

Personal, Social and Health Education: Monica Porciani Associate Lecturer in Health Education, Strathclyde University

Before answering the question “**What should personal and social education sessions be about?**” it would be worth considering some of the factors which impact on the quality and delivery of PSE.

1. **Status** : called PSE, PSHE, guidance, pastoral support and more recently HWB (West Dunbartonshire). Taught and delivered in several ways and with many areas using a vertical house system approach to deliver PSE. This involves years 1-6 coming together in a single class to explore PSE. Teachers and student teachers and voluntary organisations that have worked with in recent years often comment that with age ranges from 11 – 18 in the same class there is a lack of depth to any discussion or exploration of issues.
2. **Value**: Research has highlighted the low status afforded to PSHE in secondary schools in England and (Dewhirst et al., 2014, Formby & Wolstenholme 2012) and recent research in Scotland would back this up. Many secondary schools still view their main purpose as academic achievement and afford less time, staff training or specialist staff to delivering PSE. Therefore, this will impact on what staff can confidently and effectively address in the classroom.
3. **Teacher training & learning and teaching approaches** Teachers attending the Masters module in Health & wellbeing at University of Strathclyde often have little knowledge or experience of effective teaching pedagogies such as peer education and interactive group work, participatory methods, handling sensitive issues (particularly in relation to gender differences). Preventative education, mental and social wellbeing and sexual health often still poorly addressed during PSE or covered in a very superficial way. I ask 1st year undergraduate primary teachers (the majority are school leavers) to discuss their experience of health and social education and it is a very mixed response. Some have a great experience where they feel supported and had issues like risk taking behaviour, sexual health addressed, but overwhelmingly, students report it being an “easy” or “free” period where you don’t really do much or just chat to your teacher about “stuff”. Additionally, it can be a poor experience if the teacher delivering it lacks knowledge, confidence or is embarrassed.
4. **What should be taught:**
Clearly PSE presents an ideal time and place in the school curriculum to address some of the key national priorities for social and emotional wellbeing and health improvement. Preventative education, addressing risk taking behaviours and promoting sexual wellbeing are all important issues that should be central to an effective PSE whole school programme. However, of equal importance is how these issues are explored: addressing gender differences; employing pedagogies that allow sensitive discussion and above all asking pupils. Pupil voice and pupil engagement should be central to developing an effective PSE programme – linking this to local data sources such as the community health profiles and school profiles is a good starting point to prioritise school/ community needs.
In recent years, the rapid growth of technology is having a huge impact on the social and emotional wellbeing of secondary age children and this has impacted on mental wellbeing. Increasingly, there is a disproportionate rise in the number of young women reporting issues such as anxiety, depression, body image and self-harm as concerns and schools need to be more robust in addressing these. Social media plays a huge role but equally using technology to counteract the negative effects of social media by introducing social norms education or peer education approaches are shown in research to offer a protective effect.

