1. Interview Transcripts
	1. Participant A:
* How long have you been a PSHE/SRE lead?

*10ish years.*

* Have you always taught PSHE within your teaching career?

*I’ve been teaching for 23 years, my background is in Biology so no, not directly until the last 10 years or so.*

* How often do PSHE/SRE sessions occur in school?

*Once a week.*

* How is alcohol and sexual health knowledge evaluated in your school?

*We have feedback questionnaires designed by the council, but it only evaluates what the student thought of a PSHE lesson than what they’ve learnt. I guess no we don’t evaluate knowledge as such.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*No, I don’t think so.*

* Are there any external factors in this model that you would add/remove or change?

*No.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*Yes. Probably more than what we currently teach.*

* Can you expand on that?

*Well, we wouldn’t really talk about pleasure as an outcome of sex. In the lessons the outcome of sex unless you use contraception is a baby or an STI*

* Are there any outcomes that you would add/remove?

*No not really.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*I do think that would be useful. It may be useful for something like this to be used by teachers to make a reflective decision about their students. So, for example, the teacher would use what they know about the student to form some sort of score based on these models. I think I would use a measure to see what my students needed in terms of alcohol and sexual health education.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*No but I think* *we’re doing the best we can given that we are teachers, not parents. There are conversations that we simply can’t have with the students. I think there are a lot of general skills in the model that we don’t tend to think about. The focus tends to be on knowledge rather than skill, but I think that can be said for any subject.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?
* *That is a tricky question. I think there is a definite need for more training. I think you need a background or at least an understanding in some if not all of the subjects, some degree of expert knowledge49Expertise. I try to provide some extra training sessions for the other teachers myself when I can, using my own training or limited expertise. The issue is that the training costs money.The school doesn’t have the budget for that, and it will never be a priority compared to sending teachers to other subject relevant training or conferences.*
* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*Funding for training and provision is a barrier. It can be a matter of the blind leading the blind sometimes. Also, some teachers also just feel that it isn’t their job so someone else should do it*

* What are your thoughts on SRE becoming compulsory from 2019?

*I think it’s an excellent idea. I think if you’re a good school who cares about your students, you should be doing it anyway.*

* Do you feel prepared for this?

*Yes, I don’t think things are really going to change for us because we’re quite thorough with our SRE.*

* How do you think this will impact the teaching of alcohol education?

*I don’t think it will change really. Again, our school covers alcohol use mainly in other subjects so there wouldn’t be any issues surrounding timetabling.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*Oh, I think it would be delivered by an expert in that field Someone who really knows what they’re talking about. Someone who is relatable to the students. I think that’s very important!*

* Would this be a teacher?

*No, I don’t think so. We don’t have the time or training for that.*

* + 1. Notes made during and after interview:
* Age 46, female
* teaching for 23 years
* teaching PSHE for 10 years.

Became a specialist PSHE teacher, background in biology.

Overall themes:

* Focus of risk in curriculum
* Teachers not best placed to deliver PSHE/SRE
* Positive about compulsory SRE.
* Lack of training and time for teachers.
* Assessment required to assess needs of students.
	1. Participant B:
* How long have you been a PSHE/SRE lead?

*I’ve been a specialist PSHE/SRE teacher for 15 years.*

* Have you always taught PSHE within your teaching career?

*No, I started off as a Social Sciences teacher…which I don’t think exists in many schools now. It was basically Psychology and Human Biology. I’ve been a teacher over 29-30 years.*

* How often do PSHE/SRE sessions occur in school?

*There is a timetabled lesson once every two weeks.*

* Is this always the case?

*Yes, I think so unless there is a very good reason.*

* How is alcohol and sexual health knowledge evaluated in your school?

*You know I can’t say that is evaluated. Unless it’s part of a science exam. The tutors may ask for feedback about the lessons.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*No.*

* Are there any external factors in this model that you would add/remove or change?

*No.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*Oh yes! I like the fact that it talks about pleasure and autonomy in outcomes. That’s very important. Consent is a big topic right now.*

* Are there any outcomes that you would add/remove?

*Maybe understanding and identifying abuse in sexual health, and confidence to speak out about it. That’s quite relevant now. I think something about enjoyment in alcohol would be good, because why would everyone drink if it was a terrible thing. It’s a confusing message for adolescents.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*I think a measure would need to be more of a decision aid for teachers. I think I would use it to say okay I have this student, I can look at the model and see that these factors like relationships with parents and friends can put them more at risk, like what individual factors can I target to overcome that? I think it’s just a useful diagram for teachers to remind them of all the things that can go wrong and what we need to do as a result.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*No! So, my focus recently has been about modernising our current PSHE curriculum. It’s a big concern that now we’re talking about alcohol and sexual health issues too late and so the students are disengaged. I can very distinctly remember a couple of years ago one of the teachers approached me as she felt uncomfortable delivering lessons about contraception and the costs of pregnancy as a couple of the students were expecting or were already parents. Also, I think that focus on outcomes is missing. We only look at giving information, we’re not following up to see what students are doing with the. So, it misses out all the behavioural and emotional factors in decision making.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*I think it needs to be really embedded into teacher training. With technology going the way it is, there are definitely things that students face now that they haven’t ever faced before. If we’re going to teach them something then we need to be on the forefront,really understand what it means to be a student today, the social pressures. We can’t assume the curriculum from ten years ago will still work today.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*Well with sexual health its easy. Sex is awkward to talk about and we have that typical British stiff upper lip culture. It comes from both sides; I don’t think teachers or students are comfortable discussing it with each other. I think as a teacher it’s okay for you to lay out the facts but anything more than that and you’re worried that there will be repercussions to what you’ve discussed. You have to be very careful as a teacher and protect yourself.*

* What are your thoughts on SRE becoming compulsory from 2019?

*It’s a good idea in principle but as far as I know they haven’t put any more funding into the plan. In fact, they’ve cut funding to really important sexual health and alcohol services in recent years. On top of that schools are skint as it is, so if the school really cares they’ll have to redistribute money meaning that everything else suffers as a result. I don’t think parents will be too happy if we say: you have to pay for your child’s textbooks, so they can learn about sex and relationships!*

* Do you feel prepared for this?

*No! We have no idea what the government is going to want, and we need at least a year to prepare.*

* How do you think this will impact the teaching of alcohol education?

*I think the schools that care will just offer a comprehensive PSHE program in general instead of just SRE, so in that case it would improve alcohol education, but then the other side is that some schools will just concentrate on SRE to the detriment of other topics like alcohol.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*Relevant topics and information.Teaching skills not just reciting facts!*

* Who would teach these sessions?

*I don’t think that teachers are doing badly but I think other people could do better. I think other professionals are key. I was in a school once where they had PSHE lessons taken by someone from the Southampton Rape Crisis and honestly the level of engagement from the students was great because here was someone who came in, could answer any question and you wouldn’t have to see them every day so there wouldn’t be any perceived judgement. I just think a lot of teachers do feel that PSHE isn’t their responsibility because it crosses a line, and you have to protect yourself.*

* + 1. Notes made during and after interview:
* Age 53, female
* teaching for 30 years
* teaching PSHE for 15 years.

Became a specialist PSHE teacher, background in social sciences.

Overall themes:

* Outdated curriculum
* Teachers can’t cross professional barrier
* Compulsory SRE good but difficult to practice- funding
* Assessment based on risk
* Identifying abuse-shl outcomes
* Enjoyment- ahl outcomes
	1. Participant C
* How long have you been a PSHE/SRE lead?

*Oh over 20 years now.*

* Have you always taught PSHE within your teaching career?

*Yes! One of the few I should think!*

* How often do PSHE/SRE sessions occur in school?

*It’s timetabled once a month.*

* How is alcohol and sexual health knowledge evaluated in your school?

*Some of the PSHE sessions have a feedback questionnaire attached, not that we do anything with them. I guess we just keep an eye on certain trends like student pregnancy rates.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*It’s quite detailed, isn’t it? I guess that’s the point, maybe it needs to be simplified? I think it can be a bit much to look at and pay attention to all at once. I wouldn’t add anything anywhere though.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*Yes, very.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*I don’t know if any assessment tool would be able to account for all these factors but if it could then it could be used by schools to see where the weaknesses in their PSHE/SRE lessons are.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*No, I don’t think that’s possible. I think covering everything is a joint effort from all the external factors your model and the student themselves. Teachers do have a duty of care, but I think sexual health is still a very taboo subject, and until there is a society change that removes that taboo, teachers aren’t the best placed to deliver the knowledge.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*I think there is some really good alcohol and sexual health training out there right now. I think delivery is the key. Training needs to focus on building knowledge, but the teachers need to know how to deliver the lessons too.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*I would think time and the fact that PSHE or SRE is quite underrated as a subject. It isn’t the ideal situation but the priority it on the academic…so PSHE/SRE sessions are timetabled for once a month. We don’t have time to fit it into tutor time around registration because that’s only about 15-20 minutes a day if that. We’re lucky to even have that to be honest. Another big one is funding. I have a lot of teachers who want to do training in PSHE and SRE, but we just don’t have the funding to send everyone who wants to go. It’s a shame really. I also think there might be a slight tendency for PSHE to come across as preachy. Like the whole point of the lessons are to give students facts and then scare them into abstaining from having sex or drinking. We really need to start moving away from that.*

* What are your thoughts on SRE becoming compulsory from 2019?

*I think it’s good, but the message is a bit confusing. I think it would have been better to make SRE and PSHE compulsory. I think you’ll have a lot of people putting effort into teaching SRE and other valuable lessons like drug and alcohol use, managing finances, wellbeing etc will get left behind.But, if PSHE and SRE were made compulsory I think there would be more of a joint effort from schools to really look after the wellbeing of their students in a comprehensive way. I think they’re missing a trick here.*

* Do you feel prepared for this?

*Not particularly, not because I don’t think that we’re unprepared content-wise, but I think I’m just not too sure how things are going to change for the better in schools that already provide SRE.*

* How do you think this will impact the teaching of alcohol education?

*It will inevitably fall to the side-lines. Unless it’s mentioned in the context of sexual health.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*In an ideal world I think it would be about collaboration and feedback.Working with the students to assess their actual needs and using that to plan lessons.*

* + 1. Notes made during/ after the interview:
* Male, 50, PSHE specialist teacher for over 20 years

Main themes:

* Teacher workload
* Importance of PSHE/SRE as a subject
* Lack of Government guidance
* Diminishing importance of alcohol education
* Assessment would be too wide-ranging but could be used to improve lessons.
* Model may require simplification
	1. Participant D:
* How long have you been a PSHE/SRE lead?

*I’ve been a lead for 2 years; can’t entirely say I did teach PSHE before that anyway. I’ve been teaching for 5 years.*

* Have you always taught PSHE within your teaching career?

*I’m a history teacher by trade.*

* How often do PSHE/SRE sessions occur in school?

*It’s supposed to be an hour of PSHE a week until sixth form, but this is usually the first lesson to go if teachers need that time for something else.*

* How is alcohol and sexual health knowledge evaluated in your school?

*It’s not! If it isn’t happening during school time it isn’t really a concern. Also, there’s too much to cover, how would we evaluate that? Without asking horrendously inappropriate questions from our students! Then they probably wouldn’t be honest!*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*I’m not sure where it would fit in but put empathy inthere. I think when you’re dealing with issues around consent etc. empathy would play a big part in how much you understand about someone else’s needs, I guess. In terms of alcohol, I would put empathy in there because of peer pressure. I think a lot of the people that exert peer pressure lack empathy.*

* Are there any external factors in this model that you would add/remove or change?

*No. They all seem good and relevant. I can’t think of anymore. Maybe something to do with siblings or guardians? Just in the sense that not all kids live with their parents.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*Yeah, I think it’s pretty accurate. It’s about enjoying yourself responsibly at the end of the day.*

* Are there any outcomes that you would add/remove?

*Maybe something about enjoyment and abstaining in alcohol outcomes. It says responsible drinking but just because you’re drinking responsibly it doesn’t mean that you’re enjoying the act. Also, not everyone wants to drink so maybe being able to choose whether you abstain or drink.*

*I guess its covered by “pleasure or consensual sex” but in the sexual health outcomes, maybe something about knowing the right information for you? Say for example that you’re gay, I think that they have a right to know what sexual intercourse then would involve because we only really talk about the mechanisms of heterosexual intercourse.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*I think it gives you the factors that you should be looking for in each student…I’m not sure what the evaluation would actually look like but at school I guess we’re looking at targeting those individual factors aren’t we? Something that takes those into accounts but then it would also be useful to have the general data on sexual health and alcohol.*

*Then we can really look at what our students need and how we should be targeting that.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*Yes and no. Yes, in terms of the very minimum knowledge that students need to get by, just about. No, it doesn’t cover enough. It definitely leaves a lot of the emotional factors out. The curriculum tends to be a bit on the scaremongeringside. It makes us teach the worst-case scenario hoping that will prevent a lot of the negative outcomes2 and ignores the fact that sex and alcohol can actually be enjoyed responsibly.* *It also tends to completely ignore anyone who isn’t heterosexual and the gender they were born with. It doesn’t really provide for homosexual or transgender individuals.*

* Generally, what are the learning objectives that students are expected to achieve in sessions focused on (a) alcohol? (b)sexual health?

*I guess if I was going to sum it up: know your units and know your contraception! Also, the biological mechanisms or effects for both. For example, physical effects of alcohol and pregnancy.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*Honestly? At this point in time, any training will do! In an ideal world I guess we would be trained by professionals in alcohol and sexual health. A lot of teachers, myself included, would love to feel confident with those subjects.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*Trainingis a big one. I don’t think we get enough specialist training. Time is another, we often don’t even have the time to properly plan these lessons ourselves and then we’re too scared to add anything because we don’t want to be deemed unprofessional. Teachers must stay removed and professional at the end of the day. If we did have the training though we still wouldn’t be able to deliver an effective session in SRE. I don’t think students would want to have those kinds of open conversations about sexual health with their teachers.*

*I also feel a bit awkward being male and speaking to female students about sexual health. I will obviously never be able to understand sex and sexual health from a female point of view. Like for example when I talk about the menstrual cycle. I really am just reading out of a book or going by written information. I can’t really empathise or answer any real questions about it.*

* What are your thoughts on SRE becoming compulsory from 2019?

*I see why the Government think it’s a good start but for all the reasons I’ve just mentioned, I don’t see how it’s going to work.*

* Do you feel prepared for this?

*Not at all. Or I don’t feel any more prepared than before. They (the Government) haven’t set out a plan or guidelines for us yet. Are we going to receive more funding just for this? Because without that we’re not magically going to have any more time or trainingthan we do now. Just more instructions I guess with no real intention behind it.*

* How do you think this will impact the teaching of alcohol education?

*I’m not sure. Obviously, it will still be covered in some other subjects like the sciences. That may be enough. It will be downgraded in terms of importance along with other subjects in PSHE, if PSHE doesn’t get scrapped completely to be replaced by SRE.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*It would be delivered entirely by external speakers or someone who isn’t a teacher but works as the PSHE person in schools. They would be an expert in all the subjects that PSHE/SRE needs to cover and would be able to maybe have those chats that we as teachers can’t have to properly educate students. I mean we have teachers that only teach one subject across the school. I don’t see how this would be different. Like I said, I’m not sure a teacher would work because of the teacher- student relationship. But maybe a healthcare worker or similar. Obviously, time as well. More time to deliver PSHE sessions.*

* + 1. Notes made during and after interview:
* Age 30, male
* teaching for 5 years
* teaching PSHE for 2 years.

Not a specialist PSHE teacher, teaches history but took on the responsibility as PSHE lead and attended training because of that.

Overall themes:

* Lack of expertise
* High workload
* Unprepared for compulsory SRE
* Confused about guidance
* SHL outcomes- relevant knowledge- diversity
* AHL- abstinence, enjoyment
	1. Participant E:
* How long have you been a PSHE/SRE lead?

*About…err…7 years.*

* Have you always taught PSHE within your career as a teacher?

*No, but I was doing pastoral work and RP before that, I’ve been teaching in total for about 11years.*

* How often do PSHE/SRE sessions occur in school?

*We have them weekly in tutor time, but we often have an extra day every few months where theatre groups put on a production related to PSHE/SRE topics.*

* How is alcohol and sexual health knowledge evaluated in your school?

*I don’t think it’s really evaluated as such. I think you know when something isn’t right with your students, so we’re trained in spotting changes in behaviour. I guess that could be a way we kind of keep an eye on alcohol and sexual health. It would be a lot easier if you had a tool to assess student knowledge and then standards to compare them to, like with every other lesson. That is what we’re inherently lacking in PSHE, so it makes lesson planning difficult because you have no way to measure what the students already know.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*I think there needs to be something about emotional intelligence. I read a very interesting article the other day about how emotional intelligence isn’t something that you’re born with but something that you obtain.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*Yes.*

* Are there any outcomes that you would add/remove?

*I think part of understanding the facts is knowing what sex and alcohol choices entail for different cultures, identities and sexualities.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*I think some form of interactive measure. Did you do the theory driving test where you had to identify risks? Something like that where student can interact with an environment to spot risks. I’d use it just generally to see how my students are doing, what we need to work on as a school.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*Generally, the curriculum doesn’t tend to focus on skills. The curriculum tends to be about knowledge. Looking at the model what stands out is that the curriculum doesn’t really cater for different cultures or disability. I think that we are letting these students down in a big way. We’re ignoring them which means that we’re discriminating. I would love to see an inclusive curriculum, but I know that a lot of parents would have problems with their students learning about gay relationships.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*I think training needs to focus more on inclusion and sensitivity. We’re faced with such a lovely and diverse student population now that we need to be aware of how the differences among students might affect their choices in alcohol and sexual health.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*I think the facilitators are that most teachers do want to do a good job when it comes to PSHE and the students at the end of the day want to learn about alcohol and sexual health and that’s important. The barrier I guess is that fear that we’re coming in too late to teach them things they already know or have an idea about.There’s also no standard of PSHE education so by secondary school you have a real mishmash of students from different schools with different knowledge and skill levels in the subject. It’s hard because that means you assume ignorance and start at the beginning then just to make sure everyone gets to the same place.*

* What are your thoughts on SRE becoming compulsory from 2019?

*I was happy about that. I think it’s great.*

* Do you feel prepared for this?

*I’m not sure. I’m confident that our school are doing well in alcohol and sexual health education but it’s hard to know if we’ll have to change anything without any real guidelines yet on what we’re supposed to be doing. Just little things like will there be a minimum amount of SRE hours required per week? Its things like that, that can really throw things into chaos if they aren’t introduced early enough.*

* How do you think this will impact the teaching of alcohol education?

*Well depending on what the guidelines call for I don’t think things will change much in this school because we’ll continue with our PSHE/SRE program. I can imagine in schools that don’t provide PSHE that the bare minimum will be done so it will just be SRE and nothing else.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*I think more theatre productions would be great. One of the advantages of having that is that students don’t feel like they’re secretly being judged by the teachers for what they’re talking about. I mentioned before, we need to be more inclusive in PSHE/SRE. It’s awkward enough for some teachers to teach SRE, not really so much alcohol. Add in things like disability and I do not blame them for not knowing where to start.*

* + 1. Notes made during and after interview*:*

The participant was very pro inclusion and diversity and generally seemed to feel that the school had a high standard of PSHE/SRE provision.

* Female, age 40. Teaching for 11 years, Involved in PSHE for 7 years. Background in pastoral work.

Overall Themes:

* Curriculum is discriminatory
* Lack of standardisation across schools in PSHE
* Confident about school’s ability PSHE/RSE provision
* Lack of guidance from government
* Interactive measure of student needs
* Risk assessment
* Models- understanding choices of others
	1. Participant F:
* How long have you been a PSHE/SRE lead?

*All my career really. 15 years. I was trained through a school that needed PSHE teachers.*

* How often do PSHE/SRE sessions occur in school?

*Once a month. They’re during tutor time.*

* How is alcohol and sexual health knowledge evaluated in your school?

*There isn’t any formal evaluation of alcohol and sexual health knowledge.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*I think the role of emotional health can be emphasised or expanded upon. Something about ability to manage emotions.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*I quite like how it has a focus on positive outcomes. Quite frequently there can be a focus on the negative in this subject, so basically yes, I do think they’re relevant.*

* Are there any outcomes that you would add/remove?

*No.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*Some sort of situation-based approach may work quite well. I’ve taught PSHE lessons where students had to evaluate what their response would be in specific situations. That can give quite a good insight into their decision-making skills and how much they know about consequences etcetera. In terms of use, I think it would help level PSHE education if every school was working towards getting their students to the same place.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health? What is and isn’t included?

*There are a lot of shortcomings with the curriculum. I think alcohol education is a bit lacking in terms of substance, it’s usually part of the drug use module.**The sexual health curriculum…erm…obviously there are gaps because I think certain changes in society and culture have made a huge difference in sexual health that the curriculum hasn’t been able to keep up with.* *Like the fact that students have access to quite inappropriate content for through mobiles and laptops. We’ve only started looking into that.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*I think the training needs to start with bridging the generation gap. I hear so much on the news about the younger generation being the ‘snowflake’ generation. Like they can’t cope with anything. The truth is that they have more to cope with than any generation before. I think teachers are overall sensitive to that, it’s more that they can sympathise but not empathise.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*I would say that 70% of teachers that I meet have never received any training. The teachers that have had some training usually still haven’t had more than a vague overview of how to teach rather than what to teach5. It should really be a more comprehensive part of teacher training. Training would help, not just a one-day training session on how you might deliver these lessons but actual in depth, or how to approach awkward topics and safeguarding but career-long opportunities to improve knowledge on a range of topics for a range of audiences. There are a lot of barriers. A majority of teachers hate teaching RSE, so it isn’t taught particularly thoroughly.The topic is still a source of awkwardness. A lot of teachers feel like they can’t maintain that professional barrier and teach sex. I think a lot of it is to do with our culture, we’re not great at communicating about sex and sexual health. It’s very much a taboo subject.*

* What are your thoughts on SRE becoming compulsory from 2019?

*Well, it’s about time!*

* Do you feel prepared for this?

*How prepared are we? Er…. well, I guess we have what we’ve had over the past few years for SRE. We haven’t prepared anything else as of yet because quite frankly we haven’t received any direction in terms of what we should be covering above what we have already been teaching. I don’t know if we’re prepared or not.*

* How do you think this will impact the teaching of alcohol education?

*I think it will become less of a priority than it already is.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*I’m not sure that ideally, teachers should be the main source of information for PSHE or SRE.I obviously took on this role because I believe that there is a responsibility for schools to provide PSHE…its difficult because although I believe this, I don’t think that school should be the only source of all alcohol and sexual health knowledge. We should be providing supplementary information.*

* + 1. Notes made during and after interview:
* Female, age 51. Teaching PSHE for 26 years.

General themes:

* Lack of teacher training
* Teachers lack understanding of student issues
* Alcohol education is less developed than SRE
* Lack of Government guidance
	1. Participant G:
* How long have you been a PSHE/SRE lead?

*8 years? Yes, 8. Or near that.*

* Have you always taught PSHE within your teaching career?

*I was a policewoman before then decided I couldn’t do that forever, so I trained to be an English teacher but obviously I had a lot of interest in this because of my background so here I am! I’ve been teaching now for 15 years.*

* How often do PSHE/SRE sessions occur in school?

*One lesson every two weeks.*

* Are there any specific resources that you use for alcohol and sexual health education?

*Not really, we use a lot of different resources depending on the lesson.*

* How is alcohol and sexual health knowledge evaluated in your school?

*We ask for student feedback on the lessons, like how much they learnt, what we can improve for next time. That sort of thing.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*I think adding empathy to individual factors would be a good idea. The more empathetic students tend to make the better decisions.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*I think they’re relevant to all adolescents at any time or place.*

* Are there any outcomes that you would add/remove?

*They’re thorough, I don’t think there is anything to add.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*It would be useful to have something you know, on paper, with results, that we could use to look at what the students lack and what we should do to overcome that. It should be quite user-friendly though. For students and teachers. I guess it’s a bit hard to know what that would look like because how do you measure skills and behaviours?*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*Not everything, but I think we have to take responsibility as PSHE teachers and teachers in general and fill in those gaps and endeavour to improve our knowledge and look at how we’re teaching these issues.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*I think aside from what is already out there, there needs to be training that focuses specifically on raising the confidence of teachers in teaching about alcohol and sexual health. I do really feel that that’s lacking at the moment, and it effects teachers of all ages.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*Subject knowledge is a big one. No one would expect an English teacher to be able to pick up the Maths curriculum and teach it with expertise without any prior training, so why do we expect it to happen with alcohol and sexual health education? There is a massive generation gap. There is no way that we, as teachers, can relate to students more than in a very general way. There simply isn’t the shared experience there.*

* What are your thoughts on SRE becoming compulsory from 2019?

*I’m quite positive about it.*

* Do you feel prepared for this?

*I don’t have much reason to feel unprepared at the moment, but we don’t know what we’re doing yet so that’s probably why.*

* How do you think this will impact the teaching of alcohol education?

*I think with the time constraints, if schools have to do SRE then they will probably forgo covering any other topic including alcohol use.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*The lessons would age-appropriate. They wouldn’t be too soon or too late in the student’s life. There would also be a weekly time slot.*

* How would these sessions be delivered?

*I think it might be something where potentially the students go somewhere to talk to experts in that topic, or the experts come to the school. Those experts could be teachers, I’m not saying that they can’t be, but I don’t think students and teachers are ready just yet to start having honest conversations about alcohol and sexual health. Someone like a school nurse or school counsellor might be a bit better placed.*

* + 1. Notes made during and after the interview:

Female, Age 58. Teaching for 15 years, involved in teaching PSHE for 8 years. Career change- used to be a policewoman.

General themes:

* Awkward subject for teachers and students
* Lack of expertise
* Gaps in curriculum
* Models- empathy
	1. Participant H:
* How long have you been a PSHE/SRE lead?

*7 years.*

* Have you always taught PSHE within your teaching career?

*I started off teaching Psychology then acted as the safeguarding lead. In total I’ve taught for 13 years.*

* How often do PSHE/SRE sessions occur in school?

*It’s a lesson monthly replacing tutor time.*

* Are there any specific resources that you use for alcohol and sexual health education?

*Not particularly, we just have a collection on the shared drive that tutors can use. When someone finds something new or useful, they just put it on there and I oversee and update it when I can.*

* How is alcohol and sexual health knowledge evaluated in your school?

*Ooh good question. Short answer is it’s not!*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*They’re* (the models) *quite comprehensive and detailed. They show all the contextual factors that lead to alcohol health literacy and sexual health literacy. I would add wellbeing, mental wellbeing and mental health in general can definitely impact alcohol use and sexual health and mental wellbeing is also an outcome for both.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*Yeah.*

* Are there any outcomes that you would add/remove?

*No, they seem pretty well thought out.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*Ooh…err…I’m not sure. A survey might be useful, across the school That way we can look as see how well the students are doing when they first come in and when they leave the school. Basically, to check if I’ve done my job well!*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*The curriculum is very good as a starting point... but our students are more diverse in terms of sexuality and gender than ever*, *but SRE just hasn’t kept up. Yes, this is my responsibility and I try my best but where are the materials for this? I find myself asking some of these students where they find their information because they know more than I do.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*Training... I think there is a lot out there about how to handle sensitive subjects, but I feel like the reason that teachers struggle with PSHE is because they don’t know what it’s like to be a teenager today, facing all challenges that are unique to this generation. In the same way we do cultural sensitivity training, there should be a generation-sensitivity training. It would really help teachers package their message in the right way.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*There aren’t enough hours in the day to keep up with all the marking and lesson planning. All teachers go home and still work until quite late. So, despite thinking that sexual health and alcohol and all those other PSHE topics are important, I also know that teachers will use that lesson to catch up with their own work and leave it to a vote to the students as to whether they want the lesson or whether they want to catch up or get on with their own work.*

* What are your thoughts on SRE becoming compulsory from 2019?

*I think it will force schools to ensure that a generally good standard of SRE exists, which can only be a positive change.*

* Do you feel prepared for this?

*We’ve been told that the change is coming, and we’ve been told to wait for guidance but its nearly 2018 and we haven’t received anything. If we’re going to transition smoothly to implement this change then the government are leaving it a little bit late to provide the guidance, training and curriculum content that this will realistically require, that is unless something happens very soon.*

* How do you think this will impact the teaching of alcohol education?

*Well, I hope it puts PSHE in general on the agenda in all schools. I hope it has a positive impact, but I think as stretched as we are that alcohol education will slip down the to-do list.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*Subject- specialists coming in and delivering the sessions, maybe a model where PSHE specialists worked across schools in a region just to go in and deliver the lessons. I don’t think that other teachers will ever have time to deliver PSHE lessons effectively. We would be better placed to bring in experts in each topic to equip the students with the skills they need and importantly, up-to-date and relevant knowledge! It is very difficult for some teachers to feel like they can discuss alcohol and sexual health with any depth whilst maintaining that professional relationship. It can be challenging not only to discuss these topics but to also be taken seriously as a credible source by the students. I do still think that teachers still need specialist training. Even if you had external speakers to deliver PSHE, teachers still need to be able to answer any questions that students have day-to-day. Time is a big one. More time given to the subject in the timetable. You can’t cover everything if you only have a PSHE lesson once a month. The wellbeing of students really needs to be made more of a priority. We can’t just say that we care about wellbeing, we need to do something about it.*

* + 1. Notes made during and after interview:

The participant seemed concerned about teacher workload and burnout.

* Female, age 29. Teaching for 11 years, Involved in PSHE for 7 years. Background in safeguarding work.

General themes:

* Lack of training
* Lack of time
* Workload
* Gaps in curriculum
* Discrimination
* Quantitative assessment
* Wellbeing important for AHL/SHL
	1. Participant I:

*Opening Questions*

* How long have you been a PSHE/SRE lead?

*All my life! It’s felt like it anyway. 26 years of teaching, I think I’ve been a PSHE lead since 2000.*

* How often do PSHE/SRE sessions occur in school?

*Once a fortnight, in tutor time.*

* How is alcohol and sexual health knowledge evaluated in your school?

*We ask for feedback on lessons.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*No, all good.*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*Yes, I’ve been trying to get pleasure in terms of sexual health into our curriculum, but it hasn’t been a popular theme. It’s nice to see it here.*

* Are there any outcomes that you would add/remove?

*No. Will let you know if I think of anything.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*I think it would be useful yes. I think something students could interact with would be a good idea. Making students think realistically about what they would do in a situationI would probably use something like that to inform my lesson content. It would be very useful for that.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*I think the problem is that right now is that there isn’t a gold standard of teaching in sexual health and alcohol in the UK. Alcohol is usually bundled in with drug use and I that’s dangerous because a lot of students will drink but not all of them will take drugs, so I think those dynamics need to be separated a bit. We have this drinking culture here in the UK and we need to stop and look at that.60Culture I think by diminishing the time we talk about the risks of alcohol, the more we’re making it a social norm. We don’t talk about how alcohol can be an emotional crutch because we think it’s normal to come home after a long day and have a drink. Then before you know it, you’re drinking every day. I’ve known students and parents in the past who’ve thought that was normal behaviour.*

* What about in sexual health?

*The subject is still a bit taboo and because of that we concentrate on facts. It’s a hard subject to teach because in any year group you have such a mixture of knowledge and background. It would be easier if they came in at the same point. Obviously, I understand that can’t be totally helped but if there was just a way to gauge where each student was, so you know what to teach, it would be a lot easier.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*What kind of training? Erm…I think something that obviously gives teachers what they need to know but enough that they feel confident to talk about the more awkward subjects.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*Well sex is an embarrassing thing for students and teachers to discuss but as I said I think building knowledge and confidence can overcome that**. I think that the amount of work teachers has to do makes a real impact. Having to plan a PSHE lesson on top of your normal lessons can be a bit stressful for a lot of teachers because it’s not their normal subject. In terms of the student, I think its down to whether they’re going to listen to anything a teacher has to say about alcohol or sex.*

* What are your thoughts on SRE becoming compulsory from 2019?

*I think it’ll vastly improve the state of SRE.*

* Do you feel prepared for this?

*Does anyone? It would be nice if we weren’t in the dark about what we needed to prepare for 2019.*

* How do you think this will impact the teaching of alcohol education?

*Unfortunately, I think the focus is going to be on sexual health and because of that the scrutiny applied to PSHE in general is going to relax. I think the quality of alcohol education will suffer for it if we’re not careful because we already don’t have as much time for PSHE as we should.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*I think some teamwork between teachers and students. We have a program called peer mentoring where sixth formers are trained in some counselling and conflict management skills and given a younger year group to look after. The year groups can approach the peer mentor with any problem they see fit and then the sixth former can escalate the situation, if necessary, or help the students resolve it themselves. It’s been working excellently so far, and I think something like that could be great for PSHE.It’s important that students are given the power over their own education too think a lot more work should be done around talking to students about what they want to learn.*

* + 1. Notes made during and after interview:
* Male, age 40, 26yrs PSHE teacher.

Main themes:

* Lack of government guidance
* Curriculum is vague
* Curriculum should be student led
* SRE is taboo
* Assessment for lesson planning
	1. Participant J:
* How long have you been a PSHE/SRE lead?

*Nearly 2 years now.*

* Have you always taught PSHE within your teaching career?

*No, I’m a biology teacher and this is an extra responsibility. I did do pastoral before. I’ve been teaching for 14 years…wait let me …yes.*

* How often do PSHE/SRE sessions occur in school?

*We have PSHE, which includes SRE, once a week as a lesson.*

* How is alcohol and sexual health knowledge evaluated in your school?

*We don’t. Unfortunately. It would be useful if we did but that would take time and we don’t have much of that these days.*

In the SHL and AHL model:

* Are there any social, cognitive or emotional skills that you would add/ remove?

*Nope!*

* Do you think the health outcomes shown in the model are relevant for adolescents now?

*I…yeah. I think I would be happy with those outcomes in life.*

* Are there any outcomes that you would add/remove?

*No.*

* Would a measure of AHL/SHL based on the models be useful?
1. How would you utilise a measure of AHL/SHL?

*Yeah, I it gives you very definite things to look out for in your students. Some of that information, you will already have as a teacher. I guess a measure like that could help set standards for PSHE across schools if there was a minimum attainment level that everyone had to achieve. Very definite ways of measuring whether your PSHE lessons are making any impact.*

* Do you think that the curriculum covers everything that students need in terms of alcohol and sexual health?

*I think the curriculum should be updated more often. If it was then I think it would cover anything but right now it’s very old and very conventional. I do think the curriculum makes huge assumptions about sexuality and disability. Like, I think the curriculum realistically is for heterosexual…er…. what’s the word, not transgender….*

1. Cis gender?

*…yes! Cis-gender students that have no physical or mental impairments.*

* What kind of training do teachers require to be able to deliver useful and relevant PSHE/SRE sessions focusing on alcohol and sexual health?

*I would say that all teachers should be given PSHE training at least yearly. One training session every so often or for the whole career isn’t enough. I think it needs to be delivered by experts who know all the answers, not just by professional trainers if that makes sense. I would love to have more training from people who are in the thick of it, are adolescent sexual health or drug use specialists.*

* What are the facilitators/ barriers to teaching PSHE/SRE lessons in school?

*On a positive note, I think a lot of teachers today are keen to be trained in and teach PSHE, especially the younger teachers. I hate to generalise but, in my experience, it has always been the older teachers who are more resistant to talking about alcohol or sexual health in any way that they think is inappropriate for their audience. Like by talking about it they’re encouraging it, what they don’t realise is that most of these students are already drinking and probably having sexual relationships. Then, the fact that PSHE isn’t really respected as a subject. Some parents and teachers do think that it’s a bit fluffy and don’t really see the benefits of it, then they instil those values to the students. It can be a vicious cycle. Religion is another one. Again, that belief that by talking about it we’re encouraging it comes into play there. There are a surprising number of parents who pull their children out of all PSHE lessons.*

* What are your thoughts on SRE becoming compulsory from 2019?

*Yeah great!*

* Do you feel prepared for this?

*I don’t know, it really depends on what the guidelines are. I guess that shows that I am quite unprepared.*

* How do you think this will impact the teaching of alcohol education?

*I think alcohol and sexual health can overlap. If not directly then in the way that there will be a general set of skills that are applicable to both. SRE will be prioritised, but most schools should still make PSHE a priority rather than just concentrating on SRE if they care about that side of education.*

* In an ideal world, what would the perfect PSHE/SRE session involve?

*I wish we still had the funding to bring in external companies and organisations. There were and are some that are doing amazing, current and relevant work but teachers will always be responsible for their students’ wellbeing and that means giving teachers the right tools to use at the right times. It’s not enough to know what your students need. You need to be able to provide the education, that’s our main role. That means more investment in teachers and their resources though and I’m not sure that’s going to happen.*

* + 1. Notes made during and after interview:
* Male, age 35, involved in PSHE for two years. Background in Biology and pastoral.

Main themes:

* Lack of funding
* Lack of expertise
* Old teacher’s vs new?
* Lack of statutory guidance
* Sexual health taboo- embarrassing for teachers and students.
* Curriculum ignores diversity