and then providing an online facility may out weigh any cost benefits. Could link to NCSL.
8. Establish "Accredited Centres" that can host the certificate, funded by DFES or Learning and Skills Council and monitored by TTA- similar to NVQ accredited centres. Some are in LEAs, others in HEIs.	Cost of establishing the centres-although PSHE Leads could work with LEA CPD Coordinators.
Issues	Solution?
Secondary schools are still not committed to this programme in its current form.	Fund as a one off to ensure that every secondary school in England has a certificated PSHE coordinator.
Citizenship CPD pilot is being quality assured by CitiZED but there is no organisation who might do this for PSHE.	Use CitiZED to quality assure HEIs as many members have experience beyond citizenship. Or use NCB.
Funding for Community nurses will not be through TTA.	Funding for community nurses could come directly from PCTs within Government Office regions?
Needs of teachers and community nurses on same programme are not necessarily the same.	Experience from Citizenship pilot suggests that teachers on Citizenship course value being with students studying for higher degrees. Benefits of community nurses and teachers studying together could be positive.
What do teachers do with their Certification?  How does it impact on the quality of PSHE in school?	Develop a career path for teachers on the certificate in conjunction with GTCE and NCSL. Build in activities to disseminate to staff.



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