WAKEFIELD GIRLS' HIGH SCHOOL

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Consultation	Heidi Jayne Boyes, WGHS Head
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VALIDITY – Policies should be accessed via the FireFly to ensure the current version is used.

CHANGE RECORD - REVIEW PERIOD ANNUALLY

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To be published on the following:

Staff shared	**X**	**School website**	**X**

WGHS Senior Section PSHEE Policy

1. Context and Content

The PSHE Policy covers Wakefield Girls' High School Senior Section approach to PSHE education. It has been produced by the Head of PSHE with guidance from the school's designated lead.

Pupils of Wakefield Girls' High School have been consulted and involved in the creation of the PSHE Curriculum taught at Wakefield Girls' High School via Google Forms and focussed Key stage Pupil voice face-to-face meetings.
Key areas identified by the pupils were the teaching of Physical and mental health, age-appropriate topics regarding Relationships and Sex education, drugs education, the opportunity to talk to older students about topics such as sending nude images and the use of social media and a range of teaching and learning activities to keep pupils engaged during teaching and to help with their learning and understanding.

2. Policy availability

The Policy is available to all staff and parents via the school website. If you wish to discuss this policy please contact the school office to speak with the Head of PSHE.

<u>Related policies</u>

- WGHS RSE Policy
- WGHS Anti-bullying Policy
- WGHS SMSC Policy (Including Fundamental British Values)
- WGHS Mental Health Policy
- WGHS Gender Identity policy
- WGSF Safeguarding and Child Protection
- WGSF Equal opportunities Pupils Policy
- WGSF Menopause Policy
- WGSF Equality, Diversity and Inclusion Policy
- WGSF Social Media Policy
- WGSF ICT Acceptable use policy

3. Aims and Objectives

The main objective of our teaching in PSHE is to help and support pupils through their physical and emotional development and understanding of the world around them, preparing them for current and future life situations. Our school's ethos for our pupils is to empower them with knowledge, confidence and skill for them to achieve their full potential and to be able to work together and thrive in many different types of communities.

Our PSHE programme aims and objectives are:

- To support pupils' physical and emotional development throughout their time at WGHS.
- To encourage positive self-esteem and self-belief.
- To encourage an attitude towards sexual relationships that reduces the potential risks, including pregnancy and catching a sexually transmitted infection. Also encourage the idea that sex should be part of a stable and loving relationship.

- To help pupils make well-informed decisions about activities that can be dangerous to personal health e.g. consuming alcohol, taking drugs, smoking tobacco, having unprotected sex.
- To encourage pupils to make good relationships and respect differences.
- To help pupils understand disabilities, challenge stereotypes and prejudice and make them aware of the school's anti-bullying policy.
- To develop an understanding of the UK system of Government, both at a local and national level.
- To encourage independent learning, support study skills, organisation, exam preparation and dealing with exam stress.
- To support a smooth transition at key times within the school e.g. starting WGHS Senior School, start of a new school year.
- To understand the importance of personal financial management.
- To promote safety of the individual at school, at home, and when using technology such as social media and the internet.
- To provide a wide range of external speakers who can give specialist information to pupils.
- To provide an inclusive education for students of all cultures, religions and sexual orientation and to make everyone aware of these.

4. Creating a safe and supportive learning environment

Because PSHE education works within pupils' real-life experiences, it is essential to establish a safe learning environment.

We will create a safe and supportive learning environment by asking each PSHE teaching group, with the support of the classroom teacher, to create clear 'ground rules'. All pupils know that they are allowed to 'pass' at any time if they wish to do so, they know not to talk about other people's personal experiences etc.

They are made aware of up and coming sensitive topics before the lesson so that they can talk to a member of staff about it beforehand for support if needed.

All pupils know where and who to go to for support and advice in school. They know who the DSL (Designated Safeguarding Lead) and DDSL (Deputy Designated Safeguarding Lead) are in school.

All staff at Wakefield Girls' High School have regular Safeguarding training and know how to respond to a pupil who may disclose sensitive information and the pupils are aware of this.
If a pupil discloses they or another pupil are at risk before/during/after a PSHE lesson, the member of staff must follow the schools Child Protection procedure.

5. Entitlement and equality opportunity

Teaching of PSHE subjects will take into account the age, ability, readiness and cultural backgrounds of all pupils to ensure that everyone can access our PSHE education, this is in line with the Wakefield Grammar School Foundation's Equal Opportunities (Pupils) Policy.

At Wakefield Girls' High School we promote diversity and inclusion through the variety of PSHE topics, cross-curricular links with other subjects, assemblies and extra-curricular activities.

We expect all pupils to consider the needs of others by teaching empathy, understanding and inclusivity within the PSHE curriculum.

Our PSHE curriculum addresses diversity issues and inclusion at all Key Stages.

All Wakefield Girls' High School pupils have access to PSHE education through timetabled lessons with either their Form Tutor or a member of the PSHE teaching team.

6. Intended outcomes

As a result of our PSHE programme of learning, pupils will:

- Be able to identify healthy and unhealthy relationships and know that they have the right to help and advice.
- Understand how to keep safe both mentally and physically now and for the future.
- Know the dangers of legal and illegal drugs and know where and how to seek help for addiction etc.
- Develop skills such as empathy and kindness.
- Know how to be a positive bystander for other people who experience prejudice, discrimiation, bullying etc.
- Understand the importance of personal hygiene.
- Develop skills and understanding around finance, budgeting, loans, laws, the Government etc.

These skills and understanding will be used now and in the future.

7. Learning and teaching

We will determine pupils' prior knowledge through baseline assessments at the start of Year 7. Many of our pupils come from our Junior section and a spiral curriculum is used throughout the two sections and regular meetings between the PSHE leads at both sections, however, it is important that we gain insight of pupils who have come from other schools. This baseline assessment will be via Google Forms.

All pupils are given a PSHE book in which they can take notes, complete tasks and attach handouts. It will be used mainly for assessment which take place at the start of topics/lessons and at the end. We will use activities such as continuum lines, brainstorms, quizzes etc.
PSHE teachers will mark the pupils' PSHE books at regular intervals.

PSHE lessons are delivered in an age appropriate and positive manner with research about young people's behaviours being used to illustrate that the majority of young people are not partaking in risky behaviours such as drug taking etc.

The planning of the PSHE curriculum is formed from different sources:

- Pupil voice
- Collaboration between the DSL, Head of PSHE, Heads of Year and Vanessa Hutchinson from the Junior section
- PSHE Association framework outline

PSHE is effectively taught through a spiral curriculum, which means lessons and topics are organised through recurring themes that are taught at age-appropriate times, adding an increase of information and content as pupils progress through their school career.

Teachers of PSHE are given a planned curriculum with supporting lesson plans and resources written by the Head of Department. Teachers attend INSET about PSHE content and are able to discuss the content of lessons with the Head of Department if and when required.

8. Assessment

Assessment for PSHE, including RSE, is regular and takes place through a number of different methods:

At the start of all lessons, pupils take part in baseline assessments through different activities such as Q&A, initial thoughts, understanding brainstorms and continuum lines. This enables the classroom teacher to assess initial understanding at the start of the lesson, to adapt the lesson content if needed. These same activities for assessment also take place at the end of the lesson so that teachers can see that learning has taken place.

Throughout the lessons, activities such as Kahoot quizzes, role play, group discussions and Q&A etc are used to assess and further develop learning.

Other forms of assessment used to create the PSHE and RSE curriculum, include:

- Student voice questionnaires and working groups
- Data collected from Spectrum after the Year 9 RSE lessons
- Data collected from the bi-annual Healthy School Questionnaire written by Wakefield Council
- Pre and post knowledge feedback after Year 10 Personal Care Unit.
- Data about student behaviour patterns from WGHS CPOMS.
- Discussion with Heads of Year.
- Cross Senior and Junior school section meetings

9. Staff training

The Head of PSHE attends training from various organisations such as The PSHE Association, Sheffield Sexual Health Clinic, Stonewall, The Proud Trust and Child Bereavement UK.

The information collated from these conferences and other resources are used to create PSHE lessons. Lesson plans are detailed and are supported with resources for the staff teaching PSHE. One-to-one support is offered to staff who feel less confident about teaching particular subjects. The Head of PSHE also informs PSHE teaching staff of different online and in person courses and encourages them to attend these should they wish to further their knowledge and understanding.

At the start of the school year all the teachers teaching PSHE for that year attend PSHE training delivered by the Head of Department, Natalie Phillips. The training prepares the staff for the lessons being taught throughout the year.

Where Year 12 students volunteer to deliver some content, they are trained in advance by James Harris, Deputy Head Pastoral.

10. Managing disclosures

A student may choose to disclose concerns about themselves or a friend to any member of staff and this could easily happen during or after a PSHE lesson.

If a student chooses to disclose concerns about themselves or that of a friend to a member of staff, the member of staff's response should always be calm, supportive and

non-judgemental. The member of staff should refer to the Foundation Child Protection Policy and pass on concerns in a timely manner to the DSL or another member of the Safeguarding team.

If a student chooses to disclose concerns about herself or friend to a visiting guest speaker, the guest speaker should immediately pass on the information to James Harris (DSL) or another member of the Safeguarding team. All guest visitors are informed of this procedure before they begin the session.

11. Communication with parents

We are committed to working with parents and believe that the best PSHE education is provided if the child's school and home work together.

As per our RSE policy we work closely with parents by offering Parent support sessions for our RSE curriculum.

We communicate with parents about other parts of the PSHE policy through letters informing them about topics being taught such as hygiene to Year 7 and RSE lessons in Year 9, 10 and 11.

During open events such as the Information morning and New Year 7 Parents Evening, The Head of PSHE will give a presentation about the importance of the subject, how it is delivered and some of the content. Parents have the opportunity to talk to The Head of PSHE during these events on an individual basis to ask any further questions they may have.

Parents are also able to see curriculum plans for each Key Stage group via the PSHE Firefly page. We encourage discussion of PSHE topics at home and provide links to different websites to help parents with this through the PSHE Firefly page.

12. Key contacts

Head of PSHE - Natalie Phillips
Designated Lead and Pastoral Lead - James Harris

Appendix A: Talking to students when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

Focus on listening

> *"She listened, and I mean REALLY listened. She didn't interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I'd chosen the right person to talk to and that it would be a turning point."*

If a student has come to you, it's because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they're thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

Don't talk too much

> *"Sometimes it's hard to explain what's going on in my head – it doesn't make a lot of sense and I've kind of gotten used to keeping myself to myself. But just 'cos I'm struggling to find the right words doesn't mean you should help me. Just keep quiet, I'll get there in the end."*

The student should be talking at least three quarters of the time. If that's not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the student does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the student to explore certain topics they've touched on more deeply, or to show that you understand and are supportive. Don't feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you're listening!

Don't pretend to understand

> *"I think that all teachers got taught on some course somewhere to say 'I understand how that must feel' the moment you open up. YOU DON'T – don't even pretend to, it's not helpful, it's insulting."*

The concept of a mental health difficulty such as an eating disorder or obsessive compulsive disorder (OCD) can seem completely alien if you've never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to

themselves, but don't explore those feelings with the sufferer. Instead listen hard to what they're saying and encourage them to talk and you'll slowly start to understand what steps they might be ready to take in order to start making some changes.

Don't be afraid to make eye contact

"She was so disgusted by what I told her that she couldn't bear to look at me."

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the student may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a student may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the student.

Offer support

"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and the schools' policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the student to realise that you're working with them to move things forward.

Acknowledge how hard it is to discuss these issues

"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."

It can take a young person weeks or even months to admit to themselves they have a problem, themselves, let alone share that with anyone else. If a student chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

Don't assume that an apparently negative response is actually a negative response

"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."

Despite the fact that a student has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may

ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence; it's the illness talking, not the student.

Never break your promises

"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone

just be upfront about it, we can handle that, what we can't handle is having our trust broken."

Above all else, a student wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within the school's policy of confidentiality and that only those who need to know about it in order to help will know about the situation. You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the student's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

Appendix B: What makes a good CAMHS referral?

If the referral is urgent it should be initiated by phone so that CAMHS can advise of best next steps

Before making the referral, have a clear outcome in mind. What do you want CAMHS to do? You might be looking for advice, strategies, support or a diagnosis, for instance.

You must also be able to provide evidence to CAMHS about what intervention and support has been offered to the pupil by the school and the impact of this. CAMHS will always ask 'What have you tried?' so be prepared to supply relevant evidence, reports and records.

General considerations

- Have you met with the parent(s) or carer(s) and the referred child or children?
- Has the referral to CAMHS been discussed with a parent or carer and the referred pupil?
- Has the pupil given consent for the referral?
- Has a parent or carer given consent for the referral?
- What are the parent or carer pupil's attitudes to the referral?

Basic information

- Is there a child protection plan in place?
- Is the child looked after?
- Name and date of birth of referred child/children
- Address and telephone number
- Who has parental responsibility?
- Surnames if different to child's
- GP details
- What is the ethnicity of the pupil / family?
- Will an interpreter be needed?
- Are there other agencies involved?

Reason for referral

- What are the specific difficulties that you want CAMHS to address?
- How long has this been a problem and why is the family seeking help now?
- Is the problem situation-specific or more generalised?
- Your understanding of the problem or issues involved.

Further helpful information

- Who else is living at home and details of separated parents if appropriate
- Name of school
- Who else has been or is professionally involved and in what capacity?
- Has there been any previous contact with our department?
- Has there been any previous contact with social services?
- Details of any known protective factors
- Any relevant history i.e. family, life events and/or developmental factors
- Are there any recent changes in the pupil's or family's life?
- Are there any known risks, to self, to others or to professionals?
- Is there a history of developmental delay e.g. speech and language delay
- Are there any symptoms of ADHD/ASD and if so have you talked to the educational psychologist?

The screening tool below will help guide you as to whether or not a CAMHS referral is appropriate.

INVOLVEMENT WITH CAMHS	
	Current CAMHS involvement – **END OF SCREEN***
	Previous history of CAMHS involvement
	Previous history of medication for mental health issues
	Any current medication for mental health issues
	Developmental issues e.g. ADHD, ASD, LD

DURATION OF DIFFICULTIES	
	1-2 weeks
	Less than a month
	1-3 months
	More than 3 months
	More than 6 months

* Ask for consent to telephone CAMHS clinic for discussion with clinician involved in young person's care

Tick the appropriate boxes to obtain a score for the young person's mental health needs.

MENTAL HEALTH SYMPTOMS		
	1	Panic attacks (overwhelming fear, heart pounding, breathing fast etc.)
	1	Mood disturbance (low mood – sad, apathetic; high mood – exaggerated / unrealistic elation)
	2	Depressive symptoms (e.g. tearful, irritable, sad)
	1	Sleep disturbance (difficulty getting to sleep or staying asleep)
	1	Eating issues (change in weight / eating habits, negative body image, purging or binging)
	1	Difficulties following traumatic experiences (e.g. flashbacks, powerful memories, avoidance)
	2	Psychotic symptoms (hearing and / or appearing to respond to voices, overly suspicious)
	2	Delusional thoughts (grandiose thoughts, thinking they are someone else)
	1	Hyperactivity (levels of overactivity & impulsivity above what would be expected; in all settings)
	2	Obsessive thoughts and/or compulsive behaviours (e.g. hand-washing, cleaning, checking)

Impact of above symptoms on functioning - circle the relevant score and add to the total

Little or none Score = 0	Some Score = 1	Moderate Score = 2	Severe Score = 3

HARMING BEHAVIOURS		
	1	History of self harm (cutting, burning etc)
	1	History of thoughts about suicide
	2	History of suicidal attempts (e.g. deep cuts to wrists, overdose, attempting to hang self)
	2	Current self harm behaviours
	2	Anger outbursts or aggressive behaviour towards children or adults
	5	Verbalised suicidal thoughts* (e.g. talking about wanting to kill self / how they might do this)
	5	Thoughts of harming others* or actual harming / violent behaviours towards others

* If yes – call CAMHS team to discuss an urgent referral and immediate risk management strategies

Social setting - for these situations you may also need to inform other agencies (e.g. Child Protection)			
	Family mental health issues		Physical health issues
	History of bereavement/loss/trauma		Identified drug / alcohol use
	Problems in family relationships		Living in care
	Problems with peer relationships		Involved in criminal activity
	Not attending/functioning in school		History of social services involvement
	Excluded from school (FTE, permanent)		Current Child Protection concerns

How many social setting boxes have you ticked? Circle the relevant score and add to the total

0 or 1	Score = 0	2 or 3	Score = 1	4 or 5	Score = 2	6 or more	Score = 3

Add up all the scores for the young person and enter into Scoring table:

Score 0-4	Score 5-7	Score 8+
Give information/advice to the young person	Seek advice about the young person from CAMHS Primary Mental Health Team	Refer to CAMHS clinic

**** If the young person does not consent to you making a referral, you can speak to the appropriate CAMHS service anonymously for advice ****