

## Case Study - Warlingham School



### Project Title:

**PSHE curriculum embedded in a whole school ethos of Wellbeing**

### Healthy Schools Theme:

- PSHE
- Emotional Health and Wellbeing

### School Context:

Warlingham School is a larger than average-sized 11 to 18 mixed comprehensive school. It became an academy in November 2012. It was graded as “good” in the recent inspection in 2017 and in all previous inspections. Warlingham is a school literally on the boundary of the county and shares demographic and cultural patterns with both boroughs.

Warlingham had a positive (0.05) progress 8 score in 2017 (national benchmark: 0.03). It has attainment 8 score of 48.17 which is above national average (44.62) and slightly below Surrey average (49.97). 45% got a “good pass” in GCSEs compared to 40% nationwide and 52% in Surrey. Higher than average proportions of pupils stay in education or enter employment after Key stage 4.

Warlingham students are broadly representative of Surrey school in terms of special educational needs but have higher than average amounts with other disabilities. Warlingham is more ethnically diverse than other Surrey schools. Warlingham has a slightly higher than average population of young carers. Those that take up free school meals is broadly representative of other Surrey schools however Warlingham has a slightly higher amount of students who do not take up the FSM but are eligible. The students have more diverse family backgrounds than other Surrey schools with greater proportions of lone parent families and step families.

### Identified Priority:

To improve the provision of PSHE education with a view to improving mental health and wellbeing of pupils. To ensure there is a progressive scheme of work in place which includes RSE and Drug Education and focuses on how students can manage their own wellbeing.

The key underlying aim, therefore was to develop firstly the structures within school then schemes of learning to help children with their knowledge and acceptance of mental health issues, prepare them with strategies for improving mental health and responding positively to mental illness and for them to feel confident that they would be able to help themselves and others make healthy choices in the future. The underpinning of a PSHE curriculum with strong mental health schemes of learning should enhance and compliment an outstanding Relationships and Sex education, Drugs and Alcohol education and Physical Health education.

These structures should incorporate timetabling, staffing and staff training. PSHE assessment should

inform interventions from pastoral and safeguarding leaders and safeguarding data would inform PSHE curriculum design.

### **Outcomes:**

1. Improved mental health and wellbeing for all students.
2. Discrete PSHE timetabled for all students.
3. Completed a needs based spiralling scheme of work to cover all aspects of PSHE, including FC, Drug Ed and RSE.
4. For an increased number of children to report that they enjoy PSHE lessons.
5. For staff to feel more confident when delivering PSHE.
6. To develop assessment for learning techniques in PSHE.

### **Activities / Interventions:**

#### **School Structure**

The governors, allocated a governor responsibility for wellbeing and created a new leadership position of *Associate Assistant Headteacher with a lead on Wellbeing* to sit on the SLT team. Discrete curriculum time was allocated for PSHE (one hour per fortnight). We developed a values policy and have school values which feed into all aspects of school life.

#### **Consultation with stakeholders**

After consultation with LA consultant, research into schemes of work, QCA guidance and receiving training in Mental Health, Wellbeing and PSHE pedagogy, The PSHE lead was trained as a DSL and joined professional groups of CP trained pastoral leads and DSLs with regular meetings to...

- ...share information about specific children in need,
- ...to triangulate with data from Surrey Health Surveys, PASS surveys and Strengths and Difficulties surveys to ensure schemes of learning reflected need within the school.
- ...share student voice and wellbeing survey data to inform interventions.

We held parents forums on each of the areas of the PSHE curriculum, cross matching parental views with student voice on, for example the age at which students should learn about different aspects of the RSE content, or drugs education.

#### **Schemes of Learning**

New schemes of learning were developed for each year group that met the statutory and non-statutory guidance from DfE and the PSHE Association.

We bought in an off-the-shelf resilience programme for year 7 to be delivered with tutors (from Eikon).

New mental health schemes of work taught by trained PSHE teachers once per fortnight based on principles of best practice in mental health education. We complimented this with the "Action for Happiness" framework weaved throughout the schemes of learning, assemblies and the school environment.

New Drugs schemes of work introduced as part of a Middlesex University research project into effective drugs education.

New RSE schemes of work incorporating increased focus on positive relationships, abuse, control and assertiveness. New "media" units that allowed students to explore sexualised imagery, pornographies and body image issues.

Development of a careers and financial capability scheme of learning.

Introduction of extended tutor periods on mental health in Sixth Form as well as tutor topics. Every tutor group in Y12 has a mental health workshops.

## **Quality Assurance and CPD**

Following staff audit of skills, confidence levels and training needs, the training of teachers has been a key structure and system to develop in the school. There is dedicated PSHE training time at the beginning of the year and we have a handbook with pedagogy, principles and guidance that all staff refer to. We carried out some focus interviews with a selection of pupils around whether they enjoy PSHE and what they enjoy about PSHE. We engaged the student council to spend 6 week long research project into student experiences of PSHE and wellbeing and how it can be improved. Analysis of learning walks, lesson observations and folder checks has informed both CPD and curriculum design.

### **Pedagogy**

We encourage reflection, professional dialogue and experimentation by practitioners and have consequently developed a continuum approach to schemes of learning which is now divided into learning “phases” rather than “lessons”. Teachers pick up from where they left off, uniting the phases into a coherent “lesson” by adapting the aims and objectives. This allowed teachers greater flexibility to respond to the needs of the classes, moving quicker through some phases and slower through others.

### **Assessment**

Our assessment of and for learning during lessons is very good, using starting points and end points, confidence scales, role plays and peer-advice in fictional scenarios. We are currently improving the time to reflect on the longer-term development of the key skills and attributes of self-esteem, resilience, empathy, risk management etc (see next steps).

### **Connecting PSHE into the safeguarding structures of the school**

The PSHE lead worked with other leaders to develop other structures within school to enhance emotional health. A wellbeing centre within the school was set up to help those suffering from mental health issues with a welcoming atmosphere and permanent specially trained staff. Staff Wellbeing was considered to be a crucial factor influencing student wellbeing. Staff Wellbeing surveys were set up alongside the student wellbeing surveys run by PSHE teachers. This has increased awareness of wellbeing issues among the staff in general. INSET was delivered by the PSHE lead to all staff on the mental health issues experienced by young people today. Mindfulness has been built into the PSHE curriculum and mindfulness sessions have been provided at key points in the year and to key pupils in the wellbeing centre.

Over the past two years we have been trying to build up opportunities for our students to have a higher level of support in school particularly for students with emotional needs. This is in a time when there has been a massive increase in waiting times for external support from CAMHS and other agencies. Alongside many cuts in funding for some other outside providers.

After assessment of need in PSHE, students have had access to a dedicated team before school and at lunch time, a learning mentor providing 6 week programmes of support for one hour each week, a school counsellor for 2 days each week, a team of trained listeners, social skills groups.

## **Impact:**

### **School structures**

In 2015 we had no discrete PSHE programme. PSHE was delivered in units of work sporadically placed throughout a curriculum that was mainly Religious Education and Citizenship. Our own surveys showed that pupils were unaware of receiving any PSHE education at all. PSHE is now delivered in discrete lessons, once per fortnight. We have now a governor lead on wellbeing and an SLT lead on Wellbeing. We have a wealth of data on wellbeing collected through the PSHE curriculum.

### **Safeguarding**

Prevention is hard to measure, because it is an attempt to measure the hypothetical scenario of what might have happened. There is lots of evidence that the development of PSHE has played a key role in reinforcing an already outstanding Safeguarding culture within the school. The joining up of the preventative arm with the reactive arm has resulted in increased communication between key stakeholders. There have been numerous instances where children have been protected added to Child Protection registers following informal teacher assessment in PSHE. Formal assessment in PSHE (for example,

Strengths and Difficulties Questionnaires) has led to the collation of central databases which have informed pastoral and safeguarding interventions and have highlighted several students who had previously not shown up as being in need. PSHE focus on young carer and LGBT issues have led to the self-identification of need by students and, in the latter case, the development of support groups within the school.

### **Attitudes to PSHE**

Children have reported an overwhelming positive response to PSHE. Many more students (approx. 85%) report enjoying PSHE lessons. Students overwhelmingly report that PSHE lessons are well planned and have a clear focus. Almost all students report that PSHE themes are “relevant to their future life”. However the proportion that report that the themes are “relevant to their life right now” remains lower than we would like. Self-reported emotional literacy has improved, as has confidence in handling money. While there has been some small improvement in the number students who report that they “know what they are good at in PSHE” and “know where they would like to improve in PSHE”, this number remains stubbornly low (a very large amount answer “not sure” to these questions although hardly any “disagree”) and is an area for further improvement next year. Some students with pre-existing mental health conditions have responded that they found the PSHE focus on mental health to be helpful in their understanding of their condition, useful in terms of strategies and important in terms of helping them normalise their situation and deal with their feelings of isolation.

### **Attitudes to others**

An important area of impact is on pupil attitudes to others. Pupils report that, because of their PSHE lessons they would know how to help and advise friends with the situations they may be facing. This is especially so amongst groups that are directly affected. For example, we have developed schemes of work in response to a marked increase in transgender pupils. These pupils report very high levels of satisfaction with the course as they feel that “people now understand us” and indeed it seems to have helped with peer relationships as they report that “some of my friends now know what it is like” and they felt they had learnt much “about the different attitudes held by others”. Helping these students understand that this kind of learning is a key part of PSHE learning, rather than a lucky consequence, is part of what a future focus on core PSHE skills should do (see next steps).

### **Attitudes to self**

When it comes to measuring student attitudes to self, it is hard to identify the role of PSHE amongst all school, home and wider cultural factors. PASS data show there has been a discernible increase in resilience. Student scores in measures of work ethic, confidence, perceived learning capability and preparedness for learning are improving. It would be nice to attribute this to the wellbeing strategies that the school is adopting, such as the resilience programme, the PSHE curriculum and the enhanced commitment to equality, diversity, self-esteem and mental health.

### **Next Steps:**

Following the audit of where there are opportunities for PSHE elsewhere in the curriculum, we are going to extend PSHE training to Drama teachers as there are many opportunities to address the themes that students bring up and choose to address in their drama scripts and scenes.

A key focus next year will be to build on our success in assessing in the short term (i.e. lesson by lesson and over the unit) by improving assessment of progress over longer periods of time. Next year we hope that pupils will be able to elaborate in more detail where their strengths and areas for development lie in PSHE and suggest strategies and next steps for developing these further. We will share personalised checklists at the beginning of the year and build in regular opportunities throughout each scheme of learning to reflect on them and generate goals and targets for improvement.

We still find that content retention in PSHE does not match that in other exam-based subjects and we can improve by identifying minimum core content and developing systematic low-stakes testing that continually reinforces prior learning.

**Senior Leader Quotes:**

“Following the Healthy Schools process has been transformative. There has been a significant increase in the amount of information we are sharing with students, teachers and parents about mental health and well-being, through our assemblies, tutor times and PSHE lessons as well as giving advice and guidance to families. We are extremely pleased with the impact that the new focus on mental and emotional wellbeing and PSHE is having on the safeguarding culture of the school.” Assistant Headteacher