

## Case Study

# Leading Change and Building a Coherent RSHE Programme

Debenham High School is a high performing 11-16 Church of England Academy in mid Suffolk. We have 669 students on roll of which 13.1% are Pupil Premium and 7.8% have Special Educational Needs; the majority of the school are white British in ethnic origin. We serve a wide rural catchment area. The whole school ethos is focused on the holistic development of its young people, of which one key facet is PSHE, which includes RSHE.

The provision for PSHE was completely revised following a curriculum review in school in 2017-18. The PSHE curriculum was rewritten to fit a 30 week teaching programme delivered by Year Teams within the school; it is led by the PSHE Co-ordinator. When implementing the September 2020 Statutory Guidance for RSHE, the PSHE Co-Ordinator and Assistant Headteacher for Pastoral Care worked through the specified content and objectives set in the updated guidance and adapted, added to or replaced our existing Schemes of Work. The framework was already in place to deliver a well-resourced programme of study; staff training had been ongoing; consultation with parents and the engagement of parents with the key themes covered in RSHE were already embedded within school procedure. Therefore the focus for our Case Study looks at the current implementation of the RSHE Statutory Requirements but also the longer term change that has led to make PSHE, including RSHE, such an important part of our school life. For further information about anything in our case study contact [lramsay@debenhamhigh.co.uk](mailto:lramsay@debenhamhigh.co.uk).

### Previous model – What did we change from?

RSHE has always been valued-- it has been reviewed as a separate subject, subject reports were written, there was an appointed coordinator of PSHE and a programme of study for each year group. The staff delivering the RSHE curriculum were selected partly based on subject expertise, but mainly those with spare teaching time. Through a series of lesson observations and Pupil Perception Interviews, the Senior Leadership Team were concerned that while the content of RSHE was being delivered, the role of RSHE in supporting personal and emotional development was being missed. Therefore a new model was planned using Tutor delivery.

### Leading the change – What was our approach?

There were seven main stages to embed the new delivery model: consultation with the staff; preparation; implementation; monitoring and review; ongoing training opportunities; continual review and engaging students and parents.



## 1. Consultation with staff

The new delivery model was explained to the staff in a whole staff meeting. There was then a period of two weeks in which staff were invited to give their comments about the proposed changes to how RSHE would be delivered. Given that Debenham High School is a small school, this was achieved through email or face to face conversation between individual teachers and the Senior Leadership Team. These comments were collated and shared with the staff anonymously through the Staff Briefing. Over fifty per cent of staff cited that they felt unprepared or uncomfortable to teach sensitive topics in RSHE.



## 2. Preparation

RSHE as a subject overwhelmed some staff; they acknowledge its crucial importance in preparing students for life. However they were daunted by teaching the content and deciding on the best style of classroom delivery. In terms of specific subject content, most staff expressed concern that they simply did not know enough about areas such as sexual health; they were worried that when teaching students about mental wellbeing that they may “make it worse” if they said the wrong thing; they wanted reassurance on how to manage if students cried in lessons on family change. With regards to delivery of the lessons, staff were unsure how to teach about sensitive topics – whether to allow group discussion; how to choose the best materials to share; when to allow students to share experience and when not to do so.

To support staff, these concerns were addressed in the way the PSHE Co-ordinator prepared for change.

### a) **Plan a meaningful Programme of Study**

The programme of study was planned under three main themes: health and wellbeing; relationships; and living in the wider world. To ensure the main subject areas were covered, learning outcomes were written for each key topic area so that what we wanted students to learn formed the main basis of the planning. These reflect the Statutory Guidance for RSHE and recommendations for non-statutory PSHE for the living in the wider world modules.

Before writing the RSHE curriculum, all subjects were audited in a middle leader's meeting to identify where aspects of the Statutory Guidance was taught in the wider curriculum. Each Head of Subject completed a grid which listed the key statements from the Statutory Guidance, allowing the PSHE Co-ordinator to map provision across the school. Planning for RSHE then focused on areas where there were gaps in provision, such as lessons on relationships and sexual health, pornography and online safety. Health issues included areas such as blood and organ donation; self examination and screening.

Based on good practice as cited by the DfE and research on effective teaching of PSHE, a spiral curriculum was planned, allowing key topics to be delivered and then revisited from Years 7 -10. (See Appendix One: PSHE Curriculum Overview.) As Tutors teach their own Tutor groups, they have a good working knowledge and understanding of student emotional needs as well as their literacy needs, so allowing lessons to be differentiated to suit their learning.

### **b) Writing coherent and fully resources scheme of work for each unit**

To overcome fears of inexperience and workload, a team of staff wrote schemes of work for each unit. The Senior Leadership Team had been instrumental in the preparation of these schemes, so took the lead. The involvement of other key staff such as the Head of Maths and second in English also helped to ensure staff ownership. Staff with specific expertise focused on the development of each key theme, eg, Assistant Headteacher with responsibility for pastoral care looked at health and wellbeing, the coordinator of PSHE, relationships. Short-term plans were written, resources collated and prepared for staff. They essentially had a lesson they could use or, ideally, adapt. These adaptations were shared at Year Team Meetings and electronically. At the end of the year, these adaptations would be considered in the review of the curriculum. Hence planning is dynamic and ongoing.

### **c) Allowing autonomy in style of delivery**

While lessons and schemes were fully prepared, heads of year were given autonomy over how their year team delivered the material. It was made clear that students' personal development was a key consideration, and the ability to work as a year team made it likely that students' needs were better understood. The senior leadership team favoured form tutors delivering most of the units, but staff preferred the idea of a carousel within the year teaching team, so each member could become an expert on one unit. This approach has been successful, with some year teams still preferring a carousel model, but the freedom to choose has meant greater ownership from year teams. Interestingly, as time has gone on, it has become the norm for year teams to have the tutor delivering most units but the freedom still exists to change.

While heads of year and tutors played a pivotal role, teams were widened to ensure all staff were invested in the new approach. Having the whole school involved in teaching PSHE was successful in two key ways: it gave PSHE a higher status as a subject; and there was equity in terms of staff teaching. Additional staff were able to teach units so providing relief to Tutors – effectively each member of staff had a whole unit (five or six weeks) off their timetable to offset demands on their workload.

## d) Training

To address staff concerns about delivering RSHE, INSET time was devoted to training staff in the best practice for teaching RSHE. This included the importance of a safe learning environment; the importance of students choosing who they sit with; the use of distancing techniques; the power of group work and small group research and discussion; the tools that can be used to capture student knowledge and understanding, along with methods of assessment. Given these were modelled within the scheme of work they were given, this made it easier to manage.

Staff reticence has not been removed completely but even those who were most concerned reported through the Staff Feedback in the annual RSHE Review that they felt they were well supported and “it was not as bad as they thought it would be!”



## 3. Implementation

**Ready to go:** All schemes of work were ready to go from September 2020. Delivering what is promised has been vital to success. Likewise, small reminders such as the RSHE dates being in log books and on notice boards in form rooms allowed for smooth running of the new system.

**Underpinned by whole-school ethos:** crucially, the leadership of change in RSHE was made possible by the school’s ethos and vision to nurture confident and healthy young people. RSHE is built on the school’s strong pastoral foundations, which include a personal tutoring system run by year teams; myriad student leadership opportunities; a well-developed information, advice and guidance offer; and a commitment to key whole-school initiatives to promote mental and emotional wellbeing.



## 4. Monitoring and reviewing

The provision of PSHE is reviewed in an annual faculty review. In the first year, the review was structured to analyse, showcase excellent practice and capture student and staff opinion; it was a rigorous process. Learning walks and student voice were largely positive. Staff concurred with this and appreciated the quality of lesson plans. The level of engagement was apparent in all methods of evaluation, students enjoy RSHE and they feel they learn well. The heavy focus on discussion and sharing ideas was praised throughout as was the feeling of being safe to express

their views within the classroom. The content of the curriculum was praised as relevant and age appropriate by staff and students. Staff still feel they are under-skilled in teaching PSHE, which has led to a number of training opportunities being delivered, including training from the local hospice on how to talk through life's big questions and a specific Drugs Education workshop.

Continuing to work on raising the status of PSHE and working to build staff confidence, all staff were given access to the review findings. These were also made into a display in the main corridor, showcasing excellent practice.

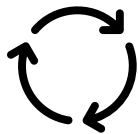


## **5. Ongoing training opportunities**

Responding to staff concerns in the review, training sessions were planned to build staff confidence. One was led by an external speaker on the importance of developing students holistically, promoting the importance of PSHE. The speaker also delivered basic drugs education training. Given staff expertise within the school, the head of RE led a case study on how he teaches sensitive issues such as death, showing approaches that would work in PSHE.

In response to further demands for drugs education training, a more in depth, optional training session was run in a Twilight slot. 20 members of staff attended.

DfE training modules are being used to plan and deliver a whole series of training for teaching teams in the new teaching year to better prepare our staff.



## **6. Continual review**

It has always been our practice to return feedback on each RSHE unit to the PSHE Co-ordinator, which allows adaptation and greater relevance. The plan is to look at the recent changes based on the Statutory Guidance in June 2021.



## 7. Engaging Students and Parents

**Students** – are asked for their opinions on the PSHE curriculum and delivery as part of the faculty review. In response to student opinion over the years, additional units have been written or adapted; for example, in response to students asking whether there could be specific units on death and bereavement, the Year 8 unit on Family Life was adapted.

**Parents** – were consulted on the RSHE Policy by being sent a copy of the RSHE Policy along with an invitation to comment on the details of the policy either via email or by attending a Consultation Evening. At the evening there is the opportunity to review the RSHE Policy and teaching resources; in COVID times the meeting has been done virtually through Microsoft Teams. Historically, the consultation with parents/carers has led to changes in approach; for example, as well as detailing the curriculum in the policy, a letter is sent home annually to outline the units of work covered that year and when to encourage discussion and follow up at home. However, more importantly it has allowed there to be an open dialogue about key issues that can cause division such as religious approaches to contraception; LGBT+. Where there may not be agreement, there has been an opportunity to explain the rationale behind schemes of work. While not the only reason, this could have contributed to our very small number of students that withdraw from the sexual health element of RSHE.

### Top tips

In a nutshell, six key pieces of advice for colleagues establishing a coherent and relevant programme of study are:

1. **Have a clear vision for change:** share the rationale and methodology with staff clearly.
2. **Listen to staff concerns and address them:** being prepared to listen to staff fears and acknowledge their anger was crucial, even if uncomfortable.
3. **Lead by example:** writing fully resourced programmes of study with short-term lesson plans made this successful in terms of staff workload, quality and equality of provision for students.
4. **Instil a sense of ownership for staff:** working as year teams led by the head of year meant a team took ownership over curriculum and adapted where necessary to suit students and staff on that team.
5. **Take time to review:** reviewing the effects of the change on staff and students informed adaptations.
6. **Engage parents/carers in your plans:** make PSHE central to the whole school ethos. Be open and candid in dialogue