

PSHE Case Study



School: Therfield School, Dilston Road, Leatherhead, Surrey, KT17

Healthy Schools Plus
Enhanced Status
SURREY

Member of Staff (and author of the case study): **Mr T Thornton**

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Brief Context:

Therfield School is a large mixed comprehensive in Leatherhead, Surrey, just outside of the M25 and its intake is made up of students largely from Leatherhead and Ashted and the surrounding local areas.

Therfield has 1233 students and last year 71% students achieved 5 A* to C grades at GCSE, 54% including English and Maths. 27% of our students are on our SEN register: 38 students have Statements of Special Educational Needs, 204, are registered as School Action and 84 as school action plus. 44 students are provided with free school meals.

Data showed that the Under 18 Conception Rate in North Leatherhead is higher than the Surrey average – which needed to be taken into account when planning the delivery of PSHE.

What PSHE developments were identified?

Having looked at the end of key stage statements for PSHE we wanted to develop a curriculum which would enable students to make progress based on knowledge and skills. We intended to meet the curriculum aims by providing learning opportunities for all of the end of Key Stage statements for Personal Wellbeing and Financial Capability within timetabled PSHE lessons. We also wanted to develop a skills based approach to teaching and included SEAL skills in lessons.

The most important aspect was to design a PSHE curriculum aimed at addressing our students' needs as individuals and as members of their local community. We wanted to further promote healthy lifestyles and collect data to evidence that the majority of students were actively adopting them. We wanted our pupils to be taught learning skills, such as reflection, so they would be increasingly prepared for post school life.

What outcomes did you want to achieve?

We recognized that the school provided a range of provisions for our vulnerable groups that would be suitable for our mainstream community.

We aimed to:

- further improve relationships between staff and students
- improve healthy choices, through our delivery of PSHE
- monitor student progress in PSHE and develop assessment opportunities within the subject
- increase the number of pupils adopting healthy lifestyles
- increasing the number of students who value
- increase student achievement in PSHE
- ensure that active approaches are taken to teaching and learning in PSHE lessons.
- increase the number of pupils who feel safe at school.

What activities/ interventions/actions took place?

In order to gain student and parent support for the proposed changes to our curriculum we aimed to give both students and parents a sense of ownership. We offered parents the opportunity to be a part of a working party which categorized the end of key stage statements for emotional wellbeing and financial capability by year group in which they would prefer them to be taught to students. The same process was extended to our student teaching and learning group. Both working parties then had input into policy updates for Drugs Education and Sex and Relationships Education.

A staff working party was formed comprising of stakeholders and teachers who expressed an interest in teaching timetabled PSHE, to develop assessment criteria based on learning skills. CPD opportunities were also sought for staff.

What leadership and management strategies supported your actions?

Leadership and management played a vital role in developing PSHE. CPD training was sought and funded for staff. Subject teachers for PSHE were sourced strategically from the leadership and pastoral team. A whole school approach to teaching PSHE was adopted using learning skills and cross-curricular learning was adopted and PSHE was monitored for evaluation of impact. Strong line management supported the implementation of timetabled PSHE at Therfield.

**Has there been any effect on teaching and learning? How do you know?
Can you give examples?**

- Improved relationships with staff and students, evidenced in learning walks.
- Active teaching and learning and peer learning observed in lessons.
- Students taking on leadership roles within the school.
- SEAL and PLTS skills being demonstrated and assessed in other subject areas.

What did you achieve, and how do know (examples)?

- Comprehensive curriculum put in place.
- Allocated timetable space for subject. Beforehand PSHE was delivered loosely as a cross curricular entity. Every Key Stage Three class now has one timetabled hour of PSHE per week with an SRE trained teacher and a further half an hour with their tutors. Timetabled lessons are delivered to smaller than average class sizes.
- There is a comprehensive skills programme for tutor times.
- Staff have training in SRE.
- Progress is tracked using PLTS skills.
- More students are adopting healthy lifestyles. We have achieved Healthy School Status. A whole school approach has had to be adopted to improve student health, for example students gaining a PE accreditation at Key Stage Four has risen from 46% to 94% in the last three years. A majority of students walk or cycle to school and this will be further promoted at our annual Key Stage Three Health Day to target further students.
- The large majority of students feel safe at school. 92% of parents feel that their children are safe at school. To improve school safety we have made site improvements – but have also implemented a bullying and inclusion session for Year Six visitors to Therfield to promote student safety and aim for a further increase to student opinion.
- All Key Stage Three students trained in First Aid.

What will you do next?

We will continue to develop assessment opportunities within PSHE and will begin to monitor use of SEAL and Personal Learning and Thinking Skills in other subject areas. We will continue to support staff with CPD opportunities and we will also look to further develop our curriculum. Most importantly, however, we will aim to further promote PSHE at Therfield by looking for more opportunities to celebrate student success.