

Children in need of help and protection: call for evidence

Response of the Association of School and College Leaders

1. The Association of School and College Leaders (ASCL) represents over 19,000 heads, principals, deputies, vice-principals, assistant heads, business managers and other senior staff of maintained and independent schools and colleges throughout the UK. ASCL has members in more than 90 per cent of secondary schools and colleges of all types and an increasing number of primary schools, responsible for the education of more than four million young people. This places the association in a unique position to consider this issue from the viewpoint of the leaders of all types of schools and colleges.
2. ASCL welcomes the opportunity to submit evidence to this important review.

Questions

Q1 Describe your priorities in what you do to support Children in Need (CIN) to improve their educational outcomes.

3. Priorities must be led by the needs of the child and will depend on the specific requirements and complexity of the individual case. The ability to deliver on these priorities will depend on finances and the support available at the school and locally.
4. Schools take as a starting point meeting the child's emotional needs, especially around resilience and self-esteem. The first priority is to ensure that their attendance in school is as good as possible. When a vulnerable student is in school, they are not only learning but they are safe. Schools must also work with all 'children in need' to help them recognise themselves as learners and understand the importance of doing well at school.
5. It is essential for the school to ensure that staff build up a good relationship with every 'child in need' so the children feel they have someone they can relate to and have an adult they can talk to if they have a problem. Often a school will designate a specific member of staff as the 'key worker' for each 'child in need', selecting someone who the child readily relates to. It is important to listen to the 'child in need' (and their family or carers) and to make sure they feel heard and recognising that the child's opinions are as important as those of the professionals who work with them.
6. As indicated earlier schools need to work to build relationships with carers and families. Wherever possible schools will ensure that parents/carers have one lead professional as the main contact point in the school. In some cases parents/carers do not understand the complexities thrown up by whatever has happened in the 'child in need's' past and by discordant attachments. Members also report that parents/carers may also have complicated problems themselves which can add complexities in managing situations for the school. One member told us "it is important that we are

open and upfront with students and families, letting them know clearly what is happening. Families often think the professionals take over, parents need to feel they are equal in decision making”.

7. Schools do their best to enable each ‘child in need’ to receives extra support when appropriate, such as counselling, educational psychologist support, family support worker, nurture interventions, or SENCO support. Therapeutic learning tell us that access to this support is hampered by local availability and the impact of real terms funding cuts to both schools and local support services.

Q2 To what extent do you agree with the following statement? ‘I/My organisation has a strong evidence base that underpins our work with Children in Need.’

8. Educational professionals strongly agree with this statement.

Q3 What theories or research do you rely on to inform a plan of how to support a child?

9. Our members use a variety of theories and evidence including basic developmental theories and attachment theory. Many ‘children in need’ have attachment issues so understanding the three major styles of attachment can help staff to build bonds with ‘children in need’ which will underpin the support they can offer them. Schools also need support from local agencies who, when available, are able to provide detailed advice.

Q4 To what extent do you agree with the following statement? I have effective approaches and skills to build relationships with Children in Need.

10. We broadly agree with this statement: our members indicate that in most cases they have a skilled team of staff to work with the ‘children in need’ in their schools.

Q5 To what extent do you agree with the following statement? I have effective approaches and skills to build relationships with adults in the child’s family.

11. We agree with this statement but note that it is challenging if parents/carers are non-compliant or frustrate those providing support.

Q6 What approaches and skills do you use to build relationships with Children in Need, and how is this supported by your organisation?

12. See the response to Q1 above. Active listening is key to building a relationship with a child so that they feel heard and understood, helping to ensure that their needs are at the centre of discussions. Children also need to have staff they feel they can talk with and systems that enable regular check-ins.

13. Schools also work hard to support children in their relationships with peers, working discretely so peers do not pick up on the extra support they are getting.

Q7 What approaches and skills do you use to build relationships with adults, and how is this supported by your organisation?

14. This requires professional and responsive communication and active listening. Schools should include parents/carers in decision making and they will aim to guide parents/carers to come to the most appropriate decisions themselves. Language is

very important and should be accessible to all in meetings and written reports. Members tell us this is often the most difficult part of the process and often requires patience, persistence and resilience. In some cases the need to clearly communicate with parents/carers will necessitate the use of interpreters and/or translators.

Q8 How do you identify a child's needs, and make decisions about what support should be in place?

15. This will be based on the individual needs of the child and should be evidence informed, involving a variety of factors including the views of staff and other professionals involved with the child, as well as the wishes and feelings of the child and the family.
16. Often it will be appropriate to organise a team around the family (Team and Family - TAF). There can then be a TAF or 'child in need' meeting to develop a plan and work through it, adding time scales and making clear who is responsible for each part of the plan. Such a plan must be kept under regular review.

Q9 When deciding what support should be put in place for a child, what evidence do you use?

17. See Q8 above. Schools will seek the expertise of relevant professionals and also use their experience of approaches that worked previously with a similar child or family.

Q10 Where a child has SEND what are your priorities in offering support to improve their educational outcomes? (You may refer to children with disabilities, or special educational needs, or both).

18. See Q1 and Q8 above.

Q11 How do you work with other agencies to improve the educational outcomes of Children in Need?

19. There are huge variations in how effective these procedures are depending on which Local Authority (LA) area the 'child in need' is in. In some LAs and in particular where the 'child in need' is under a form of corporate parenting, relationships between school, Children's Social Care and other agencies can be strong. In such cases they work collaboratively to get the best outcomes for the child, but this is not the case for every LA. Where there is no corporate parenting, indications are that effective work between schools, Children's Social Care and other agencies is even more variable.
20. ASCL members report that Children's Social Care in particular often fails to provide adequate support for children and families with complex needs and attachments. They have expressed significant concerns that they are being faced with continually rising thresholds for access to Children's Social Care even in cases where child protection is an issue. Members have told us that thresholds have risen across all levels of intervention including early help, services for 'children in need', child protection and taking children into care. They tell us that this issue has got considerably worse over the last two years. The result is that schools and colleges are carrying extra burdens at the very time when they themselves are facing severe funding pressures caused by shrinking budgets. We have gathered a selection of quotes from ASCL Council members in response to a question about rising Children Social Care thresholds and these are given in Appendix A of this response.

Q12 In your experience, how long would you remain working with the same child and family?

21. Schools will continue to work with the same child and family as long as they continue to educate that child. The length of 'child in need' plans will vary, between three months to two years or more is fairly common. Members report that families of 'children in need' are often in a 'revolving door' model and keep coming back around. Schools will also work hard to ensure that, when a 'child in need' moves schools there is good liaison with the receiving school so that there is continuity of support for the individual and their family.

Q13 What impact does consistency of professional support have on the child involved and their outcomes?

22. Although this is essential it is sadly too often not achieved. A change of social worker is frequently unsettling and will often mean starting again from the child's perspective and can be stressful as they have to go the trauma of retelling their story. Changes in professional support may well compound attachment issues and can lead to a belief that 'everyone gives up on me' as well as making it harder to build trust with the new professional.
23. A consistent approach and messaging by the professional is also vital so if plans have to change the child needs this carefully explained to them.

Q14 To what extent do you agree with the following statement? The majority of support I/my organisation offers to Children in Need involves helping the whole family.

24. This will be different on a case by case basis.

Q15 What is the nature of your work with adults in the child's life?

25. See the response to Q7. Schools also use Early Help Assessments, partnering and communicating well about issues in school. Making parents/carers feel welcome in school to talk about issues at home is important as is mediating between parents/carers and the child/young person when required.

Q16 How do you measure and evaluate the impact of your work to address a child's educational outcomes?

26. Schools use a range of measures to evaluate impact including school attendance rate, level of student attainment including examination grades, teacher feedback, engagement in learning, modifications in behaviour and changes in family relationships. One member said "A rough guide would be how often they continue to be mentioned in dispatches as having concerns. If they are doing well, seeing support less frequently and engaging with their peers and activities we can direct support less frequently".

Q17 How do you know your work has been successful, including any before and after measures you use?

27. See the response to Q16 above. One member said "Using the Signs of Safety scaling 0-10 you can see how a family is moving forward. At each 'child in need' meeting professionals, parents and students scale what life is like for the child now and

determine the current level of concern. As actions impact over time we would expect to see the score climb up the scale.”

Q18 Do you have comparator groups?

28. Comparator groups are not always available, but schools will make use of whatever benchmarking information is available.

Q19 In your view, what are the areas that have a strong existing evidence base in improving educational outcomes for Children in Need?

29. Evidence indicates that consistent and coherent working between all the agencies involved is the most crucial factor in improving educational outcomes for ‘children in need’. In many parts of the country a coordinated approach is currently not in place.

Q20 In your view, what are the areas that need a stronger evidence base in improving educational outcomes for Children in Need?

30. We would like to see greater evidence about any relationships between ‘children in need’, SEND, Special Guardianship Orders and rates of exclusion.
31. ASCL hopes that this evidence is helpful in your inquiry and would be very pleased to be contacted should further information be required.

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June 2018

Appendix 1 a selection of ASCL member’s comments on rising Children’s Social Care thresholds – note this was not specifically in relation to Children in Need

“Most referrals are returned asking school staff to lead an early intervention/support process where they take on the role of a social worker and link with all professionals and parents to list concerns, agreed actions and coordinate and minute meetings.”

“TAF meetings increasingly aren't attended by any external professionals and at a lower level we are supporting an ever growing number of families with parenting - getting their children to bed on time, keeping uniforms in school so there is no battle about putting it on at home, supporting older children with routines such as regular showers and teeth brushing etc.”

“One family currently has a case going through the CPS in relation to their daughter but this is constantly extended and at the first TAF meeting the Social Worker asked the school to take over as the Lead Professional. The EHA is not sufficiently complete and subsequent TAFs have not been attended by the Police, CAMHs or the Counselling Service who are the only three agencies involved (there are no problems in school) so it ends up just being family and school as no other professional turn up or contribute with any reports (we are putting in support to children and parents because they are not getting it from elsewhere).”

“One family has a father in and out of prison with substance abuse and theft, Social Care have again refused to take on Lead Professional role. The only child in the school is coping

very well but no other agencies are involved so it is down to us to lead the meeting and gather information on the rest of the family when the impact is not being felt in school and then help mum/dad find the help that they need without the knowledge to know who to ask.”

“Our SAFE (these are pastoral workers attached to individual year groups) workers are now providing the early intervention that once would have been provided by Children’s Social Care ... once students do meet the threshold, we find that Social Care are keen to close the case quickly or move the case between teams which is not helpful for our students who frequently suffer attachment disorder and take a long time to build trust in a social worker.”

“I contacted Social Services on numerous occasions re housing and financial support but they kept saying that she was ‘nearly 18’. I pointed out very directly that she was NOT yet 18 ... but they dragged their heels at every step and then closed the case. There have been a few cases where Sixth Form students are not offered support because they are already 18 or are approaching 18.”

“I know how to make a referral yet Children’s Social Care are constantly knocking referrals back despite the vulnerability of cases. This can be for children that have had evidence of repeated level 2 support from a wide range of agencies to no avail and also cases that involve CP plans/CIN plans. In each case I was told that the child’s situation did not meet CSC threshold.”

“The pressure we’ve found is that every time we have a meeting about a child, Children’s Social Care representatives seem to come in with an agenda to downgrade the case, almost regardless of the actual situation. We therefore find ourselves having to big up our concerns to ensure that the child retains appropriate levels of support. And that can be really difficult because nearly all these meetings take place with the parents present – so we’re having to emphasise the negative when long-term, we need to work with the parent”