Derby and Derbyshire Safeguarding Children Partnership

Safeguarding school age children and young people

Learning from Case Reviews

Introduction

Approximately 120,000 children and young people attend education settings across Derby and Derbyshire. A significant challenge exists for staff in education settings, alongside staff from other organisations, to make sense of what is known about children and young people who begin to be identified as vulnerable, and what further information is needed to help keep them safe.

The Derby and Derbyshire Safeguarding Children Partnership carried out case reviews to understand the lived experiences of nine school age children and their siblings in different unconnected families in Derby and Derbyshire. Schools and other agencies helped the partnership to identify the key areas of learning from the lived experiences of these children and young people. This briefing aims to help all professionals[1] coming into contact with school age children and young people apply the learning from these reviews in their day-to-day practice.

1 Understanding the child's lived experience

The "lived experience of the child" can be described as what a child sees, hears, thinks and experiences on a daily basis, that impacts on their individual physical and

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[1] Professionals is a collective term used in the briefing to include practitioners and managers

emotional development and welfare. Children and young people can help us to understand their experience of what it is like to live in their family and community by telling us. Often children who are vulnerable may "tell us" through their behaviour. All professionals should seek to understand the lived experience of vulnerable children and ensure that the voices of children are heard, particularly in cases of complex and cumulative harm. We need to actively hear what the child has to say or communicate, observe what they do in different contexts, hear what family members, significant adults or carers and professionals have said about the child, and to think about child and family's history and context.

Key learning for professionals

Where there is evidence of long-standing gang and criminal activity in a family, it is important to consider the added vulnerability of a child and their unique circumstances. For example:

- Might a child living in this situation be additionally wary of professionals, or want particular reassurance if they begin to share concerns?
- Professionals need to work together to ensure there is a shared understanding of the potential specific challenges for the child in their family.

Adverse Childhood Experiences (ACEs) can impact significantly on emotional and psychological development of children as they grow up.

- Domestic Abuse is always likely to be harmful to children living in households where this is occurring and should be considered an adverse childhood experience along with other forms of child abuse.
- Professionals need to ensure that they are familiar with trauma informed approaches to working with children and how to access appropriate assessment.

Children viewing age-inappropriate film and TV content (often accessed from the internet), including with a parent, should be taken seriously.

- Age-inappropriate content can have a major emotional impact that children are likely to find hard to understand, make sense of and cope with.

- The impact is likely to be greater for children who have experienced trauma and adverse childhood experiences.

Professional assessment of life within a family can be challenging. Using collective knowledge that comes from different professional contacts with the family can help clarify particular challenges such as:

- Identifying young carers, assessing their needs so that they receive relevant services and support for themselves.
- Parents who appear reluctant or inconsistent with their use of English in discussion with professionals. Professionals can work together with the family, using interpreting services where needed, to understand why this reluctance may exist and to consider strategies to overcome any cultural and language barriers.
- Helping to achieve a more detailed assessment of family members who step in to care for children in a crisis. Their role and contribution to protective or risk factors needs to be properly understood, especially if their support becomes frequent, substantial or long term.
- Understanding how parental or carer vulnerabilities are impacting on the lived experience of the child. Adverse childhood experiences can impact significantly on emotional and psychological development of parents or carers. Mental ill health, alcohol and substance misuse and learning needs, whether as features on their own or in any combination, can impact significantly on the role of caring for a child. These vulnerabilities may be complex and require individual assessment so that the right services are in place to enable the adult to meet the needs of the child.

2   Effective use of safeguarding processes

The case reviews identified that children and young people benefit from professionals who use the Derby and Derbyshire Safeguarding Children Procedures and library of guidance documents to help deal with the complexities of different forms of abuse and neglect. This is especially important when you find yourself dealing with complex concerns or you need to help other professionals understand

the seriousness of your concern. The [Threshold Document](#) can help professionals to set out the concerns.

Key learning for professionals includes

- Being confident about where to obtain advice and support from within your organisations and when you may need external sources of advice. Some examples include [Early Help Advisors](#), Specialist Community Advisors (further details are set out below) or [Children's Social Care Consultation and Advice Services for Professionals](#)
- Familiarity with and confident use of the [Early Help Assessment](#) and [Graded Care Profile](#) along with other tools.
- The importance of [sharing information](#) between professionals wherever possible so that the best possible understanding of the vulnerabilities of a child is included in the referral to Children's Social Care. Understanding the importance of family history in a competent and confident manner that recognises trauma, adverse childhood experiences, the pitfalls of feigned (or misleading) compliance by parents or carers and professional optimism.
- The value of involving schools in strategy meetings during the school holidays as well as term time. As well as contributing to the information sharing and decision making, schools have important roles in subsequently supporting children and the agencies conducting child protection enquiries.
- Putting in place child centred arrangements, especially when [children move into Derby or Derbyshire from other areas and who have previously been subject of a child protection plan](#) (and at risk of significant harm). New processes are now in place to help make sure that the correct information is shared to enable the child and family to start and continue to live in their new home with secure arrangements in place.
- Professional curiosity, especially for school staff who may need to be proactive in seeking information for new pupils where they have been identified as vulnerable and transferring into their new school.
- When working alongside third sector organisations such as refuges, establish a clear understanding of the shared responsibilities to share information, when this is needed and their role in safeguarding services users.

- Having a confident understanding of the [Thresholds Guidance](#) that is used to clarify the level of seriousness of concerns about a child. This is core guidance that provides a foundation for professionals from all agencies, especially where the concerns arise more than once or on an episodic basis. In circumstances where there is an unresolved difference of opinion about action needed to safeguard the child there is essential guidance to help [resolve difference of professional opinion](#) that sets out for all professionals how to keep the child safe including when to **escalate** the concerns to senior managers.

3   Emotional Wellbeing and Self Harm

Mental wellbeing has wide-ranging impacts upon how children and young people view themselves, their quality of life and the wider society. Positive mental wellbeing is essential if children and young people are to flourish and lead rich and fulfilling lives. It helps an individual's ability to recover more quickly from physical illness, increases life expectancy and reduces the likelihood that they will engage in behaviours which may put their health at risk[2]. Improving mental wellbeing of children and young people can improve life satisfaction and feelings of worth, while at the same time improving their school achievements and life prospects.

Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. Self-harm is primarily a coping mechanism, a means of releasing tension and managing strong feelings. Self-harm is not an indicator of a mental health disorder but a response by a young person under stress. It may be in relation to repeated or long standing stress, such as that arising from one or more adverse childhood experiences, abuse or domestic violence, or a reaction to a single event such as bereavement. A key source of support for professionals is the Self-harm and Suicidal Behaviour [practice guidance](#) that enables the appropriate response and support for children making disclosures of self-harm.

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[2] [Wellbeing: Why it Matters to health policy DOH](#)

Key learning for professionals includes

- Recognising the importance of trusting relationships when children make choices about who to confide in. Children sometimes disclose harm in stages and there are benefits for the child to be supported a member of staff they trust. Organisations should consider what action or support might be needed to enable a member of staff to "stay available" for the child providing continued support safely and in the interests of the child.

- Being aware that research indicates that the five main barriers to children making disclosures are: emotional discomfort, worry about the family knowing, underestimating the seriousness of the concern, threats (including to siblings and pets) and fear of not being believed.

  - Recognising the value of helplines and websites run by voluntary organisations which enable more hesitant children and young people to begin to seek advice and support anonymously such as Kooth.

  - The Derby and Derbyshire - Emotional Health and Wellbeing website that provides signposting service is aimed at professionals, members of the public and children and young people who wish to access local services or just require further information on the services that are available to them both locally and nationally.

  - *Specialist Community Advisors* provide support and advice to practitioners who are concerned about the mental health of a child or young person. There is a Specialist Community Advisor Team providing support in Derby and Southern Derbyshire and a Team providing support in North Derbyshire.

- Predicting the risk of self-harm is not straightforward; it is important to risk assess the level and nature of any disclosure or incident on a case-by-case basis including protective factors from extended family members.

- Reports of past or current suicidal feelings should be taken seriously and consideration should be given as to whether the circumstances might constitute a risk of significant harm (and if so whether this should then trigger the same kind of response as any other concern about risk of significant harm).

4   Vulnerability of children not in school

Education is an essential aspect of life for children and the significance of school attendance is reflected in it being one of the key performance indicators for schools. When dealing with poor attendance, the learning from the case reviews has emphasised how important it is to consider:

- What might be preventing the child attending school?
- What are the implications and potential risks of not attending school in addition to missing education?
- How might improvements in attendance be supported?
- How can education be provided when a child is unable to attend school, including when there are mental health needs?

The risks of significant harm that individual children may face must be considered whether they are infants, younger children, or teenagers. Whilst it is recognised that the immediacy of the risks to older young people may not always be as evident, these risks must still be considered. This is particularly important where there are emerging concerns about the potential neglect experienced by a teenager.

Key learning for professionals includes

- The importance of building relationships between professionals and the young person. This requires skilled communication and may take some time but without it the voice of the child will remain unheard.
- Ensuring the young person is heard, and assessments include their voice along with the views of the parent or carer. This may include working with the young person to seek consent for treatment (as appropriate to the age and understanding).
- Obtaining support so that you are able to be persistent when a young person refuses to see you or appears to not engage leading to increased concern about their vulnerability. Ask yourself whether, for this young person, is the inability to establish an effective relationship in itself an indicator of risk?
- Effective managerial oversight and support to ensure effective actions and decisions are made when it appears that the young person and / or parent will not engage, and required change is not achieved.

- Recognising the potential challenges of caring for a young person presenting with specific needs such as mental health issues, learning disabilities (including neurodevelopmental impairments), and how support can be put in place for parents or carers so that they can develop strategies for meeting their child's needs.

- Recognising, and remaining professionally curious about indicators that the parents or carers may be struggling to meet their child's needs leading to an increasing risk of neglect. Assessments should be systemic and consider the child's needs and risks, the capacity and ability of the parent or carer to meet those needs and environmental factors.

- Strengthen the arrangements in your workplace for assessing the welfare of children not in school. Key features include:

  - Guidance and training for staff involved in the attendance process that improves the awareness of welfare/safeguarding needs and ensures that the child's voice is sought and heard throughout. This includes:
    - How health needs are understood, and relevant health staff are included in assessing the welfare of the pupil.
    - How attendance processes fit into a whole school approach to safeguarding, and the importance of working in liaison with the Designated Safeguarding Lead (DSL), Senior Mental Health Lead and any school education welfare services

  - Guidance to improve the process for raising and assessing concerns when a parent/carer indicates they may home educate their child or when a child is withdrawn from school to electively home educate.

  - Reviewing the referral requirements for Out of School Tuition (OOST) to ensure timely referrals and access to education for vulnerable children. This includes strengthening referrals so that there is clarity about the individual support needed (including for emotional wellbeing and mental health), the length of time of a plan and when it will be reviewed.