

Agenda

- 9:00 **Registration**
- 9:15 **Welcome** (Suzanne Rowson, Virtual School Headteacher, Head of Corporate Parenting)
- 9:25 **Improving the Education of Children with a Social Worker & the Virtual School Extension** (Malaika Williams, Virtual School Assistant Head for Vulnerable Children)
- 9:55 **Supporting Children in Education who have an allocated Social worker, working together to have a shared understanding of legislation and thresholds** (Christine Askey, Service Manager- Child Protection & Child In Need & Linda Read, Service Manager - Assessment & Intervention Team)
- 10:15 **Previously Looked After Children (PLAC) and Kinship Care** (Jane Manning, Previously Looked After Children & Kinship Education Officer)
- 10:45 **Break**
- 11:00 **Trauma Informed Practice** (Sally Maidens, Senior Practitioner Educational Psychologist – Virtual School for LAC / HEART)
- 11:30 **Keynote 1 - The Moralist** (Luke Rodgers BEM, CEO The Care Leaders)
- 12:25 **Lunch**
- 1:00 **Workshop 1 (Changeover at 1:40)**
- 1:50 **Workshop 2 (Changeover at 2:30)**
- 2:40 **Keynote 2 - (Jaz Ampaw-Farr, CEO Be Human First)**
- 3:10 **Plenary & Evaluation** (Malaika Williams)

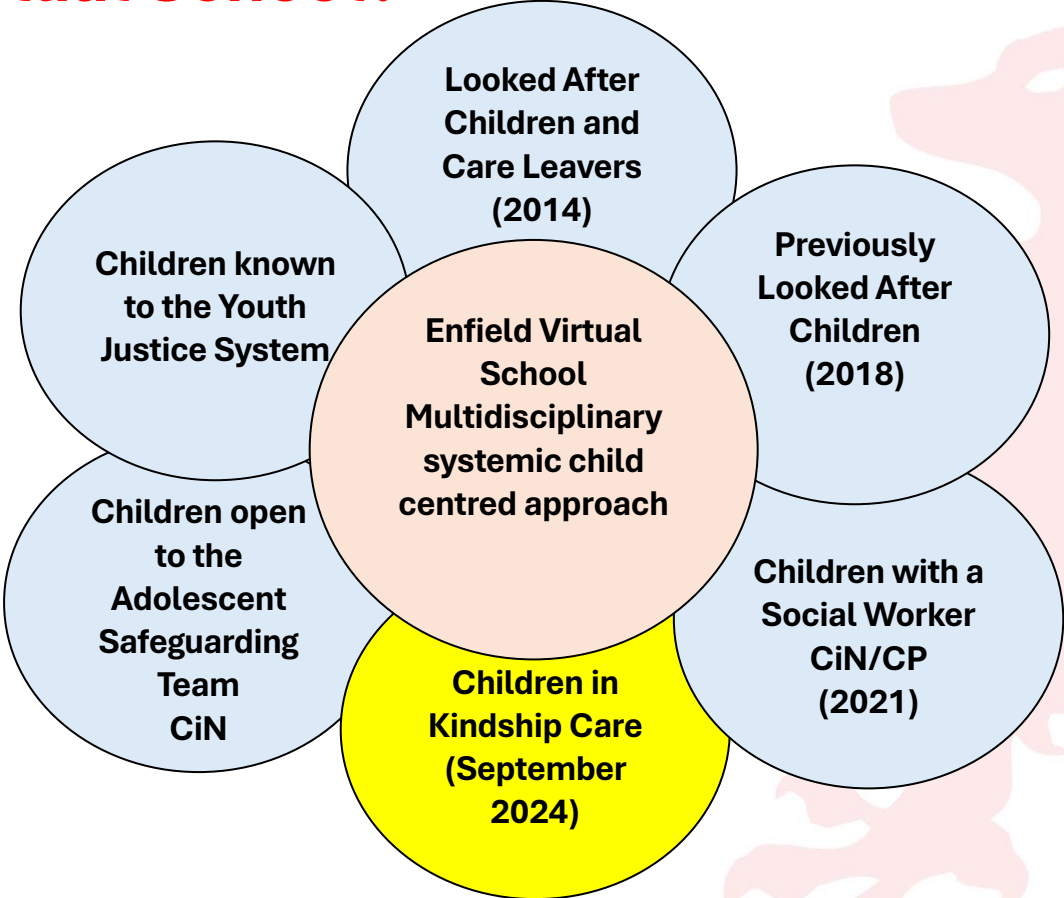
Workshops

- 1. Speech Language and Communication Needs. Why do our children find it so difficult to understand others, problem-solve and change their behaviour? The role of language and social thinking and applying this to our interactions with children, young people & their families.** (Kate Gill Clinical Lead Speech & Language Therapist (Social, Emotional & Mental Health) **PYMMES ROOM – 2ND Floor – THH**)
- 2. Reducing suspensions and exclusions of LAC, CP and CiN children (Using PACE).** (Amber Tiplady - Assistant Educational Psychologist, Sophie Wynne - Trainee Educational Psychologist & Kazia Fulmyk - Senior Advisory Teacher) **CONFERENCE ROOM 5 – THH**
- 3. Practical Strategies for Supporting Pupils with Emotionally Based School Non-Attendance (EBSNA)** (Dr Becky Mulhall, Educational Psychologist & Cathrine Goodwin, Head of Pastoral Development West Lea School) **TIERED SEATING AREA – Dugdale Theatre**
- 4. The 8 Good Autism Practice Principles: good for autistic children; good for all children** (Dr Rachel Walker, Enfield Advisory Service for Autism) **MEZZANINE AREA _ Dugdale Theatre**
- 5. PEP's: Everything you need to know** (Ronnie Simpson, Virtual School Assistant Headteacher for Looked after Children) **Dugdale Theatre**

Improving the education of children with a Social Worker

Malaika Williams
Virtual School Assistant Head for
Vulnerable Children

What is a Virtual School?



Who are Children with a Social Worker?

- ‘Children with a social worker’ ...includes all children who have been assessed as needing or previously needing a social worker within the past 6 years due to safeguarding or welfare reasons. It includes all children aged 0 to 18 across all education settings subject to a children in need plan or a child protection plan.
- Virtual school heads are, with agreement and support from their local authority, strategic leaders for the cohort of children who have been assessed as being in need under [section 17 of the Children Act 1989](#) and currently have a social worker and those who have previously had a social worker.

[Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#)

Who are Children with a Social Worker?

- Children in need are a group supported by children's social care, who have safeguarding and welfare needs, including:
 - children on child in need plans
 - children on child protection plans
 - looked after children
 - disabled children
- All of these children have needs identified through a children's social care assessment or because of their disability, meaning they are expected to require services and support in order to have the same health and development opportunities as other children.

Who are Children with a Social Worker?

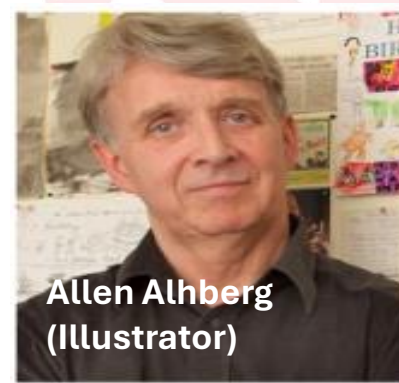
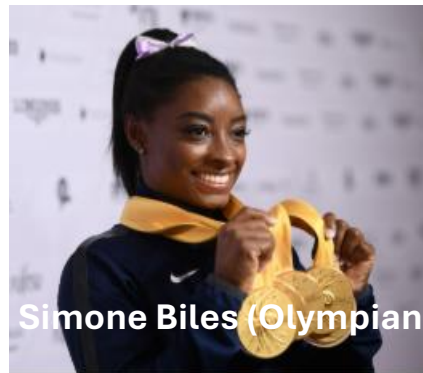
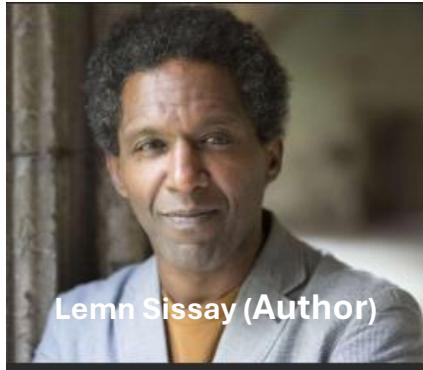


The review of children in need showed that at least 1.6 million children needed a social worker between 2012 and 2018 – equivalent of

- **one in 10 of all children, or**
- **3 children in every classroom or**
- **10 % of your school**

Who were Children with a Social Worker?

A list of incredible people who were fostered, adopted or in children's homes, compiled by Lemn Sissay - IMO



Who are Children with a Social Worker? Ofsted

“...the term ‘disadvantaged pupils’ is used to mean: pupils with special educational needs and/or disabilities (SEND); **pupils who meet the definition of children in need of help and protection; pupils receiving statutory local authority support from a social worker;** and pupils who otherwise meet the criteria used for deciding the school’s pupil premium funding (this includes pupils claiming free school meals at any point in the last 6 years, **looked after children (children in local authority care) and/or children who left care through adoption or another formal route).**”

[School inspection handbook - GOV.UK](https://www.gov.uk/school-inspection-handbook)

What does Ofsted say? Curriculum

243. Inspectors will focus on what our inspection experience and research show are the most important factors to consider. These are the extent to which the school's curriculum:

- is ambitious and designed to give pupils, particularly disadvantaged pupils (including pupils with SEND) the knowledge they need to take advantage of opportunities, responsibilities and experiences in later life.

...[and] remains as broad as possible for as long as possible, including when delivered remotely. The school **does not offer disadvantaged pupils (including pupils with SEND) a reduced curriculum**”

What does Ofsted say? Curriculum

...the extent to which all pupils, **particularly disadvantaged pupils** (including those with SEND):

- acquire the knowledge and cultural capital they need to succeed in life
- make progress, in that they know more, remember more and are able to do more. They are learning what is intended in the curriculum
- produce work of high quality
- achieve well in national tests and examinations, where relevant
- are being prepared for their next stage of education, training or employment at each stage of their learning, including whether pupils in sixth form are ready for the next stage and are going on to appropriate, high-quality destinations
- are able to read to an age-appropriate level and fluency (if not, they will be incapable of accessing the rest of the curriculum, and they will fall rapidly behind their peers)



What does Ofsted say? Quality of education

305. In evaluating the quality of education for ungraded inspections, inspectors will usually focus on:

The extent to which pupils, particularly those who are disadvantaged (including those with SEND):

- are able to read, write and use mathematical knowledge, ideas and operations to an age-appropriate level and fluency so that they are able to access a broad and balanced curriculum
- develop detailed knowledge and skills across the curriculum and, as a result, achieve well and are ready for the next stage of education, employment or training
- the extent to which teachers have good knowledge of the subjects they teach, present subject matter clearly, check pupils' understanding systematically, identify misconceptions accurately and provide clear, direct feedback to pupils, including remotely where applicable



What does Ofsted say? Quality of education

Outstanding “...Pupils consistently achieve highly, particularly the most disadvantaged.” (para, 469)

Good “...Leaders adopt or construct a curriculum that is ambitious and designed to give all pupils, **particularly disadvantaged pupils (including pupils with SEND), the knowledge and cultural capital they need to succeed in life.** This is either the national curriculum or a curriculum of comparable breadth and ambition.”... The impact of the education which pupils receive is strong, including for disadvantaged pupils and pupils with SEND”

What does Ofsted say? Leadership & Management & Inclusion

The use of the pupil premium and catch-up funding

How leaders and governors have spent the funding, their rationale for this spending and its intended impact **on the learning and progress of disadvantaged pupils** (including those with SEND). (para 377)

Evaluating a school's approach to inclusion and off-rolling on a graded inspection

424. Schools should have an inclusive culture that supports arrangements to:

- **identify early those pupils who may be disadvantaged or have additional needs or barriers to learning**

KCSIE – Children with Social Worker

The designated safeguarding lead is expected to:

work with the headteacher and relevant strategic leads, **taking lead responsibility for promoting educational outcomes** by knowing the welfare, safeguarding and child protection issues that children in need are experiencing, or have experienced, and identifying the impact that these issues might be having on children's **attendance, engagement and achievement at school or college**. This includes:

- ensuring that the school or college knows who its cohort of children who have or have had a social worker are, understanding their academic progress and attainment, and **maintaining a culture of high aspirations for this cohort**, and
- supporting teaching staff to provide additional academic support or reasonable **adjustments to help children who have or have had a social worker reach their potential, recognising that even when statutory social care intervention has ended, there is still a lasting impact on children's educational outcome** (p172).

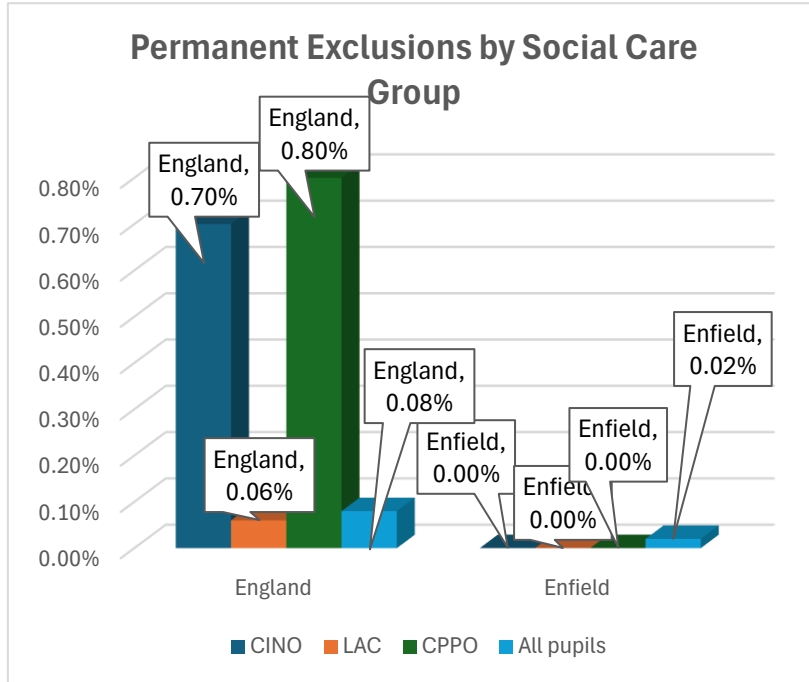
KCSIE – Children with Social Worker

help promote educational outcomes by sharing information about welfare, safeguarding and child protection issues that children who have or have had a social worker are experiencing with teachers and school and college leadership staff. (p173)

176. Where children need a social worker, this should inform decisions about

- safeguarding (for example, responding to unauthorised absence or to a child
- missing education (where there are known safeguarding risks) and about promoting welfare (for example, considering the provision of pastoral **and/or academic support, alongside action by statutory services).**

Children with a Social Worker – Permanent exclusions



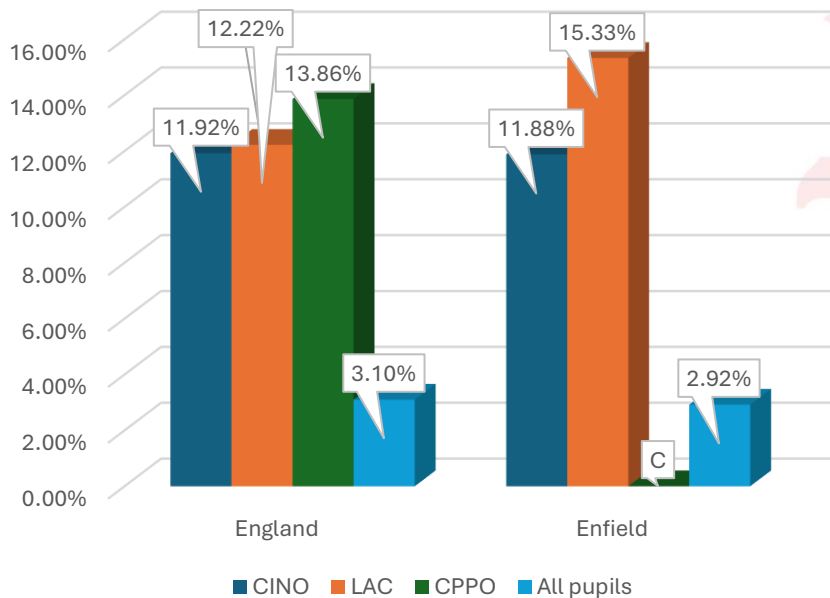
Enfield LAC and children with a CP or CiN plan are less likely to be permanently excluded and are at or near 0% for permanent exclusions.

Nationally LAC are less likely to be permanently excluded than 'All pupils'

However, nationally children with a CP or CiN plan are up to 10 times more likely to be permanently excluded.

Children with a Social Worker – Suspensions

Suspensions by Social Care Group
2021/22



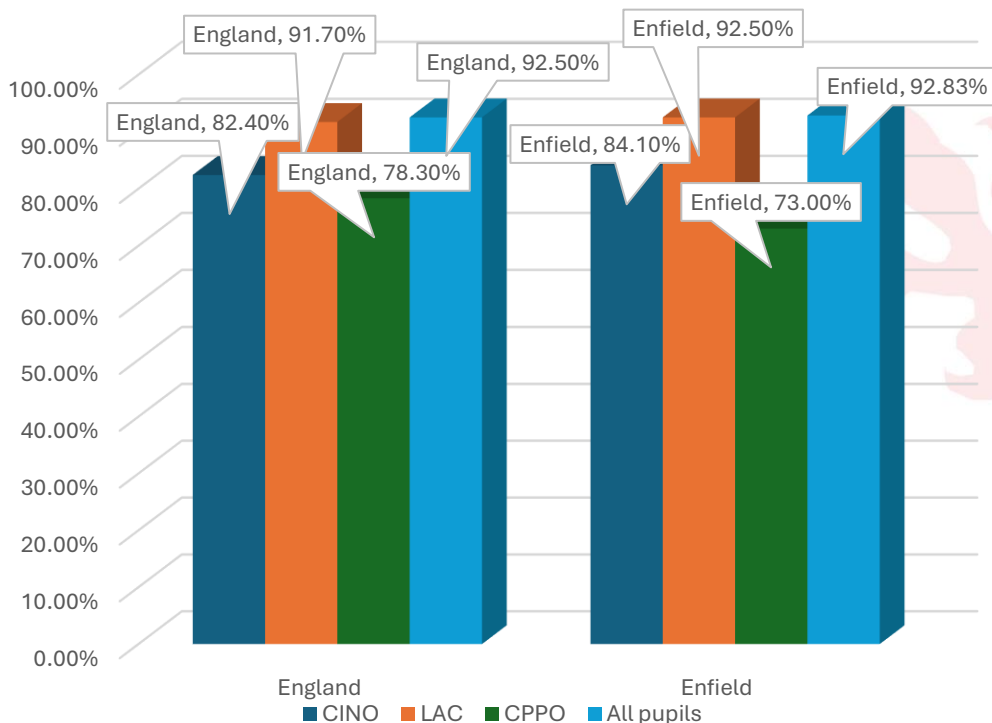
Nationally – LAC, and children with a CiN or CP plan are 4 times more likely to be suspended than ‘All pupils’

Enfield LAC are 5 times more likely to be suspended than ‘All pupils’

Enfield CiN are almost 4 times more likely to be suspended than ‘All pupils’

Children with a Social Worker – Attendance

Attendance by Social Care Group 2022/23

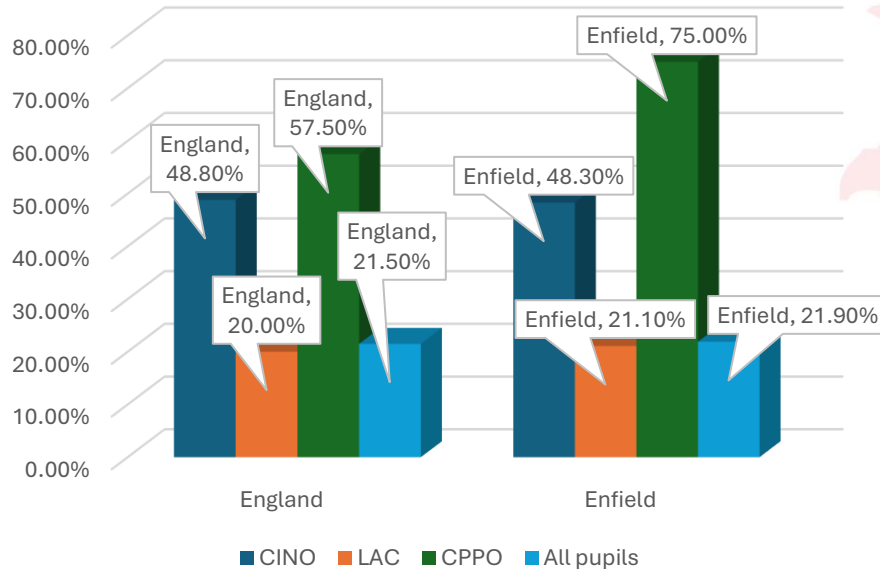


Enfield LAC's attendance is higher than the national for LAC & 'All pupils' and only slightly less than 'All Enfield pupil's'

The attendance of Enfield (and National) children with a CP plan or CiN plan is significantly less than 'All pupils' & LAC

Children with a Social Worker – Persistent Absence (less than 90% attendance)

Persistent Absence by Social Care Group
2022/23



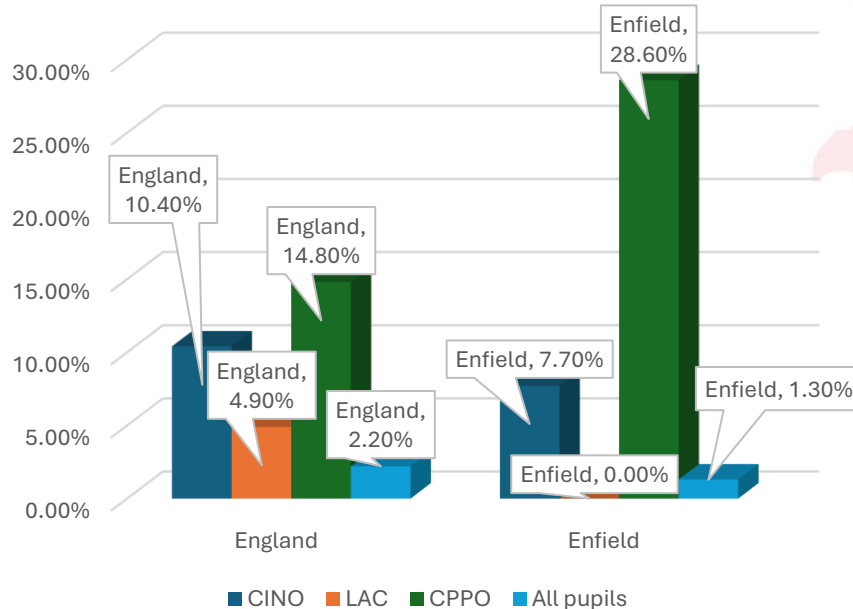
Enfield LAC PA's are less than Enfield 'All pupils' and National 'All pupils'

Nationally PA's for children with a CP plan or CiN plan is more than twice that of 'All pupils', and

Persistent absence for Enfield children with a CP plan is more than 3 times that of Enfield LAC and 'All pupils'.

Children with a Social Worker – Severe absence (more than 50% absence)

Severe Absence by Social Care Group
2022/23



Severe absence for Enfield LAC is less than the National figure for LAC & National 'All pupils'

Severe absence for children with CP plan is more than 6 times higher than 'All pupils' nationally.

Severe absence for Enfield children with a CP plan is more than 12 times higher than 'All pupils' nationally.

Children with a Social Worker - Attainment

“these children do significantly worse than others at all stages of education, and that poor educational outcomes persist even after social work involvement ends.”

In 2018, 50% of children who had a social worker in the last 6 years were able to achieve a good level of development in the early years, compared to 72% of children who never had a social worker.

Pupils who had a social worker in the year of their GCSEs were around half as likely to achieve a strong pass in English and maths than their peers, and at the end of key stage 4 were around 3 times less likely to go on to study A levels at age 16, and almost 5 times less likely to enter higher education at age 18.

[Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#)

Children with a Social Worker



...are more likely to have experienced complex family circumstances; some may have been at risk of, or have suffered, physical, emotional, sexual abuse or neglect.

...they may have lived in families where there is domestic abuse, mental ill-health, or substance misuse. Outside of the home, they may be at risk of extra-familial harms, such as experiencing criminal or sexual exploitation or serious violence.

[Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#)

Children with a Social Worker

- ...much more likely to experience frequent transitions, including moving home or school and experience changes in the professionals that are supporting them and their families.
- 50% of LAC have mental health issues compared to 1 in 10 of non-LAC.
- Children in care are 5 times more likely to attempt suicide than their peers.
- 40% of prisoners under 21 have been in care.
- 80% of LAC who had support from school said it had improved their mental health and well-being.



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Children with a Social Worker

- Looked after children are significantly more likely to have SEN than their peers and are just over nine times more likely to have a statement of special educational need or education, health and care (EHC) plan than all children.
- 56% of Enfield children with a CP plan & 70% of LAC were identified as having a SEN compared to 17.1% 'All pupils nationally'



Learning Knows No Bounds

Supporting Children with a Social Worker in school



DSL



School Governor



SENCo



DT for LAC & PLAC



Behaviour/Pastoral Lead



Attendance Lead



Curriculum Lead



Senior Mental Health Lead



Attendance Officer



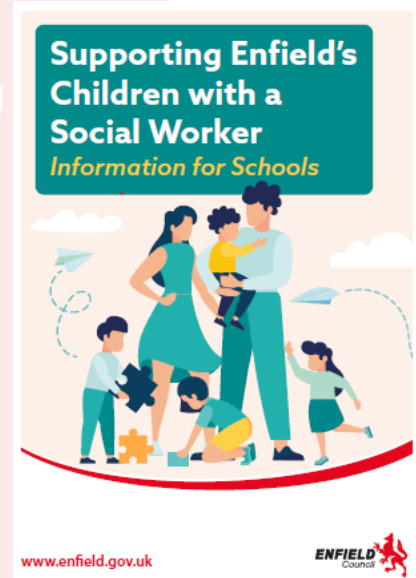
Behaviour/Inclusion Team

Supporting Children with a Social Worker in school

- Suspensions & permanent exclusions

- “...suspensions and permanent exclusions will sometimes be necessary **as a last resort.**”
- For children with a social worker, **education is an important protective factor, providing a safe space for children to receive support, be visible to professionals and realise their potential. When children are not in school, they miss the protection and opportunities it can provide, and become more vulnerable to harm** (para 58)
- Where a pupil has a social worker, e.g. because they are the subject of a Child in Need Plan or a Child Protection Plan, **and they are at risk of suspension or permanent exclusion, the headteacher should inform their social worker, the Designated Safeguarding Lead (DSL) and the pupil’s parents to involve them all as early as possible in relevant conversations** (para, 59)
- **Whenever a headteacher suspends or permanently excludes a pupil they must, without delay, after their decision, also notify the social worker, if a pupil has one, and the VSH, if the pupil is a LAC, of the period of the suspension or permanent exclusion and the reason(s) for it. The information in paragraphs 66 to 69 must be provided in writing to the local authority.** (para 78)
- In the case of a looked-after child or child with a social worker, the school and the local authority should work together to **arrange alternative provision from the first day following the suspension or permanent exclusion** (para 94)

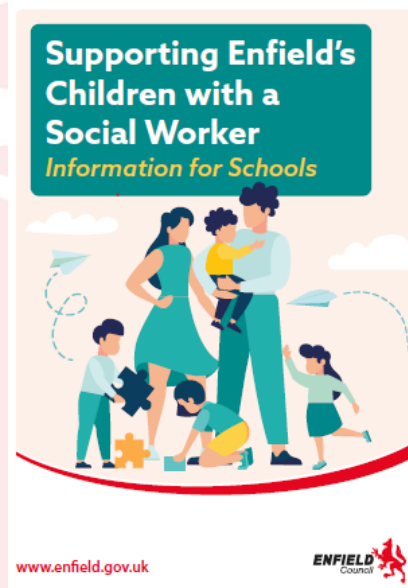
[Suspension and permanent exclusion guidance](#)



Supporting Children with a Social Worker in school - Severe absence

- Attendance Officers & EWO's must be aware of children with a CP or CiN plan or who are LAC so that they can be discussed during schools termly 'Targeted Support Meetings'
- **schools are expected to inform a pupil's social worker and/or youth offending team worker if there are unexplained absences from school.** (para, 53).
- A clear multi agency plan should be in place to address persistent and severe absence and should be incorporated within CiN & CP meetings and plans
- All pupils of compulsory school age are entitled to a full-time education. In very exceptional circumstances, where it is in a pupil's best interests, there may be a need for a temporary part-time timetable. (para 38)
- Schools must inform the LA (complete the relevant forms) and notify the Social Worker when a child is placed on a part time timetable.
- Schools should agree part timetables for LAC with the Virtual School Head prior to them being put in place.
- EHE – a multi-agency meeting (including the child's Social Worker) should be held to discuss a parent's intention to EHE.

[Working together to improve school attendance \(applies from 19 August 2024\)](#)



Supporting Children with a Social Worker in school

Analysing data

- Are children with CP & CiN plan included within your disadvantaged children's data and reports (including reports to governors)?
- Are you aware of their attendance, suspensions, attainment and progress as a cohort in comparison to other groups in schools.
- Are children with a Social Worker considered within your pupil premium planning?
- Is training available to staff regarding the needs of children with a Social Worker?



Enfield Virtual School Support

“Virtual school heads are, with agreement and support from their local authority, strategic leaders for the cohort of children who have been assessed as being in need under [section 17 of the Children Act 1989](#) and currently have a social worker and those who have previously had a social worker.”

- Welfare Call monitoring (CP)
- Education Panel (CP & CiN)
- Virtual School sit on Fair Access (Primary & Secondary) & ASU panel (CP/CiN)
- Advice & Guidance (CP/CiN) – (Risk of PEx, Severe/persistent Absence, repeated suspensions) Malaika.Williams@enfield.gov.uk
- Concerns re Enfield LAC VirtualSchool@enfield.gov.uk
- Advice & Guidance (PLAC) Jane.Manning@enfield.gov.uk
- Training Programme



Enfield Virtual School & Kinship Care

[Championing kinship care: the national kinship care strategy](#) (Dec 2023)

Kinship care (sometimes known as family and friends care) is the most prevalent form of alternative care for children worldwide.

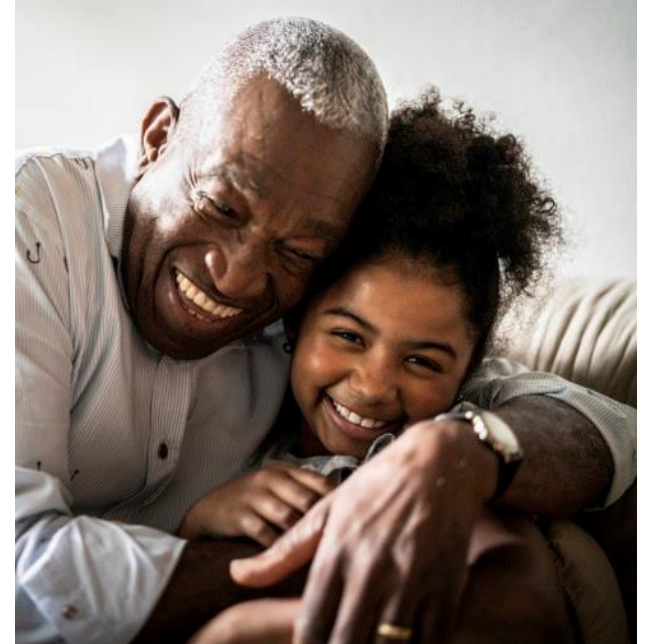
“...children living in kinship care are still disadvantaged compared to their peers who are not involved in children’s social care. ... we are taking action by expanding the Virtual School Head’s role to promote the education of children in kinship care and ensuring more eligible kinship carers are aware of their ability to access therapeutic support for their children. (p7)

[Keeping Children Safe Helping Families Thrive Nov 2024](#)

Enfield Virtual School & Kinship Care

Who are our Kinship Carers?

- **Informal kinship care arrangements** are when a close family member or friend look after a child for a temporary or permanent amount of time. This arrangement is agreed privately with the parents and parental responsibility for the child remains with the parents.
- **Kinship carers with a Child Arrangements Order (CAO).** Child Arrangements Orders are granted by the family court and determine who a child can live with and/or who a child can stay with and for how long. The kinship carer shares parental responsibility with the child's parents, or others with parental responsibility, until the age of 18 unless the court states otherwise. In 2014, Child Arrangements Orders replaced Residence Orders and Contact Orders.
- **Kinship carers with a Special Guardianship Order (SGO)** have parental responsibility for a child following an order made by the family court. Kinship carers live permanently with their children but need permission from the court to make important decisions, such as changing the child's surname.
- **Kinship foster carers look after children who are "looked after"** by the local authority following a voluntary agreement, if a child spends more than 24 hours in local authority care under section 20 of the Children Act 1989 or if a Care Order is made by the family court
- **Private Fostering** in which someone who is not a close relative of the child looks after the child for 28 days or more



Enfield Virtual School & Kinship Care

[Promoting the education of children with a social worker and children in kinship care arrangements: virtual school head role extension - GOV.UK](#)

The Virtual School Head strategic role will include:

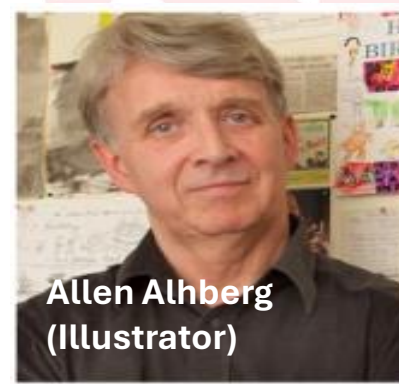
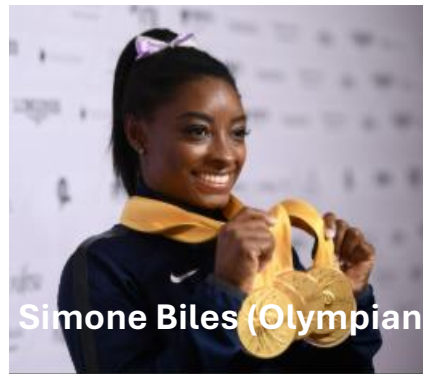
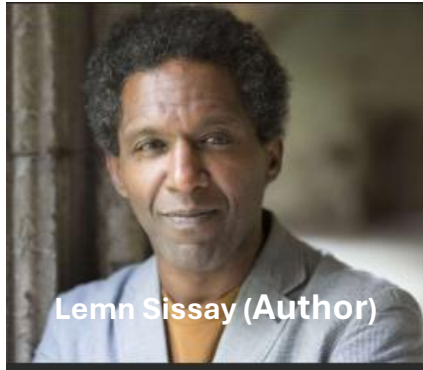
- a) Raising the visibility of the distinct needs of children in different types of kinship care arrangements and the disadvantage that they can experience.
- b) Promoting practice that supports attendance and engagement in education.
- c) Promoting practice that improves children in kinship care's outcomes to narrow the attainment gap, so that every child has the opportunity to reach their full potential.

Furthermore, **we will extend Virtual School Heads' provision of advice and information, on request, to all kinship carers with Special Guardianship and Child Arrangements Orders as part of their non-statutory role.** This will be an important step in helping more kinship carers to navigate the education system, in turn helping them to advocate for the educational achievement of their children. More children in kinship care will receive the help they need to thrive at school. (p33)



Who were Children with a Social Worker?

A list of incredible people who were fostered, adopted or in children's homes, compiled by Lemn Sissay - IMO



Supporting Children in Education who have
an allocated Social worker
working together to have a shared
understanding of legislation and thresholds

Christine Askey

Linda Read

Children Act 1989 – principles

- The welfare of the child is paramount and safeguarding and promoting it is the priority.
- Children are best looked after by their family, and legal proceedings should be unnecessary in most circumstances. Least interventionist approach must be taken.
- Local Authorities must ascertain and give due consideration to the child's wishes and feelings
- Parental Responsibility
- The welfare of children should be promoted through partnership between the family and the Local Authority

THRESHOLD GUIDANCE

- Since 13th March 2024 Enfield has been using Pan London continuum of need
- Level 1- universal services
- Level 2- early help services
- Level 3- targeted services
- Level 4- safeguarding services

CONSENT

Parental Consent

“In the context of a child-centred approach, all practitioners should work in partnership with parents and carers as far as possible. Parents and carers need to understand what is happening, what they can expect from the help and support provided, what is expected of them and be supported to say what they think. This is particularly important when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, whether the harm is from inside or outside the home including online. Working collaboratively will mean parents and carers have the best chance of making changes, and practitioners can make fair and accurate decisions about how to support children and keep them safe.

UK GDPR provides a number of bases for sharing personal information. It is not necessary to seek consent to share information for the purposes of safeguarding and promoting the welfare of a child **provided that there is a lawful basis to process any personal information required.**

In some circumstances it is not appropriate to seek consent, because the individual cannot give consent, or it cannot be reasonably expected that a practitioner obtains consent, or because to gain consent would place a child at risk.

Practitioners should aim to be as transparent as possible by telling families what information they are sharing and with whom, provided that it is safe to do so.

Working Together 2023

Internal - Official - Sensitive

Tips on Obtaining Consent

Be positive, motivational and honest about the reasons for the referral...

- 'We would like to make a referral to Children's Services as we are worried about...'
- 'It is good that ... has felt able to speak at school about their worries, and Children's Services could help you as a family to address those worries'
- 'We have found that help at an early stage can prevent things at home becoming more difficult for you and (name of child)'
- Telling parents you have made a referral does not mean consent .
- **Be clear about what will happen when you refer to Children's Services**

Tips to address any resistance.....

- Ask the parent what they are worried about for their child and then mention that you know that Children's Services have helped other families with similar worries.
- Ask the parent what worries them about a referral to Children's Services.
- Reassure the parent that Children's Services will work alongside them, will not dictate or tell them what to do, but help by providing ideas and support which has helped lots of other families.
- **Try reframing:** 'If you were me and you heard that there were these worries about my children, what would you think would be the best thing to do?'

No consent?.....

If a parent still refuses consent, or they do not have capacity to consent, you will need to decide if the child is suffering or likely to suffer 'significant harm'. Take advice from your safeguarding lead or out of hours manager.

- **Who needs to consent?**

Ideally, you will ask for consent from anyone who shares parental responsibility for a child, but this may not always be possible. Let Children's Services know who has consented

Working Together 2023

1989 Act s14, requires local authorities to give due regard to a child's wishes when determining what services to provide under Section 17 and before making decisions about action to be taken to protect individual children under Section 47

Where a local authority—

(a) are informed that a child who lives, or is found, in their area—

(i) is the subject of an emergency protection order; or

(ii) is in police protection; or

(b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare

Section 17 CA 1989

Legal Definition Child in Need (Threshold) s17 (10)

- **A child shall be taken to be in need if:**
- (a) s/he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development;
- (b) her/his health or development is likely to be significantly impaired, or further impaired, without the provision for her/him of such services; or
- (c) s/he is disabled

What is the difference between S17 & S47?

S17

Impairment

To make worse, to diminish functioning or ability

S47

Harm

To deliberately inflict injury, suffering distress or damage

S47 Strategy Discussion

Working Together to Safeguard Children states:

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving local authority children's social care (including the fostering services, if the child is looked after), the police, health and other bodies such as the referring agency. This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary. A strategy discussion can take place following a referral or at any time, including during the assessment process.

Purpose of a Strategy Meeting:

To determine the child's welfare and plan rapid action if there is reasonable cause to suspect the child is suffering, or is likely to suffer, significant harm.

Timings of Strategy Meetings

- Strategy meetings / discussions should be convened within three working days of child protection concerns being identified, except in the following circumstances:
- For allegations / concerns indicating a serious risk of harm to the child (e.g. serious physical injury or serious neglect) the strategy meeting / discussion should be held on the same day as the receipt of the referral;
- For allegations of penetrative sexual abuse, the strategy meeting / discussion should be held on the same day as the receipt of the referral if this is required to ensure forensic evidence;
- Where immediate action was required by either agency, the strategy meeting / discussion must be held within one working day;
- Where the concerns are particularly complex (e.g. organised abuse / allegations against staff) the strategy meeting / discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child;
- Where the concerns relate to an extra familial risk and more than one child is the subject of the concerns, additional time may be required to ensure the attendance of all the relevant agencies but the strategy meeting / discussion must be held within a maximum of five working days, but sooner if there is a need to provide immediate protection to a child.

Purpose of a Strategy Discussion

The discussion should be used to:

- share available information; come prepared
- agree the conduct and timing of any criminal investigation; and
- decide whether enquiries under section 47 of the Children Act 1989 should be undertaken.

Where there are grounds to initiate an enquiry under section 47 of the Children Act 1989, decisions should be made as to:

- what further information is needed if an assessment is already underway and how it will be obtained and recorded;
- what immediate and short-term action is required to support the child, and who will do what by when; and
- whether legal action is required.

Decisions of a Strategy Discussion

Decisions that need to be made in the strategy discussion:

- Agree on the nature of the alleged abuse;
- Consider the child's welfare and safety and identify the level of risk faced by the child;
- Decide what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm);
- Agree what further action is required, and **who will do what and by when**, (SMART actions, that is actions should be linked to the appropriate lead i.e. health should be the lead for health-related actions and police for policing relating actions and so forth);
- Record agreed decisions in accordance with local recording procedures; and
- Follow up actions to make sure what was agreed gets done.

S47 enquiries

- A stand alone risk assessment
- Actions should come from strat discussion
- Full agency information
- Robust analysis
- **Outcomes;**
- Is the child at on going risk of significant harm - ICPC
- Concerns substantiated but Child is **not** at on going risk of significant harm - exit S47 & continue C&F under S17
- Concerns not substantiated- exit S47 & continue C&F under S17

Legal Action

- What is the threshold for seeking legal action?
- PLO
- Seeking separation

Judgements

Hedley J. 2007: Significant Harm

“The best person to bring up a child is the natural parent. It matters not whether the parent is wise or foolish, rich or poor, educated or illiterate, provided the child's moral and physical health are not in danger. Public authorities cannot improve on nature

Society must be willing to tolerate very diverse standards of parenting, including the eccentric, the barely adequate and the inconsistent

Some children will experience disadvantage and harm, while others flourish in atmospheres of loving security and emotional stability

These are the consequences of our fallible humanity and it is not the provenance of the state to spare children all the consequences of defective parenting. In any event, it simply could not be done.”

Quote from Lady Hale in the Supreme Court judgment Re B (2013)

“This case raises some profound questions about the scope of courts' powers to take away children from their birth families when what is feared is, not physical abuse or neglect, but emotional or psychological harm. We are all frail human beings, with our fair share of unattractive character traits, which sometimes manifest themselves in bad behaviours which may be copied by our children. But the State does not and cannot take away the children of all the people who commit crimes, who abuse alcohol or drugs, who suffer from physical or mental illnesses or disabilities, or who espouse anti-social political or religious beliefs...

How is the law to distinguish between emotional or psychological harm, which warrants the compulsory intervention of the State, and the normal and natural tendency of children to grow up to be and behave like their parents?

Added to this is the problem that the harm which is feared may take many years to materialise, if indeed it ever does. Every child is an individual, with her own character and personality. Many children are remarkably resilient. They do not all inherit their parents' less attractive characters or copy their less attractive behaviours. Indeed some will consciously reject them. They have many other positive influences in their lives which can help them to resist the negative, whether it is their schools, their friends, or other people around them. How confident do we have to be that a child will indeed suffer harm because of her parents' character and behaviour before we separate them for good?

.... a court can only separate a child from her parents if satisfied that it is necessary to do so, that ‘nothing else will do’.”

[Link to full judgment](#)

Munro 2010

“Uncertainty pervades the work of child protection. Many of the imbalances in the current system arise from efforts to deal with that uncertainty by assessing and managing risk. Risk management cannot eradicate risk; it can only try to reduce the probability of harm. The big problem for society (and consequently for professionals) is working out a realistic expectation of professionals’ ability to predict the future and manage risk of harm to children and young people.”

McFarlane 2018

Holding the Risk - have we got the balance right between child protection and the right to family life?

“Magistrates and judges up and down the country on every day of the week are making these highly intrusive draconian orders removing children permanently from their natural families on the basis that to do so is better for the child and that “nothing else will do”. But, I ask rhetorically, “How do we know this is so?”

Internal - Office - Sensitive



How children services work with families

- **To safeguard welfare of CIN and keep as many children as possible safely in their families, rather than gathering evidence of poor parenting we need to;**
- Change our attitudes to families, so they can change theirs to us – focus on parents strengths and build their confidence.
- Meet parents needs, so they can meet the needs of their children.
- Develop our skills to create change (MI)
- Do “with” not “to”.
- Be honest.

Further Reading

The Children Act 1989

[The Children Act 1989](#)

Children Looked After in England Statistics

[Children looked after in England national statistics](#)

Care Crisis Review 2018, Family Rights Group

[The Care Crisis Review: Options for Change - Family Rights Group \(frg.org.uk\)](#)

Holding the Risk 2018, Sir James McFarlane

<https://www.judiciary.uk/wp-content/uploads/2022/07/lecture-by-lj-mcfarlane-20160309.pdf>

NSPCC How Safe Are Our Children annual reports

[How safe are our children? 2020 | NSPCC Learning](#)

The Review of Children's Social Care in England

<https://www.gov.uk/government/publications/independent-review-of-childrens-social-care-final-report>

Family Safeguarding Evaluation Report – York Report

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932367/Hertfordshire_Family_Safeguarding.pdf

Working Together to Safeguard Children 2023 - Working together to safeguard children - GOV.UK (www.gov.uk)

Children's social care national framework and dashboard

[Children's social care national framework and dashboard - GOV.UK \(www.gov.uk\)](#)

Enfield Virtual School

Previously Looked After
Children (PLAC) and Kinship
Care

Jane Manning

www.enfield.gov.uk

Striving for excellence



Who are Previously Looked After Children?

- Children who have been in the care of a Local Authority in England or Wales, and left care with an Adoption Order, Special Guardianship Order or Child Arrangement Order (formerly a Residence Order).
- Children adopted from “state care” outside England and Wales.

Who are Kinship Carers?

- Kinship care is **where children are looked after by people they already know**. This can be a family member, family friend or neighbour.
- There are different types of kinship care – and the type of arrangement will determine who has parental responsibility, who can make decisions on behalf of the child, whether they can leave the UK and how long for, and whether or not they are entitled to practical and / or financial support from Children's Services.

What is an...

SGO – Special Guardianship Order

May be a relative (Grandparents, Aunts etc) or family friends. SG's share PR with birth parents however are able to make nearly all decisions with or without parental consent (i.e. medical treatment, holidays etc). Contact with birth parents often continues and contact arrangements are usually handled by the SG. As SG's have PR, Social Care no longer has any involvement. **Not all children with an SGO are previously looked after**, and so not all will be entitled to priority admission, PP+ or additional funding from the ASF – this will be dependent on whether they spent at least 24 hours as LAC. SEE FLOWCHART.

Adoption

Adoptive parents have full PR and PR of birth family has been ended. Adoptive children may continue to have some form of contact with their birth families. All adoptive children **(INCLUDING THOSE INTERNATIONALLY ADOPTED)** are now entitled to PP Plus and priority admission.

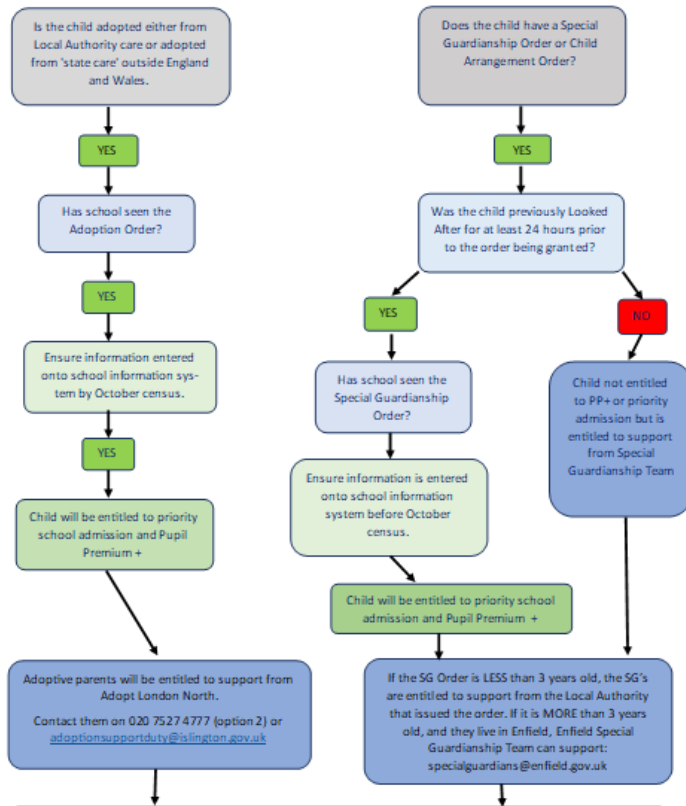
Child Arrangement Order

Not all children with child arrangement orders will be previously looked after and so not all will be entitled to priority admission, PP+ or additional funding from the ASF. PR is shared with birth parents however carers can make important decisions



Previously looked After Children Flowchart for Schools

Send letters out in school information packs and in newsletters, encouraging parents and guardians to make them known to school and explaining about entitlement to PP+



ALL PLAC attending Enfield Schools, their families, schools and professionals can receive advice and guidance regarding educational issues from Jane Manning.

Jane.manning@enfield.gov.uk (Mon - Weds)

Why do PLAC need additional support?

- Many care experienced children may have experienced grief or loss and had traumatic experiences in their early lives. Many of these children entered care due to abuse or neglect. Their needs do not change overnight, and they do not stop being vulnerable just because they are in a loving home. Their early life experiences will have a lasting effect emotionally, socially, and academically. The purpose of the Pupil Premium Plus is to raise educational attainment and close the gap between previously LAC students and their peers

What support are they entitled to?

- Priority Admission:
- Along with LAC, previously LAC are given the highest priority in school admissions. This means that even if a school is over-subscribed, or a year group is “full”, they will still be awarded a place.
- This applies to all PLAC – whether adopted in England or elsewhere from “state care”

What is “state care”

- Previously looked after children who have been in state care outside of England and ceased to be in state care as a result of being adopted will be prioritised along with those who are looked after or previously looked after in England. A child will be regarded as having been in state care outside of England if they were in the care of or were accommodated by a public authority, a religious organisation, or any other provider of care whose sole or main purpose is to benefit society.

Census Information

	School Census January		
Post looked After	2022	2023	2024
Primary	178	178	157
Secondary	62	69	78

Is this a true reflection?

Pupil Premium Plus

- Currently £2570 p.a
- When child enters the school is the best time to capture this information. School need to see proof – but DON'T NEED TO KEEP PROOF. Proof would be the Adoption, Special Guardianship or Child Arrangement Order, or a letter from Social Care confirming the child's status.
- Information needs to be entered on school's information system for October census.

How do we engage with Special Guardians, Kinship Carers and adoptive parents?

- Many will be unaware that their child is entitled to this extra support.
- Include questions on entry pack. Have regular slots on Newsletters asking them to come forward in confidence and explaining the children are entitled to additional support.
- PLEASE MAKE YOURSELVES KNOWN TO THEM AS DT!

How do we engage with Special Guardians, kinship carers and adoptive parents?

- Make time to meet them and hear their ‘story’.
- Make time to get to know the child – building a good relationship is the most important thing you can do.
- Special Guardians are often isolated and may be juggling many complex issues.
- If you have enough families maybe consider a coffee morning for them to get to know each other?

PLAC / Kinship Care PEP

The Enfield PLAC PEP has been produced in order for:

- Schools to be aware of needs and issues faced by PLAC and their parents or carers.
- To encourage positive collaboration between home and school.
- To ensure that the child's background and 'story' is understood by those who need to know.
- Schools can use the PLAC PEP meetings as a means of providing evidence of how their provision meets the needs of vulnerable pupils.

There is no requirement to use the PLAC PEP, and it must be used with the consent of the parents or carers. Many PLAC will be on the SEN register, which may result in some duplication of targets and other information.

These meetings would be good times to note any possible curriculum triggers for the child. Examples of this may be learning about evacuees in WW2, Mother's Day, family trees or learning about the effects of alcohol or illegal drugs.

Schools may find these PLAC PEPs useful, regardless of whether or not the child is entitled to Pupil Premium Plus. If the school decides not to have PLAC PEP meetings, the DT still needs to meet the family, introduce themselves and be a point of contact for the family regarding any issues.

Pupil Premium Plus - continued

- Schools must be able to show how the Pupil Premium Plus funding is being used to benefit eligible children.
- Schools should ensure that they are transparent in how the funding is being used and should aim to involve parents and carers in discussions around its use.
- It is not a personal budget for each pupil, but **MUST** be used to benefit the PLAC cohort.

Pupil Premium Plus

- Schools should use the PP + to fund interventions to “...improve the attainment of previously looked-after children [to] close the attainment gap between this group and their peers.” **A distinction should be made between the PP+ and other PP funding.**
- “The extra funding provided by the PP+ reflects the significant additional barriers faced by looked-after and previously looked-after children (see *Special educational needs and mental health*).”
- “It is important that interventions supported by pupil premium should be evidence based and in the best interests of the child.”

“It is the DT’s responsibility to encourage parents and guardians’ involvement in deciding how the PP+ is used to support their child and be the main contact for queries about its use.”

[DfE DT for LAC & PLAC Guidance](#)

Pupil Premium Plus

- It can be used to:
- Help with SEMH needs e.g have a named staff member to meet and greet the child at the start of the day.
- Provide whole school training to promote awareness of trauma and attachment needs.
- Provide additional tutoring.
- Support with transitioning into a new class, Key stage or setting.
- Reducing suspensions and internal exclusions.
- Improving school attendance.
- EEF has evidence-based strategies.

Adopt London North

Children who have left care with an SGO, AO or CAO (while the carer is being assessed for an SGO) can access funding from the ASF for 'essential therapeutic services' e.g.

Up to £5000 for therapeutic services
Parenting training (GBB)
Theraplay,
Creative therapies e.g. art, music, drama, play.
Non-Violent Resistance (NVR).

Support is accessed via a Social Worker assessment undertaken by the RAA (Regional Adoption Agency) or SGO Team.

Families will need to self refer.

- Adoption and Special Guardianship Support Fund



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PLAC Support

SGO & AO Support

If the above orders are less than 3 years old families need to approach the Adoption Agency, RAA, LA (SG Team) which originally arranged the order.

If the order is less than 3 years old, families should approach the RAA, LA (SG Team) for the borough in which they live.

Both teams welcome early contact (when concerns first arise)

CAO

Requests for support should be made to the Early Help Team.

Safeguarding concerns for children with all of the above orders should be referred in the usual way to MASH.

WHY??

What are adopted children and young people telling us?

79%

of adopted children and young people agreed with the statement:
"I feel confused at worried at school."

47%

of adopted children said they had been bullied or teased because they are adopted.

74%

of secondary-aged adopted children feel that their teachers do not fully understand and support their needs.

81%

of secondary-aged adopted children agreed with the statement: *"Other children seem to enjoy school more than me."*

Key Facts:

- Adopted children are:

5 times more likely to be suspended.

20 times more likely to be permanently excluded.

40% of PLAC achieve ARE at KS2 in Reading, Writing and Maths, compared to 65% of non PLAC.

Supporting PLAC in school

Dysregulated PLAC can display very concerning behaviours (physical outbursts, spitting, inappropriate language, bedwetting, eating difficulties, behaviours in line with children much younger than their years etc)

Others may '**contain**' in school but they may have very challenging behaviours at home (due to the effort of attempting meet expectations and avoiding rejection elsewhere). This can at time impact on the stability of the placement.

Transitions can be very challenging (home to school and visa versa, between lessons and or unstructured time).



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Supporting PLAC in schools

- Be aware of SEN (58% of LAC have SEN), and SLCN.
- Families may have complex arrangements and structures (particularly SG's)
- Be an 'Attachment Aware' school. PLAC may need a more flexible approach to the schools behaviour management strategy.
- ETIPPs – please embrace the training opportunities
- **Key professionals have a clear and in depth understanding of the experiences of the child and impact that this has had on their feelings, development and behaviour.**



What we offer:

- Termly Coffee mornings for Special Guardians and Kinship Carers. This is a space for them to raise educational issues as well as meet each other.
- Termly Coffee mornings for adoptive parents.
- Advice and guidance to schools, social care, parents and carers on the needs of PLAC.
- A limited amount of casework for more complicated cases.
- Please contact us if PLAC is at risk of permanent exclusion.(consent required)

Useful Resources:

- Jane Manning (PLAC Officer)

Email: jane.manning@enfield.gov.uk

Tel: 0204 526 7039 (Mon – Wed only)

- PAC-UK London Education Advice Line

Tel: 020 7284 5879 (Thursdays in termtime 12-2pm)

- Requests for therapy – Adopt London North

Tel: 020 7527 4777 (option 2)

Special Guardianship Team:

Tel: 020 83798490

specialguardians@enfield.gov.uk

One last thing..

- Springboard (Royal National Children's Springboard Foundation)
- Provide opportunities for LAC, PLAC and vulnerable groups of children to get a bursary to attend an independent school either as a boarder or day pupil.
- Mainly year 5's or 10's. Must be achieving at age-related or above.

UNDERSTANDING NEEDS OF
ADOPTED
YOUNG PEOPLE

Improving the Education of Children with a Social Worker

Enfield Trauma Informed Practice - ETIPSS

Why Trauma Informed Practice for Children with a SW

- Children with a SW have experienced many adverse childhood experiences (ACEs) defined as *“highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity”*
- Early experiences continue to affect them long after SW intervention begins (Rahilly and Hendry, 2014). Young Minds, 2018.

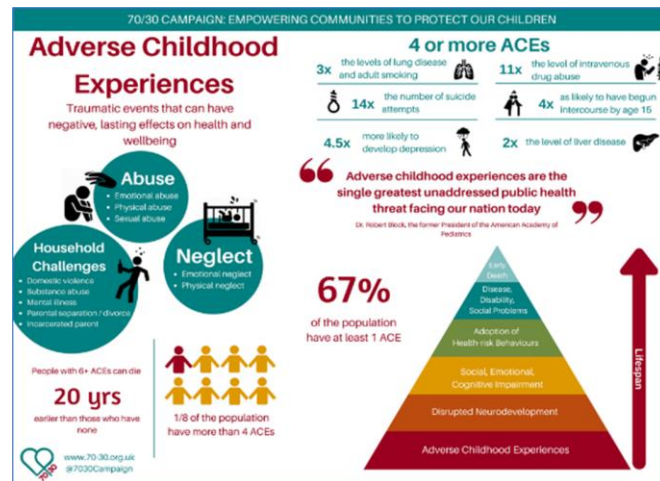
ADVERSE CHILDHOOD EXPERIENCES INCLUDE:



ADVERSE CHILDHOOD EXPERIENCES HAVE BEEN LINKED TO:



Rahilly, T. and Hendry, E. (eds.) (2014) Promoting the wellbeing of children in care: messages from research. London: NSPCC.



ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical

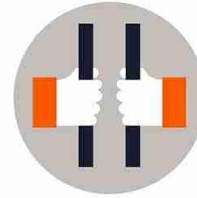


Emotional

HOUSEHOLD DYSFUNCTION



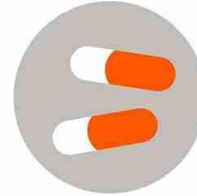
Mental Illness



Incarcerated Relative



Mother treated violently

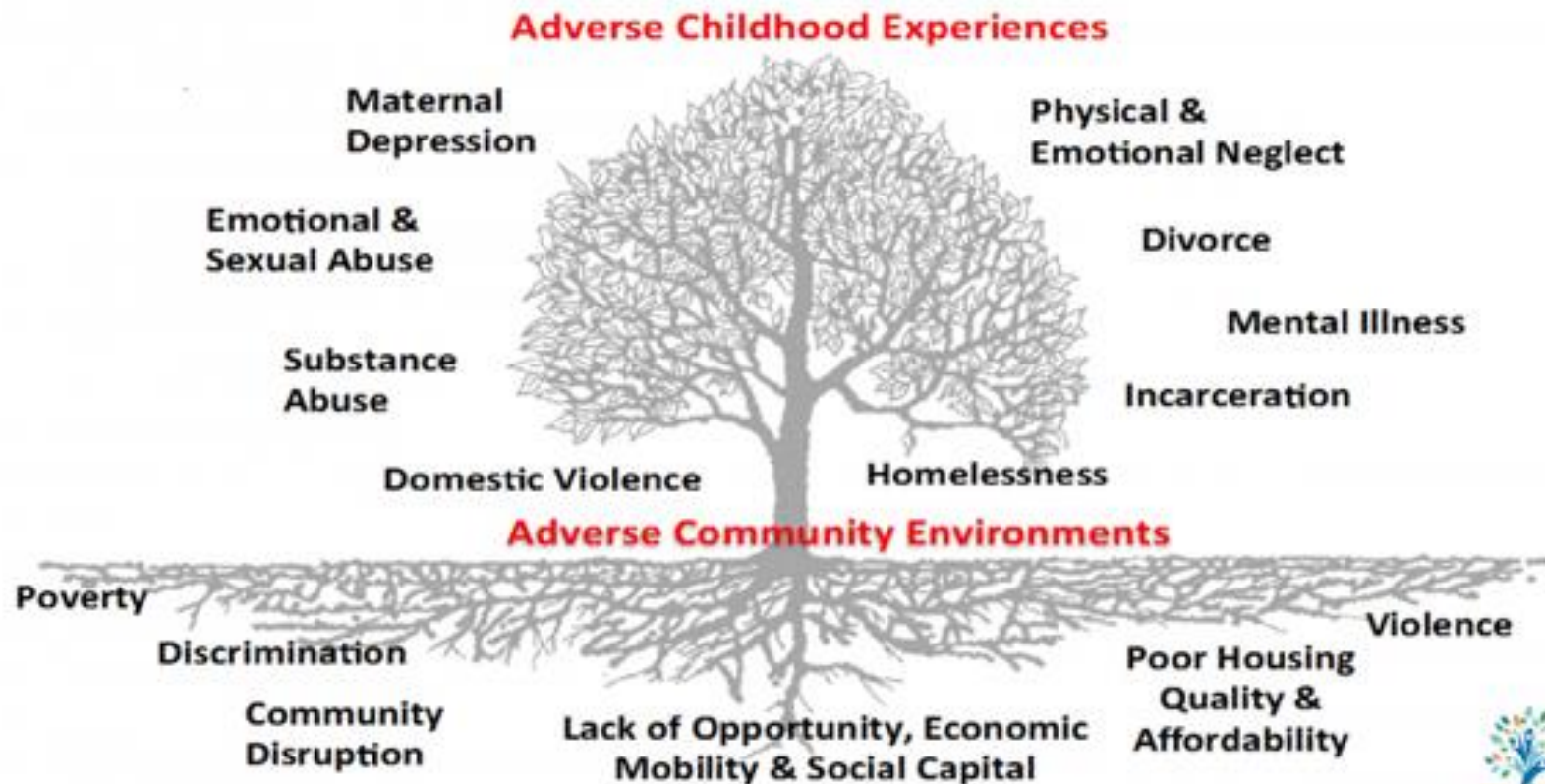


Substance Abuse



Divorce

The lifelong Impact of Adverse Childhood Experiences (ACEs)



Trauma informed practice understands

a whole range of behaviours
as the adaptation that the
person needed to make often
when a child in order to
survive.

*We ask “how does this person
make sense given what has
happened to them?”*



A Trauma-Informed Approach asks:

What need is being met by this behaviour?

Or/ And

What danger is being avoided/ safety sought?





A Trauma-Informed Approach asks:

What happened to you?

Not

What is wrong with you?

Trauma-Informed Approach asks:

How does this child/adult make sense?

AND

How has this child/adult learnt to survive?



A Trauma-Informed Approach asks:

What do the adults/professionals in this system need in order to be the containing people this child/young person needs?

AND

What does this child/young person need from adults to be able to regulate, to manage themselves?



A Trauma-Informed Approach does not view...

Children and adolescents in crisis as **JUST** manipulative, attention-seeking or destructive, but as trying to cope in the present moment using any available resources with survival mechanisms that are not relevant to the current context.





A trauma-Informed approach addresses racism

“Racial oppression is a traumatic form of interpersonal violence which can lacerate the spirit, scar the soul, and puncture the psyche”

Ken Hardy



A Trauma-Informed approaches believes

Children (and adults) do well if
they can.

AND

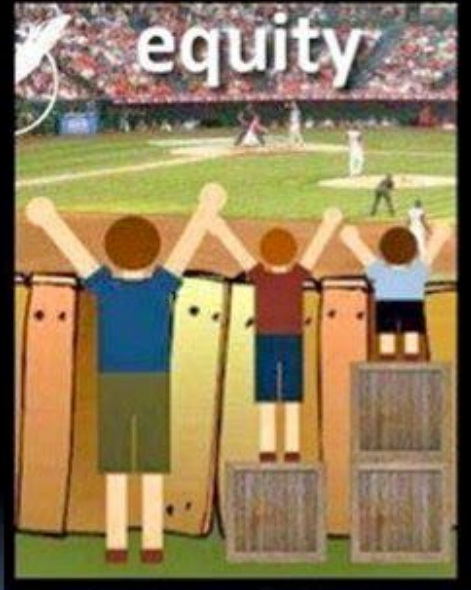
Children (and adults) do the best
they can with the resources
available to them.

Equality vs. Equity



EQUALITY=SAMENESS

GIVING EVERYONE THE SAME THING → It only works if everyone starts from the same place



EQUITY=FAIRNESS

ACCESS to SAME OPPORTUNITIES → We must first ensure equity before we can enjoy equality

Equal vs Fair

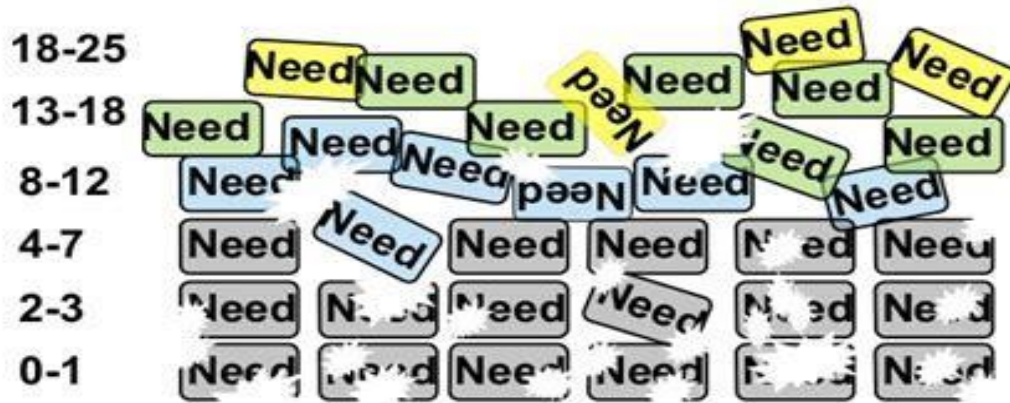
Equality vs Equity

Sameness vs Fairness

Our children need equity before they can enjoy equality

Children with a Social Worker start from a different place to their peers. They have not had the same opportunities.

Unmet early needs creates insecure 'Wall' thus destabilizing the future



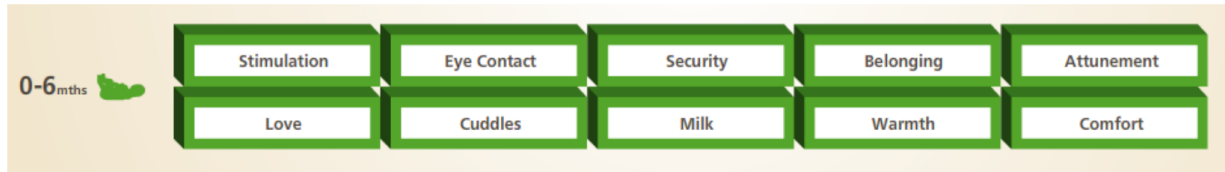
See Adoption UK website for "The Wall" interactive demonstration



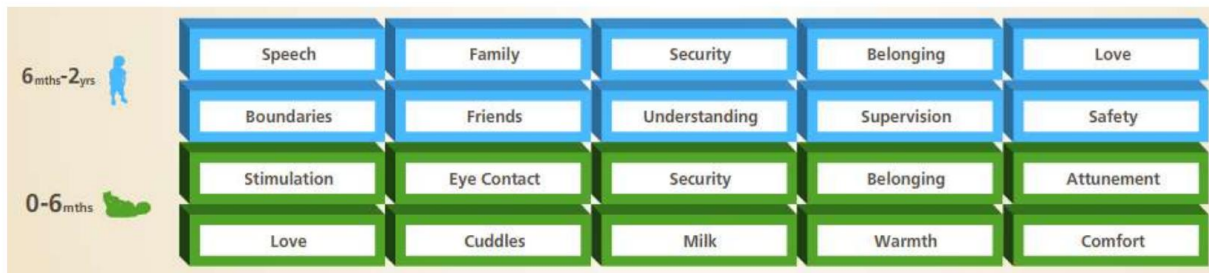
The Wall

Our needs start from birth, and we look to our parents to fulfil them...

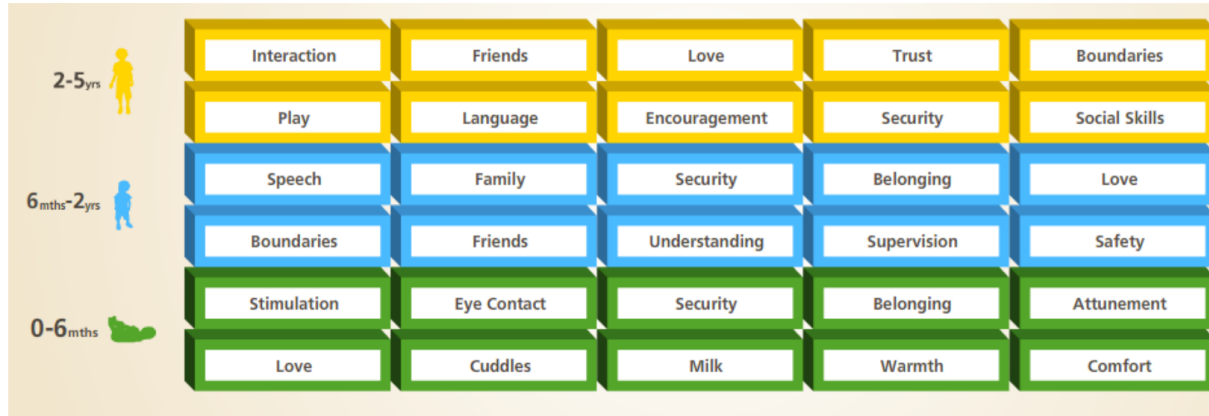
As we grow, many of these remain, but we also develop new ones...



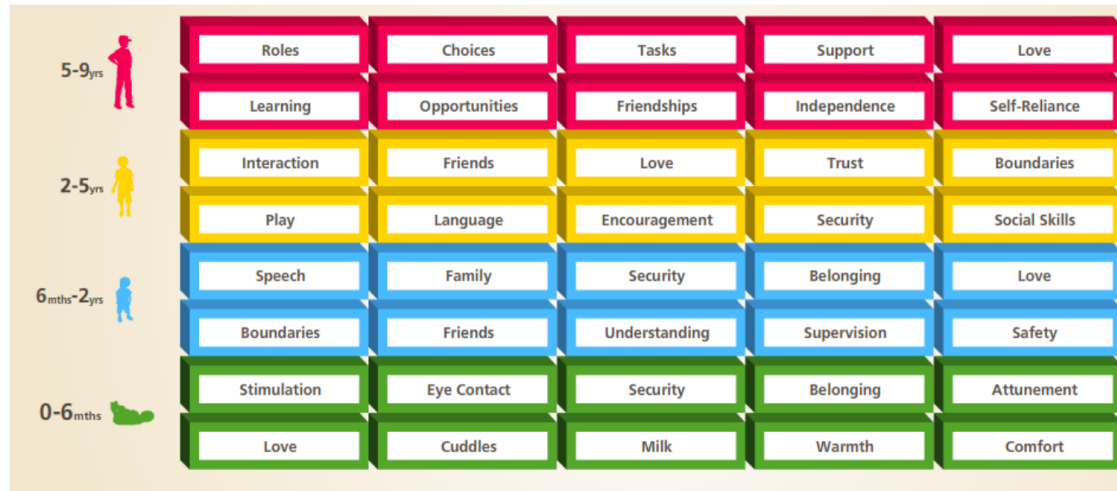
By the age of two, new social and developmental needs become evident...



When our needs are met, development and a sense of self are encouraged.



The wall of a child with no developmental difficulties or disrupted experiences may look like this.



Most adopted children have experienced some level of trauma.

This may have been caused by abuse or neglect in their early lives.

They will have been separated from their birth families

They will have spent time in the care system, sometimes with more than one carer.

All this will have had an effect on their development and their ability to attach to their new parents.

How might their wall look?

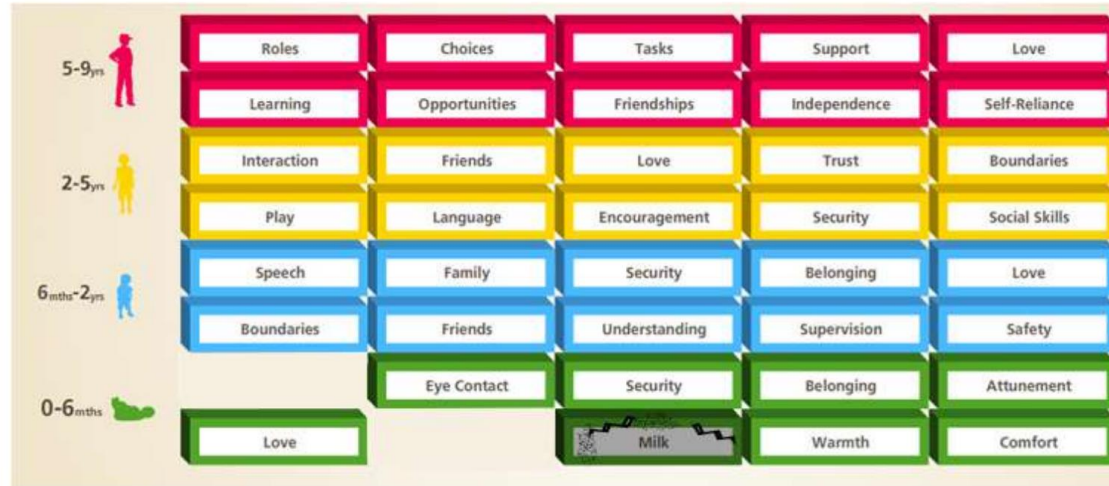
A neglected child would have rarely or never been cuddled



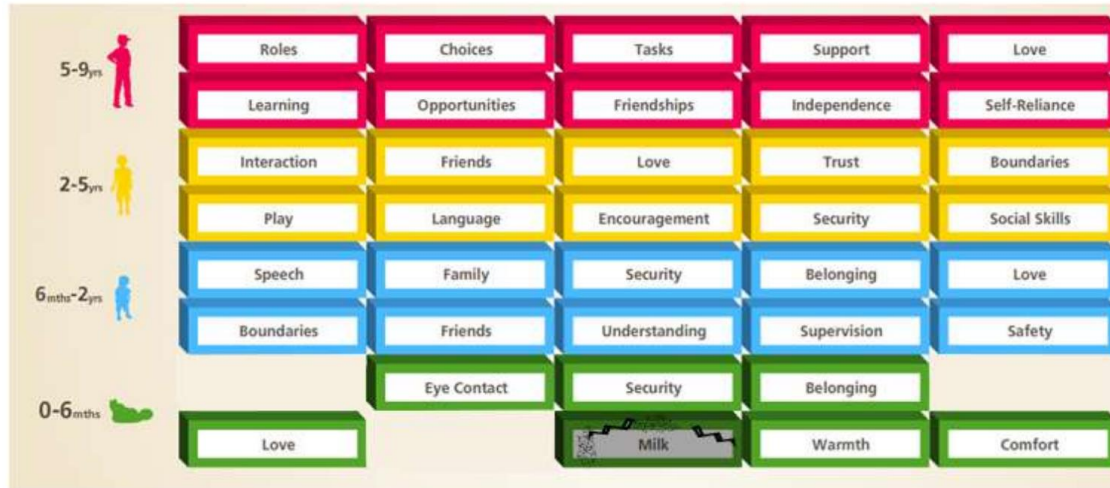
Their milk might have been infrequent or inconsistent



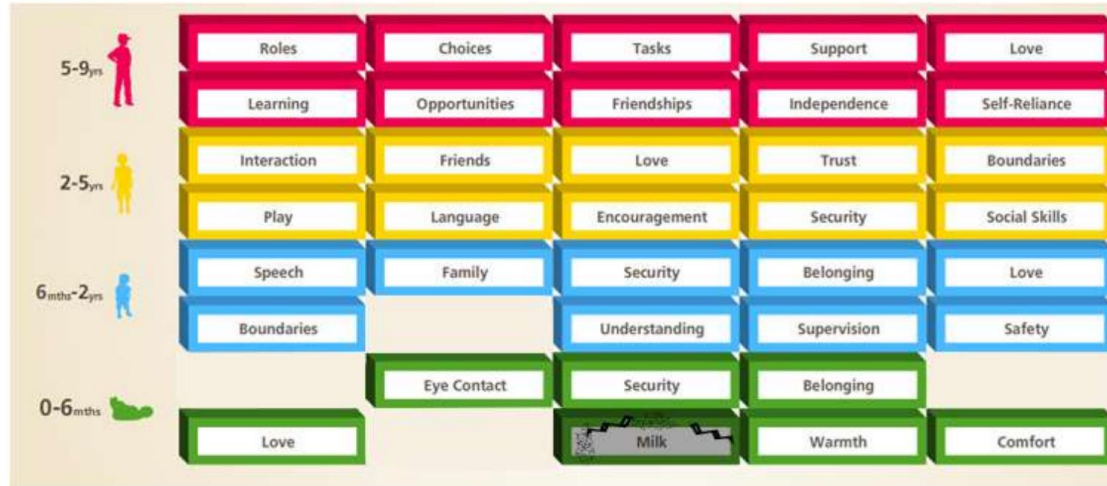
They may have received little or no parental stimulation



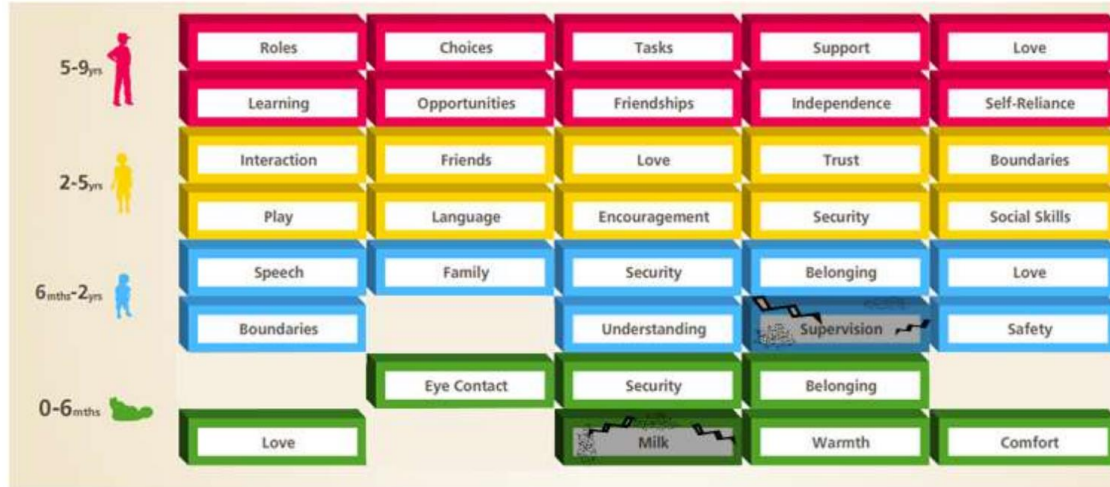
Their parents would not have attuned with them



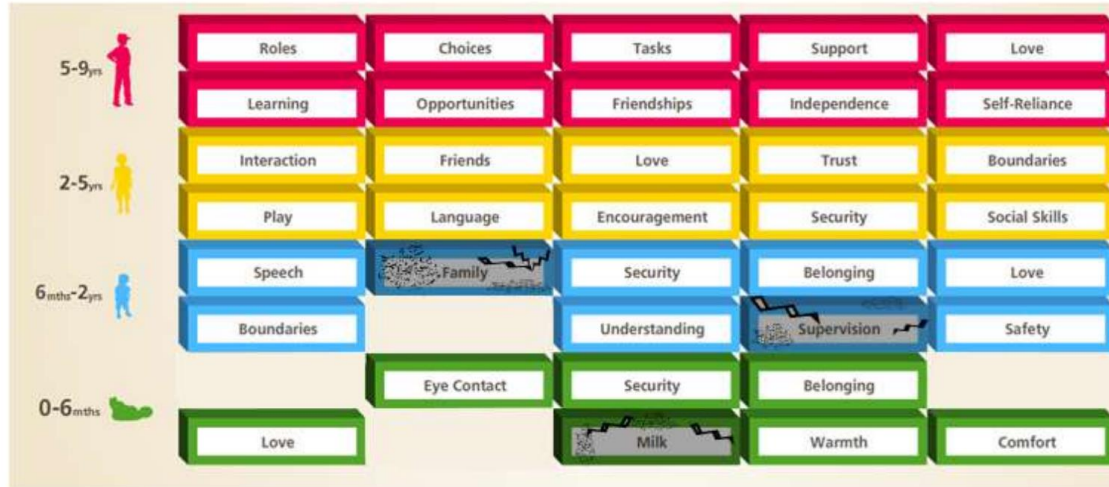
Because of this, they might struggle to make friends



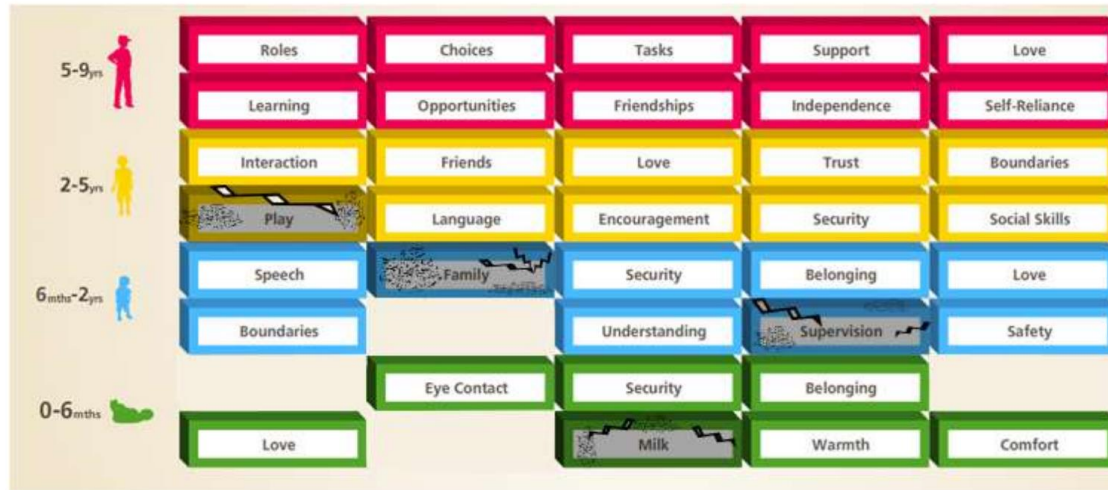
Their play would be unsupervised



They struggle to feel part of a family unit



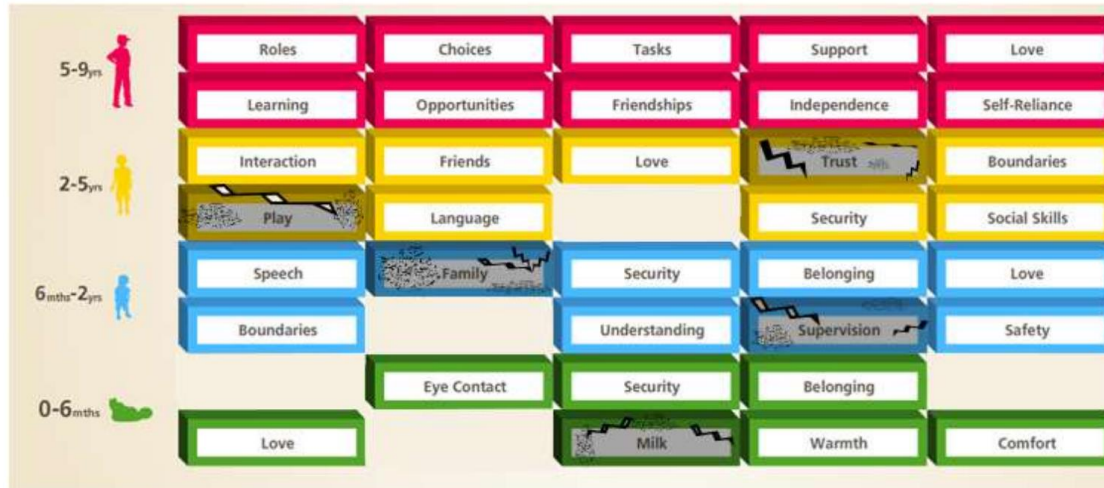
An abused child might play in an unhealthy way



They may not receive encouragement,
or even believe the encouragement they do get



They may struggle to trust others



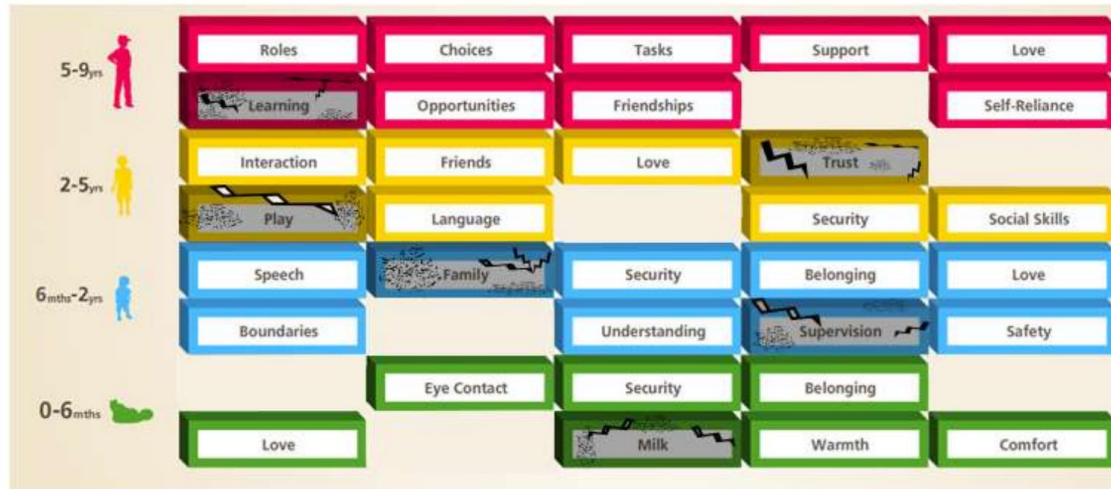
They might experience no or few boundaries on their behaviour



All this can cause problems at school



They can fear being left alone



Even though their birth family may love them dearly,
the expression of that love might be infrequent or
even unhealthy



Unmet early needs creates insecure 'Wall' thus destabilizing the future



See Adoption UK website for "The Wall" interactive demonstration

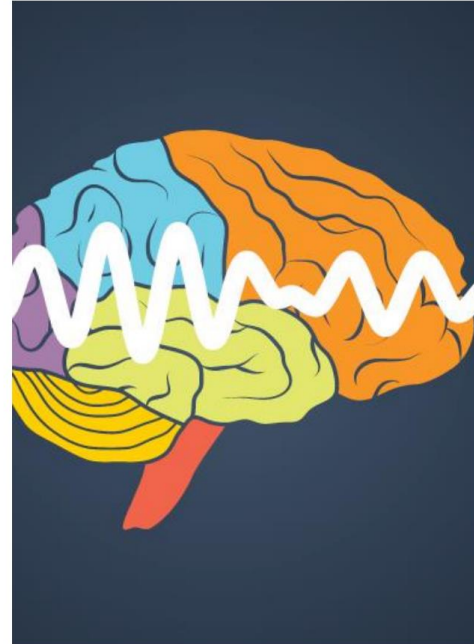
Taken from Bubble Wrapped Children



**So.. What do
we mean by
trauma?**



“Trauma is not what happens to you, it is what happens inside of you because of what happens to you.” Gabor Mate





“After trauma, the world is experienced with a different nervous system...every new encounter or event is contaminated by the past..”
Bessel Van Der Kolk



“We have learned that trauma is not just an event that took place sometime in the past; it is also the imprint left by that experience on mind, brain, and body. This imprint has ongoing consequences for how the human organism manages to survive in the present. Trauma results in a fundamental reorganization of the way mind and brain manage perceptions. It changes not only how we think and what we think about, but also our very capacity to think.”

— **Bessel A. van der Kolk, The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma**





Trauma is Survival Responses turned on and not processed

- *Perception* is more important than *reality*
- Human beings are biologically primed for survival
- When threat is perceived:
 - Activation of 'survival centres'
 - Recognition of fear/danger
 - Activation of fight/flight/freeze response
 - Shutting down of non-essential tasks

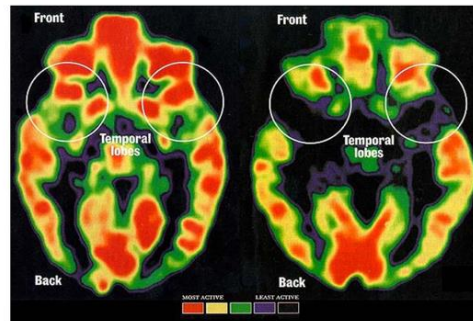
Neuroscience: the brain and nervous system are affected

<https://youtu.be/xYBUY1kZpf8>

Neuroscience shows us the physical impact of Trauma on brain and body.



Childhood Trauma and the Brain | UK Trauma Council



Physical Impact of Trauma

The infographic is a vertical red ribbon with various icons and text boxes describing the physical impact of trauma on different systems:

- Brain Architecture:** Decreases in prefrontal cortex, corpus callosum, and hippocampus. Temporal and more frontal atrophy. Associated with an altered resting state network and altered brain structure.
- Brain Waves:** Proliferation of wrong brain waves to wrong part of the brain leads to anxiety, insomnia, depression, and irritability.
- Neural Pathways:** Hard to travel the brain from one thought pattern and habit of mind, emotions and reactions. Connections: neurotransmitters, neuropeptides, nitric oxide, energy, cognition and life.
- Neurotransmitters:** Vulnerable to addiction because dopamine neurotransmitters become not developed or damaged. Reduce motivation & focus, create fatigue. Low serotonin causes depression.
- Hormones:** Prolonged high cortisol and chronic stress impact negatively on brain, lung and damage to cells. Disrupts on the body, and other hormone glands (thyroid, testosterone, prolactin, and low testosterone).
- Toxin Elimination:** Intestines and kidneys less able to eliminate toxins (over part or unbalanced flora). Neurotoxic cell damage, cancer.
- Nervous System:** Supercharged sympathetic nervous system. Electrostatic and stress system not engaged to bring back into balance. Blood sugar spikes, hypertension, chronic physical/emotional reactivity.
- Cellular Change:** Short-term stressors quickly, permanently ages and reduces reproductive life cells & can cause cancer. Disrupts social support. Epigenetics forms genes on or off in inheritance for disease. Neurotransmitters. Effect can last generations. Epigenetics (gene-environment) concept on off.
- Immune System:** Resistance to cortisol or lower cortisol, chronic unbalanced inflammation. Cause of many diseases: arthritis, asthma, etc. Epigenetics (gene-environment) concept on off, working in natural, DNA, and cell.

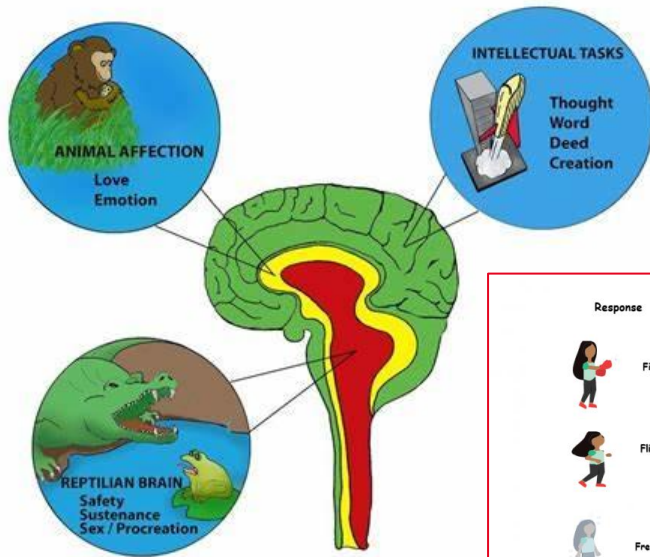
At the bottom right, there is an 'echo' logo with the website address www.echoinstitute.org.






Childhood Trauma and the Brain

- [Childhood Trauma and the Brain | UK Trauma Council – YouTube](#) (5.10)



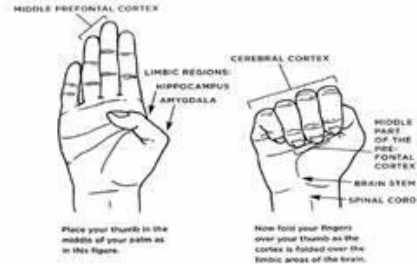
Neuroscience tells us about brain development, “survival” behaviours and impact on learning



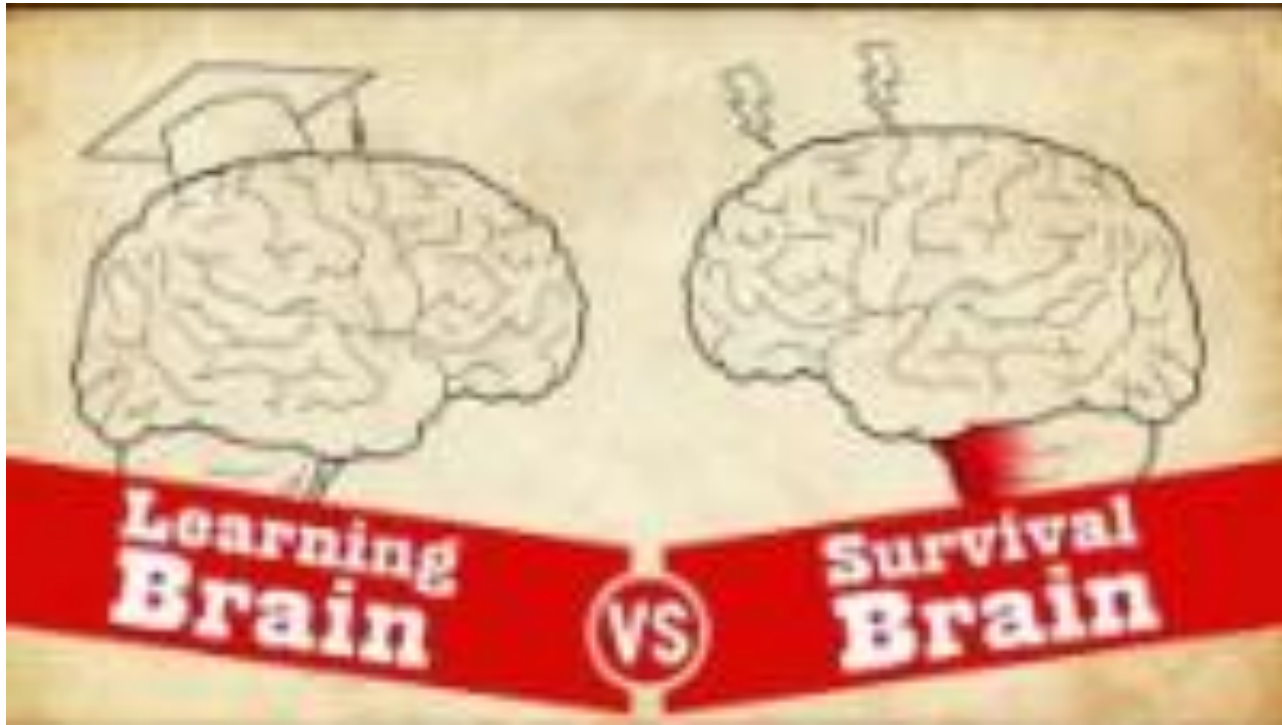
Response	Common Thoughts and Feelings	Common Behaviors
 Fight	"It's all your fault!" feeling anger or rage	Talking back to authority, storming out, showing aggression towards self or others, showing defiance, blaming others
 Flight	"I've got to get out of here!" feeling anxious or overwhelmed, feeling the urge to flee	Leaving the space unexpectedly, spacing out or seeming not to listen, being intentionally or unintentionally distracted, missing class or work
 Freeze	"I can't," feeling panicked, overwhelmed, or numbed-out	Giving up quickly, spacing out/ seeming not to listen, showing frustration or overwhelm
 Flip	"It's all my fault" or "It's not worth it" feeling sad, depressed, hopeless, apathetic	Appearing disengaged, showing little emotion, missing class, work, events
 Friend	"Please help me! I can't do it." Feeling helpless or powerless, low confidence	Not taking responsibility for oneself, relying on others (peers, adults others) to help solve problems

The hand model of the brain

Daniel J. Siegel, *Mindsight* (Melbourne: Scribe, 2010), p.15

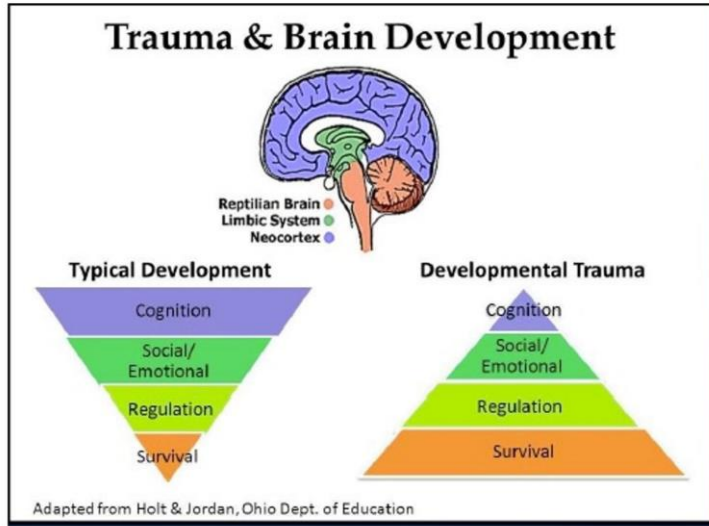


<https://www.youtube.com/watch?v=5CpRY9-MIHA>



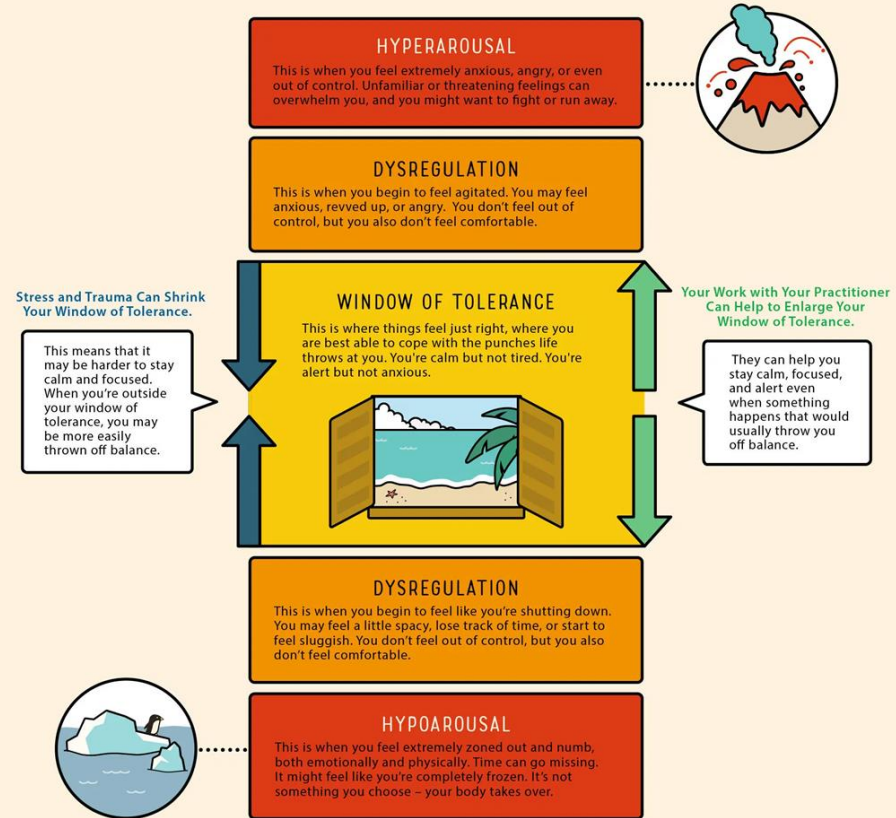
[Survival brain versus thinking brain - Bing](#)

“With prolonged trauma, a disconnect occurs between the emotional / thinking parts of the brain and the R/L sides of the brain.”



@thesensoryproject208

How Trauma Can Affect Your Window of Tolerance



“The Body holds the score” – “Sensory Memories”

The experiences of Baby James



Bing Videos

Sensory Memories

Beacon House
Therapeutic Services and Trauma Team

How does the body store crucial information of our early experiences when we are an infant?

Beacon House
8.19K subscribers

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the || tr 0:03 / 4:25 beaconhouse.org.uk/training



A trauma-Informed approach responds effectively by :

- Finding unmet needs and meeting them
- Creating a felt sense of safety when people experience fear
- Teaching skills where they are lacking

A trauma-Informed approaches understands that boundaries and routines are essential



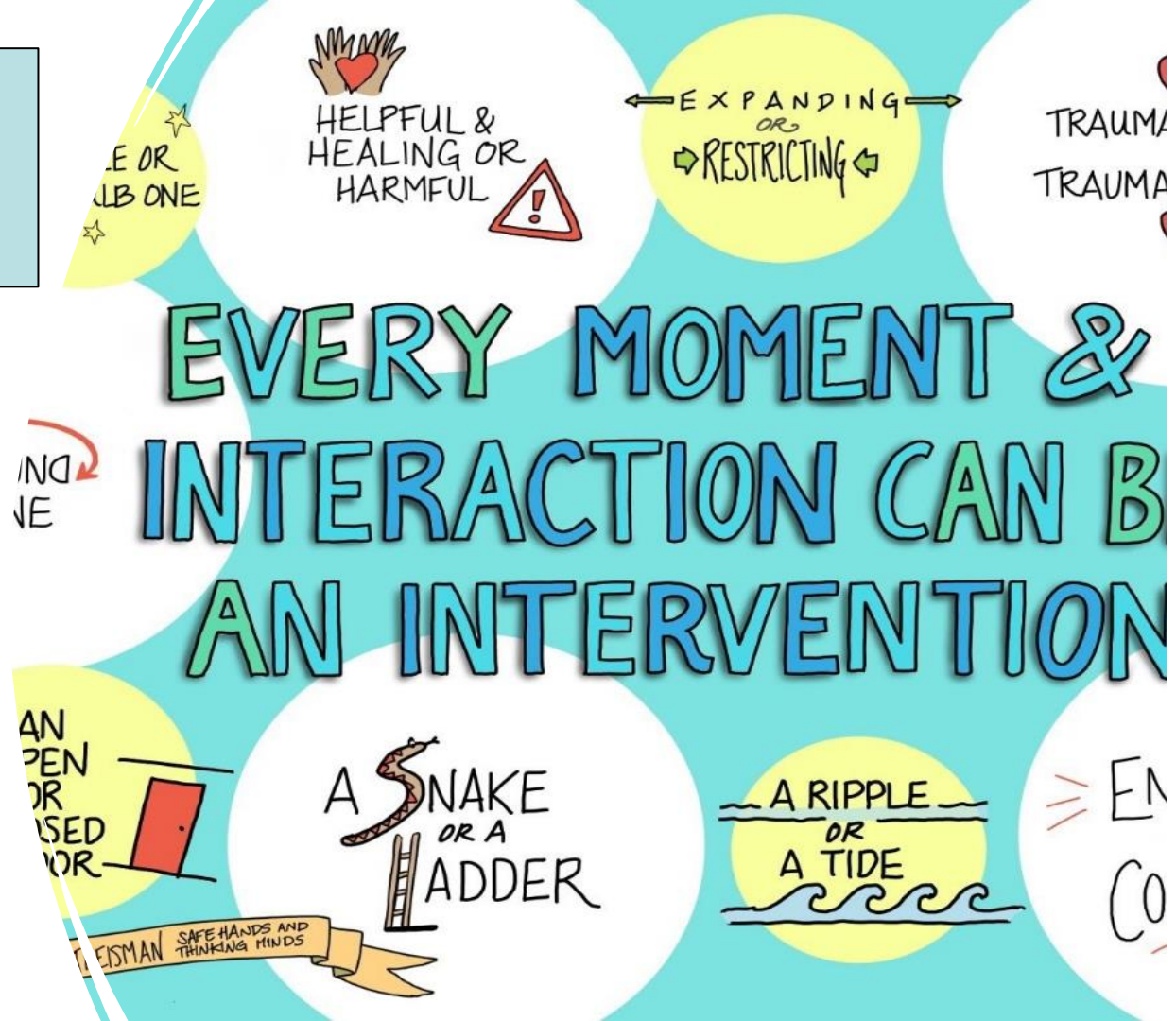
To develop a felt sense of safety and through the establishment of predictability.

To support the development of new skills.

Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005 and J Shutkver 2023 Hertfordshire County Council

A Trauma Informed Approach recognises that:

- Understanding the true nature of ACES and attachment, and how this means there is no “quick win” or “one-size fits all” approach”,
- All staff need to approach their interactions with this in mind on a day-to-day basis





Trauma-informed practice means changing the lens you use to understand others

- **Be curious** - identify underlying needs being expressed through behaviour.
- **Be reflective** – Consider how our own and others Social GRACES influence our approach and understanding.
- **Be empathetic** - respond to what is beneath the surface in an empathic, supportive and effective way.

- **G**: ender
- **G**: eography
- **R**: ace
- **R**: eligion
- **A**: ge
- **A**: bility
- **A**: ppearance
- **C**: ulture
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- **E**: thnicity
- **S**: pirituality
- **S**: exuality
- **S**: exual orientation

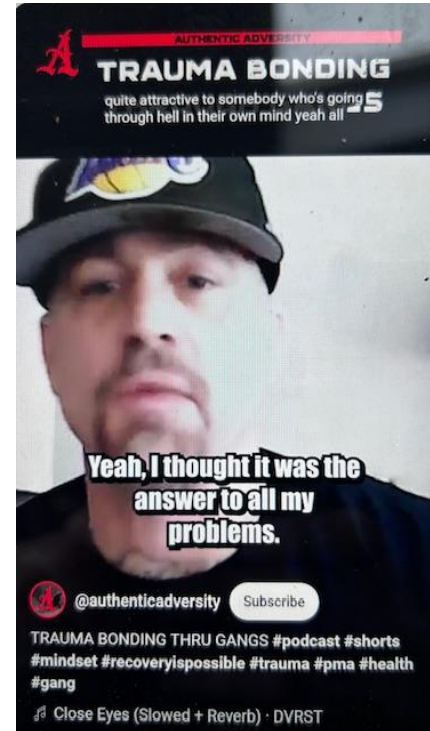


- *We think kids have behaviour problems, or they're not interested in learning, or they're not able to learn, when really, when you get down to the bottom of it, there's some experience that they've had that has taken priority over everything that's going on in their life.*
- —Melinda Johnson, Teacher

Trauma Bonding

- <https://www.youtube.com/shorts/0LZsdWksSCc?feature=share>

Gangs do Trauma Informed Practice better than we do!
We need to do better than the gangs if we are to help these young people.






Why trauma-informed schools?

Why schools?



15,000 hours

Schools are a primary care-giving system.



"Schools are a significant source of health in the community. Schools represent a care and concern for children which is a sustaining experience for many children whose emotional and social needs are not entirely being met by family and environment."

Heather Geddes, Attachment in the Classroom (2006)



- In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress. Those adults include administrators, teachers, support staff, parents and carers, and law enforcement i.e. it is a whole school approach, applied at every level in the school system by every adult within it, not an intervention, or an isolated pocket of support.



- *“A trauma-informed school also seeks to maximise the healing potential of the school environment. One way of doing this is through teaching young people about mental wellbeing. Another way is by creating a positive ethos, providing young people with a direct experience of reliable attachment figures and a safe and caring environment”*

- <https://www.centreformentalhealth.org.uk/publications/trauma-challenging-behaviour-and-restrictive-interventions-schools>

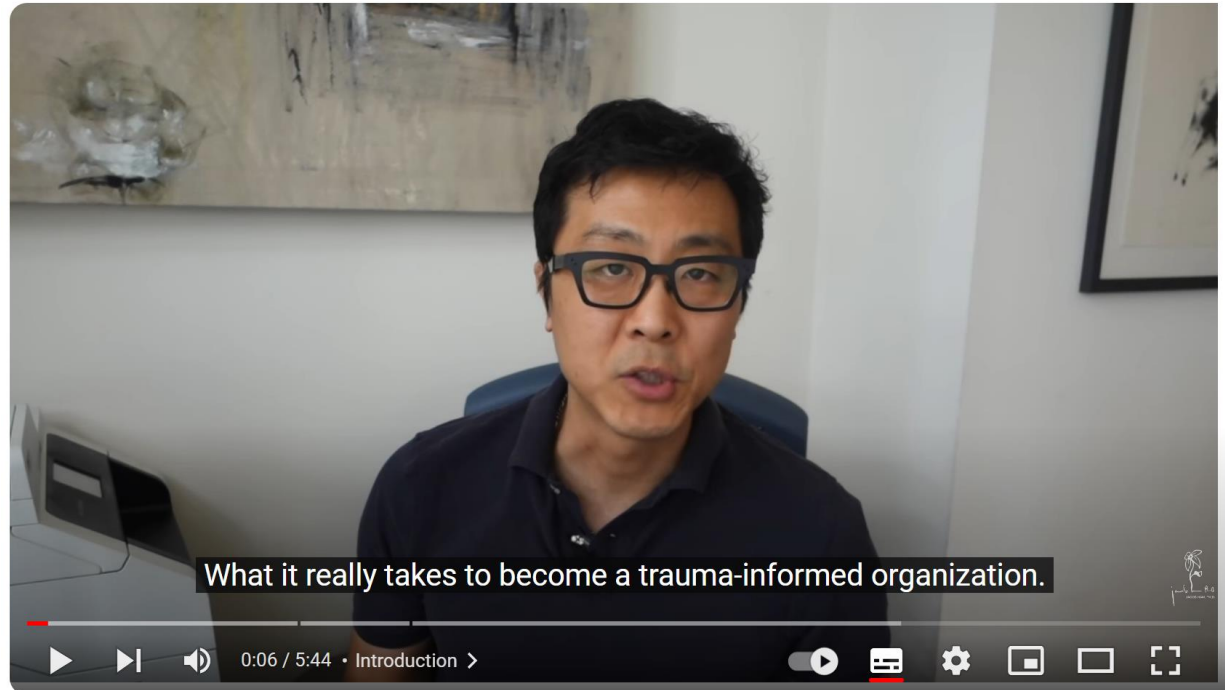


- Students are provided with clear expectations and communication strategies to guide them through stressful situations.
- The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support.



Trauma Informed starts with you...

- <https://youtu.be/-876Zw-NA94>



TRAUMA EXPERIENCE INTEGRATION

WORK WITH CHILDREN TO EXPLORE, PROCESS & INTEGRATE HISTORICAL EXPERIENCES TO HELP THEM UNDERSTAND THEMSELVES SO THEY CAN ENGAGE EFFECTIVELY IN PRESENT LIFE. ABILITY TO 'SURVIVE & TOLERATE', 'ENGAGE CURIOSITY & REFLECT' & 'ENGAGE DEVELOPMENTAL CAPACITIES'

COMPETENCY

THE BUILDING OF RESOURCES, BOTH INTERNAL & EXTERNAL, THAT ALLOW FOR ONGOING HEALTHY DEVELOPMENT & POSITIVE FUNCTIONING WITH SOCIAL CONNECTIONS, COMMUNITY INVOLVEMENT & ACADEMIC ENGAGEMENT

REGULATION

BUILDING BLOCKS TO TARGET THE CHILD'S AWARENESS & UNDERSTANDING OF THEIR INTERNAL EXPERIENCE - DEVELOPMENTAL TRAUMA HAS A SIGNIFICANT IMPACT ON ABILITY TO REGULATE PHYSIOLOGICAL, EMOTIONAL, BEHAVIOURAL & COGNITIVE EXPERIENCE

ATTACHMENT

BUILDING OF "SAFE-ENOUGH", "HEALTHY-ENOUGH" RELATIONSHIPS BETWEEN CHILD & HIS/HER CARE-GIVING SYSTEM - A SAFE, HEALTHY ATTACHMENT SYSTEM CAN BUFFER THE IMPACT OF HIGHLY TRAUMATIC STRESS

THREE FOUNDATIONAL STRATEGIES

INTEGRATED INTO ALL ELEMENTS OF TREATMENT

EXECUTIVE FUNCTIONS

SUPPORT CAPACITY TO MAKE CHOICES & INHIBIT RESPONSE. BUILD AGE-APPROPRIATE EVALUATION OF SITUATIONS & BUILD/SUPPORT ABILITY TO GENERATE & EVALUATE POTENTIAL SOLUTIONS

SELF-DEVELOPMENT & IDENTITY

HELP CHILDREN IDENTIFY THEIR UNIQUE SELF, THEIR POSITIVE ASPECTS & BUILD A SENSE OF SELF WHICH INTEGRATES PAST & PRESENT WHICH THEN HELPS THEM IMAGINE A FUTURE

RELATIONAL CONNECTION

EXPLORE GOALS, BUILD SAFETY IN RELATIONSHIP, IDENTIFY/ ESTABLISH RESOURCES FOR SAFE CONNECTION & BUILD SKILLS TO SUPPORT EFFECTIVE USE OF RESOURCES

IDENTIFICATION

IN ORDER TO REGULATE EMOTIONAL & PHYSIOLOGICAL EXPERIENCES IN A HEALTHY WAY, CHILDREN MUST FIRST HAVE AN UNDERSTANDING OF THEIR INTERNAL STATES

MODULATION

THIS INTERVENTION TARGET HIGHLIGHTS THOSE SKILLS NECESSARY TO HELP CHILDREN LEARN TO MAINTAIN LEVELS OF AROUSAL AND TO EXPAND THEIR "COMFORT ZONE"

CARE-GIVER AFFECT MANAGEMENT

PROVIDE PSCHOEDUCATION ABOUT TRAUMA, IDENTIFY CHALLENGING BEHAVIOURS, BUILD SELF-MONITORING SKILLS, SELF-CARE & SUPPORT RESOURCES

ATTUNEMENT

THIS IS THE CAPACITY OF CAREGIVERS TO ACCURATELY READ CHILDREN'S CUES & RESPOND APPROPRIATELY. "BE CURIIOUS"

EFFECTIVE RESPONSE

ITS IMPORTANT TO HAVE CONSISTENT & SAFE RESPONSES TO A CHILD'S BEHAVIOUR. USE "GO-TO" STRATEGIES TO REDUCE & ADDRESS IDENTIFIED BEHAVIOURS

ENGAGEMENT

SUSTAINING ACTIVE ATTENTION BY EXPLORING & IDENTIFYING STRATEGIES THAT SUPPORT CONNECTION, CONTROL, COLLABORATION, CHOICE & VOICE THROUGHOUT THE WORK

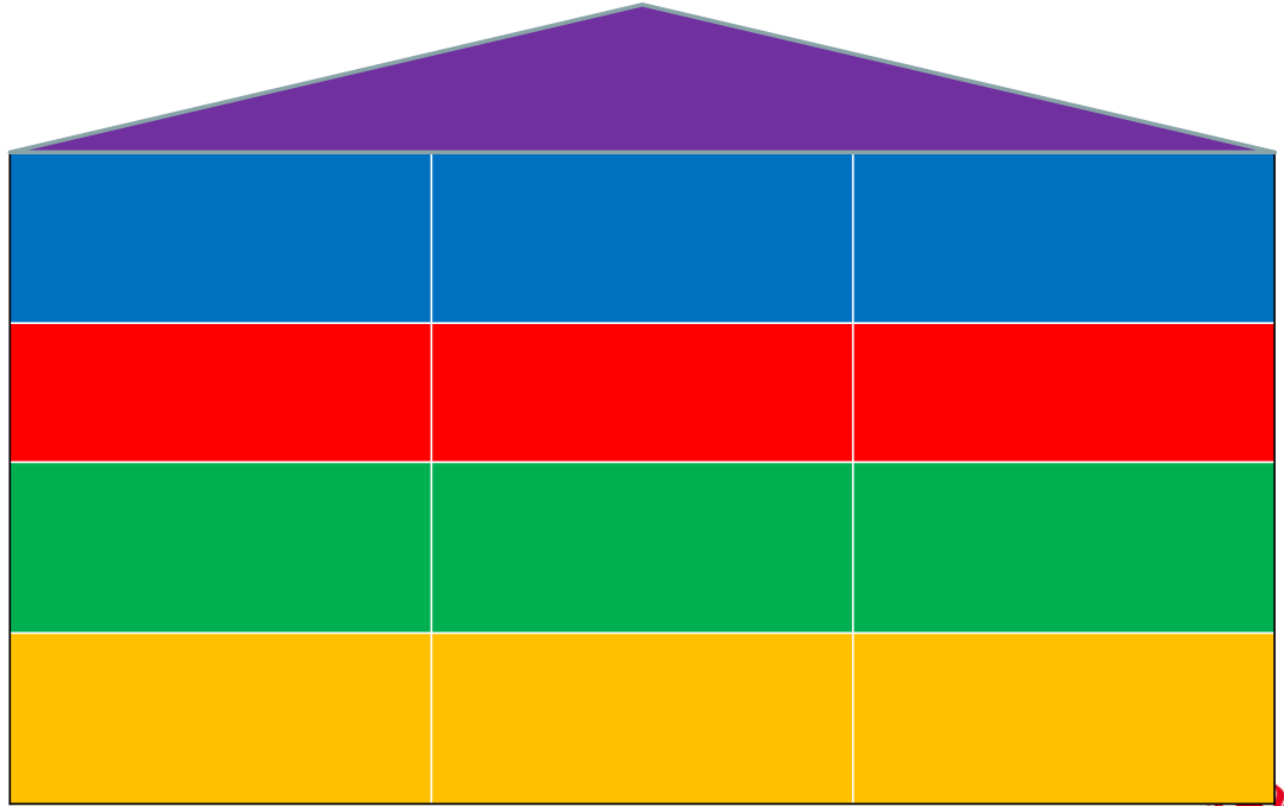
EDUCATION

AN UNDERSTANDING OF 'WHY' SOMETHING IS HAPPENING CAN BE AN IMPORTANT SOLUTION TO ADDRESSING IT. EDUCATION CAN BE POWERFUL IN SHIFTING OUR LENSES ABOUT OURSELVES & OTHERS

ROUTINES & RHYTHMS

SUPPORT FELT SAFETY & MODULATION THROUGH THE ESTABLISHMENT OF PREDICTABILITY. THEY REINFORCE KEY GOALS & SUPPORT THE ACQUISITION OF SKILLS. THE CREATION OF RHYTHM IS A FOUNDATIONAL AND CROSS-CUTTING STRATEGY IN TRAUMA TREATMENT

THE ARC FRAMEWORK – A COMPONENTS BASED MODEL



Case Study 1

Child X is in Year 9. She has been in care for 8 months following significant neglect at home. After being placed in a foster placement, child X ran away and went missing for 6 weeks, 4 of which fell during the school summer holidays. During these 6 weeks professionals were unable to locate or have any communication with the child. After 6 weeks, Child X arrived at their adult cousin's house and refused to communicate with anyone where they had been.

Initially, on her return to school Child X settled back into the routines and rituals well and was pleased to be reunited with her friends. She agreed to engage with the school counsellor and had signed up to several after school clubs run by adults who she liked. Teachers started to notice some changes in Child X's presentation and behaviour after 5 weeks of reintegrating back into school. She looked dishevelled and concerns were raised about her level of personal hygiene. She became withdrawn from her friendship group, stopped attending extra-curricular clubs and was found hiding in the toilets regularly during lesson time. Her behaviours escalated after her form tutor went on maternity leave and she was suspended on 3 separate occasions: vaping in school toilets, verbal aggression towards a member of SLT and inciting a physical fight to take place whilst in school uniform.

“How would you profile this young person on the ARC model? Which block would you select as an initial focus for intervention?”

Case study 2

Child A is 15 and allocated to a social worker due to concerns linked to sexual exploitation. Child A lives with their adoptive mother and 2 younger siblings. Child A presents as confident, but social worker reports that they are not entirely convinced that this is the case. The relationship between Child A and their mother is strained with increasing arguments at home.

Child A struggles to follow the boundaries put in place by their mother and is not always honest about where they are going and who they are spending time with. Mum works long shifts and occasional nights whereby a family friend stays in the home with the children. Most recently, Child A has reignited contact with their birth family (non-UK based) via text communication.

Despite the predicted potential to do well academically, Child A has increasingly distanced themselves from education. To date Child A's attendance stands at 57%. When they are present in school they often truant from lessons and have been found vaping in school toilets, attempting to distract other pupils from their learning. On the days that they are absent, they will either spend their time in bed or be "out with friends".

Child A has no known additional needs (learning, nor medical). When asked why they are not attending school on a regular basis they simply state that some days they "can't be bothered"; yet have also identified aspirations to become a social worker.

School commented that due to their sporadic attendance, Child A does not appear to have a consistent social group.

"How would you profile this young person on the ARC model? Which block would you select as an initial focus for intervention?"

Case Study 3

Child X is in Year 6. He was adopted at 2 years old, following 2 foster placements and has no contact with his birth parents or siblings. When at school Child X can have explosive outbursts and on occasion the rest of the class has had to be removed from the classroom. At playtime Child X often refuses to come back into class, and when he believes he is 'in trouble' Child X will often run out of class and hide. There is a concern that some of his behaviour is sexualised (He has been accused of trying to look at other boys in the urinals and making inappropriate comments). He sometimes runs off when collected at the end of the day. Child X rarely completes much work, but is believed to be an able student when he concentrates. The teacher reports that she has to spend most of her time trying to stop Child X from disrupting the other children.

Child Xs mum previously worked part time and has stopped working so that she can focus on looking after him. Dad works from home so that he can be available. They attend school meetings and appear committed and caring however they also seem very tired and anxious. They report that Child X continues to wet the bed at night and reverts to very babylike behaviours when he's at home (refuses to feed himself, drinks from a sippy cup, uses baby like language). Other parents have been complaining to the school about the impact of Child X's behaviour on the rest of the class. Another parent at the school reported seeing dad being 'a bit rough' with Child X at the end of the school day. School reported this to MASH, and for a while he was on a CIN plan, but this has now ended. During a meeting with school mum mentioned that she is aware that Child X's birth mother went on to have further children who were removed due to sexual abuse.

“How would you profile this young person on the ARC model? Which block would you select as an initial focus for intervention?”

Jaz Ampaw-Farr


[Jaz Ampaw-Farr Pre-Recorded Keynote - 2024 on Vimeo](#)

Enfield Virtual School Website



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Virtual school



FEEDBACK



Enfield Virtual School

For looked-after children – previously looked-after children and children with a social worker.

<https://www.enfield.gov.uk/services/children-and-education/virtual-school/>

ENFIELD
Council



DT / DSL Training Day - Tues 26th
November 2024

