

DfES PSHE certification for community nurses

Handbook

Revised edition, February 2006



DfES PSHE certification for community nurses

Handbook

Revised edition, February 2006

Edited by Roz Caught, Kathryn Lowe and Sarah Sherwin

Produced on behalf of
the Department for Education and Skills
and the Department of Health

Roz Caught, National Coordinator of the PSHE CPD Programme for teachers and community nurses,
can be contacted at rcaught@ncb.org.uk

From April 2006 the PSHE CPD programme will be hosted by:
National Children's Bureau
8 Wakley Street
London
EC1V 7QE

Contents

1. Introduction to PSHE certification for community nurses	1.1
What is PSHE?	1.1
What is PSHE certification?	1.2
What does it involve?	1.2
Who can participate?	1.3
What do I gain from completing the programme?	1.3
Can certification lead to any other qualifications?	1.3
How much does it cost?	1.3
What do nurses say about the PSHE CPD programme?	1.4
Example: Optional additional accreditation	1.4
2. Collecting evidence of good practice for your portfolio	2.1
What should go in my portfolio?	2.2
Evidence trails	2.3
Annotation	2.3
Other evidence	2.4
Example: Evidence trail – sex and relationship education (SRE)	2.4
Example: Completed session plan and evaluation (1)	2.5
Example: Completed session plan and evaluation (2)	2.6
Schemes/programmes of work	2.7
Session observations	2.8
Example: Completed and annotated session observation record	2.9
Session observation template	2.10
Contextual statement	2.11
Reflection on personal values	2.12
Reflection on issues relating to difference and diversity	2.13
Assessment and evaluation	2.14
3. The standards for PSHE certification for community nurses	3.1
Dimension A: The context and the core skills of supporting teaching and learning in PSHE	3.1
Dimension B: Knowledge and understanding and their application to SRE	3.3
Dimension C: Community nurses' unique contribution to PSHE	3.4
4. Interim submission of evidence	4.1
Evidence grids	4.2
Example: Completed evidence grid	4.3
Example: Extract from a National Assessor's interim feedback	4.4
5. Final submission of evidence	5.1
What criteria do National Assessors use to make judgements?	5.1
Line manager's supporting statement	5.2
6. Blank templates	6.1
Evidence grids	6.1
Scheme/programme of work – template	6.11
7. Appendix	7.1
Where to find out more	7.1

Acknowledgements

We would like to thank all those nurses, PSHE Leads, Regional Certification Advisers and National Assessors involved in this programme from the pilot through to the end of phase 3, for sharing with us so freely their evidence and experience.

We would like to thank colleagues from the National Healthy Schools Programme, individual primary care trusts and higher education institutions, the Teenage Pregnancy Unit and PSHE Team at DfES, Sex Education Forum, Ofsted, CPHVA and RCN for their ongoing contributions to the development of the PSHE CPD programme.

We also wish to acknowledge the contribution of Janet Palmer and Jan Green, who wrote the original teachers' handbook.

1. Introduction to PSHE certification for community nurses

What is PSHE?

“Personal, Social and Health Education (PSHE) helps to give children and young people the knowledge, skills and understanding they need to lead confident, healthy and independent lives. It aims to help them understand how they are developing personally and socially, tackling many of the moral, social and cultural issues that are part of growing up. It offers learning opportunities across and beyond the curriculum, in specific lessons as well as in assemblies, tutorial programmes, circle time, special school projects and other activities that enrich pupils’ experiences.”¹

PSHE comprises areas such as emotional health and wellbeing, sex and relationships, alcohol and other drugs including volatile substances, healthy eating, physical activity and safety.

As a nurse you might support the delivery of the PSHE curriculum in schools or other settings by contributing to the planning and delivery of the taught curriculum; providing appropriate follow up support to individuals and groups; contributing data and information relating to the community in which the children and young people live; and linking different settings in which PSHE is delivered to provide a holistic picture. Nurses also have a role in developing awareness of the links between education and service provision for children, young people, their families and schools.

Community nurses who work in schools are not expected to replace the teacher in the classroom. A partnership approach is most effective, with each professional accessing the skills and knowledge of the other for the benefit of the children and young people with whom they work. Through this programme nurses working in other settings will build relationships with education staff within Healthy Schools programmes and PSHE teams. This will allow nurses to access expertise, support and training from education staff that will enhance their teaching and learning skills. These skills will enable greater measurable impact of community nurse practice in delivery of PSHE in the broadening public health agenda.

1 Qualifications and Curriculum Authority (QCA) definition (www.qca.org.uk/pshe)

This integrated approach reflects the ethos of and contributes to the achievement of the five outcomes stated in *Every Child Matters*,² which are given legal force in the Children Act 2004.

The standards on which the CPD programme is based reflect the following Department of Health (DH) policies: *The NHS Plan*³ and *Saving Lives: Our Healthier Nation*.⁴ The programme is also informed by national guidance: *Liberating the talents*,⁵ the Health Visitor/School Nurse Resource Packs,⁶ the Teenage Pregnancy Strategy⁷ and *National Healthy School Status: A guide for schools*.⁸

What is PSHE certification?

This programme of continuing professional development (CPD) has been running for two years and has provided almost 900 community nurses across the country with an opportunity to gain recognition of their experience in supporting the teaching of PSHE and to enhance their professional development. It enables community nurses to achieve a standard through collecting evidence and developing their skills and understanding within their local PSHE CPD network.

The aims of the programme are to:

- improve the effectiveness and raise the profile of PSHE; and
- address health inequalities and social exclusion by providing good quality PSHE in schools and other settings.

What does it involve?

You will need to join the local PSHE CPD network, which is facilitated by your PSHE Lead.⁹ During the year, you will be provided with the opportunity to work with other community nurses and other professionals in your area who are involved in delivering PSHE to children and young people in schools and other settings. Your PSHE Lead will also provide you with the support and opportunities to reflect on your practice, develop your skills and compile a portfolio of evidence of your practice in PSHE. The evidence you provide will demonstrate how you have met the standards¹⁰ for PSHE.

At CPD network meetings you and your colleagues will benefit from mutual support and share good practice. You will use the standards to evaluate your experience so far and to identify your future training needs. You will be shown ways of collecting evidence of your achievements in a portfolio and using it to demonstrate how you have met the standards.

2 DfES (2004) *Every Child Matters: Change for Children*, DfES Publications, London

3 DH (2000)

4 DH (1999)

5 DH (2002)

6 DH (2001)

7 Social Exclusion Unit (1999)

8 DH (2005)

9 Your PSHE Lead is often also your local Healthy Schools Programme Coordinator or the PSHE Adviser

10 Standards for the teaching of PSHE, based on DfES (2001) *Teachers' Standards Framework*, www.teachernet.gov.uk/professionaldevelopment/standardsframework

The programme runs for up to 12 months and during that period you may be offered a combination of whole-day courses, twilights or telephone mentoring, depending on what best suits your group. Part way through the programme your portfolio of evidence will be reviewed by your allocated National Assessor. You will be given written feedback relating to your progress, and guidance on how to develop your portfolio further. Your completed portfolio of evidence will then be submitted to the National Assessor for final assessment towards the end of the programme and, if the standards have been met, you will receive certification for the teaching of PSHE from the Department for Education and Skills (DfEs) and DH.

Who can participate?

This programme is aimed at all who have a nursing qualification recorded with the Nursing and Midwifery Council and teach within a public health framework for PSHE, for example in schools, the youth justice system, youth services, Sure Start, sexual health outreach, nurses based in further education colleges and nurses supporting looked-after children.

What do I gain from completing the programme?

Participation in the programme is particularly useful for nurses who want to develop their confidence and effectiveness in delivering PSHE. The programme is equally relevant for colleagues working in any school, community or youth setting. It would be most beneficial to you during your first few years of community/public health nursing, when you could use it as part of your CPD. The standards are easily mapped against the dimensions of the Knowledge and Skills Framework (KSF) and can then be used as evidence of how your practice meets the requirements of the KSF.

It is anticipated that nurses completing the programme will improve their knowledge and understanding of PSHE and enhance collaborative working. By reflecting on their practice, nurses will demonstrate a sensitive and thoughtful approach to delivering PSHE to children and young people and become more confident in their role and ability.

Can certification lead to any other qualifications?

If you wish to pursue higher level accreditation through this programme, you will need to register on a relevant course with a participating higher education institution (HEI), details of which can be accessed through your PSHE Lead. See the example on p. 1.4.

How much does it cost?

The programme is free to nurses as training and assessment costs are met by DH and the DfEs. Your PSHE Lead will be able to provide some funding for release time to enable you to attend training and meetings and compile your portfolio.

What do nurses say about participating in the PSHE CPD programme?

"This has really improved my practice, enabling improved interaction with other professionals and students. It has made me think about how I deliver PSHE. I now adopt a more structured approach to planning, delivering and evaluating sessions. I feel more confident as a result."

"It has enabled me to look at PSHE broadly and not just PSHE lessons in school. It supports changes into practice and partnership with education and links to other PCTs doing the programme. It has also enabled me to support others."

"Relationships with my schools have improved. I have gained knowledge of local and national policy. It was helpful to network and learn of other colleagues' practice. It has made me reflect on the lessons I have participated in and experiment with different resources."

"I expected the course to be more about how to teach and I was initially disappointed when it wasn't, but as it went on I realised that it has been invaluable in the way I plan and deliver PSHE. I now feel more able to challenge schools and my involvement in PSHE takes much more account of the different learning needs of children. It has enabled me to look holistically at the work I do in schools."

Example: Optional additional qualification

Please note there is a fee for the following example, which might be partially or wholly subsidised via your PSHE Lead if this option is appropriate for your local CPD network.

'Certificate in CPD in PSHE' from Staffordshire University by distance learning

30 credits at Level 2 or 30 credits at Level 3

If you wish to gain academic accreditation and complement your DH and DfES certification for the support of PSHE, you also have the opportunity to enrol on the above award with Staffordshire University. Successful completion of the DfES PSHE certification is a formal requirement for gaining this university accreditation. The university award is designed to enhance your learning by reflecting on how your new knowledge from the PSHE CPD programme has influenced your practice.

You can enrol on this award at the beginning of the course, or you can do the university certificate retrospectively, i.e. after you have completed the DH and DfES certificate. However, it would be more beneficial if you commenced the two courses at the same time, as some of the required assignments are common for both certificates.

The course is entirely distance learning and you can work at your own pace. You will be provided with all the information you will need and you will be supported by tutors from Staffordshire University, either by phone or e-mail.

The assessment for the award is based on four short pieces of work reflecting on how your learning has influenced your practice:

- a reflection on identifying your personal values and beliefs and how they impact on your practice when delivering PSHE (750 words);
- a reflection on how you address issues of difference and diversity while supporting the teaching of PSHE (750 words);
- a critical reflection on a PSHE session you have delivered, identifying your personal learning needs and/or service development needs with an action plan as to how they could be met (750 words for Level 2, 1,000 words for Level 3); and
- a critical reflection on a second PSHE session, stating how previously identified needs were met and assessing how this impacted on your practice (750 words for Level 2, 1,000 words for Level 3).

The first two assignments will be submitted halfway through the course with the final two submitted at the end of the course.

If you wish to progress further with your knowledge and skills in PSHE at Staffordshire University you can use this award towards a Postgraduate Certificate, Postgraduate Diploma or full Masters in PSHE by Negotiated Learning.

For more information, contact your PSHE Lead or Margaret Cunnion, Senior Lecturer in Sexual Health, Staffordshire University at: marg.cunnion@staffs.ac.uk

2. Collecting evidence of good practice for your portfolio

You are required to collect evidence of your own recent practice in a portfolio that demonstrates how you have met the standards on pp. 3.1–3.4. Examples of appropriate evidence could be:

- examples of young people's work assessed by you in partnership with a teacher and/or the young people
- session plans and evaluations
- aims and objectives of a session or programme
- session observations and witness statements
- schemes of work/programmes for PSHE (e.g. SHARE, 'Baby think it over')
- ground rules
- photographs with commentary (check that parents have granted permission for photographs of their children to be taken)
- *extracts from public health reports, school and community profiles
- *extracts from reports /development plans/local policies where your work is directly attributed
- *annotated minutes that show your own contribution
- young people's evaluation forms
- reflections on how training you have received has impacted on your practice
- liaison with other professionals/agencies
- case studies.

*Extracts from the above are only useful if they are annotated (see p. 2.3) to demonstrate their relevance for each standard and clarify your contribution or role. Annotation serves to explain to the National Assessor why you have included a piece of evidence and what your role has been in producing the evidence or how it has directed or impacted on your practice.

When including evidence, ask yourself:

1. Why am I including this piece of evidence?
2. Have I annotated every piece of evidence clearly to inform the National Assessor of my thinking?
3. Is every piece of evidence linked to a standard?
4. Have I cross-referenced the evidence to more than one standard if appropriate?

Bear in mind the following points when collecting evidence:

- Your evidence does not need to be a perfect draft or word-processed.
- A good portfolio is well organised and laid out using the provided evidence grids and cross-referencing.
- Evidence should be set out in context, for example in evidence trails (see p. 2.3) that show a range of resources and strategies.
- Session plans need to be explained using annotation:
 - Why discuss this topic?
 - Why use this strategy or approach?
 - What was your input into this session?
 - Why did you use these activities/delivery styles?
- Session observations (see p. 2.8) should be clear about which standards are being observed.
- If you have included an extract of a document, highlight the relevant section and annotate it.
- Include a supporting statement to bring the evidence to life.

What should go in my portfolio?

The sections of your portfolio must be ordered as follows:

- cover page
- contents with pages numbered
- contextual statement
- reflection on your personal values
- reflections on the session on difference and diversity
- evidence grids indicating on which page your evidence is located (see p. 4.2)
- evidence trails, including session observations, assessments and/or evaluations
- any additional evidence
- supporting statement from your line manager or PSHE Lead.

Turn to p. 4.1 to see which of the above are required for interim submission.

You are advised to keep all possible evidence and documentation in a box file or similar. As your understanding develops select appropriate pieces to build evidence trails which you could organise in a ring binder. This will enable you to add or remove pieces prior to interim and final submission, when you should only include those pieces detailed on your evidence grids and fasten them securely using treasury tags. (See p. 4.2.)

Evidence trails

An evidence trail puts the evidence into context and shows what underpins your delivery of PSHE. The trail shows your assessor how you have met the standards through your practice. It is a way of demonstrating good practice in delivering PSHE and reflects a range of activities and a variety of teaching and learning strategies. The focus of the trail is a session you have delivered, which is evidenced by a session plan and observation. The trail starts with schemes/programmes of work, and goes on to include an assessment of young people's needs, session plans, resources, young people's work, young people's evaluations, evaluations from other professionals involved and self-reflections. The evaluation then informs future planning. In this way evidence is not randomly collected but is part of a coherent trail.

Annotation should be used to help you explain your thinking behind a piece of evidence – how you met the needs of young people through a particular topic, activity, strategy, resources, etc; how you evaluated it; and how this informed your future planning. Annotation can be by writing on a separate sheet, writing on the evidence in contrasting ink or attaching a post-it; however, ensure that your annotations do not obscure the evidence itself.

An example annotation could be:

"I gave this leaflet out at the end of the last session on puberty. It has been presented and discussed with parents and governors to ensure that it complements the faith and cultural framework of the school. It has also been discussed with the class teacher to ensure that the level of knowledge is appropriate to the members of the class. I have used my knowledge as a nurse to review the leaflet for accuracy in relation to the physical and emotional changes of puberty that it discusses and the correct use of language. It also covers issues for both boys and girls, which helps each gender to understand the other." A3.4

Your PSHE Lead will have a number of templates that can be used to develop your annotation

- National Assessors will be best able to judge your evidence if they have an understanding of the context of each piece you submit, e.g. you may wish to include an example of young people's work. If you are also able to submit any of the following related pieces – session plan, scheme/programme of work, assessment of young people's needs, teacher and young people's evaluation, session observation – that would provide a really coherent evidence trail.
- Many of the standards are interrelated; it is expected that most pieces of evidence, including individual pieces from an evidence trail, will be cross-referenced and used to meet the requirements of a number of standards.
- Annotating and cross-referencing will help you make clear how all these pieces link together.
- Title each piece of evidence and number it in the top right-hand corner. Indicate this number on the evidence grids.
- The evidence you submit must be your work. Work undertaken by a whole team is not suitable as evidence without appropriate annotation or explanation of your role in relation to it.

Other evidence

It is possible that your evidence trails will not be sufficient to meet all the standards. In this case it will be necessary to include additional pieces of evidence that do not fit into a trail.

Example: Evidence trail – sex and relationship education (SRE)

Schemes/programmes of work

Contraception – availability and choices

Analysis of young people's needs

Pre-session discussion with other professionals, young people (pre-knowledge quiz)
Sexual health needs of young people within the community, e.g. rates of teenage pregnancies, sexually transmitted infections, etc

Session plan

Types of contraception and local availability

Teaching strategies

Whole group discussion, small group work, demonstration, ground rules

Resources

Types of contraceptives, condom demonstrator, fpa leaflets, information on local service provision

Young people's activity/work

Worksheets, quiz, condom application on demonstrator

Young people's assessed work

Skill of applying condom, end of session knowledge quiz

Session observation/witness statements

Statement from observer/witness on how the standards have been met

Young people's evaluations

Questions to assess impact of session(s)

Other professional evaluations/self-reflections

Observations on young people's responses to issues raised and how the evaluations have informed future planning
Structured feedback and de-brief with other professionals involved and self-reflection on the delivery of the session

Example: Completed session plan and evaluation (1)

<p>Name of nurse facilitating session: Ms Able Name of partner teacher: Mr Man School: Hometown High School Topic title: Contraception Key Stage: 3 Class: 24 Context: Session 4 of a six session module within the PSHE curriculum No. of girls: 10 No. of boys: 14 Pupils with SEN and provision: 1 Date of lesson: 12th December</p>	<p>Annotation (indicate which specific standards are evidenced)</p>
<p>Previous learning in this area Developing ground rules for PSHE Developmental changes of puberty (Year 7 PSHE) Human reproduction (Year 7 Science curriculum) What makes a good friend Gender – stereotypes, influences on choice, portrayal within society and the media</p>	
<p>Intended learning outcomes (include knowledge, skills and understanding) Each child will: 1. Make a positive contribution and have the opportunity to develop skills and knowledge via discussion and practice with the demonstrator; 2. recognise a selection of contraceptive methods, understand how to use them correctly and know their limitations; 3. demonstrate an awareness of local services that are available to them; and 4. increase their understanding of the reasons why we follow ground rules.</p>	<p>A2.3 B1.1 B1.6 B1.7</p>
<p>Materials/resources Selection of contraceptive methods for discussion and demonstration Condom demonstrators Worksheets and pre- and post-session knowledge quiz Fpa leaflets approved by management and governors for distribution to pupils Lists of local services, locations, opening times and contact numbers</p>	
<p>Main teaching and learning strategies Demonstration Writing Display Discussion – whole group and small group</p>	
<p>Inclusion/differentiation strategies Reinforcement of ground rules Facilitator to ensure all pupils are given equal speaking time and those not wishing to contribute are not pressured to do so All learning needs are catered for – those requiring extra support receive it One-to-one drop-in session offered as a follow on to the session over lunchtime for those who wish to ask questions privately</p>	
<p>Assessment strategies Facilitator observation, including feedback during group discussions and pupils using condom demonstrators Feedback on pupils' answers to post-session knowledge quiz</p>	

Example: Completed session plan and evaluation (2)

Time	Facilitator's activity	Pupils' activity
9.30	Introduce facilitator and teacher. State aims of session and explain format of session.	Sit in whole group, listen.
9.35	Review ground rules. Negotiation with group as to their continued relevance. Highlight how they will be reinforced.	Discuss how ground rules will support this session. Offer suggestions for changes or reinforce their value.
9.40	Quiz - to be completed anonymously (indication of previous knowledge).	Complete the quiz and place to one side.
9.45	Small groups - taking into account learning styles, learning needs and friendship groups. Each group reviews one method of contraception from info leaflet and one from examination of the demonstration model. Also to state from where the method could be obtained.	Read and review literature. Examine the demonstration model. List advantages of the method. Note any limitations of the method. Give an example of a local service that supplies this method of contraception.
10.00	Whole group. Feedback on each method followed by questions from other members of the class. Each demonstration model to be circulated as it is being discussed.	Those nominated feed back to the group. Each pupil to listen to the feedback and examine the demonstration model.
10.15-10.45	Facilitator to demonstrate application of a condom. Condom demonstrators then distributed throughout the class, and those using them to be supported by the facilitator.	Observation of the facilitator. Those not wishing to participate question the facilitator and discuss.
10.45-11.00	Pupils complete the quiz using different colour (to inform assessment of learning). Pupils review how much they have learned and complete evaluation forms. Distribute info leaflets at end. Publicise post-session one-to-one drop-in with the nurse.	Complete the quiz. Estimate their own learning and evaluate the session.
Outcome number	How far were the intended learning outcomes met? On what evidence do you base these judgements?	Annotation
1. Each child to make a positive contribution and have the opportunity to develop skills and knowledge via discussion and practice with the demonstrator	This was successful as all pupils engaged positively with the activity, giving clear feedback on the methods. The majority of pupils felt comfortable enough within the group to try the condom application on the demonstrator.	
2. Each child to recognise a selection of contraceptive methods, understand how to use them correctly and know their limitations	The success of this outcome is evidenced in the discussion, feedback and questioning from pupils. Also, knowledge gain is assessed via the pre- and post-session knowledge quiz.	
3. Each child to demonstrate an awareness of local services that are available to them	Knowledge of services demonstrated in feedback and via post-knowledge quiz.	

4. Each child to increase their understanding of the reasons why we follow ground rules	Generally successful, although some pupils needed reminding of the ground rules during the activity. The establishment of a safe learning environment was evidenced by the high number of pupils who felt confident enough to try the condom application.	
Reflections/comments	Overall: successful – it increased awareness about several methods of contraception and their limitations. Also more awareness of local services. V positive atmosphere, most joined in discussion and tried condom application. Pupils' post-input quiz responses demonstrated that learning had taken place.	

Schemes/programmes of work

Community nurses will deliver sessions within set programmes/schemes of work. These may be written by themselves or a team for input to several settings. Nurses may also contribute by delivering sessions in an established programme within individual settings, for example schemes of work within a school. These schemes/programmes of work provide excellent evidence for the nurses' portfolios and the following points should be considered:

- Annotate the programme/scheme of work to show any contribution that you made to its development.
- What knowledge underpins your input?
- How does the scheme/programme reflect national policy, statutory and non-statutory guidance?
- Where do the individual sessions you have included as evidence fit into the overall scheme/programme?
- As schemes/programmes of work will vary so much we have not included an example, but you may wish to adapt the blank template on p. 6.11 to suit your practice.

Session observations

The purpose of including session observations in your portfolio is to provide evidence of another important aspect of your practice.

Session observations must meet the following criteria:

- A minimum of one standard from A2, A3, B1 and B2 must be evidenced by a session observation. You should submit a minimum of two session observations to cover these standards.
- In a school the observer would ideally be a teacher, but if this is not possible, or if the session is taking place in another setting, the observer should be a practice teacher/nurse educator holding a teaching qualification such as Cert. Education, C&G 730(7) or equivalent. If there are difficulties accessing a suitable observer, please discuss this with your Lead. The same person should not carry out all your session observations.
- You are advised not to focus on more than six standards per session observation. In this way your observer can provide more detailed commentary.
- Observers will need to be familiar with the standards you are focusing on and how you hope to demonstrate them.
- An exemplar session observation and a blank template can be found on pp. 2.9 and 2.10 respectively.
- Session plans relating to the observation must be included to enable the assessor to gain a fuller picture of how the lesson was delivered.

N.B. If colleagues without the above teaching qualification observe your session they can provide a witness statement which can be included as evidence.

Example: Completed and annotated session observation record

Note to the observer:

The nurse you are observing has chosen specific standards that they wish you to comment on. They should have discussed with you how they intend to demonstrate these standards. For the purpose of this observation you are required only to comment on how you consider they have demonstrated the standards chosen.

Name of nurse: Ms Nurse	Name of observer: Ms Watcher
Session topic: Reproduction	Role of observer: Practice teacher
Group 1: 4 boys, 16 girls, 3 on SEN register	Date of observation: 4th April 2005
<p>Circle the standards to be observed:</p> <p>(A2.1) (A2.2) (A2.3) A2.4 A2.5 A2.6 A3.1 A3.2 (A3.3) A3.4 (A3.5) A3.6</p> <p>(*B1.1) B1.2 B1.3 B1.4 B1.5 B1.6 B1.7 B1.8 B2.1 B2.2 (*B2.3) B2.4 B2.5 B2.6</p>	
Comments:	
<p>A2.1 You set out your aims clearly at the start of the session and recapped to ascertain the young people's previous knowledge and misconceptions.</p> <p>A2.2 There was evidence of good planning and the use and management of resources was very effective; the selected resources helped to meet the needs of those young people with reading difficulties. All the young people were able to participate and contribute at their own level.</p> <p>A3.3 The atmosphere was calm, purposeful and stimulating, and the young people remained on task throughout the session, largely due to the variety of working arrangements – pair, then small group, then whole group. You demonstrated high expectations of behaviour throughout and ensured everyone was involved in the discussions through effective group work.</p> <p>*B1.1 and *B2.3 Your use of the cartoon characters and scenarios provided an excellent way for pupils to explore relevant situations, identify risks and how to ask for help. They also increased their understanding of how one person's actions can impact on another.</p> <p>A2.3 There was a very positive feel to the session and the subject was taught with good humour – the clear establishment of ground rules in previous sessions ensured that young people showed respect towards each other, and no embarrassment when discussing delicate issues in front of their peers.</p>	
Points for development:	
<p>A3.5 It was good that you select five individuals in the session to assess their understanding against the learning outcomes; however, you need to consider how you will evidence the understanding of all participants.</p>	
<p>Signature of nurse</p> <p>Signature of observer</p>	

N.B. Observations do not need to be word-processed.

Contextual statement

Approximate length: 300–500 words.

The contextual statement is the first contact the National Assessor has with you. It enables him/her to understand the environment in which you deliver PSHE, the community in which you work and your role. The statement itself is not assessed but it is a vital tool for understanding your portfolio. The assessor may comment on how helpful/informative it is but may also request further clarification if necessary. The contextual statement is a vital aspect of your portfolio – keep it concise but also ensure that your assessor is made aware of the issues in your area of work and can build up a feel for the environment in which you work. Assessors particularly appreciate portfolios that give a clear picture of the nurse's personality as a PSHE practitioner, their unique circumstances, thoughts, reflections and commitment to the subject.

In relation to your work, your statement should include:

- a summary of information informing your practice in the community. This may be drawn from school and community profiles, public health reports, information from primary care trusts, the local teenage pregnancy strategy, Census data, etc. You might include, for example, details of caseload, age, ability range, cultural and gender mix, plus any other relevant local indices;
- details of appropriate training and the relevance to your practice in delivering PSHE; and
- details of your current involvement in delivering PSHE (number of sessions/time spent delivering PSHE, age range, ability range and topics) and any other relevant involvement.

The following questions will help to structure your statement:

- In what type of area do you work?
- What are the needs of your caseload?
- What is the social, cultural and academic mix of the children and young people?
- What importance is given to PSHE within your working environment?
- How are the young people's PSHE needs assessed?
- Who are your partners in the delivery of PSHE?
- How is PSHE delivered within your working environment? What time is allocated?
- Are you involved in supporting the National Healthy Schools Programme or related programmes?
- How do you decide what to deliver and what themes do you deliver?
- Have you developed a consultation strategy that invites ideas and suggestions from appropriate members of the community, e.g. parents, governors, faith groups, community and outside agencies?
- Are young people asked to contribute ideas? Are they involved in reviewing your programmes at the end of each term/year?
- What is your role in PSHE within the area in which you work? What PSHE lessons do you actually deliver?

Reflection on personal values

Approximate length: 750 words.

If you are intending to gain accreditation with Staffordshire University for this piece of work, refer to your module handbook and follow the detailed assignment brief for your chosen level.

The purpose of this reflection is to give you the opportunity to reflect with colleagues on the potential impact of your personal values on your practice. This process will be developed via local CPD network meetings. Assessors are not judging your values or responses but the level of reflection from the individual nurse and the impact of these on the actual delivery of PSHE. Consequently any request for further clarification from your assessor should not be construed as a criticism of your personal values. For example, you may have explained the ethos and values of a school but omitted any personal values. A well-developed reflective statement will meet the standard A1.4 *Reflect on your personal values and their potential impact on classroom practice.*

The following questions will help structure your reflection:

- What do you believe effective teaching and learning in PSHE involves?
- What is your position regarding the teaching of potentially sensitive and controversial issues and confidentiality?
- In what situations or ways are you challenged by young people's values and culture?
- How do you clarify personal boundaries, apply distancing techniques and ground rules and handle difficult questions?
- What is your own practice and which areas do you want to develop in the future?
- What are values?
- Where do they come from?
- Which personal values do you hold that could influence your delivery of PSHE?
- Reflect on your own values in relation to those of the settings in which you work: how do these affect your delivery of PSHE?
- Thinking about PSHE: why is it important, what do we aim for children and young people to know, be able to do, value and understand?
- To facilitate this learning, what does effective teaching in PSHE involve?
- What challenges face us when teaching PSHE?
- How do you ensure that PSHE enables young people to explore their own and others' values in a safe and supportive atmosphere?

Reflection on issues relating to difference and diversity

Approximate length: 750 words.

If you are intending to gain accreditation with Staffordshire University for this piece of work, refer to your module handbook and follow the detailed assignment brief for your chosen level.

The purpose of this reflection is to consider how you address issues of difference and diversity in your delivery of PSHE. Following your network meeting you should reflect on what difference and diversity means to you and how you address these issues in your practice.

You may wish to consider the following:

- issues of difference and diversity, such as culture, ethnicity, sexuality, gender, ability, faith, social and community;
- approaches and teaching materials and activities that could be used to address these issues with pupils;
- key issues and questions arising from discussions with colleagues and personal reflections;
- your own learning;
- an analysis/evaluation of sessions in relation to difference and diversity;
- the differences and diversity that could exist even in a group of children and young people who might all appear to 'be similar'; and
- your practice within the community: how do difference and diversity impact on your engagement with the community when working within a public health framework?

The above can be used to support other evidence relating to relevant standards in Dimensions A, B and C, where appropriate.

Assessment and evaluation

Many nurses find it easy to provide evidence of their own and their participants' evaluations of how well particular activities went but seem less confident when providing evidence of assessment of and for learning in PSHE. You might find it useful to clarify your thinking by referring to a publication such as: *Assessment, Evaluation and Sex & Relationships Education: A practical toolkit for education, health and community settings*.¹¹ The following is an extract from the National Children's Bureau's *Spotlight Briefing*,¹² which is based on this publication:

Assessment is a process through which judgments are made about learning and development. It describes a range of activities that includes:

- informing the learning process by identifying each individual's needs (assessment for learning);
- providing opportunities to reflect upon what has been learnt and how it can be put into action, thus potentially affecting behaviour (assessment for learning); and
- collecting information to demonstrate achievement and competence (assessment of learning).

Evaluation is a process through which judgments are made about how effective particular activities, materials and approaches have been in meeting specific aims and objectives. Evaluating the provision of PSHE is particularly important as it offers valuable knowledge and insight so that, as future work evolves and develops, effectiveness is improved."

Remember, in PSHE it is particularly important to use a variety of evaluation and assessment methods, not just those that involve writing.

Nurses will often be working in partnership with qualified teachers and should access their expertise in assessment and evaluation to ensure effective delivery of PSHE programmes.

11 Blake, S and Muttock, S (2004) *Assessment, Evaluation and Sex & Relationships Education: A practical toolkit for education*, National Children's Bureau

12 National Children's Bureau (2005) *Spotlight Briefing*, November

3. The standards for PSHE certification for community nurses

These national standards are intended for use by all who deliver PSHE, whether in schools or other community settings. They are organised into three sections, or 'dimensions'.

- Dimension A refers to the context and the core skills of supporting teaching and learning in PSHE.
- Dimension B covers knowledge and understanding and their application to SRE.
- Dimension C refers to the community nurses' unique contribution to PSHE.

Dimension A: The context and the core skills of supporting teaching and learning in PSHE

You must provide valid and sufficient evidence for each of the standards in Dimension A. You should aim to use evidence from a range of aspects of PSHE, such as SRE, drug education, healthy eating, emotional health and wellbeing and personal safety.

A1: The context for PSHE

- A1.1 National policies, statutory and non-statutory guidance appropriate to PSHE and how these are reflected in the policies of schools and other settings
- A1.2 The law and other guidance relating to PSHE and SRE and their implications for practice, e.g. confidentiality, consent, child protection, sexual activity and sexual harassment
- A1.3 Reflect on how your knowledge of the national and local context (e.g. numbers of teenage pregnancies and sexually transmitted infections) impacts on your practice
- A1.4 Reflect on your personal values and their potential impact on your work with children and young people

Evidence for the standards in A1 will arise out of the local CPD network meetings. You will also need to demonstrate how they are reflected in your practice.

A2: Establishing a safe learning environment

- A2.1 Consult with children and young people to determine their needs, identify levels of knowledge and understanding, attitudes, language and misconceptions, and plan your input so that it is relevant to their lives
- A2.2 Plan sessions that include strategies to meet the needs of all those present
- A2.3 Work within clear ground rules with children and young people and use these rules to maintain a climate of trust and mutual respect between all those involved and to maintain professional boundaries
- A2.4 Have strategies to respond appropriately to spontaneous issues raised by children and young people
- A2.5 Recognise prejudice and have consistent strategies to challenge it
- A2.6 Manage discussions of sensitive and controversial issues

A3: Effective support of teaching and learning

- A3.1 Plan sessions with clear intended learning outcomes, within a planned programme of PSHE
- A3.2 Use a range of approaches to facilitate active learning and maximise the participation of children and young people
- A3.3 Use a range of groupings, including working in pairs, small groups and with the whole group
- A3.4 Reflect on and use a range of resources sensitive to age, gender, ability, faith, sexuality, ethnicity and culture as appropriate
- A3.5 Use a range of strategies to assess the development of skills, knowledge and understanding in your sessions with children and young people
- A3.6 Evaluate outcomes of sessions with children and young people, and use this information to inform future planning with other relevant professionals

A4: Effective partnerships

- A4.1 Contribute to the planning, delivery and evaluation of sessions in conjunction with another professional

- A4.2 Provide accurate and up-to-date information about the range of national and local support services, the support they offer to children and young people, and referral procedures
- A4.3 Contribute to the work of a health-related group such as a Healthy Schools task group, PSHE team or teenage pregnancy group
- A4.4 Liaise, while maintaining appropriate confidentiality, with other professionals regarding the health needs of individual children and young people to support learning

Dimension B: Knowledge and understanding and their application to SRE

*Nurses must provide valid and sufficient evidence for the 4 compulsory standards in Dimension B: *B1.1, *B1.2, *B2.3 and *B2.6, plus an additional 3 others, i.e. 7 standards from Dimension B in total.*

B1: Development of a healthy, safer lifestyle

- *B1.1 Keeping safe and assessing and managing risk, including how to ask for help
- *B1.2 How to support children and young people through physical and emotional changes, including promoting positive sexual health
- B1.3 Relationship between emotional health and wellbeing, and sex and relationships
- B1.4 Human development and reproduction
- B1.5 The facts and myths regarding HIV and AIDS and how to challenge the associated prejudice
- B1.6 Safer sex and its negotiation
- B1.7 Planned and unplanned pregnancy, methods of contraception, abortion and fertility treatment
- B1.8 Sexually transmitted infections, including chlamydia

B2: Development of positive relationships and respect for difference and diversity

- B2.1 Cultural and moral viewpoints within different faiths and their influence on SRE
- B2.2 Issues within family life such as parenthood, loss and change
- *B2.3 Rights and responsibilities of the individual and others within relationships
- B2.4 Nature and importance of mutually supportive relationships, including marriage, and their importance for family life

B2.5 Role of the media in relation to aspects of sex and relationships

*B2.6 Personal identity, gender roles, sexuality, sexual orientation and their influence on sex and relationships

Dimension C: Community nurses' unique contribution to PSHE

You must provide valid and sufficient evidence for each of the standards in Dimension C. You should aim to use evidence from a range of aspects of PSHE, such as SRE, drug education, healthy eating, emotional health and wellbeing and personal safety.

C1: Contribution to partnership working

C1.1 Liaise with others to gain knowledge and understanding of your caseload, which may include children and young people not attending mainstream school

C1.2 Work in partnership with others to develop and review local policies related to children and young people

C1.3 Promote the links between health and education that will impact on local and national targets

C2: Health advice and support

C2.1 Provide confidential one-to-one advice and information to young people to support them in managing their own health needs

C2.2 Demonstrate a clear understanding of child protection issues within the community nurses' role

C2.3 Assess the individual health needs and implement an agreed plan of care in partnership with a young person

C2.4 Provide advice and information to parents, carers, teachers or others on health issues and access to local health services

4. Interim submission of evidence

After input at the local PSHE CPD network meetings with your PSHE Lead, you are expected to submit your portfolio approximately halfway through the programme. The aim of this is to provide you with useful feedback on your evidence and how best to proceed before the final submission (see example on p. 4.4).

You are required to produce the following for the interim submission of evidence:

- Contextual statement
 - Reflection on personal values
 - Evidence grids (see pp. 4.2 and 4.3)
 - A minimum of one evidence trail, including a session observation
 - Evidence for a minimum of 6 standards for Dimension A
 - Evidence for a minimum of 4 standards for Dimension B
 - Evidence for a minimum of 4 standards for Dimension C.
-
- Aim to provide all the evidence required.
 - If there are special circumstances preventing you from doing so, e.g. if you only deliver particular topics at certain times of the year or if you have had a long period of absence, refer to the missing evidence on your evidence grid and discuss the situation with your PSHE Lead, who can inform your National Assessor.
 - You are requested not to use plastic wallets unless really necessary, in which case you should ensure evidence does not have to be removed from the wallets in order to be read.
 - Remove anything that does not provide evidence for the standards or that is not referenced on your evidence grids.
 - Ensure the contents of your portfolio are securely fastened together in a way that facilitates easy access, i.e. by treasury tags. N.B. Do not submit a ring binder, as these frequently get damaged in transit.

Evidence grids

Evidence grids must be included, complete with page numbers, title, type and date of the evidence produced. This is to enable the assessor to find the evidence and consider whether it meets the standard. You are advised to number the pages in pencil, as you may wish to re-order some evidence prior to final submission, or for final submission you could add evidence and amend the page numbers accordingly, e.g. p. 1, 2, 3a, 3b, 3c, 4. As long as the number on the evidence corresponds to that on the evidence grid, your assessor will be able to find it.

You are advised to keep a back-up copy of your portfolio before submission, as on rare occasions portfolios have gone missing in the post.

At interim submission the assessor's feedback does not indicate pass or fail and has no bearing on final assessment. S/he will assess your evidence to see if you have met any of the standards and will advise you on how you can better meet the remaining standards. Expect to be asked for more clarification.

If you wish to discuss deadlines or your assessor's judgements, speak to your PSHE Lead in the first instance.

Example: Completed evidence grid

Dimension A: The context and the core skills of supporting teaching and learning in PSHE Theme A2: Establishing a safe learning environment			
Standard		Page	Title, type and date of evidence
A2.1	Consult with children and young people to determine their needs, identify levels of knowledge and understanding, attitudes, language and misconceptions, and plan your input so that it is relevant to their lives	3	Annotated examples of anonymised completed pre- and post-session quiz from KS3 pupils at Hometown High School. 12/12/05
		1	Consultation exercise with Year 10 pupils at Hometown High School re. perceptions of sexual health and their expressed needs. Annotated findings. 26/9/05
		4	My lesson plan for KS3 session on methods of contraception at Hometown High School. 12/12/05
A2.2	Plan sessions that include strategies to meet the needs of all those present	2	Annotated minutes of consultation with partner teacher at Hometown High School to determine the learning styles and needs of the young people undertaking the KS3 session on methods of contraception. 12/10/05
		5	Annotated resources in large print that were supplied for a young person with visual impairment. 12/12/05
A2.3	Work within clear ground rules with children and young people and use these rules to maintain a climate of trust and mutual respect between all those involved and to maintain professional boundaries	4	Annotated LP. 12/12/05
		6	Annotated photograph of ground rules from the methods of contraception session. 12/12/05
		8	Annotated quote from pupil evaluation. 12/12/05
A2.4	Have strategies to respond appropriately to spontaneous issues raised by children and young people	7	Reflection on session. 12/12/05
		6	Session observation. 12/12/05
		9	Witness statement by classroom support assistant on dealing with spontaneous questions in lesson. 12/12/05
A2.5	Recognise prejudice and have consistent strategies to challenge it	22	Witness statement by co-facilitator from youth group session at Hometown Community Centre. 25/11/05
		9	Witness statement by classroom support assistant on my response to prejudice evident in the spontaneous question asked in lesson. 12/12/05
A2.6	Manage discussions of sensitive and controversial issues	6	Session observation. 12/12/05
		7	Reflection on session. 12/12/05

Example: Extract from a National Assessor's interim feedback

Theme A2: Establishing a safe learning environment		Standard met
A2.1 Consult with children and young people to determine their needs, identify levels of knowledge and understanding, attitudes, language and misconceptions, and plan your input to be relevant to their lives	The question box is more relevant to this standard or A2.2 with more work to show why you thought Year 11 at DHS needed some SRE. What do you do to determine the knowledge and understanding of each member of the group before any sessions are delivered? Do you do any activities at the start of the first session to help you to determine where they are all at in terms of their knowledge? How do you include the pupils themselves in this discussion?	
A2.2 Plan sessions that include strategies to meet the needs of all those present	The planning record on p. 39 is not fully completed. What planning led to the production of the session plan on p. 34? There is a short sentence of annotation on the back of p. 34 that says that you plan for the next session from interest and questions at this session. Can you expand on this for both A2.1 and this standard? The session plan on p. 3 does refer to this standard but it is presented in isolation. Can you present it in context - i.e. in an evidence trail?	
A2.3 Work within clear ground rules with children and young people and use these rules to maintain a climate of trust and mutual respect between all those involved and to maintain professional boundaries	The session observation and session plan on pp. 37 and 38 provide very strong evidence combined with the really thorough working agreement on p. 11. You have got some very thoughtful responses from the young people about what makes a safe working environment.	Yes
A2.4 Have strategies to respond appropriately to spontaneous issues raised by children and young people	Again the session observation on p. 37 provides evidence for this standard. The question box and your incredibly well-considered answers plus the witness statement from the teaching assistant demonstrate how appropriately you have dealt with questions and a very challenging situation.	Yes
A2.5 Recognise prejudice and have consistent strategies to challenge it	The feedback on the session plan does not mention any practice that relates to this standard. You will probably be able to see more clearly where the evidence can come from when you do more work with your PSHE Lead on difference and diversity. Remember, you need to show not only that you recognise prejudice but that you have strategies to challenge it.	
A2.6 Manage discussions of sensitive and controversial issues	The evidence submitted plus your really thoughtful reflection meets the requirements for this standard. I have used the videos in practice so am familiar with these resources. If you give more information about why you selected these resources for this particular group this could also contribute to A3.3.	Yes

5. Final submission of evidence

Between receiving the interim feedback and submitting the final portfolio, there is sufficient time to enable you to act on the recommendations, receive further training via your local CPD network and collect further evidence, all supported by your PSHE Lead.

Remember it is not the quantity of evidence that is needed, but quality – one piece of evidence may be used as evidence for a number of different standards. **To meet all aspects of a standard you will generally have to include more than one piece of evidence. See the evidence grid on p. 4.3.** Assessors will not be expecting perfection – they will be looking for your reflections and evidence of your own learning. Assessors will also be looking for evidence of impact on the learning of the children and young people with whom you have worked.

You and your PSHE Lead will agree a date for you to hand in your finished evidence and they will then dispatch your portfolio to your assigned National Assessor.

Assessment as to whether the evidence meets the requirements of the standards is a matter of skilled professional judgement by a trained team of independent National Assessors and moderators. If the National Assessors deem that you have failed to submit valid and sufficient evidence to achieve certification, you will normally be entitled to one resubmission at an agreed resubmission date (this will be at the discretion of the Assessment and Moderation Panel).

What criteria do National Assessors use to make judgements?

- There must be valid and sufficient evidence, reflecting the range of aspects of PSHE, for all of the standards in Dimension A.
- There must be valid and sufficient evidence for the compulsory and selected standards in Dimension B (seven in total).
- There must be valid and sufficient evidence reflecting the range of aspects for PSHE for all standards in Dimension C.
- A minimum of one standard each from A2, A3, B1 and B2 must be evidenced by a session observation.

- There must be a minimum of two session observations in total.
- The evidence must demonstrate relevance to the developmental stage of the children and young people being taught and/or the level of pupils' maturity.
- The evidence must be clearly dated and relate to teaching no more than three years before the nurse began the certification programme. If the evidence is more than three years old, it may be possible to include it if it has been effectively applied to teaching within the past three years.

Line manager's supporting statement

Your line manager will need to validate the evidence in your portfolio as being an accurate representation of your practice and can provide another perspective on your delivery of PSHE.

It is quite a challenge to capture the essence of good practice via session plans, observations, etc. Your line manager could assist in this by providing a brief statement or evidence for a particular standard that you have found difficult to evidence yourself.

The following is offered as an example.

X is an extremely enthusiastic and experienced practitioner with a real commitment to improving the sex and relationships education for the children and young people in our area. X has an extremely varied caseload working across a large number of primary, secondary and special schools. She has been particularly effective in supporting, and in some cases even initiating, the development of quality PSHE provision in those schools where previously there was little or none.

X has used her experience of the CPD programme and the national standards to strengthen her partnerships with schools and individual teachers. She has been extremely successful in her work with the governors of our local faith school and in establishing drop-ins across a number of different types of schools.

I thoroughly endorse her portfolio as being representative of her practice and hope she gains certification.

Signed: Xxxxx Xxxxxxx, School Nurse Manager, Xxxxx PCT

Date: 20/3/05

6. Blank templates

Evidence grids

The following blank evidence grids and templates are available and can be downloaded from www.wiredforhealth.gov.uk

Dimension A: The context and the core skills of supporting teaching and learning in PSHE

Theme A1: The context for PSHE

Standard		Page	Title, type and date of evidence
A1.1	National policies, statutory and non-statutory guidance appropriate to PSHE and how these are reflected in the policies of schools and other settings		
A1.2	The law and other guidance relating to PSHE and SRE and their implications for practice, e.g. confidentiality, consent, child protection, sexual activity and sexual harassment		
A1.3	Reflect on how your knowledge of the national and local context (e.g. numbers of teenage pregnancies and sexually transmitted infections) impacts on your practice		
A1.4	Reflect on your personal values and their potential impact on your work with children and young people		

Dimension A: The context and the core skills of supporting teaching and learning in PSHE

Theme A2: Establishing a safe learning environment

Standard	Page	Title, type and date of evidence
A2.1 Consult with children and young people to determine their needs, identify levels of knowledge and understanding, attitudes, language and misconceptions, and plan your input so that it is relevant to their lives		
A2.2 Plan sessions that include strategies to meet the needs of all those present		
A2.3 Work within clear ground rules with children and young people and use these rules to maintain a climate of trust and mutual respect between all those involved and to maintain professional boundaries		
A2.4 Have strategies to respond appropriately to spontaneous issues raised by children and young people		
A2.5 Recognise prejudice and have consistent strategies to challenge it		
A2.6 Manage discussions of sensitive and controversial issues		

Dimension A: The context and the core skills of supporting teaching and learning in PSHE

Theme A3: Effective support of teaching and learning

Standard		Page	Title, type and date of evidence
A3.1	Plan sessions with clear intended learning outcomes, within a planned programme of PSHE		
A3.2	Use a range of approaches to facilitate active learning and maximise the participation of children and young people		
A3.3	Use a range of groupings, including working in pairs, small groups and with the whole group		
A3.4	Reflect on and use a range of resources sensitive to age, gender, ability, faith, sexuality, ethnicity and culture as appropriate		
A3.5	Use a range of strategies to assess the development of skills, knowledge and understanding in your sessions with children and young people		
A3.6	Evaluate outcomes of sessions with children and young people, and use this information to inform future planning with other relevant professionals		

Dimension A: The context and the core skills of supporting teaching and learning in PSHE

Theme A4: Effective partnerships

Standard		Page	Title, type and date of evidence
A4.1	Contribute to the planning, delivery and evaluation of sessions in conjunction with another professional		
A4.2	Provide accurate and up-to-date information about the range of national and local support services, the support they offer to children and young people, and referral procedures		
A4.3	Contribute to the work of a health-related group such as a Healthy Schools task group, PSHE team or teenage pregnancy group		
A4.4	Liaise, while maintaining appropriate confidentiality, with other professionals regarding the health needs of individual children and young people to support learning		

Dimension B: Knowledge and understanding and their application to SRE

Theme B1: Development of a healthy, safer lifestyle

Standard		Page	Title, type and date of evidence
*B1.1	Keeping safe and assessing and managing risk, including how to ask for help		
*B1.2	How to support young people through physical and emotional changes, including promoting positive sexual health		
B1.3	Relationship between emotional health and wellbeing, and sex and relationships		
B1.4	Human development and reproduction		
B1.5	The facts and myths regarding HIV and AIDS and how to challenge the associated prejudice		

* Denotes a compulsory standard

Standard		Page	Title, type and date of evidence
B1.6	Safer sex and its negotiation		
B1.7	Planned and unplanned pregnancy, methods of contraception, abortion and fertility treatment		
B1.8	Sexually transmitted infections, including chlamydia		

Dimension B: Knowledge and understanding and their application to SRE

Theme B2: Development of positive relationships and respect for difference and diversity

Standard		Page	Title, type and date of evidence
B2.1	Cultural and moral viewpoints within different faiths and their influence on SRE		
B2.2	Issues within the family such as parenthood, loss and change		
*B2.3	Rights and responsibilities of the individual and others within relationships		
B2.4	Nature and importance of mutually supportive relationships, including marriage, and their importance for family life		
B2.5	Role of the media in relation to aspects of sex and relationships		
*B2.6	Personal identity, gender roles, sexuality, sexual orientation and their influence on sex and relationships		

* Denotes a compulsory standard

Dimension C: Community nurses' unique contribution to PSHE

Theme C1: Contribution to partnership working

Standard		Page	Title, type and date of evidence
C1.1	Liaise with others to gain knowledge and understanding of your caseload, which may include children and young people not attending mainstream school		
C1.2	Work in partnership with others to develop and review local policies related to children and young people		
C1.3	Promote the links between health and education that will impact on local and national targets		

Dimension C: Community nurses' unique contribution to PSHE

Theme C2: Health advice and support

Standard		Page	Title, type and date of evidence
C2.1	Provide confidential one-to-one advice and information to young people to support them in managing their own needs		
C2.2	Demonstrate a clear understanding of child protection issues within the community nurses' role		
C2.3	Assess individual health needs and implement an agreed plan of care in partnership with a young person		
C2.4	Provide advice and information to parents, carers, teachers or others on health issues and access to local health services		

Scheme/programme of work – template

Standard					
Week/ session	Session title	Learning objectives	Methodologies	Resources	Evaluation

You may use/adapt this to suit your circumstances

7. Appendix

Where to find out more

PSHE

www.teachernet.gov.uk/pshe

The comprehensive teachernet site has information about PSHE and related issues.

www.qca.org.uk/pshe

This site for QCA has useful information about the subjects of the National Curriculum and the non-statutory framework for PSHE, supported by end of Key Stage statements and schemes of work.

Healthy eating

www.foodinschools.org

This site supports the work of Healthy Schools in relation to all aspects of eating at school – including breakfast clubs, vending machines, tuck shops, lunch boxes, water, dining room environment, school lunches (pending), growing clubs, cooking clubs and the Food Partnership Scheme in which secondary and primary schools work together.

www.5aday.nhs.uk

This site supports the Government's drive to encourage more people, including young people, to eat five or more portions of fruit and vegetables each day.

Physical activity

www.teachernet.gov.uk/pe

The comprehensive teachernet site has information about PE and school sport.

www.sportengland.org

Has a wealth of information about sport and physical activity, including the location of 15,000 local sporting facilities (**www.activeplaces.com**) and details of the Everyday Sport campaign.

Emotional health and wellbeing

www.youngminds.org.uk/publications

YoungMinds has developed a range of publications that address the mental health problems affecting young people. The publications are based upon concerns heard via the YoungMinds telephone helpline (YoungMinds Parents' Information Service) or through their research projects.

www.teachernet.go.uk/wholeschool/healthyliving/behaviours/mentalhealth

Topical information and links to other useful sites and ideas can be found here.

Other useful sites

www.nmc-uk.org

The website for the Nursing and Midwifery Council. The site provides contact details of professional officers and guidance publications.

www.ofsted.gov.uk

This site provides information about the nature of school inspection, inspection reports focusing on schools and LEAs, as well as explaining the new inspection regimes for children's services – including details of Joint Review and Annual Performance Assessments.

www.wiredforhealth.gov.uk

The website for the National Healthy Schools Programme. On this site you will find evaluation evidence, guidance material and other contacts. The site also contains information and exercises for pupils, as well as information for parents and teachers and links to other sites.

www.ncb.org.uk

The National Children's Bureau (NCB) produces a range of relevant resources including a termly newsletter, *Spotlight*, promoting emotional and social development. Many resources can be downloaded free from this website.

www.fpa.org.uk

The Family Planning Association website provides up-to-date information on contraceptive methods, services, ethical and legal issues, upcoming developments and contact information for other relevant services.

Some useful references

- Department of Health (2005) *Choosing Health: Making healthy choices easier*. DH Publications, London.
- Department of Health (2005) *National Healthy School Status. A guide for schools*. DH publications, London.
- DfEE (2000) *Sex and Relationship Education Guidance*. DfEE Publications, Nottingham.
- DfEE and QCA (1999) *The National Curriculum for Secondary and Primary: non statutory frameworks for personal, social and health education and citizenship (KS 1+2)*. Qualifications and Curriculum Authority, London.
- DfES (2004) *Every Child Matters: Change for Children*. DfES Publications, London.
- DfES (2001) *Teachers' Standards Framework*. Department for Education and Skills, London.



Previously published by the Health Development Agency 2004

© Crown copyright 2006

Produced by COI for the Department of Health

273086 1P 1.5k Mar06 (CWP)

If you require further copies of this title quote *273086/DfES PSHE certification for community nurses: Handbook* and contact:

DH Publications Orderline
PO Box 777
London SE1 6XH
Tel: 08701 555 455
Fax: 01623 724 524
E-mail: dh@prolog.uk.com



08700 102 870 – Textphone (for minicom users) for the hard of hearing
8am to 6pm Monday to Friday.

273086/DfES PSHE certification for community nurses: Handbook
is available to view and download from the Department of Health website:
www.dh.gov.uk/publications or www.wiredforhealth.gov.uk or
www.teachernet.gov.uk

