Journal of Educational Enquiry, Vol. 4, No. 1, 2003

Teachers' views of teaching sex education: pedagogy and models of delivery

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Abstract

This paper is based on a study of 17 secondary schools in an inner city area of England deemed to have very high levels of teenage pregnancies. The New Labour Government argued that academic achievements and effective labour market participation are inhibited by early or 'premature' parenthood (Social Exclusion Unit 1999). It therefore set in place policies to address these issues effectively in schools, through a revised school achievement agenda and a revised Sex and Relationship Education (SRE) programme. In this paper, we concentrate on the role and views of the personal, social and/or health education coordinators charged with the delivery of SRE in secondary schools. We consider the way a broad-based inclusive curriculum and pastoral programme fits into the subject-based and assessed curriculum of secondary schools for 11–16 year olds where there is no tradition of open discussion about sexual matters. The legitimacy of teaching about sex and sexuality in schools has been hotly debated. The questions about how to deal with teenage pregnancy and sexuality remain politically charged and politically sensitive issues. The role of the teacher of sex education is thus very contentious. We present here a range of views about the professional or other pressures on schools, especially teachers, discussing the difficulties within each of the different models of delivery. Teachers report considerable anxieties about SRE as a subject and its low status in the school curriculum, committed though many of them are to teaching it. This links with what is now seen as an overarching culture of anxiety about sex in contemporary society. Many teachers think that attending to young people's personal and social development – and especially their sexual identities – could help their educational careers and academic achievement. Thus, from the teachers' accounts, we argue that there are important links between the revised sex education curriculum and the new emphasis on an achievement agenda in secondary schools.

In the 1990s teenage pregnancy became widely debated as a serious social problem in Britain, amongst many other 'developed' societies. The New Labour Government of Britain saw it as a key issue, and the first report of its innovative Social Exclusion Unit (SEU 1999) was devoted to considering the nature of the problem and proposing policy solutions. It noted that Britain had the highest levels of conception in teenagers in Europe (SEU 1999, p 5), and proposed new programmes of Sex and Relationship Education (SRE) for schools to tackle the problem. The guidance for schools was produced just a year later (2000) and placed the responsibility firmly on teachers in schools. Local Education Authorities (LEAs) with the highest levels of teenage pregnancy were identified as 'hot spots' and provided with additional resources through the Schools Standards Fund to address the problem with a programme of quality education. Each school was also required to carry out action research to ensure the efficacy of the programme it was implementing.

Our study was commissioned and funded by an LEA – which we have named *Steamy Midlands* – to conduct an evaluative action research project to identify the factors that helped or hindered raising the status of SRE in its 17 secondary schools. In particular there was concern to study whether the parallel achievement agenda required by the Government limited the schools' abilities to raise the status of SRE, or whether an innovative programme of personal, social and health education might aid the academic achievements of the young people concerned.

Our study was conducted at a particular moment in history. Not only was our study action research in the sense that the government defined such projects according to traditional criteria (Halsey 1972; Taylor 1994), but we also consider it such in the sense that we were promoting as well as researching the status of SRE. In this respect, we wanted to work closely and supportively with the individuals in schools who were most responsible for implementing the new policy guidance: the revised form of sex education with a new emphasis on relationships. This would be a way of addressing personal issues in a public and educational context.

In this paper we present the teachers' views of teaching sex education, especially those responsible for coordinating Personal, Social and/or Health Education and their reports of the feelings of other teachers in the school about delivering sex education. We draw on accounts that teachers gave us, and their perspectives vary – given the school ethos, their diverse positions in the schools, their stages and generations as teachers and their varied social and educational backgrounds. Nevertheless, some key themes emerge from these accounts around notions of anxiety and concern about the proper place of school or home for talking about sex and relationships. These themes may be associated with the public attention and concern about teenagers' emergent sexual identities and sexuality. Indeed, 'premature' or 'precocious' sexuality was a major issue in the media, nationally and internationally, at the time of our study. This potentially conflicted with the official educational policy agenda that emphasised improving children's educational and academic achievements (David 2002).

Indeed, during this period of time, debates about how to deal with teenage pregnancy were highly charged and politically sensitive. Some argued strongly for sex education as the major public policy solution, having looked at the Netherlands' very low conception rates compared with those of Britain. Based on an analysis of statistical data, UNICEF (2001) reported these striking differences, but contextualised the issues as related to wider societal changes (2001, p 11) and argued for what it called 'Dutch lessons' (2001, pp 20–21). These were characterised by 'a combination of a relatively inclusive society with more open attitudes towards sex and sex education, including contraception' (2001, p 21).

Lewis and Knijn (2002) compared strategies around sex education in Britain with those of the Netherlands, where there is no public debate about teenage sexuality. They also argued that the Dutch were relatively more successful through programmes of sex education in both primary and secondary schools. Van Loon (2003) has, however, tried to 'deconstruct' these arguments and demonstrate a more complex pattern of associations, including how schools in the Netherlands are not so centrally controlled as in Britain. He argues that the reduction in rates of teenage conceptions in the Netherlands are not due to the efficacy of its liberal sex education programmes, instead associating the lower rates with a less stratified society and less poverty. He argues that the high levels of teenage pregnancy in Britain are related to wider changes in family life and processes. Indeed, he also seems to concur with the American argument for sex education programmes that are relatively illiberal and promote abstinence before marriage.

Nash (2002) also discussed the appropriateness of educational strategies in New Zealand, arguing that the rates of teenage pregnancy were the highest after the USA. The USA arguably had the highest rates of teenage pregnancies and had devised neo-liberal educational programmes ostensibly to counter the health and education risks, especially for young women (David 2003).

The Government's Office for Standards in Education (Ofsted) found, in its report commissioned to evaluate good practice in relation to SRE in the aftermath of new policy guidance, different roles in relation to the delivery of SRE (Ofsted 2002). Sex education had only been officially on the schools' curriculum since 1986, and even then was heavily contested, although personal and social education had a longer pedigree (Allen 1986; David 1993; Epstein & Johnson 1998). A new framework for Personal, Social and Health Education (PSHE) had been introduced in 2000 by the then Department for Education and Employment (DfEE 0116/2000, p 3) and, for the most part, PSHE has been grouped together and its coordinators made responsible for coordinating SRE in school. However, this model of delivery is by no means universal, and in some of the schools we studied, personal and social education were grouped together as PSE or personal and social development, with a separate person responsible as the health coordinator, and school nurses addressing many health issues.

In yet other schools, sex education might have been the responsibility of the science or religious education department. All these groups of professional educators – for instance school nurses, form tutors and PSHE coordinators – have

different professional perspectives on what their role entails regarding educational or health-related goals, and how to reduce the risks entailed in particular forms of sexual activity. In this paper we centrally focus on the views of the teachers who were mainly involved. (In another paper, we intend to report on the perspectives of school nurses; and aim to publish additional papers on young people's views of teenage sexuality, pregnancy and motherhood.)

Study schools and teachers

The secondary schools were all in very socially deprived and disadvantaged communities. The *Steamy Midlands* LEA itself was not only a recipient of funds for being in the top decile for the highest conception rates in girls between the ages of 15 and 17 (SEU 1999, p 20), but also for the Excellence in Cities programme for disadvantaged inner city schools (Gewirtz 2002). Developing ways of improving the lives and education of the children and young people in the area was a major priority of the LEA, whose director saw it as a fundamental social injustice that they should be so economically disadvantaged.

The LEA, in conjunction with the local health authority experts, had therefore developed its own educational guidance for the implementation of SRE, in addition to the national guidance, and had provided staff development training support for the key personnel required to implement the new SRE. Thus, we were able to readily obtain access to many of the key people involved in most of the schools, as we initially contacted them through these training days. They provided additional access to their schools through these means. However, although this was true for most of the state secondary schools, one of the 'faith schools' proved a little more reluctant. Faith schools constituted virtually a quarter of our study schools.

We took a 'multiple perspectives' approach to our research. This involved studying the views of several different parties within each of the state secondary schools in the LEA: head teachers, teachers (especially PSHE coordinators); school nurses; and young people themselves, in class or out of school (school-age mothers or long-term non-attenders). Our aim in collecting data on these different perspectives in each school was not to triangulate the evidence in order to produce a picture of the truth about sexuality and sex education. Instead, we wanted to acknowledge the legitimacy of different accounts, which often relate to different professional perspectives and different roles in a school. We wished to engage with these different perspectives in an attempt to develop ways of promoting good practice with regard to SRE.

We interviewed the key person responsible for SRE at each of the secondary schools at least twice over the two years; in the first year, and again in the second year. We also worked with these individuals to research the views of young people in their schools, and gained further insights through conversations on school visits or the telephone. In this paper, we report on their perceived professional perspectives and how they managed SRE and its teaching in the school.

The teachers responsible for SRE who took part in the research mostly held the post of Personal, Social and/or Health Education (PSHE or PSE) coordinator, but in two schools the health coordinator was interviewed. In some schools, the key SRE contact was not the official PSHE coordinator but the person to whom the issue had been delegated; this occurred where the head of pastoral care held responsibility for PSHE, but SRE in practice was covered by a more junior member of staff. At two of the RC schools, the head of RE took part in the research. In the other two 'faith' schools, another member of the RE team who held this responsibility and a member of the history department who was the citizenship/PSHE coordinator were interviewed. These variations are indicative of the differential status afforded SRE in the various schools, and we shall return to this.

About twice as many women held the post as men, but the men tended either to be senior and sole post-holders, or alternatively had been recently brought on board and shared the post with a woman. Most of the coordinators had been given either half a point, or 1 or 2 points on the management scale for the responsibility. They were given between 0 and 4 non-contact periods for this work.

The low status and high stress of the PSHE coordinator post had an impact on the continuity of post-holders. During the course of our study, there was a very high turnover amongst post-holders. Out of all the schools, there were at least three new PSHE coordinators (where staff had left the school); three schools had alternative staff covering the post (because of sickness, injury or maternity); and two had been assigned other responsibilities. Teachers were not eager to be the PSHE coordinator, and several described it as *'a poisoned chalice'*. The introduction of statutory Citizenship Education from September 2002 has probably caused further changes of emphasis and personnel.

Organising and teaching SRE

The PSHE coordinators were, on the whole, eager to develop initiatives, including SRE, but faced immense difficulties because of *status, resources* and *pressures*, especially due to the school ethos and national context in which they had to work and deliver SRE. They also felt that PSHE, and SRE in particular, was an unwelcome topic amongst teachers. Form tutors, as they had not received any training in the delivery of PSHE, often felt uncomfortable with the content and pedagogical style. Indeed, only two of the coordinators had trained as PSHE teachers. Expecting SRE to be taught without training reflects and reinforces its low status amongst staff and pupils. All the schools to some degree saw PSHE as cross-curricular, but finding the time to do an audit was a huge issue for them.

At the start of the project there were three different ways in which SRE was being delivered. First, most of the secondary schools were delivering SRE *within the PSHE programme*. This involved form tutors delivering PSHE to their classes in one of two ways: either in one fifty-minute weekly lesson, or in a rolling programme. For instance, at the start of term, PSHE may have been scheduled for lesson 1 of the weekly timetable; in week 2, in lesson 2 – and so on, shifting timetable slots throughout the term. In some cases, this was in less 'protected' time, where the

weekly extra half an hour with a form was merely an extended registration session and was in competition with all the other administrative and general matters to be dealt with in this slot. In this case, the idea that the 15–20 minutes tutors had with their class for registration could also be used for PSHE was viewed as unrealistic, since the number of administrative matters to deal with meant that PSHE did not happen in practice. This also meant that PSHE was afforded a very low status, and allowed for little consideration of appropriate pedagogy for sensitive topics.

The second most common way of delivering SRE was in *Religious Education*, as was the approach at each of the four 'faith' schools (three Roman Catholic and one Church of England). It was therefore not described as PSHE as far as pupils were concerned, and was delivered by RE staff, who often held pastoral posts too. None of the four faith schools had specific PSHE slots. They also did not use the term SRE, but a family life programme was used to cover the issues of pregnancy, birth and relationships. At two schools the teachers were very confident about their family life programme, feeling that it was delivered to a very high standard and already embodied the approach advocated in the 2000 Guidance document. It was sometimes felt that good practice at faith schools was under-recognised. At the other two faith schools, there was a greater emphasis on cross-curricular provision, but the members of staff interviewed initially had little specific expertise or confidence regarding SRE. During the course of the project, however, the post was taken up by another staff member at one of these schools, who was keen to update the Family Life policy and was wondering whether Citizen Education could be fitted within this too.

Two schools used a third way to deliver SRE within PSHE – a *timetable collapse* model, with either full or half-days dedicated to different topics. The largest block of time provided was at the school which allotted two full days in the timetable per term; and in both schools, each year group focused on a different topic per day, such as SRE, safety issues, health education, European studies, careers and drugs education. Form tutors stayed with their forms for the block, although this was supplemented by outside speakers or visits. At least one other school had run this in the past for other PSHE areas (eg multicultural awareness day), and one or two others were keen to try it. The staff coordinating the day felt that it was successful and had many benefits.

These benefits included pedagogical development (where various styles were used in different slots for different aspects of SRE – whether by teachers or sexual health experts). There was also the opportunity for form tutors to thoroughly prepare, or teachers to develop their specialist interests (such that pupils moved to different tutors of their year group for different sessions of the day). This was also considered resourceful, since it allowed outside experts to work with a whole year group in one visit. Finally, perhaps the key benefit related to the issue of status, in that SRE was seen as important enough for students to miss the National Curriculum subjects for the day.

Several PSHE coordinators at other schools were interested to hear reports of the success of this mode of delivery, and two reported that their school nurses had been involved in its delivery at other schools.

Factors influencing the importance of SRE

Three types of factor that hindered raising the importance of SRE emerged in the analysis of the interviews: **status** (as perceived importance); provision of **resources** (also reflecting status), and **pressures** (including the different values people held – eg different professional roles or aims). We provide an illustrative picture below. These three types of factor could apply to each of three different levels: at the general school level; the level of PSHE teaching in the school; and finally, regarding the teaching of SRE specifically. In the following table, we show how the issues of status, resources and pressures impinged on the work of the PSHE coordinators at the three levels. We will discuss each below.

TABLE 1: Factors inhibiting good delivery of SRE across models

	Status	**Resources**	**Pressures**
School level	Low priority given to PSHE in Ofsted Inspections Emphasis on achievement agenda and league tables Higher priority of other initiatives	Limitation of general resources Competitive annual bidding Difficulty in timetabling suitable staff Prioritisation of learning support needs	High staff turnover in the SRE post Difficulty in covering for staff absence due to high rates of sickness Issues of discipline with non-assessment of the subject
PSHE level	Low prestige of delivery reflected in the role's financial rewards Lack of departmental identity	Allocation of only £500 or less per annum to produce up-to-date materials or buy in expertise Squeezing of time allowance by subject needs	Lack of training for PSHE deliverers, especially in appropriate teaching styles Construction of professional identities largely around subject specialties

SRE level	Crossing of public/private boundary in addressing controversial/sensitive topics Failure to adequately integrate specialist sexual health information into the curriculum design	Tendency of Nurses and PSHE coordinators to afford it only a small part of their responsibilities Competition with other issues eg drugs education and sudden priorities – eg meningitis	Vulnerability of individual teachers to accusations of addressing inappropriate content – from media, parents and other staff Issues regarding acceptance of pupils' sexual identity in the classroom

At the school level, the *status* and *importance* of SRE were barely recognised, because the head teachers saw their main concern as raising achievement levels and improving their school's league-table performance, especially when dealing with Ofsted inspections or trying to gain specialist college status. The overriding concern for some head teachers was events like Ofsted inspections, projects such as building work (several had no hall, or needed more classrooms built), or developing their Learning Support Units. The coordinators recognised that these issues might leave little space for attention to PSHE or SRE on the agendas of Heads, Senior Management Teams (SMT) or governors.

Further, the intense budgetary pressures on schools were mentioned frequently by both head teachers and PSHE coordinators, and staffing issues – often associated with the high rates of illness in teachers (frequently stress-related) – increased the pressure on remaining staff. They highlighted the way this sometimes compromised the rationale for delivery of PSHE by form tutors; namely that it is taught within an established teacher-pupil relationship.

Thus, for the PSHE coordinators, *subject status* was a key issue. PSHE is undervalued at the school level because it is not examined or assessed. They saw the issue of PSHE's *low status* as more acute where there was clear potential for good PSHE to contribute to improvements in school behaviour, discipline and achievement in students. Even where PSHE was recognised as valuable, as one PSHE coordinator said:

> Everybody *says* it's really important, but you're under pressure to try and fit everything [else] in. The worry of course with PSHE is that, at the end of the day, it's non-statutory, so can be squeezed.

The coordinators often commented that the delivery of PSHE is frequently delegated to a relatively junior member of staff (and a young woman), although it is a whole-school and cross-curricular or curriculum development role. There was little recognition of the degree of responsibility inherent in the post. Further, delegating PSHE could potentially serve to shield head teachers and their senior management teams from 'tricky' matters, such as SRE, through a process of

compartmentalisation. Given the limited recognition of responsibility through management points or teaching release, the designated non-contact time could easily be filled by covering for absent staff or attending to crises relating to their pastoral role. Many found it hard to find time for meetings to update the SRE policy or make telephone calls to schedule outside speakers (or meet with supportive researchers like ourselves), let alone to prepare materials or reading guidance documents, or develop the curriculum.

Also, since PSHE is not an examined subject, there is no associated departmental structure, and so recognition for work and responsibility cannot be made through promotion. Difficulties in auditing and monitoring the quality of provision of PSHE were seen as even more acute than for other subjects, because of the subject matter, pedagogical practice and the topic's developmental, social, emotional and attitudinal nature:

> It's very difficult to manage a subject where there's no allotted time for it. That has to be the major problem. Take the audit: two problems – provision and quality. Re: provision we've managed to plug a few gaps, but for an audit, how can you point to things that are as vague and wishy-washy as the PSHE framework document, when like, well a citizenship example is awareness of cultural or national identity, I mean it's the overall aim of history really, but hard to point to lessons and outcomes, and even harder for PSHE. Regarding quality, you end up having to make Department Heads responsible for monitoring quality, which is a lot more to fall on their shoulders and means you don't really know yourself.

In terms of *resources*, PSHE suffered from general school funding pressures, and indeed this was perhaps exacerbated by its low status. The small PSHE budget was expected to cover all expenses: teaching materials (books, packs, learning games, demonstration kits and equipment), visitors' expenses and photocopying. The most popular PSHE events, plays by visiting theatre companies, were no longer affordable without compromising the possibility of participatory groupwork by gathering the whole school together. Pressure on the school timetable was intense, with Physical Education or Art being cut to make way for higher-status curriculum subjects, and in many cases, it was expected that citizenship education could be squeezed into the PSHE slot, sometimes with both PSHE and RE. Whilst some PSHE coordinators felt that including citizenship education was a way of raising the status of PSHE, through covering it in the now statutory curriculum of citizenship education, others felt this was expecting to address too much in too little time.

In addition, working on PSHE as coordinator, let alone as a form teacher, was seen to directly conflict with work on a teacher's 'official' subject. Teachers are under pressure to improve grades in curriculum subjects, and some described regrettably 'stealing' time to prepare PSHE from a class doing well in a subject. Thus, some were happy to be giving up the PSHE coordinator role:

> I've a big enough job trying to boost the uptake and grades in my subject, without worrying about PSHE.

> It's frustrating because it's so low on everybody's agenda …

For those teachers at schools successful in the league tables, PSHE had even lower status. Committed staff members were frustrated by this, as they felt this led to neglecting important issues until they were patently a problem:

> It isn't seen as an issue at a school like this, with a highly selective, very privileged intake, so it means that there has to be a problem, an incident, before it gets any attention.

Expecting PSHE and SRE to be taught without training reflects and reinforces its low status amongst staff and pupils. There was a lack of appreciation for the need to develop the particular pedagogic approaches required by such discursive, value-based material, and for skills-based learning outcomes such as communication. For some teachers, this was at odds with their usual pedagogy, and was potentially damaging to their existing rapport with pupils.

At the level of SRE itself, within the PSHE programme, SRE was usually one of five blocks, and so was in competition with topics like drugs, careers, health and hygiene, safety or media. In addition, in the school nurses' workload, SRE had to compete with whole-school health priorities, such as immunisation (which could be subject to special increased instructions from the Government). PSHE coordinators felt that the nurses' specialist training in sexual health education was not valued.

Regarding *professional pressures*, the PSHE coordinators reported considerable anxiety about the nature of the subject in general, and SRE in particular. The material in – or believed to be in – the SRE curriculum was felt to be the focus of anxiety for staff and for SMT, governors or parents. In addition, there was little recognition that the post of PSHE coordinator could involve considerable support work for other members of staff, as well as for pupils, who identified the coordinator with the issues. It was clear that the responsibilities of the role must be recognised and better rewarded if experienced and committed teachers are to be attracted to and encouraged to remain in the post.

Secondly, training and greater teaching release and management points could help to increase the value of PSHE or SRE as a specialist subject and make the role more appealing. Under current conditions, the 'poisoned chalice' of the PSHE coordinator role threatens highly committed staff with 'burnout', and is undermined by the pressure on teachers to raise standards in their 'real' (curriculum) subjects. As a consequence, the role is too frequently passed on to someone new.

The amount of legislation and the adversarial politics around SRE in the UK, as noted by Lewis and Knijn (2002), was also reported to be provoking anxiety at all levels in school, and for parents and governors. These anxieties are felt acutely by coordinators, form tutors and pupils in the classroom, and also contribute to a compartmentalised way of delegating, as noted above. Like Buston et al (2001) found in Scottish schools, the words 'difficult' and 'uncomfortable' and their derivatives featured heavily in the interviews. This was especially so in relation to coordinators' reports of how other members of staff found the material. The PSHE coordinators themselves were usually comfortable and confident discussing sex and

relationships, but they recognised some of the reasons other staff did not feel comfortable.

Generally, many teachers, form tutors and coordinators felt that SRE should be the parents' responsibility. As such, they sometimes reluctantly accepted the need to make up a parental deficit, but were anxious about being criticised if their own values showed. What was particularly unpleasant, however, was the resentment or anxiety they faced from other staff about having to teach SRE. One very successful PSHE coordinator said:

> No, I wouldn't do it again. It's a lot of hard work, very little appreciation from anybody else, and because there's a lot of staff who don't feel comfortable teaching it, you're the one who gets it in the neck at the end of the day because they're angry about it. Where staff or pupils aren't happy about it, or are threatened by it, it can come out in aggression.

Similarly, in their reports of teachers' views, we found frequent mention of the pressures around SRE. The following statement sums this up:

> We don't get enough training. Some staff would argue as well that Y9 pupils are too young and some of them aren't ready for sex education. And fair enough, there's probably 3 or 4 that are very young Y9s, but there's some who need it in Y7 and 8. Some staff argue it's not their job, it's the parents' job. And there's a whole range of reasons … You should get the whole staff group in and they'll tell you just why they shouldn't have to teach it! It's not a popular subject! People do it reluctantly, even the staff that don't feel uncomfortable with it ... with the training and planning the way it is ... they feel under-prepared for it. Being under-prepared for it is horrible: I think the biggest fear as a teacher in a situation like that is being asked a question that you just don't know how to answer.

This alludes to the uncertainty many teachers felt about professional values and boundaries, and about precisely how constrained they were by rules at the school, LEA or national level from answering questions honestly or as they would with their own children. Most distinguished this clearly; whilst teachers operated with extreme caution, they hoped their own child's questions would be answered honestly. Many saw SRE as a necessary compensation for parental neglect of the topic due to anxiety, and as a response to the increased pressures on young people today. All the PSHE coordinators and nurses thought the contraceptive lesson given to students in Year 9 could be moved down a year, but reported that not all staff agreed.

Many said that the *older generation of staff* tended to feel more uncomfortable with the subject matter than the younger staff. This might be associated with social change generally or the increased pastoral, social and emotional role of the teacher and school in recent years. However, some key factors in teachers' degree of comfort with SRE included their own degree of openness as parents, their personalities, and the nature of their subject disciplines. The examples given corresponded to typical age and gender profiles: younger women teachers were more open and approachable about social and emotional issues.

The relationship between teacher and pupils might not allow intimate and personal matters to be embraced comfortably;

> you're a form teacher and you don't just want to go in and suddenly talk about sex.

Pedagogic approaches to SRE and PSHE versus the 'cerebral' subjects

Interviewees identified many of these issues as difficulties they were facing in delivering SRE within each model of PSHE. Discussing sex or emotions felt like a breach of the cerebral sphere of school. It also disrupted the teachers' attempts to contain or control sexualised behaviour or comments. Even those who were not uncomfortable with the material itself resented the changed relationship, or did not feel confident to use discursive pedagogic approaches.

It was commonly remarked that discussing 'loving relationships' or 'having children' with *Mr 'write this down from the board' Science* would greatly differ from discussing it with *Ms 'let's talk about your feelings, about the character's feelings' English*. The role of the teacher might not include promoting emotional literacy for some, and the competing pulls on teachers were evident. They were expected increasingly to be subject specialists and to raise grades, as well as be counsellors, behaviour managers and key professionals in promoting pupils' social and emotional wellbeing. They were sometimes also a key link to social, welfare and health services for pupils and families.

However, another set of factors reflected resource and status issues. Even those who fully supported the SRE agenda for schools resented the fact that they could not find time to prepare a class, especially where the material was important. Controversial issues provoked even more anxiety. Illicitly taking time from other areas was a skill that many coordinators resented having had to develop. They could not do all they were meant to in the time available, and were uncomfortable and dissatisfied with the job.

As well as the additional stress of supporting reluctant staff, the issue of quality was a key concern in relation to delivery by form tutors:

> Where staff don't have any choice, it's very difficult to monitor what goes on behind closed doors once staff have been sent off 'that's it you've got to do it' – if they're really uncomfortable about it, they don't do it.

Worksheet-dominated classes were not seen as meeting the aims of PSHE or ensuring pupils actually learned even the material on worksheets. At one school, while the coordinator had solved the time shortage by not having her own PSHE class, she felt that she had lost the chance for feedback on the materials and to develop her own pedagogy, which would also help her support other staff.

Timetable collapse or team-teaching

For all of the above reasons, either of the other two modes of delivery of SRE – *timetable collapse* or *team teaching* – was generally preferred to delivery by a form tutor. To reduce problems of monitoring quality, over the course of the project, one school (with the support of the Young People's Health and Wellbeing Project) introduced a team-teaching approach. Each staff member chose one of the five areas of the PSHE programme (SRE, current affairs, health education, careers or media). They worked in a team, with a team leader, to deliver these topics across the school. Previously, form tutors had taught these PSHE topics on a rolling programme.

This change was viewed as a way of raising the perceived status and importance of the subject amongst staff and pupils, and allowing staff to specialise and teach the same material six or seven times, rather than be expected to cover every topic and switch focus each week. After its first year, this mode of delivery was felt by the PSHE coordinator and SRE team leader to have been very successful. The mode was considered to raise staff expertise in a specific area, with attendant improvements in teaching training, preparation and confidence. Many of the other PSHE coordinators saw this model as the ideal, and hoped to win the support of SMT for it. It was even preferred by staff running the timetable collapse models successfully. Some PSHE coordinators were despondent about the possibility of being granted the staffing resources, where the appointment of trained and/or experienced PSHE teachers could not compete at a school level with the priority need to recruit National Curriculum subject teachers.

Whilst in timetable collapse models SRE was still not taught by specialists, more external input *was* possible, as pupils moved between sessions with the sexual health expert or youth worker and their form tutor. Having a whole day (or two) could raise the status of the topic, showing that it was important enough to override the usual timetable of National Curriculum subjects. Quality was seen to improve with the greater preparation this mode required from form tutors and coordinators:

> A lot of staff do it really well, don't get me wrong, but those who aren't keen, can easily entertain a class for 50 minutes a week but not necessarily get the message across for that particular week. But if they've got a day or 2 full days to plan for, they know they can't get away with that, it needs planning properly. They have got to get the pupils involved and make the activities interesting. It also needs more input from staff if they've got to plan for a longer period of time.

On the other hand, SRE would have to compete with many other topics for any of the total six days of the year. There were also potential pedagogic risks, where the consequences of pupil absenteeism or of not being ready for particular material would significantly impact the effectiveness of the SRE curriculum for the whole term or year. The chance for progressive learning was compromised by the intensity of the programme, which otherwise might, where successful, make for a very memorable lesson. Outside speakers preferred this, since they could see all classes of one year group in a single day, as opposed to form teaching, where speakers could only visit one form per week, requiring eight weeks of visits. Team teaching, however, benefits greatly from its staff having more specialist training and

input, and from only being taught by those positively choosing to teach it. Known members of staff can also maintain their existing teacher-pupil relationships.

However, only one school was using team teaching by the end of the study, although many other coordinators aspired to it. One school had reduced the timetable collapse from a two-day block to one day either side of a half-term. Another ran only half-day blocks.

To raise the importance of SRE, several coordinators had held out against the expectation that they would automatically take on coordinating the new statutory Citizen Education in addition. However, there were mixed views as to whether this was in competition with PSHE or provided a higher platform for it. At one school, the PSHE coordinator had successfully argued for more PSHE time, managing to double it so that students had two hours in their fortnightly timetable. One had managed the shift from a rolling programme to a timetable collapse scheme. Another school had successfully bid, against weighty topics like health and careers, for an extra day a year on SRE for Year 9 students. A couple of schools were trying to lever more resources by explicitly linking the PSHE programme to improved grades and behaviour. A few teachers embraced Citizen Education as making official much of what they were already delivering. At one school, team teaching had been introduced, so that staff who wanted to teach PSHE were involving the whole school, and covering whichever subtopics they preferred.

This school and at least two others had managed to use the support available through the Healthy Schools Standard (since it has an SRE strand), and the largely health-funded Young People's Health and Wellbeing Project, to develop SRE curriculum and policy. A couple of schools had begun to involve nurses more in planning, and many were making greater use of school nurses in class delivery not being paid for directly by the school. In addition, many had new or renewed enthusiasm for a Drop-In session by a nurse, for which they saw a great need in general. They were particularly relieved to have a professional one-to-one service nearby for pupils' referral, and the existence of a popular Drop-In allayed fears amongst PSHE coordinators that pupils' needs might push them to over-step their role.

Ideals for PSHE

An ideal that no school had managed to achieve was to either recruit a specially trained PSHE teacher or to get a *PSHE Department* established. These were part of what might be considered a *wish-list* of the PSHE coordinators, and would mark a significant gain in the subject's status. In particular, many strongly felt that it was Central Government's responsibility to ensure a stronger role and status for PSHE and SRE. As one coordinator from a 'faith school' expressed:

> I wish the Government would have the balls to make it [PSHE] statutory and say "Right this has to be timetabled" or get rid of it completely, having modified the national curriculum to mean that certain subjects, like biology, include some reflection.…'It just doesn't work this half-way house, especially in a school like

> this'… Very few schools have PSHE trained staff, there aren't many of them around, and many schools don't have the money to pay them.

They also wanted to recommend several issues to the LEA for local policy changes. They wanted the LEA to help *raise the status* of PSHE or SRE amongst head teachers and SMT, and thus also among form tutors and pupils. They also wanted the LEA to provide more training for form tutors and coordinators. This was especially the case for the latter, to help support tutors where the promotion of team-teaching is not successful and PSHE delivery by form tutors continues. In addition, there was a desire for a minimum teaching time release to be specified across the LEA and for parity regarding the awarding of management points. They also suggested the LEA set a minimum expectation of resources for PSHE in each school; and that it produce its own materials and resources itself and/or keep a library of approved materials and equipment. They commonly suggested the LEA buy in services for SRE from youth, nursing or voluntary sector organisations across the city, and make available services or events that individual schools could not afford.

Factors hindering improvements in SRE and PSHE status

From our analysis of the views of the teachers and the PSHE coordinators, we would argue that the first real barrier to the successful implementation of good practice in SRE and PSHE was the *achievement agenda* of Central Government. The PSHE coordinators were critical of the pressure this put schools under, and the fact that many pupils needed more personal support than previous cohorts. Indeed, they felt that PSHE and SRE could be complementary to the achievement agenda in developing particular pedagogic approaches to learning and teaching, and supporting pupils who had difficulty with communication skills.

A second major inhibitory factor is what is now commonly called the '*initiative overload*' – a term used in *The Guardian* (7 July 2002, p 8) regarding teachers' views on the rate of policy change. This relates to the way schools – particularly Heads – were at the time preoccupied with having to chase money for new initiatives such as Excellence in Cities, specialist college status and Education Action Zones, and with maintaining positions in the league tables. These all contributed to resource pressures in the school and intensified unhelpful competition between schools.

Thirdly, the more positive PSHE coordinators identified the *culture of anxiety around sex* in contemporary society in general – particularly around sex education in schools – as incredibly unhelpful. The adversarial politics identified by Lewis and Knijn (2002) around SRE in England provoked anxiety for parents, governors and teachers as well as pupils in the classroom. The collective or individual 'denial' of young people's active sexuality, or the obverse and intense interest therein, were seen as hindering good practice. Moreover, anxieties around issues such as sexual harassment and abuse (which can reinforce the need for 'no-nonsense' sex education) were seen to hinder good SRE, even whilst resting on irrational or uninformed opinions and misleading and alarming tabloid headlines.

Conclusions

In summary, the PSHE coordinators, as a group, were very committed to their role and were positive about the new SRE guidance and the emphasis that Central Government had placed on social and sexual matters. However, they found it very difficult to deliver SRE because of timetable inflexibility, the low status historically accorded PSHE (and other cross-curricular issues), and because there was little recognition or reward for the preparation of curriculum and materials. These issues were compounded by a lack of resources. The sensitive nature of discussing sex and sexuality in the classroom was also a key factor. Form tutors most commonly delivered PSHE. SRE in particular caused them considerable anxiety, and they felt coopted, untrained and under-prepared for delivering SRE.

As subject teachers, they were under pressure to raise grades, so that preparation for one-off PSHE sessions was in competition with higher-status work for national curriculum subjects. Moreover, good SRE delivery tended to require a different and unfamiliar pedagogy to regular subjects. PSHE coordinators were under pressure from their responsibilities, and the anxiety this caused others. They often felt unable to support form tutors adequately, and could not offer a substitute for those reluctant to teach SRE. They felt vulnerable because it was unclear how the school, as a whole, viewed developing and integrating this new SRE agenda in the context of local culture and diverse family backgrounds.

Indeed, whilst they believed that SRE and PSHE could contribute to raising pupils' academic and educational achievements by addressing rather than occluding their emergent sexual and social identities, they did not feel the Government had addressed this. Rather, these two agendas – SRE and achievement – were ostensibly in conflict, and this conflict exacerbated the anxieties expressed and felt by head teachers, teachers, PSHE coordinators, governors, parents and the pupils themselves. The different pedagogies for SRE and PSHE in comparison with many other national curriculum subjects did nothing to allay these anxieties, but reinforced them.

In agreement with the SRE teachers, we would argue that providing opportunities for young people to learn about their emerging social and sexual identities is not incompatible with an achievement agenda, but could be made both complementary and integral to successful academic achievement.

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