

Influences on early career teachers to engage with health and wellbeing education.

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Context of Health Education in England

- All teachers have a wider pastoral care role (including health and wellbeing) for pupils – PSHEe



BUT

- National curriculum changes put a strong focus on high quality subject teaching with much less emphasis on broader aspects of pupil health and wellbeing (DfE, 2010)
- PSHE remains a non-statutory requirement despite recommendations to the contrary (Formby, 2011; DfE, 2013)
- Delivery of PSHE at schools' own discretion and results in high variability of health education between schools

Therefore

- Pre-service teacher education programmes are hesitant to include health education within their curricula and health training provided during school placements is variable

Project aims

- **Overall**

- To explore the impact of an innovative training at Southampton on the **knowledge, skills, confidence and attitudes of pre-service** (PSTs), newly qualified (NQTs) and early career (ECTs) teachers to engage in teaching and promoting health and wellbeing in schools

- **Today's focus**

- Reporting on the effect the school environment, including the ethos and culture has on new teachers to employ the health education training they received during their pre-service course

What are the factors that affect new teachers' willingness and ability to engage with health and wellbeing education?

Theoretical dimensions

- Myriad of influences beyond their training, including their choice of subject discipline affects nascent teacher identity (Beijard, 2004)
- Predominant socio-cultural environment of the school influences the evolution of new teachers' identity and moulds their attitudes (Day & Gu, 2010)
- Focus on performativity within the educational landscape and instrumentalist approaches to teacher training reduces opportunity to develop professional values, practitioner autonomy and an ethical self-concept (Ball, 2003; Hargreaves, 1994; Turner-Bisset, 2001)
- Identity impacts on new teachers' beliefs and attitudes about health education as a worthwhile subject to pursue in their future careers (Jourdan et al., 2016)
- Identity affects self-efficacy including confidence to teach health education (Connelly & Clandinin, 1999; Hecimovich & Volet, 2011, Mead, 2004)



Methodology

- Initial questionnaire distributed online + follow-up hardcopy to:
 - Trainee teachers at the end of their pre-service course (2013-14 cohort)
 - Newly qualified teachers (2012-13 cohort) in their first year post qualifying
 - Newly qualified teachers (2011-12 cohort) in their second year post qualifying
- Interviews with pre-service teachers
- Second questionnaire distributed 12 months later to establish a possible long-term effect
- Interviews with newly qualified teachers (all three cohorts) to explore the questionnaire findings further

Findings : Opportunities to become involved with health education since qualifying

To what extent has the training you received influenced you in the school(s) you have worked in since completing your course to:

	To a large extent %	To some extent %	Not at all %	Total n
Seek information about who I should refer pupils' health and wellbeing issues to	32	47	22	101
Seek information about how the school delivers PSHEe	16	53	33	102
Seek information about the school's health and wellbeing policies	11	49	42	102
Become involved in making changes to the way the school approaches PSHEe and / or the promotion of pupils' health and wellbeing	10	27	62	99

Findings : Opportunities to become involved with health education since qualifying

- **Lack of autonomy:**

Er, no, it's just not possible, so ... probably minimal [my influence] ... well it's a Catholic College, so it's all got to be approved by the Governors, ... it's got to be strict; it's got to follow [the Catholic teachings].(Secondary 7)

*I don't think ... I'd have very much impact at the moment. Only in my class, but school-wise I don't think I would be able to (...)
I think if the head teacher told us all to do it then we'd have to do it, but if I'm asking them it's very different. (Secondary 102)*

- **Confidence and efficacy:**

*Definitely [feel able to influence things]. Yeah, it's quite open to making sure that things can be the best that they can be. I think it's a very open school in itself, so the SLT [senior leadership team] are very approachable... curriculum leaders ...are very approachable too, so if there was any shadow of a doubt that it [PSHEe] wasn't being delivered as best as it could be, the school are always very open to change.
(Secondary 25)*

Findings: teaching health education

- 66.3% had taught some health education but 33.7% said they had no opportunity even after they had been in school for more than a year
- There were no statistical differences between newly qualified and early career teachers

- **Not a priority:**

The tutor group I followed ...were supposed to do a certain topic from (...) the SEAL, PSHEe thing.... every week and they were a bit blasé about it frankly... it always wasn't happening, or something else would get in the way ...so it didn't feel like it followed on very well, 'cos other things got in the way...In my first school placement I wasn't there for the health days, it didn't fit in the timetable. (Secondary 62)

- **School ethos and attitudes:**

My first placement school was a very religious school... so they were very, very spiritual; I mean it was all about spiritual development. However in terms of PSHEe, they didn't really do it. (Secondary 69)

Findings: the influence of training

- Health education training was regarded positively by three quarters (74.6%) of respondents
- **Pedagogy:**

I think probably more in the university it was specifically, the subject specific knowledge has helped me to develop. (Secondary 71)

The main point I probably take about teaching things is to be open and you can't be shy about these things [SRE]... so just being open... that's what I've learned from ITE training. (Secondary 35)

- **Supportive environment:**

Just watching somebody take it, that has helped a lot. Just the way that she carried it out, because it was a discussion, everyone could say their points. (Primary 12)

I think helping me was definitely my mentor at my second placement... one of my students had an abortion and having my mentor around ... giving me realistic expectations and that you probably can deal with [it], but there are also things that it's not for us to say...and that was really helpful. (Secondary 9)

Findings: school environment and culture

- 81.6% thought that academic attainment is prioritised over other elements of pupils' education
- 61% thought that health education is seen as important
- 49% thought that senior leaders support staff to promote pupils' health and wellbeing and teach high quality health education
- 44% thought that teachers' and other staff's health and wellbeing is prioritised
- 39% thought that the quality of the health education is not high



Findings: school environment and culture

- **Positive whole school climate**

[B]ecause the school has such a strong ethos ... I think it's just, put it [PSHEe] into the forefront of my mind. I'm always ready to take any opportunity to teach about healthiness... I think because the ethos is so strong and so embedded it sets the standard so people are expected to deliver high quality health education, and if they don't feel able to then they're ... there is support available...So, that's the whole ethos of the school is really important for that delivery. (Primary 85)

- **Cultural influences**

I suppose it's made [my own teaching of PSHEe] more restrictive because of the Catholic side of it... it's so strict, they've got such strict guidelines on what they can and can't do, and what they should and shouldn't talk about... by the time they [pupils]get to 15 – 16 they're obviously becoming sexually active and they have no idea of the dangers of sex, and unprotected sex, and all the stuff that goes with it...it's difficult here because obviously we have to stick to what the church says. (Secondary 7)

Findings: other influences

How influential have the following factors been in you gaining competence to teach PSHEe or deal with pupils' health and wellbeing issues?				
	Very influential %	3 %	2 %	Not at all influential %
Your life experience	49	38	6	2
The practical experience of teaching /managing health issues	40	35	11	8
Mentoring and support you have received in the schools since completing your training course	24	41	16	12
Access to good resources	19	40	24	11
In-service, external or self-directed training you have undertaken since completing your course	12	37	29	15
The training, support and mentoring you received on your school placements during your initial teacher training course	12	33	29	21

Findings : Other influences

- **Life experience:**

Yeah, bring it on ...I quite like that pastoral side of things... I'm a bit older than other [trainees]... I mean I've got a bit more life experience than most people... I don't have a problem with talking about any issue whatsoever in a very frank way. (Secondary 62)

- **Support:**

[I have had] Loads and loads of support, especially from um, the members of staff who are in charge of it...from people who create the resources and I think [that] has really helped build confidence and sort of ability to teach that. (Secondary 25)

I think to facilitate good health education ...you have to have the support of the school; the school has to see the importance of it, and to be behind you. And good subject knowledge, so that's where CPD comes in as well doesn't it?

(Secondary 71)

Discussion and conclusion/ implications

- A complex range of factors can act as facilitators or barriers for new teachers to teach and engage with health education and develop a health promoting identity including:
 - **School Priorities:** academic subjects versus health education
 - **Impact of Training:** a positive influence but may get lost/ forgotten
 - **School ethos and environment:** mentors, senior leadership, good resources, a community of practice
- Commitment from senior leadership
- Resources
- CPD

Thank you for listening

Any questions?

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