



Shropshire Council  
Legal and Democratic Services  
Shirehall  
Abbey Foregate  
Shrewsbury  
SY2 6ND

Date: Tuesday, 18 March 2014

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**Committee:**  
**Young People's Scrutiny Committee**

**Date: Wednesday, 26 March 2014**

**Time: 10.00 am**

**Venue: Shrewsbury/Oswestry Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire, SY2 6ND**

You are requested to attend the above meeting.  
The Agenda is attached

Claire Porter  
Head of Legal and Democratic Services (Monitoring Officer)

**Members of the Committee**

Joyce Barrow (Chairman)  
Peggy Mullock (Vice Chairman)  
Hannah Fraser  
Heather Kidd  
Robert Macey

Kevin Pardy  
Robert Tindall  
Kevin Turley  
David Turner  
Paul Wynn

**Co-opted Members (Voting):**

Austin Atkinson  
Paul Wignall  
Dominic Wilson  
Justin Carline

Diocese of Shrewsbury (RC)  
Diocese of Hereford (CE)  
Parent Governor - Secondary Schools  
Parent Governor - Primary & Special  
Schools

**Co-opted Members (Non-Voting):**

Mark Hignett

Voluntary and Community Sector  
Assembly

**Substitute Members:**

Andrew Bannerman  
Charlotte Barnes

William Parr  
Stuart West

Peter Cherrington  
David Evans  
Jane MacKenzie

Michael Wood  
Tina Woodward

**Substitute Co-opted Members (Voting):**

Your Committee Officer is:

**Tim Ward** Committee Officer

Tel: 01743 252739

Email: [tim.ward@shropshire.gov.uk](mailto:tim.ward@shropshire.gov.uk)

# AGENDA

## **1 Apologies and Substitutions**

To receive apologies for absence and notification of any substitute members

## **2 Disclosable Pecuniary Interests**

Members are reminded they must not participate in the discussion or vote on any matter in which they have a Disclosable Pecuniary Interest and should leave the room prior to the commencement of the debate.

## **3 Minutes (Pages 1 - 4)**

The minutes of the last meeting, held on 29 January 2014, are attached for confirmation.

## **4 Public Question Time**

To receive any questions, statements or petitions of which members of the public have given notice.

Deadline for notification is: 5.00pm on 21 March 2014

## **5 Members' Question Time**

To receive any questions of which Members of the Council have given notice.

Deadline for notification is: 5.00 p.m. on Friday 24 January 2014

## **6 Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's Looked After Children (Pages 5 - 66)**

This report outlines national regulations and expectations for children who are looked after by the Local Authority as they move into adult and independent life. It sets out Shropshire's developments in this regard. The report also outlines the educational achievement, attendance and health outcomes of Looked After Children.

## **7 Closing the Gap in educational outcomes - 2013 (Pages 67 - 112)**

This report follows the previous report on overall outcomes for pupils in

Shropshire which was presented to Scrutiny in December 2013. The report outlines actions taken, the improvements in the outcomes for children entitled to free school meals (FSM) and Shropshire's improved position nationally.

**8 Transformation activities - Early Help / COMPASS / Mental Health/Targeted Mental Health Support (TaMHS) (Pages 113 - 164)**

This report outlines the requirements made of Local Authorities by the 2004 Children Act and the 2013 Working Together publication and provides information on the service re-design which is underway to review and develop the process, systems and services that deliver Early Help for Shropshire's children and young people.

**9 Feedback from RAG on Looked After Children**

Members will receive a verbal update on the work being carried out by the RAG on Looked After Children

**10 Quarterly Performance Report (Pages 165 - 172)**

The report summarises the latest performance indicators in relation to Social Care for Children and Young people as at quarter 3 2013/14.

**11 Date of Next Meeting**

Members are reminded that the next meeting will be held on Wednesday 30<sup>th</sup> April 2014 at The Shirehall at 11.30am

# Agenda Item 3



Committee and Date  
Young People's Scrutiny  
Committee

26 March 2014

10:00am

Item No

**3**

Public

## Minutes of the Young People's Scrutiny Committee meeting held on Tuesday 29 January 2014

10:00am – 11:45am

**Responsible Officer** Tim Ward  
Email: [tim.ward@shropshire.gov.uk](mailto:tim.ward@shropshire.gov.uk)

Telephone: (01743) 252739

### **Present**

Councillors J Barrow (Chairman); P Cherrington; R Evans; H Fraser; R Macey; P Mullock (Vice Chairman); K Pardy; D Turner and P Wynn

### Co-opted Members

Mr A Atkinson	Roman Catholic Diocese
Eur Ing J Carline	Parent/Governor – Primary/Special Schools
Mr M Hignett	Voluntary and Community Sector Assembly
Dr D Wilson	Parent/Governor - Secondary Schools

Cllr Ann Hartley, Portfolio Holder – Children's Services, Shropshire Council  
Cllr Nick Bardsley, Deputy Portfolio Holder – Children's Services, Shropshire Council

### **25. Apologies for Absence and Substitutions**

25.1 Apologies were received from Councillors H Kidd and K Turley. Cllr. R Evans substituted for Cllr Kidd and Cllr. P Cherrington substituted for Cllr Turley.

### **26. Disclosable Pecuniary Interests**

26.1 None were disclosed.

### **27. Minutes**

27.1 **RESOLVED:** That the minutes of the last meeting, held on 17 December 2013, be approved and signed by the Chairman as a correct record.

## **28. Public Question Time**

28.1 There were no public questions.

## **29. Members' Question Time**

29.1 There were no questions from Members.

## **30. Monkmoor Project – Family First Prototype**

30.1 The meeting received a presentation (copy attached to the signed minutes) from the Operational Lead for Locality Commissioning and Business Design on the Family First prototype project that was being trialled in the Monkmoor area of Shrewsbury. She outlined the key issues of the area and the work that was being done within the Council and with partners to address these issues. In closing the Operational Lead outlined the lessons learned and the next steps arising from the project.

30.2 Mr Carline commented that it would be useful to have some background statistics for the area in order to understand the scale of the problem. The Operational Lead agreed to circulate the statistics to the Committee.

30.3 Cllr Evans asked how the prototype was going to be rolled out. He also commented that the current redesign of Youth Services was a concern and asked how this piece of work would feed into the redesign. The Chair commented that Positive Activities could be considered at a future meeting.

30.4 Mr Hignett welcomed the provision of an integrated team providing a service from age zero to nineteen and the assigning of 1 key worker to a family. He commented that it would be necessary for the key worker to acknowledge that at times it may be necessary to involve other workers with additional expertise.

30.5 The Chairman thanked the Operational Lead for her presentation and for answering the Committee's questions.

## **31. Quarterly Performance Report**

31.1 The Committee received the report from the Director of Children's Services which summarised the latest performance indicators in relation to Social Care for Children and Young People as at Quarter 2.

31.2 She commented that most of the indicators remained strong in relation to statistical and national neighbour figures against a background of increasing levels of demand on the Council especially with regards to the levels of looked after children (LAC) and children subject to a child protection plan (CPP).

31.3 The Head of Safeguarding informed the meeting that the number of LAC had continued to rise although the latest benchmarking figures showed that the number of LAC per 10, 000 population was lower than the national average.

She went on to say that the more children were becoming subject to a CPP and that for the last 13 months the Council had a greater proportion of under 18's subject to a CPP than similar Councils.

- 31.4 The Head of Children's Safeguarding advised that the proportion of LAC with 3 or more placement moves during the year was better than expected. However Members noted that long term placement stability had seen a downward trend and analysis was being carried out to establish the causes; the results of this work would be included in a future performance report to the Committee.
- 31.5 The Head of Children's Safeguarding commented that the Council compared favourably with similar authorities with regard to the end of year results for adoptions. This good performance had been recognised in a letter of congratulations that had been received from the Parliamentary Under Secretary of State for Children and Families. The Chair congratulated the Head of Safeguarding and asked that thanks be passed to all Officers involved.
- 31.6 Cllr Fraser asked for the reasons a child received a second CPP and whether it was for the same or different reasons. She questioned whether if it was for similar reasons as a previous CPP whether the initial CPP was removed too early. The Head of Children's Safeguarding advised her that there a number of reasons for repeat CPPs
- 31.7 Cllr Hartley commented that where there were a lot of referrals which resulted in no further action (NFA) this put a lot of pressure on the service
- 31.8 **Resolved:** That members note the position as set out in the report

## **32. Rapid Action Group – CYP Redesign**

- 32.1 The Director of Children's Services gave a short presentation on reducing the cost of looked after children. She commented that this was a key plank of the Directorate Financial Strategy and to date savings of £4,740,000 had been identified. She then outlined the key principals behind the redesign, and the key strategies that would be implemented.
- 32.2 In response to a question the Director of Children's Services advised the meeting that the savings identified amounted to approximately 35% of the total budget for the directorate.
- 32.3 The Chairman expressed disappointment that this topic had not been included in the original list of RAGS being considered. She went on to say that it was proposed that a group be set up to look at elements of the redesign of services which would report to the Cabinet meeting on 19 February.
- 32.4 Members then put forward topics that the RAG could look at which included: -
- Whether the savings are achievable and the "plan B" if the savings cannot be found

- The effects the implementation of saving will have on the service.

32.5 **Resolved:** That a Rapid Action Group be set up to look at the work being carried out with regard to reducing the cost of Looked After Children.

**33. Work Programme and Cabinet Forward Plan**

33.1 The meeting received copies of the current Scrutiny Work Programme and the Cabinet Forward Plan.

33.2 The Chairman advised that elements of the redesign of services would be brought to future meetings of the Committee as they were being rolled out.

33.3 Cllr Evans commented that he had received a copy of a letter received by schools regarding the provision of universal free school meals to children in reception and Years one and two. He suggested that scrutiny should look at the associated implications on school budgets.

33.4 The Chairman asked Members to let her know of any other topics they would like to see on the Committee's Work Programme.

**34. Date of Next Meeting**

34.1 The Chairman reminded Members that the next meeting of the Young People's Scrutiny Committee would be held on Wednesday 26 March 2014 at 10.00am.

**Signed**.....**Chairman**

**Date**.....





<u>Committee and Date</u>
Young People's Scrutiny Committee
26 <sup>th</sup> March 2014

<u>Item</u>
<b>6</b>
<u>Public</u>

## **Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's Looked After Children**

**Responsible Officer** Tina Russell, Head of Children's Safeguarding  
e-mail: Tina.russell@shropshire.gov.uk Tel: 01743 254254

### **1. Summary**

- 1.1 This report outlines national regulations and expectations for children who are looked after by the Local Authority as they move into adult and independent life. It sets out Shropshire's developments in this regard. The report also outlines the educational achievement, attendance and health outcomes of Looked After Children.
- 1.2 In October 2013 the Children and Families Minister, Edward Timpson MP, launched the cross-party Care Leavers strategy. Based on research and inspection reports which had identified that the quality of support care leavers receive is patchy and that their journey through the first decade of adult life is often disrupted, unstable and troubled and as such often means they struggle to cope and this can lead to social exclusion, long term unemployment or involvement in crime, the Care Leavers Strategy set out a vision based on the principles of good corporate parenting, that Care leavers should expect the same level of care and support that other young people get from their parent, and for longer.
- 1.3 Under the Care Leavers Regulations 2010 the new guidance for local authorities to introduce "staying put" provision was introduced as part of their range of options to provide care leavers with suitable accommodation. It says '*Local authorities should develop "staying put" policies that provide foster carers and young people with information and guidance regarding all aspects of extending placements beyond the young person's 18th birthday.*

### **2. Recommendations**

- 2.1 Members to note the progress being made to develop semi-independent and supported lodging care arrangements for 16/17 year olds.

- 2.2 That Members receive further updates on the impact of the new arrangements in meeting the Government's vision.
- 2.3 Members to note the Educational and Health achievements of Looked After Children.

## REPORT

### 3. Risk Assessment and Opportunities Appraisal

- 3.1 Provision for care leavers to move out of high cost residential services must recognise the needs and vulnerabilities of this cohort of young people. Their need for high quality support from social workers and Personal Advisors to support them to progress through transition remains. Failure to provide the necessary support networks through pathway planning will likely result in breakdown of the placement and the potential need for crisis management associated with risk of social exclusion, disrupted engagement and progress in education, training or employment and or involvement in crime.

### 4. Financial Implications

- 4.1 The step-down approach and a continuum of semi-independent provision will be cost effective in comparison to residential care continuing to age 18; Development of Shropshire's own resources for care leavers is cost effective. Indicative per annum comparative unit costs with an external provider are:

<b>Provision</b>	<b>Inclusive service</b>	<b>Cost per annum per child</b>
Externally commissioned provision : Keys semi-independent 16 plus supported accommodation	Dependent on number of support hours - quoted @ 3 hrs per day plus rent at £350pw and professional time	£45,624
SAAIL Project semi-independent supported accommodation	fee, allowances, professional time	£32,312
Supported Housing	rent, personal allowance, travel, professional time	£23,878
Supported Board and Lodgings Plus	fees, allowances, professional time	£21,048
Supported Board and Lodgings	fees, allowances, professional time	£15,848

Supported Housing Independence Project	rent based on Local Housing Allowance shared accommodation rate of £69.23 pw [not including water rates or maintenance/repair charges], personal allowance, travel, concierge service, professional time	£12,567
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Following development of capacity of this resource 5 care leavers have moved to an internal SBL provision since August 2013; also 4 have moved to supported housing and 2 to the SAAIL project.

Currently we have 44 young people in these care arrangements and six with a proposed plan to progress to this type of provision within the next six months (the cohort of 16/17 year old LAC is approximately 60 young people at any one time - over 70% are in semi-independent provision).

There are 6 young people with a proposed plan to progress to this type of provision within the next six months. This will create an estimated saving of £538,200 (based on SAAIL project) or £594,360 (based on SBL or Supported Housing) in the year 14/15.

## 5. Background

- 5.1 Volume 3 of the Children Act 1989 Guidance and Regulations 2010 'Planning Transition to Adulthood for Care Leavers' sets out in detail Local Authorities' duties and powers in care and pathway planning for care leavers. This guidance has been followed in the proposed revision of Shropshire's transition planning.
- 5.2 The update of Volume 3 sets out the requirement for local authorities to provide 'staying put' arrangements for looked after children in foster care once they reach the age of 18. The government's target for local authorities is that 25% of care leavers will 'stay put'.
- 5.3 The Care Leavers Strategy 2013 details the corporate and operational expectations in respect of local authorities meeting the needs of care leavers as they transition into adulthood. This includes reporting on the outcomes for care leavers at ages 18,19, 20 and 21 years – previously this has only been collected at age 19.

## 6. Additional Information

### 6.1 Local Implementation - Care Leavers Pathway

- 6.1.1 A LAC Strategy Task and Finish Group was established in mid-2013 to consider these reports and specifically how the journey to

independence for young people might be improved. Implicit in independence planning is the development of coping skills and resilience. It is intended that care plans and pathway plans will incorporate strategies and opportunities for looked after young people to develop these in the same way as non-looked after peers.

The 'My Independence Plan' booklet (attached at Appendix A) has been developed to inform the needs assessments and the pathway plans for care leavers. It will build on the young person's earlier thoughts about their transition to adulthood and the format puts the young person at the centre of the journey to independence. It is currently in draft form and consultation is taking place with both current and past care leavers.

'My Independence Plan' is based on the Dimensions of Need contained in the DoE Transitions Guidance 2010. It covers practical independence skills and also focuses on personal safety (for example, in the use of social media) and financial issues (such as interest rates on 'pay day loans').

Also attached (Appendix B) is a chart showing the transition journey for young people leaving care.

#### 6.1.2 The LAC Strategy Task & Finish group focused on:

Developing options for Young People to move out of Local Authority residential and foster care provision to supported living and independent living accommodation as a way of meeting the requirements set out in Staying Put.

#### 6.1.3 Progress to date has been:

- a) A Supported Board and Lodgings (SBL) recruitment campaign –we have increased the number of current providers to 43 with an additional 4 in assessment.
- b) Recruiting Supported Board and Lodgings 'plus' providers to work with care leaver's and homeless young people who may not be in education and need support to establish a settled life-style. The working title for the project is SWAN (Support With Additional Needs)
- c) A five year contract has been signed with Shropshire Housing Alliance (SHA) for the provision of four two-bed shared houses/flats for care leavers and homeless 16/17 year olds. Support will be provided by SHA and existing agencies; over- night a concierge service will monitor the properties. The aim is to help young people develop their 'tenancy skill' and have the experience of being responsible for themselves and their accommodation prior to becoming tenants as adults. The Supported Housing Independence

Project (SHIP) will bridge the transition from 17 to 18 years and allow young people to bid on Home Point for properties or access private rented accommodation via SHA. The SHIP will also provide an opportunity for over 18 care leavers to move on from Supported Board and Lodgings (allowing providers to accommodate young care leavers)

- d) The 16+ Social Work Team has also been working with a private sector provider SAAIL (Supported Accommodation and Independent Living) that is registered with the West Midlands Consortium. SAAIL's model is shared housing for two young people with a staff member present at night and in the mornings. This offers an option for young people who do not want to live in a family setting such as SBL but are not yet ready for the Supported Housing Independence Project.

6.1.4 The above developments in accommodation for care leavers will provide an appropriate step-down from residential care for 16/17 year olds, increase the range of options for young people, enable successful transition to independent housing and enable Shropshire Council to meet its responsibility to provide 'staying put' arrangements for care leavers.

6.1.5 For 2012-13 Shropshire achieved 96.5% of 19 year old care leavers in suitable accommodation; it is regarded as suitable 'if it provides safe, secure and affordable provision for young people. It would generally include short-term accommodation designed to move young people on to stable long-term accommodation' (National Indicators handbook for local authorities).

6.1.6 Whilst ensuring we meet our statutory duties to young people in care and specially care leavers the developing range of options enables the local authority to use high cost specialist resources at best value and to support 16/17yrs olds to move through a semi-independent stage to independence at a reduced cost creating savings whilst delivering good quality needs led services to support care leaver through transition to adulthood.

## **6.2 Looked After Children – Education Achievement, Attendance and Health Outcomes**

6.2.1 Shropshire Local Authority continues to have high aspirations and expectations of our looked after children and supports the view that it is essential that all of our children perform at the highest level that they are capable of, whether that be academically or in other aspects of their life.

6.2.3 The Education Achievement, Attendance and Health Outcomes annual report attached at Appendix C outlines the statistics and performance

for the Health and Education of Looked after Children and gives some case studies detail behind the individuals.

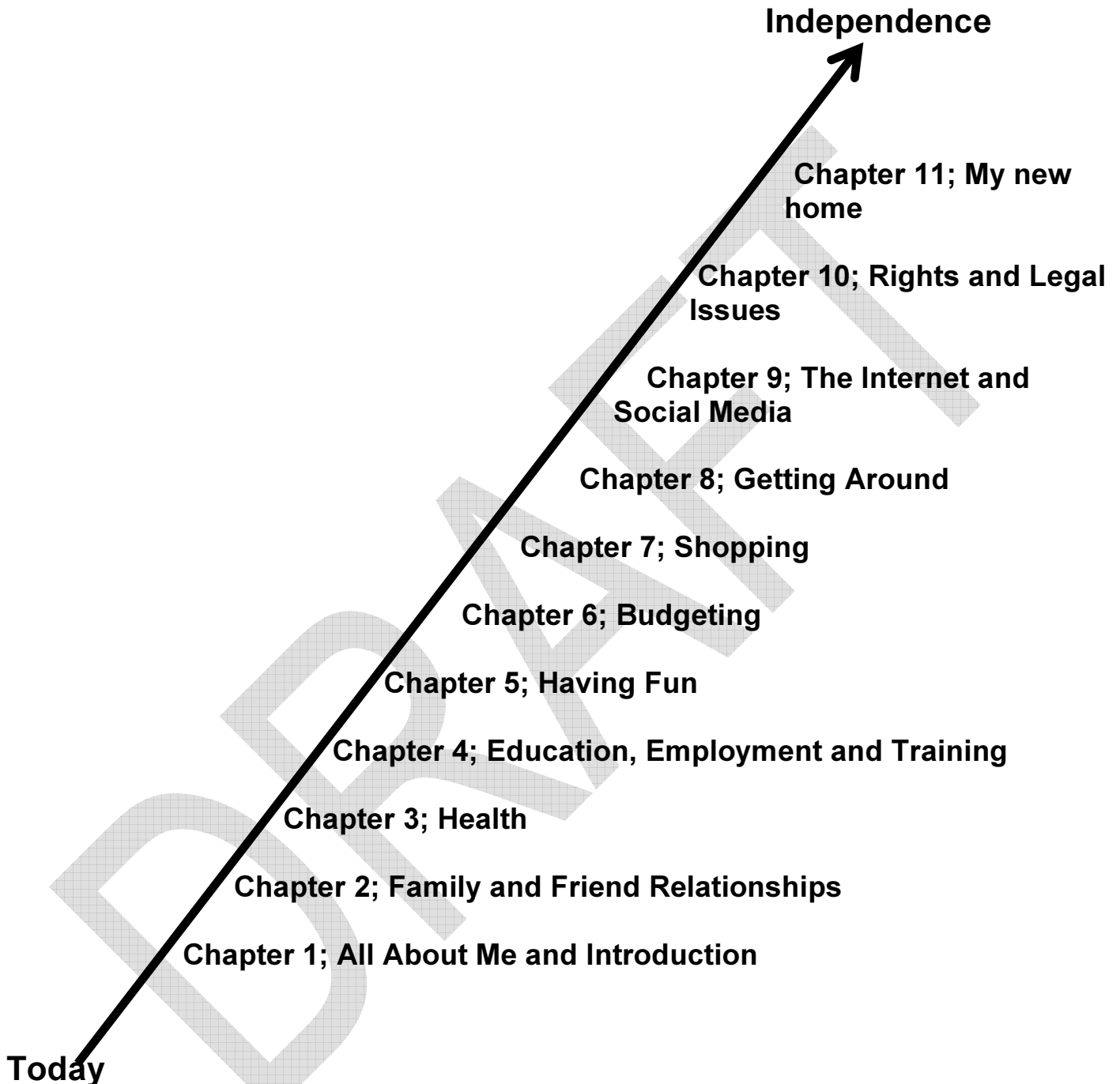
6.2.4 Broadly the outcomes for our Looked After Children are positive. Notable highlights from this report are:

- a) KS4 GCSE passes at A\*-C including English and Maths. In Shropshire for 2012-13 the figure was 21.4%. The National average for Looked After Children achieving at this level is around 11%.
- b) At KS2, 16 out of 17 Looked After Children in the cohort are making expected or better than expected progress;
- c) Attendance. Shropshire Looked After Children achieved the best yet attendance figures with only 4.7% of the cohort missing more than 25 days education in the year. Attendance rates continue to improve year on year for LAC.
- d) Post 16yr destinations. Of the 18 Looked After Children in the cohort only 1 young person was classified as NEET at the time of the report (November 2013). That young person is now engaged in County Training.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b> Care Leavers Strategy 2013
<b>Cabinet Member (Portfolio Holder)</b>  Cllr Ann Hartley
<b>Local Member</b>  All Members
<b>Appendices</b>  Appendix A: Draft "My Independence Plan" booklet. Appendix B: The Transition Journey for Young People Leaving Care Appendix C - Educational Achievement, Attendance and Health outcomes of Shropshire's Looked After Children (LAC) in the Academic year 2012-13

## **My Independence Plan**

### **Contents;**



**Completing this booklet will help you and your social worker/personal advisor to complete your pathway plan.**

**Your pathway plan will cover the support you will need to help you become independent when you are ready.**

## Chapter 1; All About Me and Introduction

### All about you

#### *My details*

Name;

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Nickname or other names that you prefer to be called;

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Address;

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Contact telephone numbers; Mobile \_\_\_\_\_ Home \_\_\_\_\_

Other \_\_\_\_\_

Date of birth; \_\_\_\_\_ Age; \_\_\_\_\_

How many addresses have you lived at over the past 5 years? \_\_\_\_\_

Are you on; A Care Order \_\_\_\_\_ Accommodated \_\_\_\_\_ Other \_\_\_\_\_

Do you have your National Insurance (NI) number yet? \_\_\_\_\_ If yes, can you write it down \_\_\_\_\_

Do you have a passport? \_\_\_\_\_ Do you know where it is? \_\_\_\_\_

Have you got your birth certificate? \_\_\_\_\_ If not, do you know where it is? \_\_\_\_\_

Do you have a disability? \_\_\_\_\_ If yes, can you say what it is? \_\_\_\_\_

How good are you at reading and writing? Not very good \_\_\_\_\_ Okay \_\_\_\_\_ Good \_\_\_\_\_ Very good \_\_\_\_\_

#### *My culture and religion;*

Are you religious? Yes  No  If yes, what religion are you? \_\_\_\_\_

Are you aware of your cultural background? Yes  No

Do you have any religious or cultural needs that need to be taken into account now or in the future? If so, what are these?

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Do you have any personal needs that relate directly to your culture, such as help with skin care, hair care or diet? If so, what are these?

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Do you have any hobbies or things you enjoy to do?

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If yes, what are these?

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What are you looking forward to most about becoming independent?

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What are you most worried about?

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What can you do to get over this worry?

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**Identity**

Identity is a really important area of your life because if you know who you are, where you've come from and where you're going then you can tackle what life throws at you and your life makes sense.

Go through these activities with your personal advisor or someone you trust.

<b>5 things that make me individual</b>	<b>5 things that make me part of a social/family group</b>
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Moving out can be really nerve wracking, but it's also really exciting! This booklet is for you to go through and record your independence building. It also gives useful hints and tips that you can look back on after you have started to live independently.

All the words in **bold** are in the key words section at the back of this booklet.

## **Chapter 2; Family and Friend Relationships**

Throughout your life, it's really important that you keep good relations with your family and friends as these are the people that will support you and guide you over your lifetime.

### *Helpful people*

It's good to write down who is around to support you. Make circles around the big circle below to represent your \*family/Fill in the shapes below with family, friends and other people who are close to you. You don't have to fill them all in and can add more if you need.



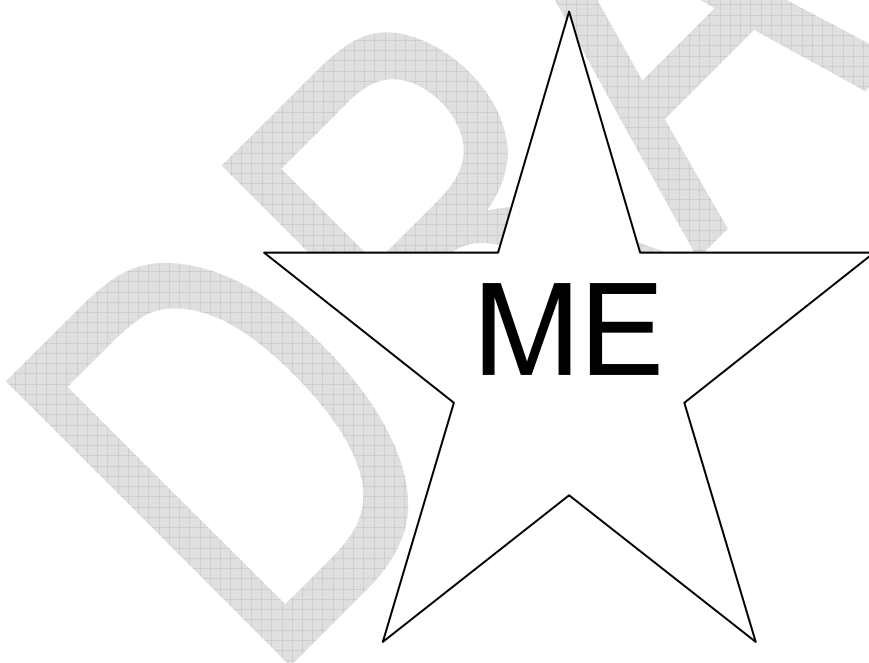
= Close family/good friend



= Other family/friends



= Unreliable family/friend



*Loneliness*

When you move out, there will be times when you feel a bit strange because you don't have as many people around you as you might be used to. This loneliness is normal, so what would you do to get over it?

*Invite people you can trust to come round for tea/ a cuppa* \_\_\_\_\_

*Have a party and invite all your mates* \_\_\_\_\_

*Get involved in a sports team/social group to make friends* \_\_\_\_\_

*Go out for a walk* \_\_\_\_\_

*Ring someone for a chat* \_\_\_\_\_

*Tell your Personal Advisor and ask for their advice* \_\_\_\_\_

*Something else...*

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*Neighbours and resolving disagreements*

When you move into your new **accommodation**, you could have neighbours either side, above and below you. This means it's really important that you do everything you can to be a good tenant and not annoy the neighbours! Here are some scenarios that could happen, give them a read and write down what you would do;

*You're having a party with some friends at your new flat, things start off really fun with lots of music, laughs and drinks. It gets to 1am, and the music has got a bit louder, your friends have got rowdier and there have been a few near misses with spilling drinks. It gets to 3am and the party is still going. There's a knock at the door and your neighbour has come round to ask you to be quiet. What do you do? Write down or chat through your answer.*

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*You've decided to go for a walk into town for some fresh air, and you see your mates who were round last night. They keep coming round to see you, but end up eating all your food and using all your tea bags. You can't afford to keep replacing everything every time they come round, but they've asked if they can come up later. What do you do? Write down or chat through your answer.*

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**Chapter 3; My Health**

This is for you to fill in your health details. Fill this in with the help of your Social Worker or Personal Assistant.

NHS Number

**\*\*Your NHS number is really important, you need it if you want to apply for jobs so make sure you keep it safe. \*\***

*Vaccination History*

Date	Vaccination name	Next date

*Medical History*

Are you on any medication? Y/N

If you are, what medication are you on?

Do you have any allergies? Y/N

If you do, what are these allergies?

Have you had any surgery? Y/N

Is yes, please can you fill in the table below with details

Date	Surgery type

**My Health Professionals;**

My doctor or GP is \_\_\_\_\_ and is from \_\_\_\_\_ surgery. The telephone number is \_\_\_\_\_.

My dentist is \_\_\_\_\_ and is from \_\_\_\_\_ dental practice. The telephone number is \_\_\_\_\_.

My optician is \_\_\_\_\_ and is from \_\_\_\_\_ opticians. The telephone number is \_\_\_\_\_.

If you have any other specialists or health professionals you would like to include add them in below;

Name; \_\_\_\_\_ Role; \_\_\_\_\_  
Telephone number; \_\_\_\_\_

Name; \_\_\_\_\_ Role; \_\_\_\_\_  
Telephone number; \_\_\_\_\_

Name; \_\_\_\_\_ Role; \_\_\_\_\_  
Telephone number; \_\_\_\_\_

Name; \_\_\_\_\_ Role; \_\_\_\_\_  
Telephone number; \_\_\_\_\_

**My next appointment is;**

Date; \_\_\_ / \_\_\_ / \_\_\_\_\_ Address; \_\_\_\_\_

Time ; \_\_\_\_\_

**Tips;**

1. When you move house, tell the NHS your new address. This will mean that you're appointments and letters will be sent to the right place.
2. Know when your next appointment is. Write a reminder in your phone to make sure you don't forget.
3. For health advice, visit [www.nhs.uk](http://www.nhs.uk) and use the search box or [www.teenagehealthfreak.com](http://www.teenagehealthfreak.com)
4. Your first port of call for a minor illness or injury should be your local pharmacist. They are able to give great advice about various topics such a smoking.
5. Your local Walk In Health centres are also really useful for minor illnesses or injuries and can be found on this site <http://www.nhs.uk/Services/GP/Overview/DefaultView.aspx?38481>
6. Add a contact in your phone named ICE (In Case of Emergency) and add the number of the person you would want to be called in an emergency.
7. For sexual health advice read the [Sexual Health Guide for Young People in Shropshire](#)

**Helpful telephone numbers;**

LAC Nurse for young people – 07582200352

The Samaritans – 08457 90 90 90

Childline- 0800 1111

Talk to Frank (drugs helpline) – 0800 77 66 00

When you finish year 11, there are a number of options that you can look into for your future. Some people continue into further education (A Levels, BTEC's, Diploma's) some get a job and some choose to do specific training or an apprenticeship. This section aims to explain those three options, and give you the opportunity to choose which one might be right for you.

**Full - Time Education;**

If you are interested in studying further after your GCSE's, you are able to do this either at your school's 6<sup>th</sup> form (if they have one) or at a local college. It's important to weigh up the pros and cons of each option, so you make the right choice. Fill in the following table with your support worker, thinking about what you might want to study and where the best place is to do that.

	<b>Pros</b>	<b>Cons</b>
<b>6<sup>th</sup> Form</b>		
<b>College</b>		

Visiting local colleges and 6<sup>th</sup> forms is really important for you to get a feel of what it might be like to study there. Ask your teacher when these visits are happening and try to go along – this will help with choosing which one you want to go to. **Good study habits** are important to get into, especially if you want to carry on studying after year 11.

Visit <http://www.bbc.co.uk/bitesize/> for help with your GCSE studying and <http://www.bbc.co.uk/skillswise> for year 12+.

To get support and advice from the LAC Education team, call 01743 250124 or email [lac.team@shropshire.gov.uk](mailto:lac.team@shropshire.gov.uk)

## **Continuing in Education and Training**

### **What money you're entitled to;**

The 16+ team can support you with living and care related costs if you are in education and training as part of your pathway plan.

### **16 – 19 entitlements**

Young people leaving care are entitled to a number of bursaries/grants if they stay in full time education after 16. The National Care Advisory Service website gives good explanations of what you are entitled to and these can be found on this [link](#).

In short, if you're 16 – 19 and staying in full time education, you are entitled to a guaranteed bursary of £1,200. Get in touch with your school or college to find out how to claim the bursary. You can get advice on this from your student support service, tutor or at [www.direct.gov.uk/16-19bursary](http://www.direct.gov.uk/16-19bursary).

### **19+ entitlements**

Do you think you would like to go to university? Yes \_\_\_ No \_\_\_

University is a great opportunity for you to learn more, meet new people, and become even more independent. Some people choose to live away from their home town to study, and others choose to stay in their local area, it's totally up to you!

If you do move away, arrangements will be made for suitable accommodation for you if you choose to return to Shropshire in your holidays whether this is with previous carers or other accommodation.

If you go on to University you are entitled to a £2,000 Higher Education Bursary which is paid for by Shropshire Council. Each Local Authority will have different guidance on this so it's important you check with your local authority.

You are also entitled to the maximum amount of maintenance grant through student finance which is non-repayable. This can be topped up with a loan from student finance but you will not be the maximum as you already have the grant. To find out more about student finance visit <https://www.gov.uk/student-finance/overview>, ring 08453005090 or text 08456044434.

Up to the age of 25, if you decide to go back into full time education, you are entitled to support from a personal advisor whilst you are on your course (if the course has been agreed in your pathway plan.)

For help and guidance relating to your financial entitlements, speak to your Personal Advisor or Social Worker.

### **Useful websites for finding out more about Further Education;**

#### **Training;**

Further education might not be for you, but training or work based learning might be.

Work based learning gives you work experience and qualifications so you can improve your chances of getting a job.

There are two types of apprenticeships; Employer – Led and Programme Led.

Employer – led apprenticeships offer regular, full – time employment and include being paid a wage.

Programme – led apprenticeships offer the chance to develop work – related skills through off the job training or by getting experience in a non-employed placement. These apprenticeships are not paid, but you may be eligible for a bursary to help with your living costs. \*\*\*\*\*

Do you know what an apprenticeship is? \_\_\_\_\_

Do you want to know more about apprenticeships? \_\_\_\_\_

Do you know how to find and apply for an apprenticeship? \_\_\_\_\_

Visit [www.apprenticeships.org.uk](http://www.apprenticeships.org.uk) to find out about the types of apprenticeships available, from business administration to agriculture and animal care!

If you want to find out more about apprenticeships in Shropshire, visit [www.shropshire.gov.uk/countytraining.nsf](http://www.shropshire.gov.uk/countytraining.nsf) or call 01743255191.

**Employment;**

If you know what you want to do and feel you have the skills to get a job in that area, then employment may be for you when you finish your GCSE's. [www.shropshireyouth.com](http://www.shropshireyouth.com) has lots of helpful hints and tips about job hunting.

**How to find a job** – fill in the table below when you have completed each stage.

Task	Completed? Yes/No
Speak to your Personal Advisor or someone you trust at school about what kind of work you want to do.	
Get help from your Personal Advisor to write/update or <b>CV</b> (a CV outline can be found on the Shropshire Youth website under 'looking for jobs').	
Start looking at vacancies in; - The Shropshire Star - <a href="http://www.shropshireyouth.com">www.shropshireyouth.com</a> - <a href="http://www.monster.co.uk">www.monster.co.uk</a> and other job search sites	
Once you find a job you want to apply for, follow the instructions on the advert about what to do next. <b>Make sure you ask someone to read over your application before you send it for spelling mistakes!</b>	

You are also entitled to support when you are looking for jobs in the following ways;

Help with smart clothes

Help with transport costs in your first month of employment

Help with special needs/health issues

Speak to your Personal Advisor if you need any more help with interviews

**Useful websites for job hunting;**



[www.monster.co.uk](http://www.monster.co.uk)

[www.reed.co.uk](http://www.reed.co.uk)

**Volunteering;**

Volunteering is really good to add to your CV and will give you skills in areas that you might not have experienced before. It is also a really great way to meet new people.

Do you volunteer already? \_\_\_\_\_

Have you ever considered volunteering? \_\_\_\_\_

Do you want to find out more about volunteering? \_\_\_\_\_

Visit [www.shropshireyouth.com](http://www.shropshireyouth.com) and type volunteering into the search bar or speak to your personal advisor about how to find out what is available near you.

**Useful websites for volunteering;**

[www.do-it.org](http://www.do-it.org)

[www.volunteering.org](http://www.volunteering.org)

[www.wvv.org.uk](http://www.wvv.org.uk)

Whichever of these options you choose to go for when you leave school, one thing to remember is the importance of work experience. This isn't just about the 2 weeks you did in school, but about having longer term experience from a paid or unpaid job that will mean you learn new skills to set you up for a full time job.

**Chapter 5; Having Fun**

Having fun is really important and this section will give you the opportunity to think about what you might want to do in your spare time.

For fun, I enjoy to...

\_\_\_\_\_  
\_\_\_\_\_

I would like to do more of...

\_\_\_\_\_  
\_\_\_\_\_

I would like to join

\_\_\_\_\_ when I leave care.

The BeActive Membership allows people who use leisure facilities (swimming pools, sports courts and other facilities) regularly to gain entry at a reduced rate.

You may also be eligible for a further reduction of 50%. To find out more and apply for the scheme, visit <http://www.shropshire.gov.uk/beactive-membership-scheme/> or call 0345 678 9000 and ask about the BeActive Membership scheme.

This is a really good way of keeping healthy and having fun so find out where your nearest leisure centre is and join up today!

Is there anything else that you would like to start doing in your spare time?

**Chapter 6; My Money**

**Budgeting**

Whether you've managed to get a job, or are in the process of finding one, it's still really important to budget no matter how much money you have. It's important that you know how much money you have each week and what you need to spend that money on. Below is a table that will help you keep track of your money;

<b>Income</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
Wage/Salary			
Benefits			
Housing Benefit			
Other			
<b>Total Income</b>			

<b>Outgoings</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
Rent			
Food			
Travel			
Clothes			
TV License and/ or rental			
Council Tax			
Water Charge			
Electricity			
Gas			
Laundry			
Cleaning Materials			
Toiletries			
Cigarettes			
Credit/HP/Loans			
<b>Total Outgoings</b>			

<b>Total</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
Income			
Outgoings			
What's left			

One of the most important things that young people, whether leaving care or not, need to learn is to **budget** their cash and know how much they have spare after paying all their bills, buying food and paying for travel costs.

The golden rule for budgeting is to NEVER SPEND MORE THAN YOU HAVE COMING IN. If you do, this might mean you get into debt which will have a knock on effect each month until you have paid off what you owe.

This [booklet](#) by the Share Foundation has lots of useful exercises and tips on how to budget effectively, what to look for in a bank account and much more. Have a go at some of the exercises and see what you learn about budgeting.

### **Benefits**

If you've not managed to find yourself a job before you move out, you'll have to sign on for job seeker's allowance. The first thing to do is to go to the job centre in your local town to let them know that you're currently not in work and need some financial help until you find a job. The job centre can also help you look for jobs.

Heads up - You're not able to claim benefits until you are over 18, even if you're a child leaving care.

If you need any more information, visit [www.gov.uk](http://www.gov.uk) and search for benefits.

### **Saving**

Saving is really important. It's a way of being sure that you've got a back-up if you ever run out of money and a way you can buy those expensive things that you've wanted for ages but just can't afford!

I want to save \_\_\_\_\_ per month. After 6 months, I will have \_\_\_\_\_.

### **Emergency Money**

It is also really important to have an amount of money that you don't touch to use for emergencies. When you live independently, there may be times when you get an unexpected large bill or something breaks that you have to fix. Your emergency fund will be really useful when things like this happen.

WARNING!

If you haven't got emergency money, DON'T apply for any kind of payday loan. These loans are very high interest which means when you borrow money, you will end up paying back a large amount more than you borrowed e.g you borrow £100 and end up paying back £300 because the interest rate is 300%.

Make sure you speak to someone like your personal advisor before you borrow money.

### **Bills**

#### **Paying for.... Rent**

My rent is \_\_\_\_\_ and is paid on \_\_\_\_\_.

#### **Paying for.... Electricity and gas**

My electricity bill is \_\_\_\_\_ per month and is paid on \_\_\_\_\_.

My gas bill is \_\_\_\_\_ per month and is paid on \_\_\_\_\_.

#### **Paying for... Water**

My water bill is \_\_\_\_\_ per month and is paid on \_\_\_\_\_.

**Paying for... TV License**

My TV License is \_\_\_\_\_ per month and is paid on \_\_\_\_\_.

**Paying for... Council Tax**

My Council Tax is \_\_\_\_\_ per month and is paid on \_\_\_\_\_.

**Bank Accounts and Cheques**

If you haven't got one already, a bank account is something you will need to set up. To open an account, you will usually need 2 forms of identification (ID). Speak to your PA about getting ID.

When you open your bank account, your bank may send you a cheque book. This is a way of paying money from your account to another person by filling in the cheque. Once you fill in the name of the person to cheque is to, the amount you want to pay them and your signature, this cheque is then worth the amount you have written. Below is an example cheque to help you fill yours in.

Branch Name	<b>Bank Name</b>	Sort Code:
Branch Address		00-00-00
		Date: <u>30 June 2000</u>
Pay: <u>Mr J Bloggs</u>	Account Payee	£ <u>2,500<sup>00</sup></u>
<u>Two thousand five hundred pounds</u>		
<u>only</u>		
		MY NAME
		<i>My Signature</i>
Cheque Number	Sort Code	Account Number
000000	000000	00000000

**Chapter 7; Shopping, cooking and making meals**

*Shopping*

Food shopping can be a bit scary, but once you know your usual meals and what you need to buy to make them, it can be fun!

Here is a shopping list template that you can use for your weekly shop;

Food/Drink	How many?	Budget for item

		<b>Total spend;</b>
--	--	---------------------

I think I can do a weekly shop and keep to my budget – Y/N

My worker thinks I can do a weekly shop and keep to the budget – Y/N

*What I eat*

When you move out, you'll have the freedom of making your own meals however it's important that you are aware of what types of food you eat and how good they are for you.

Fill in the boxes below with what you would eat in a typical day. Put a tick in the box against food you think is good for you and a cross in the box if you think it's unhealthy;

<b>Breakfast</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Lunch</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Tea/Dinner</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Snacks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Cooking and making meals*

It's good to have a few basic meals in your mind before you move out so that you can start to cook for yourself. It's best that you avoid ready meals as not only are they more expensive than cooking it yourself, they are usually high in salt, sugar and other preservatives. The often don't taste that great either!

Write down 3 recipes for meals that you like and include what you need to buy to make them;

**Meal 1**

The ingredients I need are;

I make it by;

**Meal 2**

The ingredients I need are;

I make it by;

**Meal 3**

The ingredients I need are;

I make it by;

### Chapter 8; Getting Around

Whether you need to get to work, college or a friends or family's house, you will need to know how to travel on public transport in your local area. Buses, trains and taxis are all useful in getting where you need to be. Write down below what your local services are;

My local bus services are \_\_\_\_\_ and can get me to these places \_\_\_\_\_

I can pick up a bus timetable from \_\_\_\_\_

My local train station is \_\_\_\_\_

I can pick up a train timetable from \_\_\_\_\_

Change - When catching a bus, it is usually best if you have some change with you rather than a note. The driver usually takes notes, but they tend to prefer it if you have change.

You can also look up bus and train timetables online at [www.travelinemidlands.co.uk](http://www.travelinemidlands.co.uk) and plan your journey in advance.

If you are out and about and don't have a bus timetable with you, call 08706082608 which can give you information about buses, coaches, trains, ferries, trams, metro and the underground anywhere in the UK.

### Chapter 9; The Internet and Social Media

The internet, Facebook, Twitter and all other **social media** sites are really useful and interesting to use if they're used in the right way. Although it may seem harmless, social media sites and the internet can be used to cause harm and this is what we want to avoid.

I use the internet to... \_\_\_\_\_

The internet helps me to... \_\_\_\_\_

\_\_\_\_\_ in my daily life.

#### *Why the internet is important*

It's really important that you are able to access the internet, either in your own home or in a public place like a library. This is because many services such as benefits only process online now.

Your local library should provide the internet for free. To find out where your local library is speak to your Personal Advisor or Social Worker.

If you want to get the internet in your home, your Personal Advisor or Social Worker will be able to help with this, too. Always remember to ask for help when you don't understand something.

#### *Scenarios - The things to look out for...*

These are some examples of what might happen if people use social media in the wrong way;

*Lily has been on Facebook a while and chats to her friends, posts pictures and writes statuses. One day she logged on to find she had a friend request from someone she had never heard of and had no mutual friends with. She decided to accept the request and the person began a conversation with her. At first, it was really nice to talk to someone who seemed genuinely interested in what she was up to. She told him about her day, what she'd been doing, even who was getting on her nerves!*

*After a while, the new friend asked her if she wanted to meet up in person, to have a proper chat and get to know each other. Lily wasn't sure whether to say yes or no, she was scared but also excited because this nice person wanted to meet her.*

What would you do in this situation? Talk to your worker and circle which answer you think is right.

- A. Say yes, the person was nice so what difference would it make meeting them in person?
- B. Say no but keep talking to them, hoping that they won't ask again.
- C. Wait to answer and talk to someone you trust who will be able to offer advice and guidance as to what to do.

*Cameron was on Bebo when he discovered that someone else had set up a profile in his name, and had posted pictures of him, with rude comments about him. Other people had been on the site and added nasty comments too.*

What would you do in this situation? Talk to your worker and circle which answer you think is right.

- A. Forget about it, people will soon lose interest in the page and it will blow over
- B. Even though you're upset, keep it to yourself and hope no one will find out about it
- C. Tell someone you trust about what has happened, and report the page to Bebo and Cyber Mentor, explaining that it is a fake page.

*Alex has recently engaged in an online relationship with someone she doesn't know. Everything is going well and they're chatting every day, when her new boyfriend asks for some naked photos. Alex likes this boy a lot, so sends the photos even though she feels a bit uneasy about it. Alex's boyfriend asks her to meet him, saying if she doesn't he will post the photos on Facebook so all her friends can see them.*

What would you do in this situation? Talk to your worker and circle which answer you think is right.

- A. Meet the boyfriend otherwise all your friends will see the pictures and you will be humiliated.
- B. Talk to someone you trust, telling them what has happened and asking their advice about what to do next.
- C. Tell the boyfriend no and hope that he doesn't mean it about posting the photos.

## **Chapter 10; Know your rights and legal issues**

When you move on to live independently, it's important that you know what you are entitled to and what you're allowed and not allowed to do in regards to the law.

Here are the facts about what you can and can't do at certain ages;

At age 16, you can.... Watch 15 certificate films, buy a lottery ticket, work full-time if you have left school,

At age 17, you can... No longer be subject to a **care order**, learn to drive.



At age 18, you can... Legally hold a tenancy, buy and consume alcohol, watch 18 certificate films, buy cigarettes, vote in **local and national elections**, get a tattoo.

What questions do you have about what you can do?

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Support Worker answers;

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As a young person leaving care, you are entitled to support from your local authority in a number of areas. The National Care Advisory Service (NCAS) website gives information about what you're entitled to and can be found [here](#).

Another useful organisation is Catch 22, a social business connected to NCAS, is also a useful organisation to be aware of as it provides support to care leavers in relation to living independently, school/college, steering clear of crime and substance misuse and a number of other areas, all of which can be found on their website [www.catch-22.org.uk](http://www.catch-22.org.uk).

If you have any questions about what you are entitled to as a care leaver, speak to your Social Worker of Personal Advisor who can help you.

### **Chapter 11; My New Home**

*What you're entitled to*

Your local authority must listen to your views in relation to the type of accommodation that you want.

You are also entitled to a review after 28 days of being in your new accommodation and at least every 3 months after that. Your Personal Advisor must also visit you in your new accommodation in your first week and at least every 2 months after that.

When you move out, there will be things you want to buy to make it feel like your own home. You are entitled to up to £2,000 'setting up home' or leaving care grant to spend on household items. Your Personal Advisor will go with you to help you decide what you need to buy.

You don't have to buy everything straight away, just the essentials. Then when you get settled in you will know what else you need to buy.

*Where will you live?*

Have you explored your accommodation options? Yes \_\_\_ No \_\_\_

Are you happy to stay where you are for the time being? Yes \_\_\_ No \_\_\_

Do you have an idea where you would like to be living when you're 18 or 19? Yes \_\_\_ No \_\_\_

Please tick the accommodation options below that you might be interested in. You can tick more than one if you wish;

Supported lodgings <input type="checkbox"/>	Housing Association <input type="checkbox"/>	Return Home <input type="checkbox"/>
Council Tenancy <input type="checkbox"/>	Private Rented <input type="checkbox"/>	A Foyer <input type="checkbox"/>
A Hostel <input type="checkbox"/>	Stay where I am <input type="checkbox"/>	Other <input type="checkbox"/>

Which areas of the town would you like to live in?

Has anyone spoken to you about the rights and responsibilities of your own tenancy? Yes \_\_\_ No \_\_\_

*What will you need?*

(Do some research on how much these items will cost. Don't forget to look at charity shops and [www.freecycle.co.uk](http://www.freecycle.co.uk) – a website where you can pick up second hand items for free)

Room	Item	Cost	Bought? (Please tick)
Lounge			
Kitchen			
Bathroom			
Bedroom			

*Your tenancy*

When you move out of care, you will become a **tenant** of your new property. This just means you're living there and renting the property from the landlord.

This is an example of the first page of a **tenancy agreement**, which will be similar to the one that you receive when you move out. Make sure you read this carefully, and get your Personal Advisor to have a look and explain anything you don't understand.



### Shropshire Council Tenancy Agreement

Address of Property:

Postcode:

Tenancy Commencement Date:

Tenancy Type:

Tenant 1 (Name): Tenant 2 (Name):

#### Persons Normally Resident in the Premises

Name	Sex	D of B	Relationship to tenant

Recommended No of occupants:

Property Rent:

Additional charges:

1: (Heating Charge)

2: (Support Charge)

3: (Service Charge)

**Total:**

Please read this agreement carefully before accepting the tenancy. When the agreement has been signed, the conditions become binding on you as tenant(s) and us (the Council)

as landlord. You may lose your home if you do not keep to the conditions.

You are entering into a legal contract with us. If you do not understand anything in the agreement, you should contact a member of staff at any local Council office or get advice from a solicitor or the Citizens Advice Shropshire. The words in italics have been put into the agreement to explain things and give you more information.

Signed (Tenant 1).....Signed (Tenant 2) .....

Signed on Behalf of Shropshire Council

(Name)..... Date..... Job Title.....

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*What to do if things go wrong;*

If there is an occasion where yourself or someone visiting you become seriously ill or injured, you need to call the emergency services on 999. **Only call this number if the illness or injury is life threatening.** If the illness or injury is not life threatening, consider making an appointment at your local doctor's or GP surgery or calling NHS direct on 08454647 to speak to someone.

It's important that you look after your new place, and even if you do this, sometimes things will still break. It is quite easy to bury your head in the sand if you break something or if something goes wrong in your new house, but the quicker you deal with any issues, the easier they are to be sorted out.

Here are some hints and tips on what to do if things break;

Some small things you will be able to fix yourself, such as replacing a light bulb. However, when things break that are a bit more technical like the cooker or boiler, you will need to ring someone qualified to come and fix this.

If you're not sure whether you can fix the breakage, get advice from your Personal Advisor or **floating support**.

Sometimes your landlord or housing provider may have a specific tradesperson or organisation that they use for repairs so it would be best to speak to your landlord or housing provider about who they wish to carry out the work.

Ring your landlord on \_\_\_\_\_ if something goes wrong with your house that wasn't your fault. Your landlord still has a responsibility to fix things that go wrong with the house due to wear and tear.

If something gets damaged and it is your fault, you will need to pay to get it fixed or this will come out of your deposit when you move out of your accommodation. Ask people you know and trust to suggest a suitable person to carry out the repairs.

*Reading your gas/electric meter*

When you move out, you will be paying rent and bills each month. It is important that you understand how to read these so that you can tell your energy provider the gas/electricity readings when you move in. Ask your Personal Advisor to show you where the meters are (they are usually in the cellar or somewhere downstairs). There should be a row of numbers that you can record below;

Gas reading; \_\_\_\_\_

Electricity reading; \_\_\_\_\_

*Cleaning*

It's important to keep your flat looking and feeling clean. Although cleaning isn't the most fun thing, it keeps things looking nice for longer.

What cleaning equipment do you think you'll need? Write your ideas in the box below;


You don't have to buy the branded cleaning products, the cheaper own brand ones do just as good a job and are usually a lot less expensive!

**My notes;**

Use this page to add anything you have learnt, want to remember or questions you need answering that will help you when you move out.

## **Key words**

Accommodation – this is another word for flat, apartment or house.

Assured Shorthold Tenancy - This is the most common type of private tenancy agreement. It means that the landlord can take back possession of the property after 6 months. If everything has been ok with your tenancy they may offer you the chance to sign a new agreement for the next 6 months.

Budget – this is an estimated sum of money that you set aside.

Care leaver – a term used for a young person who has lived in care and is at an age where they can legally leave the care of their local authority.

Care order – this gives your local council social services parental responsibility.

Care plan - This is a plan made for an individual young person, which looks at their needs and how to meet them.

Council Tax – an amount of money you pay to the council due to the size of your house. This money goes to fund the services your local council provide.

CV – this stands for Curriculum Vitae which is a short document (1-2 pages) that gives information about you to an employer. It includes your qualifications (or grades), work experience, contact details and your interests and achievements.

Floating Support – This is available for young people in supported lodgings. Floating support are staff employed in the lodgings for young people to call on if they need help with anything.

Landlord – this is a person who rents land, a building or an apartment to a tenant.

Local authority – This is another name for your local council –the organisation that your Social Worker and Personal Advisor work for.

Local and national elections – this is where you get the opportunity to vote in councillors (local) and Members of Parliament (national) who will make decisions about your local area.

Rent - this is an amount of money paid regularly to your landlord for the use of their property.

Social media – sites like Facebook and Twitter used to connect online.

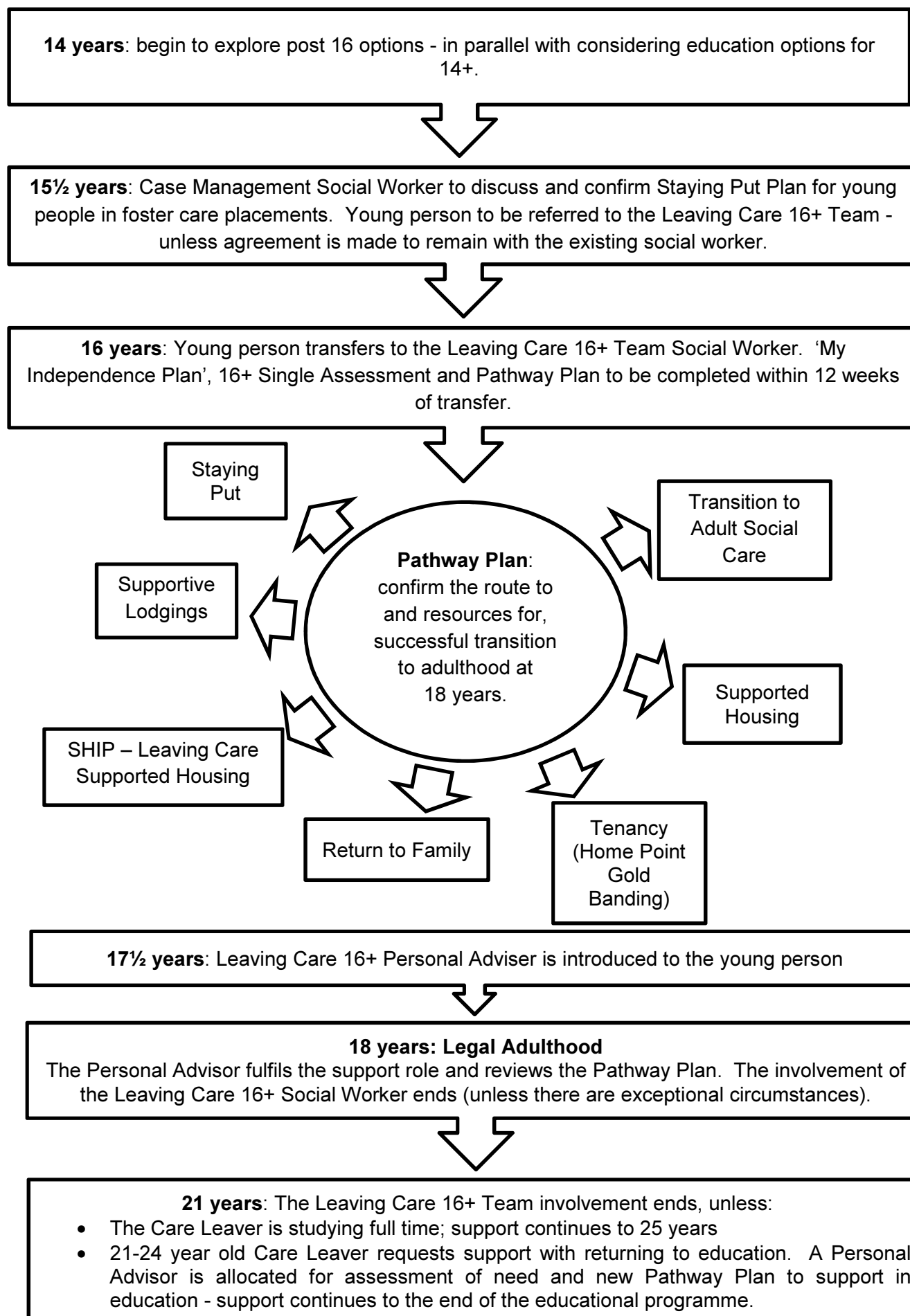
Supported Lodgings - This is a type of accommodation where young people live in a household and receive help and support with learning skills needed for independence. This may be with a single person or family and is available to young people between the ages of 16 and 18.

Tenancy Agreement – This is a legal document which a person receives when they move into accommodation. It sets out the rules and regulations for that accommodations including, how much the rent will be, how often it must be paid, how much notice has to be given when leaving.

Tenant – someone who occupies land/building from a landlord

Utilities – This is a term used to describe the services we need to run a home. For example, gas, electricity and water are utilities.

## The Transition Journey for Young People Leaving Care



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YOUNG PEOPLE'S SCRUTINY 26 March 2013: APPENDIX C Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's LAC  
**Report on the Educational Achievement, Attendance and Health outcomes of Shropshire's Looked After Children (LAC) in the Academic year 2012-13**

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## **Summary**

This Annual Report describes the educational achievements and outcomes for the cohort of Shropshire LAC who were continually in the care of Shropshire Council between 1<sup>st</sup> October 2012 and 30<sup>th</sup> September 2013. It provides:

- information on LAC attainment at all key stages, with a particular focus on Key Stages 2 and 4 (GCSE or equivalent) results;
- information on, and evaluation of, the attendance levels of Shropshire LAC;
- information on the post-16 year destinations of Shropshire LAC;
- information on health outcomes and the work of Shropshire's LAC Education and Health team

## **Recommendations**

Members are asked to note the contents of this report and:

- a) congratulate Shropshire's LAC on their educational achievements in 2012-13, particularly at Key Stages 2 and 4, which remain at above national averages for LAC;
- b) congratulate Shropshire's LAC on their school/educational attendance rates throughout 2012-13. This is the lowest recorded rate of absenteeism from school or education achieved by our LAC;
- c) congratulate Shropshire's LAC on their post-16 year destinations in 2012-13.

## **Report**

### **1. Background Information**

**1.1** The total LAC cohort for 2012-13 (i.e. those LAC continuously in the care of Shropshire Council from 1<sup>st</sup> October 2012 – 30<sup>th</sup> September 2013) was 159. Of these the number of statutory school age was 126. This reflects a significant growth in the LAC population over the last 12-18 months (in 2010-11 the cohort/school age was 146/108 and in 2011-12 it was 130/98). Within their group 17 pupils reached the end of Primary school (Key Stage 2) and 18 pupils reached the end of Secondary schooling

(Key stage 4). Of the 18 pupils reaching the end of Key Stage 4, 4 were disapplied from sitting GCSEs because of their learning difficulties.

**1.2** The LAC Education and Health team support all Shropshire LAC, including those children and young people who are only in the care of the Local Authority for a short time. With such small cohorts individual performance can have a substantial impact on headline figures, which can be volatile.

**1.3** Of the 126 school aged pupils:-

§ 48 (38.1%) had a Statement of Special Educational Needs (SEN). The average statutory level for all Shropshire pupils is around 3.5%;

§ A further 39 (30.9%) were supported at the School Action Plus (26) and at School Action (13) stages of the SEN assessment process. This indicates a level of concern around learning or behaviour/emotional difficulties requiring specialist in school or additional external professional support.

The level of overall SEN (69%) within the LAC population is very significant when reflecting on performance outcomes based primarily on academic attainment. At the SEN levels described it would not be inaccurate to consider the concept of a 'Virtual Special School'. The LAC Education and Health Team continue to work very closely with schools, with individual LAC and with carers, residential staff, social workers and a range of other partners to ensure the full range of individual need is understood and met.

**1.4** In addition to the level of SEN within the LAC cohort, the emotional impact of becoming Looked After is very often a significant barrier to engagement and learning. The separation from parents or parent is often based on issues around abuse, neglect and/or abandonment. One of life's most fundamental relationships, the trust between a child and their parent, has been fractured and the impact will be life-long. The emotional impact of this must not be underestimated.

**1.5** Within the overall SEN numbers there is a significant incidence of emotional, social and behavioural difficulties (56% of the overall Statemented cohort). The high level of emotional, social and behavioural difficulties (ESBD) within the cohort reflects national trends which indicate that 60% of LAC and 72% of those in residential care have some level of emotional and mental health problems. Often these difficulties will be directly related to the abuse they have suffered and the trauma many young people experience during the separation from their family and move into care. Adjusting

to being in care for many is a long and difficult process requiring sensitive and frequent support from a range of colleagues across school and care settings.

**1.6** The LAC Education and Health Team is a multi-agency team providing direct support to our LAC and young people. The team will work closely with individual LAC (every child/young person coming into the care of Shropshire Council is allocated a team link worker), with foster carers, residential care staff, with parents (if appropriate), with LAC Designated teachers, with Head teachers, SENCOs and senior school staff, with social workers, with Independent Reviewing Officers (IROs) and with a variety of health colleagues such as the Designated LAC Doctor, Camhs managers and practitioners, Health Visitors and School Nurses. In many cases the LAC Education and Health team link worker will have the longest lasting and most consistent relationship with the child/young person.

## 2. Performance Outcomes

2.1 Members will receive information in line with that from previous reports.

Performance Indicator	Number Eligible	Number Achieving Level	Shropshire Indicator for 2010-11 and 2011-12
The number and percentage of LAC who achieved Level 4 or above in ENGLISH at KEY STAGE 2	12 (5 disappled because of learning difficulties)	7/12 (58.3%)	<u>2010-11</u> 3/4 (75%) <u>2011-12</u> 6/7 (85.7%)
The number and percentage of LAC who achieved Level 4 or above in MATHEMATICS at KEY STAGE 2	12 (5 disappled because of learning difficulties)	9/12 (75%)	<u>2010-11</u> 2/4 (50%) <u>2011-12</u> 5/7 (74.4%)
The number and percentage of LAC who achieved 5 A* - C grades at GCSE (or equivalent) including ENGLISH LANGUAGE and MATHEMATICS	14 (4 disappled because of learning difficulties)	3/14 (21.4%)	<u>2010-11</u> 5/18 (27.8%) <u>2011-12</u> 3/13 (23.1%)
The number and percentage of LAC absent from education for more	126	6/126 (4.7%)	<u>2010-11</u> 6/108 (5.5%) <u>2011-12</u> 7/98 (7.1%)

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than 25 days in the academic year			
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## 2.2 Performance at Key Stage 1 (Aged 7 years)

In total there were 10 LAC in this cohort:-

- 4 males and 6 females;
- 3 placed out of Shropshire by dint of their long term fostering/connected person arrangements;
- 8 out of the 10 pupils had/have SEN (5 at school Action Plus which, given their age, could lead to a Statement, 2 being assessed for a Statement of SEN, and one with a Statement of SEN who was teacher assessed);
- Level 2 is the expected level of achievement;
- Level 3 or above represents achievement above the nationally expected standard for most 7 year olds.

	<b>Length of time in Care @ 10/13</b>	<b>SEN Status</b>	<b>ENGLISH</b>	<b>MATHS</b>	<b>SCIENCE</b>
<b>Pupil 1</b>	3 yrs 2 mths	SA+	2a	2a	2
<b>Pupil 2</b>	1 yr 5 mths	Under assessment	1b	1a	2
<b>Pupil 3</b>	3 yrs 9 mths	SA+	1b	1b	1b
<b>Pupil 4</b>	2 yrs 1 mth	SA+	4*	5*	-
<b>Pupil 5</b>	1 yr 6 mths	SA+	1b	2c	-
<b>Pupil 6</b>	3 yrs 7 mths	Under assessment	1	1	2
<b>Pupil 7</b>	1 yr 5 mths	SA+	1	2a	2
<b>Pupil 8</b>	1 yr 8 mths	Statemented	-	P7**	-
<b>Pupil 9</b>	2 yrs 7 mths	No SEN	3	2b	3
<b>Pupil 10</b>	4 yrs 7 mths	No SEN	2b	2b	2

### **Key**

\*Pupil 4 is working to the Welsh curriculum. At Key stage 1 this covers personal and social skills, English Language and Maths development. Levels are 1-6 with 6 being the highest.

Level 4 is the expected level for 7 year olds.

\*\* for pupils with SEN working within W (working towards), P levels 1-8 are recorded with P8 being the highest P level.

### **2.3 Performance at Key Stage 2 (aged 11 years)**

There were 17 pupils eligible for assessment at the end of Key Stage 2:

- 5 pupils were disapplied in line with their learning difficulties;
- 8 males and 9 females;
- 8 pupils are Statemented SEN (47%)
- 5 pupils are at School Action Plus (28%);
- 75% of the cohort therefore have significant levels of SEN;
- 58.3% achieved Level 4 or above in English whilst 75% achieved Level 4 or above in Mathematics.

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Pupil No.	Length of time in Care @ 10/13	SEN Status	KEY STAGE ONE RESULTS			KEY STAGE TWO RESULTS			ON TRACK
			ENGLISH	MATHS	SCIENCE	ENGLISH	MATHS	SCIENCE	
1	1 yr 6 mths	SA+	2	1	2	3	4	4	YES
2	3 yrs 11 mths	Statemented	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	YES+
3	1 yr 2 mths	No SEN	2	2b	2	4	4	4	YES
4	6yrs 11mths	No SEN	3	3	2	5	5	5	YES
5	1yr 11 mths	Statemented	3	3	2	5	5	5	YES
6	3 yrs	Statemented	W	W	1	2	2	-	YES
7	4yrs 5mths	SA+	1	1	2	3	3	4	YES
8	3yrs 2mths	No SEN	2	2c	2	4	4	4	YES
9	1yr 8mths	SA+	1	1	2	4	4	4	YES
10	5yrs 3mths	Statemented	W	W	W	Disapplied	Disapplied	Disapplied	YES*
11	4yrs 2mths	SA+	1	1	1	3	3	3	YES
12	1yr 7mths	Statemented	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	YES+
13	5yrs 11 mths	Statemented	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	YES+
14	8yrs 10mths	Statemented	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	Disapplied	YES+
15	5yrs 9mths	No SEN	2b	2b	2a	4c	4a	4b	YES
16	6yrs 5mths	SA+	1	2b	2	4b	4b	4b	YES
17	3yrs 4mths	Statemented	2c	2c	2	3	2	-	See below $\phi$

## **Key**

+ These pupils are all attending special schools due to their severe learning difficulties. All of the pupils are making academic and social progress in line with expectations

\*Pupil 10 has been in a long term matched care placement and at entry to Key Stage 2 was expected to require special school at Key Stage 3. Due to the support of the school, the carer and LAC support, Pupil 10 has made sufficient progress to move up to Secondary school where she has made an excellent start both academically and socially.

¢ Pupil 17 has struggled with the mainstream school provision and has primarily been in specialist provision throughout Key Stage 2. The LAC Education and Health Team, along with the Social worker and the care home, continue to support Pupil 17 through another difficult period in his life.

Pupils 6, 11 and 16 in particular have made remarkable progress in Key Stage 2 and it is noted that they have all been in long term foster care placements which has undoubtedly contributed to their stability and progress. All three have received support from the LAC Education and Health Team working with the school, carers and social worker.

+ It is important to acknowledge that all pupils at Key Stage 2 continue to make expected or better than expected progress. Most have been in long term care placements throughout this period. One pupil is in residential care and two attend residential special school provision.

### **2.4 Performance at Key Stage 4 (aged 16 years)**

Out of the school aged cohort of 126, there were 18 LAC completing statutory education. Of these 18, 4 young people were disapplied from sitting GCSE's or their equivalent because of their learning difficulties. Of the 18:-

- 10 are male and 8 female;
- 11 of the 18 had Statements of SEN (61%); with 1 being at school Action plus giving a total of 67% with significant SEN;
- 9 (50%) were educated in mainstream school provision;
- 3 were educated in special schools for pupils with severe learning difficulties
- 2 attended Tuition, Medical and Behavioural Support Service (TMBSS) provision
- 1 was placed in secure accommodation;



- 2 were educated in provision run by their care home organisation, and
- 1 LAC has a bespoke package of provision relating to his significant learning difficulties
- 11 of the 18 (61%) were living in residential care or school based residential provision.

Of the 14 LAC eligible to sit GCSE's or equivalent therefore:

- 3 (21.4%) attained at least 5 GCSE's (or equivalent) at grades A\*-C including English Language and Mathematics. The national average for LAC attaining this level of result is around 11%;
- Of these 14 all of them gained an accredited external examination pass.

The anonymised results, backgrounds and destinations of all 18 LAC in the cohort are attached at Appendix C. Pupils D, F, G and P were disapplied from taking GCSE or equivalent examinations because of their learning difficulties. A summary of each individual's story is told in order to give context to the achievements made by each young person.

### **3. Post 16 Destinations**

**3.1** Details of the post 16 destinations of our LAC are also included at Appendix C. The context of their individual journeys from school into post 16 options is also described where appropriate. Of the 18 LAC/young people:

- 4 will remain at their specialist school provision, probably until 19 yrs
- 1 young person is classified as NEET (Not in Employment, Education or Training), although they are undertaking voluntary work as they continue to search for employment. This young person continues to work with the Connexions adviser, the residential staff, his social worker and the LAC Education and Health Team to support him and to continue to present options for engagement.
- 10 (56%) have started at Further Education College (on courses from Entry level to Level 3);
- 1 has started at Sixth Form College;
- 1 has started with County Training; and
- 1 continues on a bespoke curriculum relating to his learning needs
- Of the 10 starting college 5 are at colleges out of Shropshire but close to their respective foster placements.

All young people have been supported by the LAC Education and Health Team, with the Connexions worker co-ordinating plans for post-16 provision as well as supporting individuals with college visits and advice and support around applying.

#### **4. Attendance and Exclusion**

**4.1** None of our LAC was permanently excluded from school in 2012-13. A small number of LAC had fixed term exclusions (details at Appendix D). The percentage of LAC missing more than 25 days of education over the year is 4.7%. In 2008-9 it was 13.9%, in 2009-10, 9.6%, in 2010-11, 5.5% and in 2011-12 it was 7.1%.

**4.2** The vital importance of education to the life chances of our LAC cannot be stressed enough. The LAC Education and Health Team Senior Education Welfare Officer (EWO) continues to provide very effective support to our young people and to schools. Attendance levels are rigorously monitored (including those LAC placed out of Authority – see Section 7.0 regarding Ofsted Thematic Inspection), with attendance being checked every three weeks as a minimum and more frequently if there are concerns. Good attendance and the importance of education are promoted across schools, foster carers, and residential homes and with social workers. It is one of the core beliefs at the heart of the LAC Education and Health Team.

**4.3** The total number of LAC of compulsory school age in the 2012-13 cohort was 126. Of these, 6 pupils (4.7%) missed more than 25 days of education over the academic year. Full details are set out at Appendix D.

#### **4.4 Primary School Attendance**

59 (47%) of the cohort were of Primary school age. Of these:-

- 50 (85% of Primary cohort) achieved attendance of 95% or above, with 36 (61%) of these achieving attendance of 98% or better;
- 5 pupils achieved 100% attendance levels;
- 10 (17%) have statements of SEN;
- 2 pupils of Primary age received fixed term exclusions of 7 days and 3.5 days. Considerable support was put into the school by the LAC Education and Health Team link worker and team Educational Psychologist and both pupils now have Statements of SEN to support their educational needs;
- No Primary aged LAC missed more than 25 days education
- 9 pupils had less than 95% attendance with the lowest level being 91%. Of these, one had 10 days holiday in term time. Another pupil moved care placement and school during the year which impacted on attendance.

- 13 of these children moved school during the academic year and 12 moved care placement. The LAC Education and Health Team along with the Social Workers and Children's Placement Service supported the children and worked with these schools to ensure as little disruption in attendance and exclusion as possible.
- The average attendance in Shropshire Primary schools is 95%.

#### **4.5 Secondary school attendance**

67 (53%) of the cohort were of Secondary school age. Of these:-

- 53 (79% of secondary cohort) achieved attendance of 92% or above with 46 (69%) gaining 95% or higher;
- 31 (46%) achieved 98% or higher;
- 7 pupils achieved 100% attendance;
- 6 young people missed more than 25 days of education across the academic year;
- 13 young people received fixed term exclusions. Those marked \* are among the 6 with 25 days or more absence for the year. The other pupils had very good attendance apart from their fixed term exclusions:-

2 x 1 day \*  
1 x 1.5 days \*  
1 x 2.5 days  
2 x 4 days  
1 x 4.5 days \*  
2 x 8 days  
1 x 9 days  
1 x 9.5 days  
2 x 10 days

- 31 (46%) of the young people have Statements of SEN;
- Only 7 secondary aged young people moved school during the year whilst 12 moved care placements. Placement and school stability for our young people remains an important focus of the Team;

Of the 6 secondary aged pupils missing more than 25 days education:-

- 3 were in Year 11
  - 2 were in Year 10
  - 1 was in Year 8
- All 6 had Statement of SEN;
  - All 6 were living in residential care (one in a Shropshire home, the others in 'contract' beds);
  - 1 attended a Shropshire ESBD school;
  - 1 received an alternative education programme;
  - 4 attended educational provision linked to their care providers;
  - 2 moved school and placement during the year, with one moving care placement twice;
  - 4 of these young people receive support from LAC CAMHS, including input from mainstream Psychiatric services.

## **5. LAC Team Educational Psychology input 2012-13**

**5.1** The LAC Education and Health Team has 0.5 full time equivalent Educational Psychology input. During the academic year 2012-13 the two Psychologists from the team took on over 35 new cases and continued to work over 40 on-going cases.

**5.2** New requests for involvement encompassed Nursery aged pupils through to post 16. Post 16 work continues to develop. The work was both within Shropshire but also a good deal was spent supporting Shropshire LAC placed out of the Authority. The work undertaken ranged from individual assessment through to training for groups of school staff or carers around attachment issues, learning behaviour and emotional health and wellbeing. Advice was also given on potential school placements. Out of Authority work took place in Stockport, Runcorn, Widnes, Worcestershire, Warwickshire, Telford and north Wales.

**5.3** In addition to the above the Educational Psychologists on-going commitments involved attendance at PEPs, Annual Reviews of SEN, LAC Reviews, Core Group meetings, as well as on-going advice to schools and other settings, including care homes.

**5.4** Direct Cognitive Behavioural Strategy (CBT) was undertaken with a particular LAC which required a number of sessions. Many LAC pupils are supported through advice on

YOUNG PEOPLE'S SCRUTINY 26 March 2013: APPENDIX C Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's LAC capacity building, supporting their attachment issues. School staff have also been trained in attachment based therapeutic approaches and management. This work has been undertaken with Shropshire LAC/schools as well as with schools where our LAC have been placed out of Authority. Requests for this support have increased and the input has helped prepare schools and stabilise and sustain placements.

**5.5** The LAC Education and Health team Senior EP also supervised a Trainee Educational Psychologist who conducted her doctoral research looking at a paired reading approach for LAC across Shropshire and Telford and Wrekin. This involved working with LAC and carers and the improvement seen both in reading development and improved carer/child empathy was significant.

**5.6** The Educational Psychologists have also provided training on child development and language development for foster carers and training on Autism and strategies for residential care staff to help them meet the needs of LAC with complex needs returning from a specialist setting to Shropshire. Individual bespoke packages of support have been delivered to schools to support our LAC as necessary.

## **6. Medical/CAMHS Information**

**6.1** The physical health and emotional wellbeing and mental health needs of our LAC are supported by the LAC Education and Health Team primarily through the work of the Designated LAC Nurse, the school nurse Lead working with the team for 10 hours per week from 2012) and the two CAMHS Senior Mental Health Practitioners. They form a core health component of the Team but work in a co-ordinated and collaborative manner with all other Team members to ensure a holistic approach to the wider needs of all of our children and young people.

**6.2** In addition to these responsibilities the LAC Nurse also has responsibilities for health assessments of LAC from other Local Authorities (LA's) placed in Shropshire (the Head of the team has similar additional responsibilities for this cohort of children in terms of their educational needs). The number of LAC and young people both from Shropshire and other LA's continues to grow. At the time of writing, Shropshire numbers are 271, whilst those from other LA's are 410. This represents a considerable challenge across Shropshire based services.

**6.3** The LAC Nurse continues to operate at both a strategic and practitioner level. Unfortunately during the year the LAC Designated Doctor moved, so currently Shropshire Health are in the process of appointing a Doctor who will hold this responsibility.

**6.4** The addition of the School Nurse Lead to the Team has been very welcome and beneficial. Her substantive role includes school nursing to The Woodlands School and TMBSS, where a number of our LAC are placed. She has brought considerable experience and knowledge to the Team.

**6.5** The Designated LAC Nurse continues to train a range of colleagues, including foster carers, residential staff, social workers and education staff. Training specifically on child development is delivered jointly with the team Educational Psychologists and other training is delivered with the team Teachers and the team EWO.

**6.6** Health Visitors continue to complete LAC Health Reviews on under 5 year olds under the guidance and support of the LAC Nurse. The following table provides a breakdown of the Health Assessments undertaken in 2012-13.

**Shropshire LAC:-**

Total Referred = 183
Total Seen = 161

**Completed by:-**

LAC Nurse Shropshire = 103
School Nurse Lead = 3
Health Visitors = 46
{ Other area Practitioners = 5 {Telford LAC Nurse = 4

**Health Assessment Appointments:-**

Did Not Attend = 1
Refused by mutual consent = 1
Declined = 2
No longer required = 18 or seen later

**Health Assessments required by other areas:**

Referred = 156
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Completed by LAC Nurse Shropshire = 130
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**6.7** In terms of the additional demands on the LAC Nurse it is interesting to look at changes over time:-

	YEAR			
	2007/8	2008/9	2011/12	2012/13
Total No of LAC referred for Health Assessments	170	225	310	339
Shropshire LAC	118	155	188	183
LAC from other LA's	52	70	122	156

**6.8** 89% of Shropshire LAC were seen for review health assessments within timescales. 90% of immunisations are up to date.

**6.9** The Shropshire LAC Education and Health Team operates an integrated model aiming to support the Mental Health and Emotional wellbeing of our LAC. This model of working has received positive evaluation following a piece of work carried out by the National Children's Bureau (RETHI – Regions of Europe Tackling Health Inequalities) project. The LAC Nurse presented the Shropshire LAC Education and Health team model at an International conference held in Venice during 2013. The model has also been recognised by Ofsted as good practice.

**6.10** The work of the CAMHS Senior Mental Health Practitioners in the team continues to focus on early intervention and wider support than just the individual LAC. Strong links with mainstream CAMHS are maintained. The increase in referrals has also been seen by the Team CAMHS workers and this has been compounded by one of the workers moving to another post in June 2013. Between September 2012 and October 2013 the LAC CAMHS workers had 36 new referrals on top of existing cases. This is a significant increase as often the work undertaken with the individual LAC will be long-term and sustained. This post has been re-advertised, interviewed for and successfully recruited to so that the team will be up to full staffing in terms of CAMHS from November 18<sup>th</sup> 2013.

**6.11** The LAC CAMHS workers offer training on issues around the mental health and well-being of LAC and this has been delivered in a variety of settings this year, including our ESBD special school and in care homes and as part of child development training.

**6.12** The Strength and Difficulties Questionnaire (SDQ) is still used in Shropshire to help gauge the mental health and emotional well-being of LAC who have been in care for at least a year. The LAC Nurse will complete these as part of her assessments and will liaise with our LAC CAMHS workers over individual cases. In 2011-12 the average score for SDQs fell from 15 to 13.5, and in 2012-13 this fell again to 12.5. This is a positive overall trend. However, if individual scores are high these cases will be discussed immediately.

## **7. Other Developments/Issues**

### **7.1 Ofsted Thematic Review**

This Review was focussed on support to LAC placed out of Authority. The work of the LAC Education and Health team was commended by the Review and case studies provided during the Review will be incorporated into the overall national report due to be published in the Autumn/Winter of 2013. The Review looked mainly at Shropshire LAC placed out of Authority and how they are supported. Issues around LAC from other LA's were a minor part of this Review.

**7.2** In July 2013 the LAC Education and Health team ran a Multi-Agency Training Day at Shrewsbury Town Football Club in conjunction with the Geese Theatre Company and Clark Baim. The focus of the day was attachment issues – 'An Introduction to the Life of Children in Care'. Over 100 delegates from Health, Education and Social Care attended and took part in a very powerful day. The evaluation of the day was overwhelmingly positive.

**7.3** The LAC Celebration Event took place at the end of September 2013 and over 190 awards were given to our LAC celebrating their educational achievements. This ranged from school attendance through to gaining entry to University. The evaluation of this event was also extremely positive.

## **8. Evaluation**

**8.1** The 'best ever' attendance figures for our largest ever cohort of LAC is a demonstration of how education and achievement is central to increasing the life chances and opportunities of our children and young people. It also demonstrates a shared commitment to the



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**8.2** Our LAC continue to perform at levels above the national average in terms of academic progress. There is always room for improvement and the focus continues to be on having high expectations of every one of our children and challenging them to do even better. The positive impact of long term care and education is demonstrated by the progress our Key Stage Two cohort have made from Key Stage One.

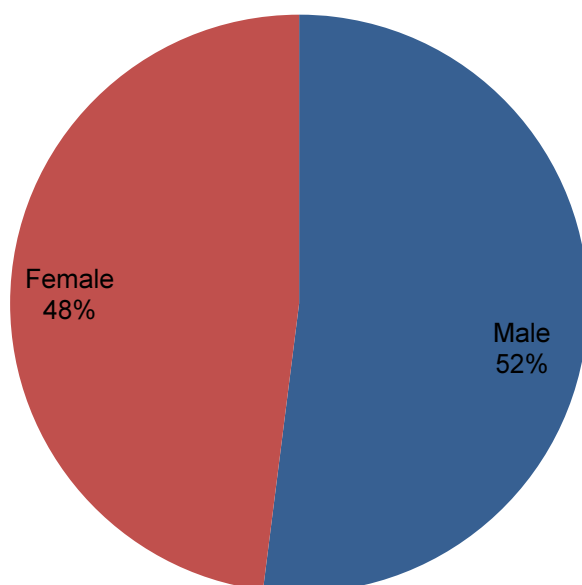
**8.3** Post 16 destinations are also very positive reinforcing and building on the plans and commitment of many of our children and young people, supported by a range of carers and professionals. From very damaging starting points the resilience and commitment of our young people continues to be extraordinary.

**8.4** The prevalence of SEN amongst the LAC population continues to be highly significant, particularly when the focus is solely on academic achievement. This report contextualises the achievements of our young people who more often than not start from very different points to the those of the wider school population.

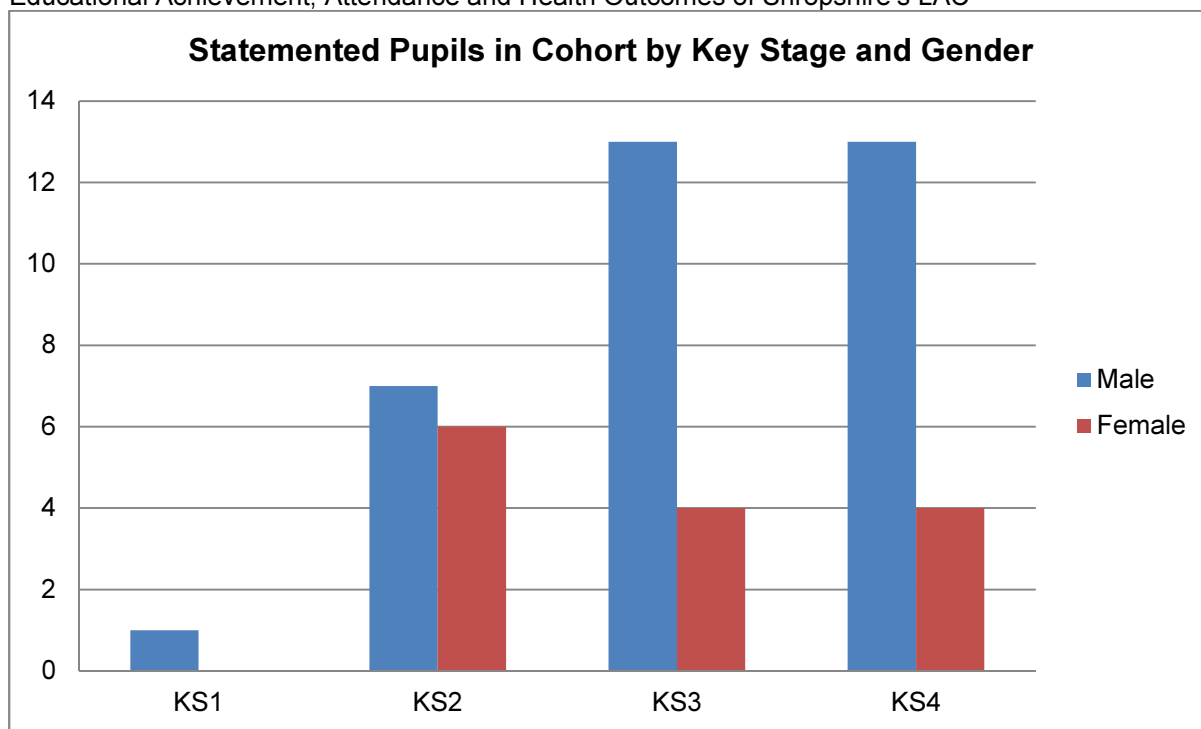
**8.5** The rise in numbers of the LAC population both in Shropshire and of those LAC from other LA's living in Shropshire, continues to challenge the Local Authority in terms of its responsibilities to our children. The LAC Education and Health Team remains committed to the model of collaborative support to our children which has been commended by external national and international agencies. With a range of colleagues we focus on raising standards, promoting high expectations, supporting educational progress and aspirations, and ensuring the good mental health and well-being of our children and young people.

## APPENDIX A

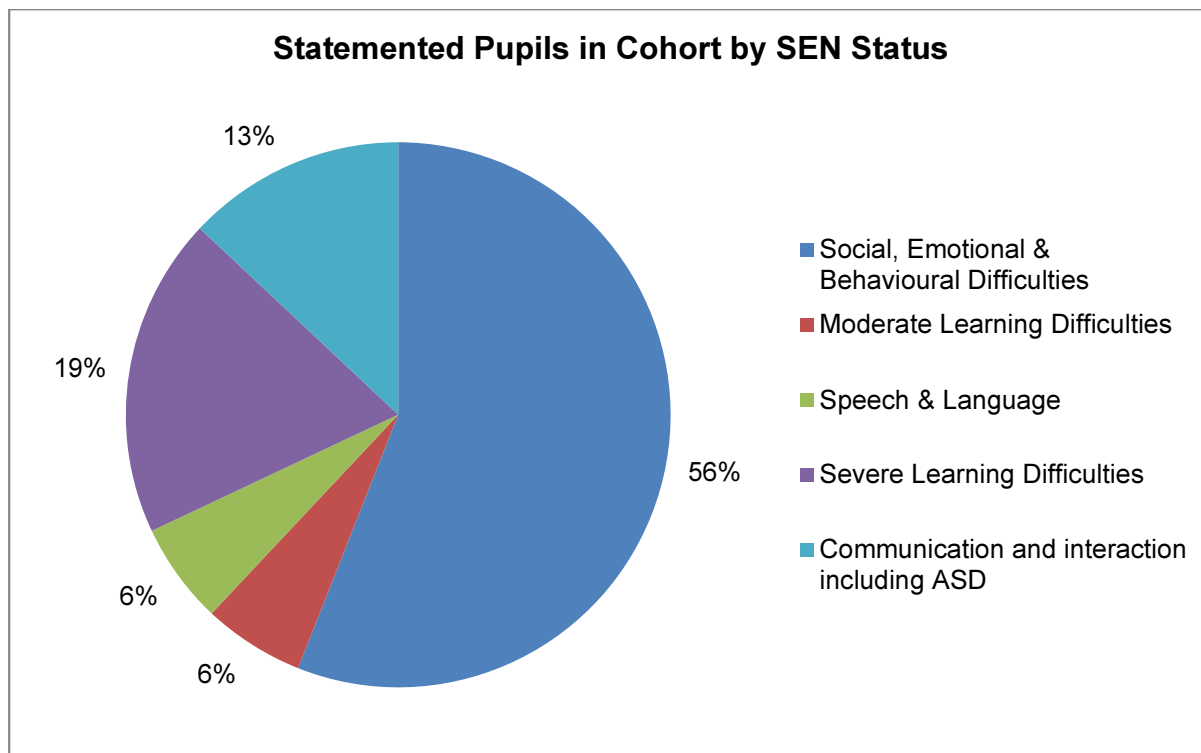
### School aged Cohort by Gender



- In 2010-11 the 'split' was female 43% male 57%
- In 2011-12 the 'split' was female 29% male 71%



**APPENDIX A contd.**



## APPENDIX B

### Shropshire's Looked After Children Education and Health Team as at November 2013

Jeff Potts ..... Head of Education and Health Team for LAC

Rosemary Hooper ..... LAC Teacher

Kathy Everett ..... LAC Teacher (0.8 Full Time Equivalent: fte)

Lisa Peters ..... LAC Teacher (0.5 fte)

Jan Robson ..... LAC Teacher (0.2 fte)

Ellie Johnson ..... LAC Designated Nurse

Laura Caldecott ..... School Nurse LAC and SEN lead (0.4 fte)

Anne Williams ..... Senior Education Welfare Officer

Kim Jeffries ..... Senior Educational Psychologist (0.2 fte)

Dr Jennifer Heseltine ... Educational Psychologist (0.3 fte)

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Becky Davies ..... LAC Connexions and Participation Worker (0.4 fte)

Sue Taylor ..... Senior Mental Health Practitioner – Camhs

Carol Aston ..... Senior Mental Health Practitioner – Camhs

Paula Edwards ..... LAC Team Secretary (0.5 fte)

Jude Metcher ..... LAC Team Secretary (0.5 fte)

### **Key Stage 4 (GCSE or equivalent) Results and Post 16 destinations**

The results and post 16 destinations were:

#### **Pupil 'A'**

Pupil A achieved 3 GCSEs (one at A\* - C) in English (EE) and ICT (C) and entry level qualifications in History and Geography (Level 3s). Pupil A had a Statement of SEN for significant levels of learning difficulty as well as for social, emotional and behavioural issues. She was very well supported by school and the LAC Team Educational Psychologist assessment was very important in identifying and supporting some specific area of learning development.

Pupil A now attends Vocational Studies entry level course at an out of Authority Further Education College.

#### **Pupil 'B'**

Pupil B achieved 3 GCSEs (none at A\*-C) in English (E), Mathematics (E) and Hospitality and Catering (E).

Pupil B had a Statement of SEN for significant levels of learning difficulties and social, emotional and behavioural difficulties. Pupil B was placed in a long term local residential care provision and was well supported by the care home, school and LAC Education and Health Team (including direct teaching in Year 11) to ensure he completed his Year 11 and made good choices for post 16 provision. Plans for a move out of Authority changed during Year 11 which caused some anxiety in Pupil B. Pupil B moved care home following GCSEs. Pupil B attends a Level 1 IT Course at a local FE College.

#### **Pupil 'C'**

Pupil C achieved 6 GCSEs (4 at A\*-C GCSE or equivalent) English Language and Literature (D), Mathematics (C), Science (BTEC Distinction = 2 A\*-C GCSEs), ICT (C), BTEC Sports (Merit = 1 GCSE A\* - C) and Creative Craft (Level 2).

Prior to coming into care in November 2010, Pupil 'C' (and his brother) had a history of non-attendance at school that was an extreme cause of concern. The amount of schooling missed during Primary school and early Secondary school years was significant and these results are a real credit to the amount of work Pupil C put into his studies, the consistency and proactive support of his long term foster care placement and the work of the LAC Education and Health Team in securing his school placement, supporting his attendance

YOUNG PEOPLE'S SCRUTINY 26 March 2013: APPENDIX C Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's LAC and learning, securing a SEN Statement and promoting the importance of education for future prospects. These results are, in the context of what came before, remarkable.

Pupil C now attends a local college and is studying for a Level 3 qualification in Health and Social Care.

### **Pupil 'D'**

Pupil D was disapplied from examinations because of his severe learning difficulties.

Pupil D continues to make excellent progress academically and socially in his residential special school placement. He thrives on the consistency and stability offered by this 24 hour environment. He still requires a lot of help with transition from one activity to another, especially if a new activity is introduced. However, his agitation and anger levels have decreased significantly in this respect. Pupil D has made great strides with his communication and vocalisation over the past year. He can now work on activities independently and his concentration has improved.

### **Pupil 'E'**

Pupil E achieved 8 GCSEs (3 at A\*-C). English Literature and Language (D), Mathematics (C), Science (C), ICT (D), PE (D), Geography (F), Media Studies (C) and Drama (D).

Pupil E has been in care since 2006 and has had a number of foster care placements and latterly was placed in local residential care. Pupil E had a Statement of SEN for significant social, emotional and behavioural difficulties. The LAC Education and Health Team have had a very long involvement with Pupil E in terms of direct teaching, securing and supporting him in his mainstream schools, often at times of grave concern from the schools around his presentation and behaviours, and through funding and supporting work experience and college placements. An example of the impact of the LAC Education and Health Team teaching was the achievement of a Grade (C) at Mathematics. Throughout Years 10 and 11, he received direct 1:1 teaching from the Team teacher after obtaining a U grade in his Mathematics unit at the start of Year 10. The school had him on target for a (D) grade but this additional teaching secured a (C) grade. It is fair to say that Pupil E was disappointed with his overall GCSE grades as he, school and the LAC Team felt he under-achieved. At the time of his GCSEs Pupil E was experiencing difficult issues with contact with his wider family which undoubtedly impacted on outcomes.

Pupil E made it to the end of Year 11 and obtained sufficient grades at GCSE to obtain a place at a local FE college on a Level 2 Sport and Leisure course. Pupil E still receives teaching and emotional support on a 1:1 basis from the LAC Education and Health Team.

### **Pupil 'F'**

Pupil F was disapplied from examinations because of her severe learning difficulties.

Pupil F has been in a stable foster care placement since 2005 and these carers have a good relationship with Pupil F's mother. The teacher from the LAC Education and Health Team has been the link worker since 2005 and there have been two social workers involved in this period. This continuity has undoubtedly helped Pupil F's continued progress in school.

Pupil F continues to make steady academic progress and will take Entry level exams in numeracy and literacy when she is ready. In terms of her personal development she is confident and happy in social situations and has learned about appropriate and inappropriate behaviours through consistent reinforcement at home and at school. She attends Sixth Form at her special school and attends a Health and Beauty course at her local college for one day per week.

### **Pupil G**

Pupil G was disapplied from examinations because of his profound and multiple learning difficulties.

Pupil G has profound and multiple learning difficulties and his communication is largely through his eyes and his smile.

Pupil G experienced some significant events throughout 2011-13 as his long term foster carer retired and he was moved to a residential provision which can meet his health, social and educational needs into adulthood. Along with the Social Worker from the Disabled Children's Team, the teacher from the LAC Education and Health Team played a major role in co-ordinating and supporting his transfer and arranging appropriate educational provision. Initially this was at a neighbouring special school but Pupil G's health deteriorated to a level whereby education was delivered in a creative and flexible way within the care home, supported by 'in reach' from the Special school. The Ofsted Thematic Review in July 2013 looked at this case particularly and commended Shropshire for their integrated supportive and sensitive delivery of these changes which will enable Pupil G to experience a high level of care and continuity into adulthood.

### **Pupil H**

Pupil H achieved 10 GCSEs (all at A\* - C including English Language and Mathematics): English Language (B), English Literature (B), Mathematics (B), Additional Mathematics (C), Science (A), Additional Science (C), Spanish (C), Hairdressing – Reception Level 2



YOUNG PEOPLE'S SCRUTINY 26 March 2013: APPENDIX C Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's LAC (equivalent of (B) grade), Child Development (B) and a Diploma in Hair?? Services Level 2 pass (equivalent of a (B) grade).

Pupil H has been living in a Local Authority residential home and these results are a tribute to her dedication and her aspirations to do well. She was very well supported by her social worker and the staff in the residential care home.

Pupil H is now studying 'A' Levels at a local Sixth Form College.

### **Pupil I**

Pupil I achieved 9 GCSE's (4 at A\* - C):- English Language (C), English Literature (C), Mathematics (D), Science (C), ICT (E), Art (C) , Drama (D), Child Development (E) and Health and Social Care (D).

Pupil I achieved these excellent results at a time when there were serious issues regarding her wider family which had implications for her and her younger brothers. The LAC Team teacher and Social Worker supported a move at the beginning of September 2013 to a foster care/connected persons placement out of Authority for the children securing appropriate school and college placements.

Pupil I is studying a Level 2 Art and Design course at a local FE college.

### **Pupil J**

Pupil J achieved Entry Level passes in Mathematics and English at Level 3.

Pupil J had a Statement of SEN for social, emotional and behavioural difficulties and has been in care for over 10 years. The Head of the LAC Education and Health Team has supported Pupil J throughout this period. Pupil J has been placed in a number of foster care placements over the years and in specialist and local residential care placements. Pupil J struggled to maintain his mainstream school placement in Year 11 despite huge support from school, social worker and the LAC Education and Health Team. Very significant family issues impacted on his emotional health and a placement at the Tuition. Medical and Behavioural Support Service (TMBSS) was obtained for Year 11. Pupil J found it difficult to settle in TMBSS although he responded positively to a work experience placement found for him during Year 11. Despite these difficulties Pupil J is an engaging and popular young man with peers and adults alike. He retains some unrealistic expectations about post 16 options and at the time of reporting outcomes was classified as NEET but undertaking voluntary work. The latest situation is that the LAC Education and Health Team continue to support Pupil J and he has agreed to start a County training placement in January 2014.

### **Pupil K**

Pupil K achieved 10 GCSEs or equivalent (all at A\* - C grades):

YOUNG PEOPLE'S SCRUTINY 26 March 2013: APPENDIX C Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's LAC English Language (B), English Literature (A), Mathematics (B), Science (C), Physical Education (Level 3 = B grade), Religious Education (B), Textile Design (C), Child Development (B), History (B) and Catering (B).

Pupil K was placed in foster care Out of Authority and has thrived in a very supportive environment. There have been challenges along the way and the LAC Team teacher and social worker have been involved supporting both the care and school placement at times. However, Pupil K has achieved an excellent set of results which are a credit to her and the support from her carers.

Pupil K is now studying Fine Art at Level 3 at a local FE college.

### **Pupil L**

Pupil L achieved 7 GCSEs or equivalent (5 at A\* - C not including Mathematics):

English Language (C), English Literature (B), Mathematics (E), Science (C), Geography (D), Child Development (C) and ICT (C).

Pupil L advanced very well but was disappointed by her Mathematics grade even though school used the Pupil Premium to provide her with additional Mathematics teaching.

Pupil L attends a local college close to her foster placement and is studying a combination of two A Levels, a BTEC level course and Mathematics GCSE.

### **Pupil M**

Pupil M achieved 8 GCSEs (5 at A\* - C including English Language and Mathematics):\_

English Language/Literature (C), Mathematics (C), Science (C), Welsh (D), Design & Technology (B), Physical Education (D), French (D) and History (B).

Pupil M has shown extraordinary resilience throughout his entry into and time in care. He moved to a neighbouring Welsh local Authority foster care placement (Shropshire Carers) and on to a local school during Year 8. The LAC Education and Health Team were involved in negotiating this placement. He has flourished in the care placement and at school and these results are a tribute to his efforts and achievements.

Pupil M now attends a local FE college and is studying for a Level 2 course in Motor Vehicles.

### **Pupil N**

Pupil N achieved Entry Level 1 passes in Mathematics and Science and a Level G in English Language GCSE.

Pupil N had a statement of SEN for Attention Deficit Disorder, Autistic Spectrum Disorder and Attachment Disorder. Pupil N has been and continues to be supported by a team of professionals from within the LAC Education and Health Team, including a Camhs worker,

YOUNG PEOPLE'S SCRUTINY 26 March 2013: APPENDIX C Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's LAC teachers, Education Psychologists, Nurse and Connexions worker. Pupil N remains in specialist residential care and was educated in that organisation's educational provision from Year 9 when her mainstream school placement was no longer tenable. Pupil N continued to struggle with social integration and behaviours but did have a highly successful work experience placement working with horses. She has a genuine empathy and understanding of horses and this placement gave her many positives when much else was difficult for her. Pupil N will continue to require significant support into adulthood. Pupil N attends an 'Advance Training Programme' with County Training, which involves horses/small animals work placements/experience.

### **Pupil O**

Pupil O achieved functional skills English (Level 2) and Mathematics (Level 3) and 'Step Up' ICT programme entry level pass.

Pupil O has a Statement of SEN for a complex array of needs encompassing specific learning difficulties, epilepsy, attachment disorder and social, emotional and behavioural difficulties. Although placed in a local Secondary school, it became apparent on his entry into care (in Year 10) that Pupil O had extremely complex difficulties arising from his past. His attendance levels were extraordinarily low and he was not functionally literate or numerate. The LAC Education and Health Team were central in supporting this young man throughout an alternative educational programme, giving him additional teaching sessions and placements on local work experience and foundation skills projects throughout 2011-13. A range of professionals from the Team, in conjunction with the Social Worker and residential care staff, worked collaboratively and alongside Pupil O to ensure his engagement and his ability to sustain these placements despite some severely challenging behaviours. These examination passes represent a huge achievement for Pupil O, enabling him to attain acceptable literacy and numeracy levels. He continues to be supported by the Team and the 16+ Team in his current bespoke post 16 provision.

### **Pupil P**

Pupil P was disapplied from examinations because of his serious mental health issues. Pupil P remains placed within his specialist care environment.

### **Pupil Q**

Pupil Q achieved Entry Level Maths (3) and Entry Level Science (1).

Pupil Q has been in care since 2003 and has had 7 placement moves. Lately he has been placed in local independent residential provision, attending their own educational provision. It is recognised that Pupil Q did not reach his academic potential and family issues continued

YOUNG PEOPLE'S SCRUTINY 26 March 2013: APPENDIX C Care Leavers Pathway and Educational Achievement, Attendance and Health Outcomes of Shropshire's LAC to intrude on his progress throughout Years 10 and 11 particularly. Pupil Q had a statement of SEN for Social, emotional and behavioural difficulties. At his final Year 11 PEP, Pupil Q acknowledged the fact that he had not achieved at the level he was capable of, but stated he was looking forward to attending college.

Pupil Q attends a local FE college studying on a Level 1 Motor Vehicle course.

### **Pupil R**

Pupil R achieved 6 GCSEs (3 at A\* - C) and Adult Literacy and Numeracy Levels 1 & 2: English (C), History (D), Child Development (C), Mathematics (E), Science (D), Art and Design (C).

Pupil R has been closely supported by the LAC Education and Health Team since her entrance into care in May 2011. Pupil R struggled to maintain her mainstream school placement following her move into care and after a sustained period of 1:1 teaching with the Team she moved on to a TMBSS. Additional teaching was made available to her to supplement her TMBSS studies. Pupil R is aspirational about her education and her future and worked hard to achieve these grades.

Pupil R attends a local Sixth Form College, studying a mixed Level 2 GCSE and BTEC programme.

Of the 14 pupils sitting GCSE examinations or equivalent:-

- 3 (21.4%) achieved at least 5 A\* - C grades, including English and Mathematics;
- All of our young people have moved on to positive post 16 year destinations;
- 12 of the overall cohort of 18 (4 were disapplied) (67%) had a statement of SEN;

If the 18:-

- 9 (50%) were educated in mainstream schools
- 6 (33%) were educated in special schools/provision
- 1 (5.5%) was educated through a bespoke programme relevant to his SEN;
- 2 (11%) were educated via TMBSS

The brief 'perspectives' above give an indication of the context within which some of these achievements were made. Each young person has an individual story but there is a clear indication of achievement across the spectrum from outstanding GCSE results through to astonishing individual accomplishments.

## **APPENDIX D**

### **Attendance**

Out of the cohort of 126 school aged pupils, 6 (4.7%) missed 25 days of education or more. This represents the lowest percentage level of missed days so far achieved by our LAC. 25 days missed education equates to an attendance level of 86%.

#### **Pupil I (Year 11):**

Pupil I achieved overall attendance in Year 11 of 82%. These absences were due to sickness, refusal to attend and on one occasion being sent home from his bespoke project placement because of dangerous and inappropriate behaviour. Pupil I had 30 days absence (Pupil I is Pupil O at Appendix C)

#### **Pupil II (Year 11):**

Pupil II achieved overall attendance in Year 11 of 76%. Absences were a mixture of illness, court appearances, refusal to attend her educational provision or being late arriving after registers were closed. Pupil II had 39.5 days absence (Pupil II is Pupil N at Appendix C).

#### **Pupil III (Year 11):**

Pupil III achieved overall attendance in Year 11 of 69%. Absences were 1.5 days fixed term exclusion, refusal to attend his educational provision or being late arriving after registers were closed. Pupil III had 49 days absence (Pupil III is Pupil Q at Appendix C).

#### **Pupil IV (Year 10):**

Pupil IV achieved overall attendance in Year 10 of 51%. Pupil IV moved from Shropshire ESBD special school at the end of Year 9 to a special school provision related to her care placement. Pupil IV attended infrequently despite a range of professionals working with her to try and help her engage. In addition her local care placement broke down and Pupil IV was moved to an Out of Authority placement with education on site. There continues to be extensive Tier 3 CAMHS support for Pupil IV and engagement with her education has improved in Year 11. The teacher from the LAC Education and Health Team and the social worker are visiting Pupil IV regularly and, in conjunction with residential care staff, are working with her to encourage her to fulfil her undoubted educational potential and consider FE opportunities.

**Pupil V (Year 10):**

Pupil V achieved overall attendance in Year 10 of 79%. Absences were 4.5 days fixed term exclusions, 1 day holiday in term time (not authorised by school), 1.5 days illness, 12.5 days unauthorised absence, 17 days authorised absence and 1.5 days medical appointments. Total days missed were 38.

Pupil V continues to be supported by a range of professionals from the LAC Education and Health Team alongside her social worker and residential care staff. Pupil V has a history of self-harming behaviour and vulnerability. She is under the care of CAMHS (care and LAC) and attends a special school for pupils with ESB. Despite these significant difficulties the Local Authority has worked successfully with Pupil V and her family and it is hoped a safe return home will take place within the next few months.

**Pupil VI (Year 8):**

Pupil VI achieved overall attendance in Year 8 of 73%. Pupil VI has had an extremely difficult year and continues to receive a very high level of support from CAMHS Psychiatrist, CAMHS LAC, LAC Education and Health Team, social worker and residential care staff. Pupil VI experienced three care moves in Year 8 and consequently three school changes. Pupil VI continues to experience a high level of distress and has been diagnosed with Post-traumatic Stress Disorder, alongside having a Statement for Emotional Social and Behavioural Difficulties and attachment issues. Currently placed in residential out of Authority provision, Pupil VI is subject to very regular monitoring.

Of the 6 pupils missing more than 25 days education in 2012-13:-

- 3 were in Year 11;
- 2 were in Year 10;
- 1 was in Year 8;
- All 6 had/have Statements of SEN;
- All 6 were living in residential care (one in a Shropshire LA home, 5 in Independent residential contracted provision):
- 1 attends a Shropshire ESB Special school
- 4 attended specialist educational provision linked to her care home
- 4 receive support from LAC CAMHS and from CAMHS Psychiatric Service.



<u>Committee and Date</u>
Young People's Scrutiny Committee
26 March 2014

<u>Item</u>
<b>7</b>
<u>Public</u>

**Responsible Officer** Anne Gribbin

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## **Closing the Gap in educational outcomes - 2013**

### **1. Summary**

This report follows the previous report on overall outcomes for pupils in Shropshire which was presented to Scrutiny in December 2013. The report outlines actions taken, the improvements in the outcomes for children entitled to free school meals (FSM) and Shropshire's improved position nationally.

### **2. Recommendations**

That Members accept the position as set out in the report.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

There is a risk to the life chances of vulnerable young people if they do not achieve well at school. There is also a risk to the economic and social well-being of Shropshire communities if disadvantaged pupils are not able to contribute as adults, both economically and socially. Shropshire's reputation for providing good quality education and outcomes for all young people could be at risk and leave the local authority, and its schools, vulnerable to a weaker outcome on inspection.

### **4. Financial Implications**

There are no financial implications for the Council.

## 5. Background

- 5.1 Overall outcomes for pupils in Shropshire over time have been above the national average. They have also been in line with, or more usually above, the average across the group of local authorities judged to be closest in terms of comparisons (the statistical neighbour group of 11 local authorities). Outcomes at each assessed stage broadly reflect this pattern for 2013, although the progress rates in mathematics between ages 7 and 11 and in English between 11 and 16 are just below the average for the statistical neighbour (SN) group.
- 5.2 Against this broadly positive background there have been elements of underperformance, particularly in relation to pupils entitled to free school meals (FSM). Entitlement to FSM is used nationally as an indicator of social and educational disadvantage.
- 5.3 The proportion of children entitled to FSM in Shropshire is lower than the national average (11.4% in Shropshire in 2013, compared to 18.3% nationally) and so the number in any one year group is small. This leads to year-on-year variability. Statistically, those areas with smaller proportions of pupils entitled to FSM often have larger gaps between the outcomes for pupils on FSM and their peers. The LAs in the SN group all have a low proportion of pupils entitled to FSM, because of the social and economic context of the areas they serve.
- 5.4 However, Shropshire's gap in performance has often been wider than the SN average, and has widened as pupils move from early years, through the primary and then secondary phases of education. In 2011 the gap on the key indicators widened from 20% in the early years, to 25% at Key Stage 2, to over 33% at Key Stage 4. Outcomes for pupils entitled to FSM in 2012 confirmed this picture, with key stage 2 results placing Shropshire above the SN average, but GCSE results at Key Stage 4 ranking Shropshire amongst the lowest in the SN group. A very sharp focus has therefore been taken on improving outcomes for pupils entitled to FSM. Although this work originally focused on **narrowing** the gap, it is now a national aim to **close** the gap.
- 5.5 Shropshire's focus therefore reflects a key national priority. Significant amounts of funding have been made available to schools through the pupil premium. In 2012/13 over £4m was allocated to Shropshire maintained schools, in 2013/14 this rose to over £6.5m. Amounts of funding per school vary significantly. In 2013/14 the smallest allocation to a maintained secondary school was over £20k and to a primary school was just under £2k. The largest allocation to a maintained secondary school was over £200k, and to a primary school was over £100k. These significant levels of funding are due to increase again in 2014/15 and bring with them high levels of accountability. Schools are required to report on the use and impact of pupil premium funding on their website and in all inspections Ofsted inspectors make a judgement on its effective use and impact.



- 5.6 In 2012 a cross party Task & Finish group of members was established in response to Shropshire's data, and the introduction of the pupil premium funding. The group scrutinised the issues related to the underperformance of pupils entitled to FSM in Shropshire and compared the outcomes for Shropshire pupils who were eligible for FSM with those from other local authorities, including statistical and regional neighbours. The group also compared outcomes between Shropshire schools, identified examples of good practice and where improvement was required. The final report of the Task & Finish Group to Safe & Confident Communities Scrutiny Committee is attached at Appendix A.
- 5.7 The report from the Task & Finish group confirmed that the overall gap between the achievement of pupils eligible for FSM and their peers widened as pupils progressed through each key stage of schooling. The report also identified that the pupil premium was used to support a very broad range of inclusive and targeted activities across primary and secondary schools. It confirmed that while these targeted interventions can be effective in narrowing the achievement gap they are no substitute for "quality-first teaching", that is the day-to-day high quality teaching that all pupils receive in their mainstream classes.
- 5.8 In response to the Task & Finish Group recommendations LA officers have increased the focus on closing the gap. All attached School Improvement Advisers have worked closely with their schools, scrutinising their data and challenging them on the use and impact of pupil premium. It has been a main focus regularly for headteacher, senior leader and governor briefings. It has also been a key focus in a range of targeted programmes, including the programme for schools that need to move from satisfactory/requires improvement to good. At the LA's invitation, Regional HMI have led sessions for headteachers and chairs of governors which also focussed on Shropshire's outcomes for pupils entitled to FSM.
- 5.9 In 2013 LA officers undertook work with senior officers from Worcestershire LA, which is in the same SN group and therefore has many similar issues to Shropshire. At Key Stage 2 in 2012 Shropshire's outcomes for children on FSM were better than Worcestershire's, with Shropshire being fifth in the SN group compared to ninth for Worcestershire. However, at Key Stage 4 Worcestershire was fifth compared to Shropshire's ranking of =10<sup>th</sup>. Both LAs felt that some joint work might be useful. The work confirmed the importance of having a clear strategic approach to narrowing the achievement gap to ensure that it is a consistently high priority for all schools and that there are clear lines of accountability for securing improvement at LA and school levels.
- 5.10 Through this work almost all of the recommendations of the Task & Finish group have been implemented. The Council, headteachers and

governors have increased the focus on the take-up of entitlement to FSM and on provision and outcomes for children entitled to FSM, including through appropriate intervention work. There has been an increased focus on sharing examples of good practice, including through sharing how schools are reporting on their websites. The LA's School Performance Monitoring (SPM) process has included a sharper focus on outcomes for children entitled to FSM, and schools receiving a medium or high level of challenge and support through the Education Improvement Service have received a higher level of scrutiny. Provision and outcomes for children entitled to FSM has had a much higher profile in Governors' meetings, including the meetings of the Shropshire Schools Governors Council (SSGC). The emerging Shropshire Learning Partnership has identified provision and outcomes for vulnerable groups as the second of three key priorities.

- 5.11 Work to develop further the collaboration between education, health and social care professionals continues to be a priority. The Family Solutions work and the Family First prototyping projects include a focus on the link between social disadvantage and educational outcomes. The Shropshire Children's Trust action plan includes a continued focus on narrowing the gap, although the main focusses are on ensuring provision for young people who are in danger of becoming a NEET (not in education, employment or training) and for children with Special Educational Needs and Disabilities (SEND), some of whom will be entitled to FSM. The SEND reforms focus on the implementation of integrated education, health and care plans (EHCPs) and, for those pupils with SEND who are also entitled to FSM, these will improve collaboration between education, health and care professionals.
- 5.12 All of this work is focussed on improving the educational outcomes, and therefore the life-chances, for pupils entitled to FSM. In 2013 at key stage 2 the proportion of pupils entitled to FSM gaining level 4+ in reading, writing and in mathematics in Shropshire dipped from 62% in 2012 to 59%. This meant Shropshire dipped to just below mid table in comparison to the SN group. However, the gap in performance between pupils entitled to FSM and their peers dropped from 23% to 19%, and matched the national gap. The national ranking therefore improved from 95<sup>th</sup> to 75<sup>th</sup> (out of 151 LAs).
- 5.13 The picture at Key Stage 4, where the gap was largest, improved significantly in 2013. Almost 32% of pupils on FSM in Shropshire gained five or more A\*-C grades, including English and mathematics, compared to 24% in 2012. The gap in performance between pupils entitled to FSM and their peers reduced from 37% in 2012 to 31% in 2013. Although outcomes remain below the national figure of 38%, and the gap in Shropshire remains larger than the national gap (27%) the improved performance moves Shropshire from 142<sup>nd</sup> to 106<sup>th</sup> in the national rankings. Importantly Shropshire has improved from the very low ranking (=) to mid-table (sixth) amongst the SN group.

- 5.14 These improved outcomes are reflected in Ofsted inspections of Shropshire's schools. Ofsted inspectors are required to make a judgement on whether schools are making effective use of the pupil premium to improve the progress of disadvantaged pupils. Across over 40 primary and secondary school inspections between April and December 2013, all reports except one (where there were no eligible pupils) identified effective or very effective use of the pupil premium, reflecting the priority schools are placing on this area.
- 5.15 These improvements demonstrate that the increased focus on provision for pupils entitled to FSM, including through the recommendations of the cross party Task & Finish group, have had an impact, particularly where improvement was most needed at Key Stage 4. Given year-on-year variability in this data, and Shropshire's continued commitment to ensuring the best provision and outcomes for vulnerable children, it is important that these improvements are built on further and sustained across all phases of education, including through:
- continuing to embed the recommendations of the Task & Finish group
  - maintaining the focus on support for potentially disadvantaged children who would currently be identified as entitled to FSM, whilst implementing the universal FSM scheme at key Stage 1
  - continuing to develop the collaboration between education, health and care professionals in relation to vulnerable children.

## 6. Additional Information

None

<p><b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b></p>
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<p>Final Report of the Narrowing the Gap (NTG) Task and Finish Group, Safe and Confident Communities Scrutiny Committee, 5 December 2012</p>
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<p><b>Cabinet Member (Portfolio Holder)</b></p>
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<p>Ann Hartley</p>
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<p><b>Local Member</b></p>
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<p>All</p>
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<p><b>Appendices</b></p>
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<p>Appendix A: Final Report of the Narrowing the Gap (NTG) Task and Finish Group, Safe and Confident Communities Scrutiny Committee, 5 December 2012</p>
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<u>Committee and date</u>
Safe and Confident Communities Scrutiny Committee
5 December 2012

<u>Item No</u>
<b>8</b>
Public

## **Final Report of the Narrowing the Gap (NTG) Task and Finish Group**

**Report Author:** Joyce Barrow, Chair of Task and Finish Group  
Email: [joyce.barrow@shropshire.gov.uk](mailto:joyce.barrow@shropshire.gov.uk)

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### **1. Summary**

- 1.1 This paper presents the Final Report of the Narrowing the Gap (NTG) Task and Finish Group to the Safe and Confident Communities Scrutiny Committee.
- 1.2 The Task and Finish Group has developed its conclusions and recommendations based on the evidence gathered through its work.
- 1.3 Members are asked to consider and comment on the report and recommendations, and endorse them for presentation to Cabinet.

### **2. Recommendations**

- 2.1 Schools should actively encourage parents and carers of children eligible for Free School Meals to apply, in order to maximise Pupil Premium funding.
- 2.2 Shropshire Council should continue to be proactive in communicating the importance of parents and carers registering for Free School Meals on the Shropshire Council website, by issuing press releases, by the use of new technology and by any other appropriate means.
- 2.3 Shropshire Council should actively promote the Free School Meals census deadline dates, which are the third Thursday in January; the third Thursday in May; and the first Thursday in October each year.
- 2.4 As a result of the work of the Task and Finish Group, changes have already been made to the way in which benefit claims are processed and the way in which information is displayed on the website and these changes should be regularly reviewed.
- 2.5 Shropshire Council should provide assistance, if required, to any schools having difficulty identifying pupils entitled to Free School Meals under the Ever

6 rule, i.e. pupils who have been eligible for Free School Meals at any time in the past six years.

- 2.6 Shropshire Council should encourage schools to consider cashless methods of payment for school meals to encourage the uptake of Free School Meals.
- 2.7 Headteachers should ensure that the achievement of pupils eligible for Free School Meals is closely monitored and, where necessary, timely and effective interventions are implemented to accelerate their progress, as expected by Ofsted. Shropshire Council should make available examples of good practice to help schools and pupils make improvements.
- 2.8 Shropshire Council will promote collaboration between education, health and social care professionals and parents and carers to maximise the progress of children entitled to Free School Meals, including:
- Targeted intervention in Early Years
  - To accelerate progress in reading and writing in Key Stage 1
  - To identify pupils at risk of under-performing and support those whose progress is slow.
- 2.9 As part of its statutory duties, Shropshire Council's school performance and monitoring procedures should identify the gaps in performance of pupils eligible for Free School Meals and their peers. Where gaps are significant, school improvement planning should identify strategies to reduce these gaps.
- 2.10 Headteachers should report regularly to governors on their responsibilities on the use and impact of Pupil Premium, e.g. by having a regular item on the agenda for full governors' meetings, as expected by Ofsted.
- 2.11 Shropshire Council should ensure that the use and impact of Pupil Premium is a standing item on the agendas of area meetings of Shropshire School Governors' Council, to enable governors to share information about how Pupil Premium funding is being spent.
- 2.12 In order to monitor the effectiveness of these recommendations, Safe and Confident Communities Scrutiny Committee to receive regular performance reports on the attainment of pupils eligible for Free School Meals.

### **3. Report**

- 3.1 The Report of the Narrowing the Gap (NTG) Task and Finish Group is attached as Appendix A.

### **4. Risk Assessment and Opportunities Appraisal**

- 4.1 There are no identified issues relating to Risk Management, Human Rights or community associated with this report. Consultation is a key element of effective scrutiny.

### **5. Financial Implications**

- 5.1 Pupil Premium funding is triggered when the parents and carers of eligible pupils register for free school meals. Greater numbers of registrations by these parents and carers will increase school budgets.

### **Background Papers**

1. The Sutton Trust: Toolkit of Strategies to Improve Learning – Summary for Schools Spending the Pupil Premium, Higgins/Kototsaki/Cole, May 2011 [www.suttontrust.com/homes](http://www.suttontrust.com/homes).
2. Download of Historical Free School Meals Eligibility, February 2012, Department for Education [www.education.gov.uk](http://www.education.gov.uk)
3. Number of Pupils Eligible for Pupil Premium, Department for Education, November 2012 [www.education.gov.uk](http://www.education.gov.uk).
4. Leeds Free School Meals Research Project – Investigating why many children do not take their free school meal entitlement, April 2008.
5. Supporting Families in the Foundation Years, Department for Education, 2011. [www.education.gov.uk/publications](http://www.education.gov.uk/publications)

### **Cabinet Member/s**

Portfolio Holder for Learning and Skills: Councillor Cecilia Motley

### **Local Member/s**

All

### **Appendices**

Appendix A The report of the Narrowing the Gap (NTG) Task and Finish Group

Appendix B One Page Strategy (Terms of Reference)

Appendix C NTG Task and Finish Group minutes: 16 April 2012; 25 May 2012; 29 June 2012 and 14 September 2012.

Appendix D Pupil Premium – What you need to know, Department of Education

Appendix E Shropshire Free School Meals Statistics, A Brief Overview

Appendix F Research papers provided by Karen Clarke, Associate Dean, School of Education, University of Wolverhampton.



## APPENDIX A



# **Safe and Confident Communities Scrutiny Committee**

# **Final Report of the Narrowing the Gap (NTG) Task and Finish Group**

October 2012

## Acknowledgments

We would like to thank all those who have supported us in our work, and special thanks are due to Karen Clarke, Associate Dean, School of Education, University of Wolverhampton, who gave up her time to pay us a visit and share her knowledge with us.

We also welcomed the valuable contribution made by Hilary Burke, Secondary Headteacher and Marlina Hotchkiss, Primary Headteacher, who agreed to be co-opted on to the Task and Finish Group and gave us the benefit of their professional expertise.

Special thanks are due to Cllr Mrs Tina Woodward, for her work with the Customer Care Team to improve the information available in order to increase the take-up of Free School Meals. As a result of the work of the Task and Finish Group, extensive improvements have been made to the website, to make it easier for parents and carers to access the information and we hope this work continues and evolves.

Thanks are due to the Shropshire Council officers who supported our work: Karen Bradshaw, Group Manager – Learning and Skills; Philip Brough, Graduate Trainee; Damian Carter, Benefits Manager; Anne Cousins, Committee Officer; Chris Mathews, Senior Education Improvement Adviser; Bobby Mulheir, Customer Service Manager; Brian Robinson, Education Improvement Adviser; and Helen Whiteley, Administrative Assistant.

We were very impressed with the knowledge and commitment of everyone who contributed to our work and we were particularly pleased to have been able to be involved in this process.

Members of the Task and Finish Group:

### Shropshire Councillors

Mrs Joyce Barrow [Chairman]  
Mr Roger Evans [Vice Chairman]  
Mr Peter Adams  
Mr Martin Bennett  
Mr Tony Durnell  
Mr Vince Hunt  
Dr Jean Jones  
Mrs Madge Shingleton  
Mrs Tina Woodward

### Co-opted Members

Mr Austin Atkinson	Roman Catholic Diocese
Mrs Hilary Burke	Secondary Headteacher
Miss Marlina Hotchkiss	Primary Headteacher
Mr Martin Jones	Parent-Governor, Primary Schools
Dr Dominic Wilson	Parent-Governor, Secondary Schools

## Report

### Introduction

This report sets out the findings of the Narrowing the Gap (NTG) Task and Finish Group.

### Background

There is a national focus on reducing the gap between the attainment of pupils in receipt of free school meals (FSM) and their non-free school meals peers. The government's intention is to ensure that those children who begin life with some disadvantage are not disadvantaged further through under-performance in educational terms. Ofsted recently reported that the achievement gap between 5 and 16 year olds from low income families and their contemporaries has widened over the last four years.

It is important to note that free school meals is known to give a good indication to compare educational outcomes for pupils. There is a very close correlation between pupils' eligibility for free school meals and their progress and attainment in school. **However the correlation does not mean that eligibility for free school meals is the cause of pupils' under-achievement.**

### Scope and focus of the work

The scope of the NTG Task and Finish Group was:

- To interrogate comparative data including geographical/institutional differences.
- To explore and identify good practice.
- To identify key stages for improvement.
- To investigate how the pupil premium could be used to improve achievement.
- To investigate ways of increasing the uptake of free school meals by eligible pupils.

### What has the Task and Finish Group done?

The Task and Finish Group met on four occasions, 16 April; 25 May, 29 June and 14 September 2012 (See Appendix C for minutes of meetings)

### Data

The Task and Finish Group has considered data relating to pupils eligible for free school meals in Shropshire and how their performance compares to other pupils. This shows the attainment gap in Shropshire increases as children move through the key stages of education.

2011 attainment data identifies a gap of 20% in the proportion of Shropshire pupils who achieved a 'good level of development in the Early Years Foundation Stage'. The gap widens to 33% when analysing the percentage of pupils who achieve 5+ GCSEs at grades A\*-C including English and Mathematics (62.6% non FSM/29.3% FSM). (See Appendix E).

As part of the research, a comparison was made with other local authorities that are statistical neighbours (i.e. similar local authority areas). Among these are Herefordshire and Dorset where overall achievement is comparable to Shropshire and the gap between performance of FSM and non-FSM pupils is smaller. Further work may be required to identify the reasons behind these differences.

Shropshire's FSM/non-FSM attainment gap has been larger than the England average in each of the last 4 years. This is common in shire counties and high-performing authorities. The Shropshire gap is larger than the Statistical Neighbour average in 3 of the last 4 years.

In Shropshire there is broad variation across schools in the proportion of pupils who are eligible for free school meals (0% - 52.6%). The proportion of pupils in Shropshire in receipt of free school meals is below the national average.

Based on the 2011 schools' census, 165 out of 4040 FSM pupils are registered as Gifted and Talented, 4.1% compared with the national average of 11.65% of non-FSM pupils.

### **Good Practice (i.e. what makes a difference)**

The Task and Finish Group considered academic papers and received professional advice from the Education Improvement Service and Higher Education institutions. These concluded that the quality of teaching and learning is one of the most important factors in raising achievement, including social and emotional development of pupils (See Sutton Trust in Background Papers and Appendix F).

### **Identifying Priorities to Reduce the Gap**

Early Years Foundation Stage and the role of Children's Centres.

Key Stage 1: literacy

Key Stage 2: close monitoring of high expectations, analysis and support from Education Improvement Service as part of local authority school performance monitoring.

### **How the Pupil Premium can be used to Improve Achievement**

Overall, schools have seen their budgets reduced substantially over the last two years. There is a danger that Pupil Premium funding targeted at pupils on free school meals, children looked after and pupils who have been eligible for free school meals at any point in the last six years (Ever 6 rule) will be used to replace this funding. Children whose parents are in the Armed Forces are also entitled to a proportion of Pupil Premium (See Appendix E).

The two Headteachers on the NTG Task and Finish Group reported how the Pupil Premium was being used in Shropshire schools (see Findings, 2 and 3). They both agreed there was no “one size fits all” approach and they welcomed the advice on Pupil Premium funding from the Department for Education that “schools are not instructed on how best to spend the Pupil Premium but are free to decide how best to spend it”.

Although the Pupil Premium funding was welcomed, the Headteachers pointed out this had to be balanced against current reductions in funding to schools (e.g. Meole Brace School gained £38,000 through Pupil Premium funding, but had lost £242,000 as a result of other budget reductions).

The intention was that Pupil Premium funding should be targeted at eligible children, although there is hope that it may also benefit other pupils.

### **How to Increase the Uptake of Free School Meals by Eligible Pupils**

One strand of the NTG Task and Finish Group’s work centred on improving the take-up of free school meals by eligible parents and carers. In order to trigger the £600 Pupil Premium funding (£623 for 2012-13;£900 per pupil for 2013-14), eligible parents and carers are required to register for free school meals. It does not matter whether or not the children actually eat the meal, although schools should encourage them to do so. The date for registering is the third Thursday in January, the third Thursday in May and the first Thursday in October each year.

The Customer Care Team considered the information available on the Shropshire Council website to customers wishing to apply for free school meals. Members commented on the web-pages and suggested improvements. The team confirmed that one of the simplest ways of applying was by telephone and reported increasing numbers of benefit claimants use smartphones. Members suggested developing a mobile phone app would be beneficial.

Free school meal applications had been dealt with separately from all other benefits, even though most free school meal claimants were on other benefits. As a result of the work of the Task and Finish Group, more joined-up working is now in place.

Under the Ever 6 rule, Pupil Premium funding is allocated to those pupils that are known to have been eligible for free school meals on any pupil census

over the past six years. The Department for Education provides an online download of pupils' free school meals history, which will then follow the pupils around the system.

The amount of Pupil Premium funding received by schools is based on free school meals census data which is collated on the third Thursday in January, the third Thursday in May and the first Thursday in October each year.

For some schools, there remains an issue of identifying pupils who have been entitled to free school meals at any point over the past six years and some further work on the IT system needs to be done to identify these children more easily and to ensure schools have this information.

## Findings

The Narrowing the Gap (NTG) Task and Finish Group found the following:

1. There is an attainment gap of 20% in the percentage of Shropshire pupils who achieved a 'good level of development' in Early Years Foundation Stage. This gap widens to 33% when analyzing the percentage of pupils who achieved 5+ GCSEs at grades A\*-C including English and Mathematics (62.6% non-FSM/29.3% FSM).
2. Shropshire Headteachers are using Pupil Premium funding in a variety of ways. For example, at Meole Brace School this money is being targeted at two key members of staff, an intervention officer and a student welfare officer, whose remit is to raise the aspirations of all pupils.
3. In primary schools, Headteachers are using Pupil Premium funding for:
  - Pupil progress meetings and one-to-one tuition.
  - Booster classes for Gifted and Talented children.
  - Additional support from Woodlands Outreach.
  - Learning mentors.
  - Volunteer reading help.
  - Family support workers.
  - Additional resources to motivate pupils.
  - Additional after school support.
4. The experience of Shropshire Headteachers appears to demonstrate there is no "one size fits all" approach to the use of Pupil Premium funding. The percentage of those on free school meals may alter the approach, particularly in schools with a higher proportion of pupils on free school meals.
5. Although Headteachers welcome the introduction of the Pupil Premium, it has to be balanced against current reductions in funding to schools.
6. Academic research shows that the quality of teaching and learning is one of the most important factors in raising achievement. (See Sutton Trust

report in Background Papers and Appendix F). This includes:

- Coaching teachers and teaching assistants in specific teaching strategies.
  - Co-operative learning from children.
  - Frequent and continuous assessment.
  - Whole team/whole school approach.
  - Visionary leadership.
  - Strong pupil voice, beyond school councils, i.e. schools where pupils were not afraid to say what they thought.
  - Open access for parents and governors. Governors particularly needed to have a greater role than attending meetings; were able to go to school at any time. Parents needed the school to have a welcoming atmosphere. For primary schools, parents participating with children with curriculum activities was effective.
  - Policy of inclusion – research suggested the strategies to encourage gifted and talented pupils applied to **all** pupils.
  - Targeted pastoral care. Pastoral tutors also taught a core subject so that staff were able to get to know pupils thoroughly.
  - Data presented in an accessible way for parents, e.g. bar charts, pie charts.
  - Recognising the “value added” i.e. where pupils are when they come into school and where they are when they leave.
  - Personal and social aspects of development – essential these were met especially for pupils on free school meals.
  - Whole school reform to address issues such as extra-curricular activities, change of school day to accommodate teenagers who do not work well early in the morning (a 10.00 a.m. start to the school day has proved to be effective).
7. The information available on the Shropshire Council website has been improved to encourage greater uptake of free school meals. Benefit claimants often access the Internet via smartphones; therefore the development of a mobile phone app may be beneficial.

## APPENDIX B

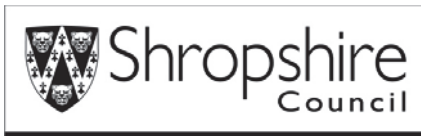
### Terms of Reference: - Task & Finish Group – Narrowing the Gap

1. What is the broad Topic area?	There is a national focus on reducing the gap between the attainment of pupils on free school meals and their non-free school meals peers. The government's intention is to ensure that those children who begin life with some social disadvantage are not disadvantaged further through under-performance in educational terms. Ofsted recently reported that the achievement gap between 5 and 16 year olds from low income families and their contemporaries has widened over the last four years.
2. What is our specific Topic area?	<ul style="list-style-type: none"> <li>To interrogate comparative data including geographical/institutional differences.</li> <li>To explore and identify good practice.</li> <li>To identify key stages for improvement.</li> <li>To investigate how the pupil premium could be used to improve achievement.</li> <li>To investigate ways of increasing the uptake of free school meals by eligible pupils.</li> </ul>
3. Our ambitions for the review?	To use the data and identify areas of good practice to reduce gaps in attainment.
4. How well do we perform at the moment?	
<ul style="list-style-type: none"> <li>What do we know already</li> <li>What are the gaps</li> <li>What will we look at</li> <li>What evidence do we need</li> </ul>	<p>Existing data across all schools in Shropshire. Dept of Education information on numbers of pupils on free school meals by constituency and by individual school.</p> <p>Identify areas of good practice in existing schools in Shropshire.</p> <p>Identify the geographical areas where there could be a gap between eligibility and take-up.</p> <p>Gain a better understanding of the process of how to claim free school meals.</p> <p>Benchmarking data from other local authorities via desktop research, with a focus on high-performing authorities.</p> <p>Information from head teachers about how they spend the pupil premium and how its impact is evaluated.</p>
5. Who shall we consult	
<ul style="list-style-type: none"> <li>Co-optees</li> </ul>	<p>Marlena Hotchkiss Primary Headteacher</p> <p>Hilary Burke Secondary Headteacher</p>



• Expert/specialists? (Internal or External)	School Improvement Advisors; other Headteachers; Inclusion Manager; Expert from University of Wolverhampton School of Education
6. How shall we consult	
Site visits /visits to other organisations/Desktop research Exhibitions	To explore the different ways in which schools are spending the pupil premium in order to identify the most effective ways of reducing gaps.
7. What other help do we need? e.g. training/development/resources	
8. How long should it take?	
	3-4 months with monthly meetings
9. What will be the key outcomes?	
	To identify models of good practice which can be replicated across schools and explore ways of maximising the impact of the pupil premium, as measured by reducing the gap in achievement between those eligible for free school meals and those not.

## APPENDIX C



<u>Committee and Date</u> Task and Finish Group Attainment of Pupils on Free School Meals (Narrowing the Gap)  Friday 25 May 2012  1.30 p.m.	<u>Item No</u>  <b>3</b>  Public
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### Minutes of the meeting held on 16 April 2012

10.00 – 11.30 a.m.

**Responsible Officer** Anne Cousins

Email: [anne.cousins@shropshire.gov.uk](mailto:anne.cousins@shropshire.gov.uk) Telephone: (01743) 252743

#### Present:

#### Members:

Peter Adams; Joyce Barrow; Martin Bennett; Roger Evans; Jean Jones; Madge Shingleton; Tina Woodward.

#### Co-opted Members:

Austin Atkinson, Diocese of Shrewsbury.  
Marlena Hotchkiss, Primary Head Teacher.  
Martin Jones, Parent Governor, Primary Schools.  
Dominic Wilson, Parent Governor, Secondary Schools.

#### Shropshire Council Officers in attendance:

Chris Mathews, Senior School Improvement Adviser (Secondary)  
Phil Brough, Shropshire Graduate  
Anne Cousins, Committee Officer

#### 1. Election of Chairman

It was proposed, seconded and duly **RESOLVED** that Mrs J B Barrow be elected Chairman.

#### 2. Apologies

**Members:** Tony Durnell; Vince Hunt.  
**Co-opted Members:** Hilary Burke, Secondary Head

#### 3. Appointment of Vice Chairman

It was proposed, seconded and duly **RESOLVED** that Mr R A Evans be elected Vice Chairman.

#### ACTION

	<b>ACTION</b>
<p><b>4. Declarations of Interest</b></p> <p>There were no declarations of interest.</p>	
<p><b>5. Terms of Reference</b></p>	
<p>5.1 The draft terms of reference were considered in detail and a number of suggestions were made. Under Section 2 (specific topic area), it was agreed to add a bullet point about increasing take-up of free school meals by eligible pupils, in order to ensure schools were not missing out on pupil premium funding.</p>	
<p>5.2 In Section 4, Members suggested additional information which would be helpful (see paragraph 5.7). Members wished to gain a better understanding of the process of applying for free school meals and Mrs Woodward undertook to obtain information for Members. Another suggestion was for the Group to find out how the pupil premium money was being spent in schools. It was suggested that the two co-opted headteachers could ask their colleagues at policy group briefings if they would be willing to provide information on how the pupil premium was being spent and how the impact was being evaluated.</p>	<b>TW</b>
<p>5.3 There was discussion about the desirability, or otherwise, of consulting directly with families who were in receipt of free school meals (Section 5). Members were aware of the sensitivity of the issue and of the need to maintain confidentiality throughout the work of the Task and Finish Group.</p>	<b>HB/MH</b>
<p>5.4 Dr Wilson offered to contact the School of Education at the University of Wolverhampton to see if an expert would be willing to come and talk to the Group (Section 5). Another suggestion was to invite an Inclusion Manager to attend a meeting to give their perspective.</p>	<b>DW</b>
<p>5.5 It was suggested Members may wish to visit schools where good practice had been identified, but Members were not sure visits to schools were necessary (Section 6).</p>	<b>AC</b>

**ACTION**

5.5 It was agreed to hold monthly meetings, preferably on a Friday morning (Section 8). Although it was agreed this would be a short Task and Finish Group, Members pointed out the school summer holidays may interrupt the work of the Group and it may be necessary to continue into September.

5.6 There was discussion about the wording of Section 9 (Key outcomes).

5.7 The following changes to the Terms of Reference were **AGREED:**

Section 2: Add:

- To investigate ways of increasing the uptake of free school meals by eligible pupils.

Section 4: Add:

- Identify the geographical areas where there could be a gap between eligibility and take-up.
- Department of Education information on numbers of pupils on free school meals by constituency and by individual school.
- Information from head teachers about how they spend the pupil premium and how its impact is evaluated.
- Gain a better understanding of the process of how to claim free school meals.

Section 5: Add:

- Inclusion Manager
- Expert from University of Wolverhampton School of Education

Section 6: Change to:

To explore the different ways in which schools were spending the pupil premium in order to identify the most effective ways of reducing gaps.

Section 9: Change to:

To identify models of good practice which can be replicated across schools to help to reduce the achievement gap between pupils eligible for free school meals and other pupils.

**AC**

## 6. Current Data in Shropshire

- 6.1 CM tabled a brief overview of free school meals statistics in Shropshire. PB reported he had looked at other local authorities to compare their statistics with Shropshire. Some, such as Dorset and Devon, performed better with less of an eligibility gap between pupils on free school meals and others. Overall, Shropshire came out in the middle.
- 6.2 RE reported the Department for Education website gave a figure of 6,960 pupils in state-funded schools in Shropshire eligible for pupil premium, yet the figures tabled were much less (under 4,000). CM undertook to ensure the matter was investigated further. It was also agreed to circulate this information to Members.
- 6.3 CM provided an overview of the proportion of pupils eligible for FSM in primary and secondary schools. He added there was also a high proportion of pupils in special schools who were eligible as there was a link between free school meals, achievement and learning difficulties.
- 6.4 The attainment data showed a gap of 20% in the percentage of Shropshire pupils who achieved a 'good level of development' in Early Years Foundation Stage. This gap had widened to 33% when analyzing the % of pupils who achieved GCSE 5+ A\*-C (62.6% non-FSM/29.3% FSM). CM said there was a strong correlation between poverty and achievement and overall the most disadvantaged pupils were those pupils living in poverty.
- 6.5 It was noted there were greater attainment gaps in reading and writing than in maths and science. This led to a discussion about the difficulties faced by pupils who did not speak English as their first language and what provision was available for them. Members were very aware, however, of the need to keep an open mind and not to make any assumptions.
- 6.6 There was discussion about funding and why eligibility for free schools meals had been selected to attract pupil premium.
- 6.7 In conclusion, CM reported that in Shropshire schools did very well on very low levels of overall funding. There was evidence of a close link between outcomes and eligibility for free school meals, but there were also exceptions.

**ACTION**

**CM  
AC**

6.8 It was agreed to e-mail the tabled information to Members.

**ACTION  
AC**

## **7. Background Information**

7.1 A report by the Sutton Trust, which set out a number of strategies to improve learning, had been circulated for information.

7.2 Members expressed some reservations about the report, e.g. it made assumptions that homework was set; that parents were supportive. CM explained this report was one of two very well recognized pieces of research on this subject. It demonstrated that the quality of teaching and learning was one of the most important factors in raising achievement.

7.3 A factsheet on Pupil Premium from the Department for Education had also been circulated for information. It was pointed out that in 2012-13 the Government had decided to extend Pupil Premium funding to pupils who have been eligible for free school meals at any point in the last six years.

## **8. Work Plan for Task and Finish Group**

8.1 It was agreed to meet on a monthly basis for the next three months, with Friday mornings being suggested as a preferred time. AC undertook to circulate dates.

**AC**



Committee and Date  
Narrowing the Gap  
Task and Finish  
Group  
  
Friday 29 June  
1.30 p.m.

Item No  
  
**3**  
  
Public

**NOTES THE MEETING HELD ON FRIDAY 25 MAY 2012**

1.30 – 3.00 p.m.

<b>Responsible Officer</b>	<b>Anne Cousins</b>	
Tel (01743) 252743	Fax (01743) 252795	E-mail: Anne.cousins@shropshire.gov.uk

**Present:**

**Members:**

Joyce Barrow (Chairman); Roger Evans (Vice Chairman); Peter Adams; Martin Bennett; Tony Durnell; Vince Hunt; Jean Jones; Madge Shingleton; Tina Woodward.

**Co-opted Members:**

Austin Atkinson, Diocese of Shrewsbury.  
Hilary Burke, Secondary Head Teacher.  
Marlena Hotchkiss, Primary Head Teacher.  
Dominic Wilson, Parent Governor, Secondary Schools.

**Shropshire Council Officers in attendance:**

Brian Robinson, Education Improvement Adviser  
Bobby Mulheir, Customer Service Manager  
Damian Carter, Benefit Manager, Care and Involvement Team  
Phil Brough, Shropshire Graduate  
Anne Cousins, Committee Officer

**ACTION**

**1. Apologies**

Members: Mr Martin Jones, Parent Governor, Primary Schools.  
Officers: Chris Mathews, Senior School Improvement Adviser

**2. Declarations of Interest**

There were no declarations of interest.

**ACTION**

**3. Minutes**

**RESOLVED:** That the minutes of the last meeting held on 16 April 2012 be approved and signed by the Chairman as a correct record.

**4. Terms of Reference**

**RESOLVED:** That the Terms of Reference be agreed.

**5. Update on Changes to the Website**

5.1 Tina Woodward, Deputy Portfolio Holder for Customer Care, introduced this item. She explained she had put a team together to look into the information available on the website to customers wishing to apply for free school meals and report back to the Task and Finish Group for their comments. The webpages had been updated and were circulated for Members' comments.

5.2 In response to comments that not everyone had access to the Internet, Bobby Mulheir, Customer Service Manager, commented that, in her experience, many customers applied for benefits using smartphones.

5.3 There was discussion about what initiatives schools could use to encourage take-up of free school meals and how school meals could be made more attractive to children and young people. The Chairman suggested inviting someone from Shire Services to attend a future meeting. Members pointed out, however, that it was numbers of children registering for free school meals which triggered the Pupil Premium funding, regardless of whether or not the children actually ate the meals.

**Ctte  
Officer**

5.4 The Chairman encouraged all Members to eat a meal at a local school before the next meeting.

**All  
Members**

5.5 It was agreed to put this item on the agenda again and Members were asked to bring to the next meeting any amendments to the updated webpages.

**All  
Members**



## 6. Process for Claiming Benefits

## ACTION

- 6.1 Bobby Mulheir, Customer Service Manager, and Damian Carter, Benefit Manager, explained to Members the processes by which parents applied for free school meals.
- 6.2 Members heard one of the simplest ways of applying was by telephone. It was necessary to provide a signature and proof of benefits and this could be submitted to the school or to the Free Schools Meals team at Shirehall.
- 6.3 Free school meals applications were dealt with separately from all other benefits, even though most free school meals claimants were on other benefits. The Customer Service Manager suggested a change in the way the Council worked, by asking all benefit claimants at the point of contact if they were parents and eligible to claim free school meals.
- 6.4 Damian Carter, Benefit Manager, informed Members of the work of his team. The benefits team were able to advise clients on a range of benefits and advisers went out to visit clients where necessary, e.g. if they were disabled. Any calls to the call centre were directed to the benefits team. One issue was that people were simply not aware they were able to apply for free school meals.
- 6.5 The Chairman suggested more joined-up working to increase free school meal take-up could be one of the recommendations of the Task and Finish Group.
- 6.6 Another area which could be improved was the back-office operation. Tina Woodward explained some gaps in data collection and some duplication had been identified and were being addressed. It was suggested officers involved could be invited to a future meeting of the Task and Finish Group.
- 6.7 There was discussion about the forthcoming major changes to the benefits system being introduced nationally. The Benefit Manager suggested this might lead to an increase in the number of claimants. The Chairman requested this should be added the Safe and Confident Communities Scrutiny Committee work programme.

**Ctte  
Officer**

**Ctte  
Officer**

## 7. Pupil Premium

## ACTION

- 7.1 The Chairman invited the two Head Teachers to discuss with Members the use of Pupil Premium funding.
- 7.2 Hilary Burke, Head Teacher of Meole Brace School, was pleased to note that the Department for Education guidance on the Pupil Premium included the phrase “schools are not instructed on how to spend the Pupil Premium but are free to decide how best to spend it”. She said it was important to realise each school was its own community. At Meole Brace School, there were 67 pupils eligible for Pupil Premium funding, a total of £38,000. Although this was welcomed, it had to be balanced against current reductions in funding to the school of £242,000. There had been reductions in funding in a number of areas, including capital funding and educational psychology. From September, the school had autonomy to choose its own external careers advice service, but the cost of this would have to come out of the school budget which was an additional expense.
- 7.3 In response to a question about Academy status, Mrs Burke stated the school finances would not be improved if the school became an Academy. Although as an Academy, the school would receive funding directly from central government, she would want to buy back the services provided by the local authority, because of the high quality of those services.
- 7.4 Mrs Burke explained the Pupil Premium money at Meole Brace School was being targeted at key members of staff – an intervention officer and a student welfare officer. These officers helped to narrow the gap and raise the aspirations of all pupils. For example, the intervention officer met all Year 7 parents at home to engage them with the work of the school. This strategy had developed after it was realised some parents would not come to open evenings at school.
- 7.5 Marlena Hotchkiss, Head Teacher of Pontesbury Primary School, reported on how primary heads across the county were using Pupil Premium funding:
- Pupil progress meetings and one-to-one tuition.
  - Booster classes for Gifted and Talented children.
  - Additional support from Woodlands Outreach.
  - Learning mentors.
  - Volunteer reading help.
  - Family support workers.

<ul style="list-style-type: none"><li>• Additional resources to motivate pupils.</li><li>• Additional after school support.</li></ul>	<b>ACTION</b>
<p>7.6 The Vice Chairman raised an issue he had become aware of and which was a matter of some concern. Schools would have to explain to Ofsted and the Department of Education how Pupil Premium money had been spent in narrowing the achievement gap. It was a straightforward matter for schools to identify current pupils in receipt of free school meals and track their progress, but Pupil Premium funding applied to any child who had been in receipt of free school meals at any time in the last six years. Schools had no way of identifying these pupils and he asked if the local authority had records which could assist.</p>	
<p>7.7 Officers explained there would be information about pupils moving from one local authority to another; and secondary schools would know if a child had been eligible at primary school. It was agreed to invite the relevant officer to attend a future meeting to explain this in more detail.</p>	<b>Ctte Officer</b>
<p>7.8 It was pointed out that Pupil Premium funding was not restricted to those in receipt of free school meals, but also included other pupils, such as Armed Forces personnel.</p>	
<p>7.9 It was agreed to re-name the Task and Finish Group the Narrowing the Gap Task and Finish Group. This was a term used by government and avoided any specific reference to free school meals, thus recognising the wider factors around this issue.</p>	<b>All</b>
<p>7.10 Members commented there were many different ways in which Pupil Premium funding could be used and it was possible the Task and Finish Group may conclude that there was no “one size fits all” approach.</p>	
<p>7.13 Another important factor raised by Members was parental input. For example, parents with low levels of literacy would not be able to offer their children the same level of support as other parents. Dominic Wilson, Secondary Parent Governor, commented that the Sutton Trust had carried out research into social mobility and found the gap was greater in the UK than elsewhere and agreed any effective intervention would have wider implications. He suggested that, although there may be no “one size fits all” approach, it may be still possible to identify some homogeneous recommendations.</p>	

**8. Next Meeting**

Friday 29 June, 1.30 p.m. in the Ludlow room, Shirehall.

**ACTION**

Signed.....Chairman

Date.....



Committee and Date  
Narrowing the Gap  
Task and Finish  
Group  
  
Friday 14 September  
2012  
2.00 p.m.

Item No  
  
**3**  
  
Public

## NOTES THE MEETING HELD ON FRIDAY 29 JUNE 2012

1.30 – 3.00 p.m.

<b>Responsible Officer</b>	<b>Anne Cousins</b>	
Tel (01743) 252743	Fax (01743) 252795	E-mail: Anne.cousins@shropshire.gov.uk

### **Present:**

#### **Members:**

Joyce Barrow (Chairman); Roger Evans (Vice Chairman); Peter Adams; Vince Hunt; Jean Jones; Madge Shineton; Tina Woodward.

#### **Co-opted Members:**

Austin Atkinson, Diocese of Shrewsbury.  
Dominic Wilson, Parent Governor, Secondary Schools.

#### **Shropshire Council Officers in attendance:**

Brian Robinson, Education Improvement Adviser  
Helen Whiteley, Administrative Assistant (Free School Meals)  
Phil Brough, Shropshire Graduate  
Anne Cousins, Committee Officer

#### **Guest Speaker:**

Karen Clarke, Associate Dean, University of Wolverhampton

### **ACTION**

#### **1. Apologies**

Members: Martin Bennett; Tony Durnell.  
Co-opted Members: Hilary Burke, Secondary Head Teacher;  
Marlena Hotchkiss, Primary Head Teacher;  
Martin Jones, Parent Governor, Primary Schools.  
Officers: Chris Mathews, Senior School Improvement Adviser (Brian Robinson substituted).

## 2. Declarations of Interest

There were no declarations of interest.

## 3. Minutes

- 3.1 It was agreed to add “where possible to do so” at the end of the first sentence in paragraph 6.6.
- 3.2 It was clarified that it was no longer necessary to get a signature when applying for benefits as stated in paragraph 6.2. The only requirements were National Insurance number and date of birth in order to check the details on the national database.
- 3.3 **RESOLVED:** That, subject to the above, the minutes of the last meeting held on 25 May 2012 be approved and signed by the Chairman as a correct record.

## 4. Academic Research on Attainment of Disadvantaged Pupils

- 4.1 The Chairman welcomed Karen Clarke, Associate Dean from the University of Wolverhampton.
- 4.2 Karen Clarke tabled two papers – one which summarised UK research and a paper headed “Enhancing pedagogic practice” which described how to enhance teacher input into teaching and learning. Ms Clarke explained most of the research came from the USA but she had concentrated on UK research, from the Institute of Education, University of London ([www.ioe.ac.uk](http://www.ioe.ac.uk)) and the National Foundation for Educational Research (NFER) ([www.nfer.ac.uk](http://www.nfer.ac.uk)).
- 4.4 Both research papers found that it was the quality of teaching which made the biggest difference to learning outcomes. Effective strategies which improved outcomes included:
- Coaching teachers and teaching assistants in specific teaching strategies.
  - Co-operative learning from children.
  - Frequent and continuous assessment.
  - Whole team/whole school approach.

## ACTION

## ACTION

- 4.5 Other important factors to improve learning were:
- Visionary leadership.
  - Strong pupil voice, beyond school councils, i.e. schools where pupils were not afraid to say what they thought.
  - Open access for parents and governors. Governors particularly needed to have a greater role than attending meetings; were able to go to school at any time. Parents needed the school to have a welcoming atmosphere. For primary schools, parents participating with children with curriculum activities was effective.
  - Policy of inclusion – research suggested the strategies to encourage gifted and talented pupils applied to **all** pupils.
  - Targeted pastoral care. Pastoral tutors also taught a core subject so that staff were able to get to know pupils thoroughly.
  - Data presented in an accessible way for parents, e.g. bar charts, pie charts.
  - Recognising the “value added” i.e. where pupils are when they come into school and where they are when they leave.
  - Personal and social aspects of development – essential these were met especially for pupils on free school meals.
  - Whole school reform to address issues such as extra-curricular activities, change of school day to accommodate teenagers who do not work well early in the morning (a 10.00 a.m. start to the school day has proved to be effective).
- 4.7 The second paper (Enhancing pedagogic practice) was an approach for teachers to reflect on their professional practice, not linked to appraisal, and described how Heads of Department/Headteachers can monitor progress.
- 4.8 In the ensuing discussion, it was agreed that there were many factors which encouraged children to learn:
- Children helping children was effective.
  - Encouraging children to be happy and confident, and raising self-esteem.
  - Social development was important, e.g. breakfast

clubs to ensure children had a good breakfast before school; helping them with basic skills such as using a knife and fork.

- Classroom environment could be influential in children's learning, e.g. open plan was not necessarily conducive to learning.

Ms Clarke suggested social and emotional development was perhaps the most effective tool to encourage learning. The challenge was to identify what a child could do well and encourage them, which raised self-esteem and enabled them to learn.

## ACTION

4.9 In answer to a question, Ms Clarke said there was no ideal size of school: both large and small schools could be effective. Staff/pupil ratio was more important, as was engaging constructively with staff as well as with parents. For example, offering after-school clubs based on staff interests could be effective.

4.10 The group considered how Pupil Premium funding could be used to greatest effect. Ms Clarke suggested the funding could be spent on something to benefit all children, not just those entitled to Pupil Premium. It was noted some schools had used the Pupil Premium money to appoint staff to engage with the home environment. Ms Clarke commented that it was good to work with parents, but some families had a lot of professionals coming into their homes and for these families it might be more effective to talk to them on neutral territory, e.g. supermarkets or pubs.

4.11 There was discussion about constraints of school budgets and Ms Clarke suggested that, if schools were able to pool their Pupil Premium money, this could increase its effectiveness. This was particularly true for small rural schools with small numbers of children entitled to Pupil Premium.

4.12 There was discussion about the value of funding secondary pupils to go on experiences (visits to theatres, art galleries, travel opportunities), as opposed to using the funding for extra one-to-one tuition. Ms Clarke felt both were valuable. For disadvantaged pupils, the opportunity to take part in visits could be extremely valuable; otherwise there was a danger they would be overtaken by others who had had those opportunities.



4.13 The Chairman thanked Ms Clarke for her contribution.

**5. Update from last meeting (25 May 2012)**

5.1 More information on the practical process of applying for free school meals had been circulated to Members (copy attached to minutes). It was clarified that it was no longer necessary to get a signature when applying for benefits (paragraph 6.2 in minutes of 25 May refers). Helen Whiteley, who administered applications for free school meals, confirmed the only requirements were National Insurance number and date of birth in order to check the details on the national database.

5.2 A question was asked about numbers of gifted and talented children who were entitled to free school meals and officers agreed to provide this information.

5.3 In response to the questions raised at the last meeting about how schools could find out which pupils had been entitled to free school meals in the last six years (and therefore qualified for Pupil Premium funding), it was confirmed that this information was available, although some further IT work needed to be done over the summer as a result of this new rule.

5.4 It was confirmed that the local authority database identified looked after children regardless of where they were accommodated.

5.5 Members were informed there were now two census days for counting school pupils, in January and September.

5.6 In conclusion, Helen Whiteley confirmed the process for applying for benefits was quicker and easier now. There were still some sources of confusion, e.g. parents on working tax credits were not entitled to free school meals as well.

5.7 Phil Brough, Shropshire Graduate, asked if there was any feedback following the changes made to the information on free school meals on the Shropshire Council website. It was suggested that there should be a clearer message to parents that registering for

**ACTION**

**BR/HW**

free school meals meant the school would benefit by £600. It was also suggested that an app for mobile phones would be useful.

**ACTION**

5.8 It was agreed that customer feedback was the most important factor and that this would be monitored and reported to the next meeting. Information on the number of hits on the website was also requested for the next meeting.

**PB**

5.9 Finally, Members gave accounts of their recent experiences of eating school meals, which had generally been very positive. It was noted that, at Church Stretton School, there was no cashless system in place which meant it was a very public system for pupils on free school meals. When asked about this, however, the children at the school did not think this was an issue.

**6. Next meeting**

It was agreed that another meeting date would be fixed for September.

**Ctte  
Officer**

**Signed.....Chairman**

**Date.....**

## CLARIFICATION OF PROCESS FOR APPLYING FOR FREE SCHOOL MEALS

1. If successful, **the School** is informed by a weekly “changes report” list transmitted over secure site (S2S)  
(Or if close to census day, by telephone by Helen Whiteley, Admin Assistant).
2. The national database check is only that, a secure checking system, **no “automatic” contact** with either school or applicant.

The applicant is informed by award letter notice.

3. If **not successful** on the national database check the applicant is informed by letter, with an opportunity to provide any proof of benefit being received for further consideration.
4. The DfE system does not do any follow up or contact with anyone.
5. Signature – these days is **not necessarily required**.
6. Parent/carers can contact in a variety of ways:
  - a. **Through customer services** on the **phone** – with **form being filled in on their behalf** – data protection paragraph is provided, no signature is required.
  - b. **Online** – through council website - when this is submitted there is data protection paragraph that needs to be “agreed” to prior to submission – no signature required.
  - c. **Phone contact** – if check from national database is “found” then OK to be added to our system, without signature
  - d. **If paper form** has been downloaded from website or acquired from school and is sent in either direct to Shirehall, or to school, then **completed form needs to be signed** .
  - e. **School** – if details are rung through from a school and database check “found”, then no signature is required, as the check has been carried out on the secure national database website using personal information.



<u>Committee and Date</u>

<u>Item No</u>
Public

## NOTES THE MEETING HELD ON FRIDAY 14 SEPTEMBER 2012

(14:00 – 15:00 hrs)

**Responsible  
Officer**

Anne Cousins

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Tel: (01743)  
252743

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**Members:**

Joyce Barrow (Chairman); Peter Adams; Martin Bennett; Vince Hunt; Madge Shineton;

**Co-opted Members:**

Austin Atkinson, Diocese of Shrewsbury.  
Martin Jones, Parent Governor, Primary Schools.  
Dominic Wilson, Parent Governor, Secondary Schools.

**Shropshire Council Officers in attendance:**

Karen Bradshaw, Group Manager – Learning and Skills  
Chris Mathews, Senior Education Improvement Adviser  
Anne Cousins, Committee Officer

**1. Apologies and Substitutions**

The following apologies were given:

Members:

Tony Durnell, Roger Evans, Jean Jones and Tina Woodward.

Co-opted Members:

Hilary Burke, Secondary Head Teacher; Marlena Hotchkiss,  
Primary Head Teacher.

Officers: Philip Brough, Graduate Trainee.

**2. Disclosable Pecuniary Interests**

None were disclosed.

**ACTION**

### 3. Minutes

3.1 It was agreed to change the wording of the second sentence of paragraph 4.10 to read: "Ms Clarke suggested the funding could also benefit all children, not just those entitled to Pupil Premium."

3.2 **RESOLVED:** That, subject to the above, the minutes of the last meeting held on 29 June 2012 be approved and signed by the Chairman as a correct record.

### 4. Update from last meeting

4.1 The information provided on numbers of visitors to the Free School Meals web-pages and the numbers of Gifted and Talented children entitled to Free School Meals was noted.

### 5. Draft Report

5.1 The first draft of the Final Report of the Task and Finish Group had been circulated and was considered in detail by Members.

5.2 A comment was made that the reference to all children benefiting from Pupil Premium (page 7, 4<sup>th</sup> paragraph) could be counter to Ofsted requirements for each school to report how Pupil Premium funding was being spent. Karen Bradshaw confirmed Ofsted had two requirements: to show the gap had narrowed for vulnerable pupils and to report on how it had spent its Pupil Premium funding.

5.3 Some reservations were expressed as to whether the report had really covered the Task and Finish Group's remit. It was suggested that in some places, it was simply re-stating things schools were already doing (e.g. list on page 9) and yet had not considered in sufficient depth the causes of the disparity in attainment. It was possible, for example, that social factors may be impeding progress for some children.

5.4 In response, Chris Mathews commented that correlation does not equal cause. Although there was a close relationship between attainment and eligibility for Free School Meals, there were many other factors involved and it was difficult to address all of them at the local authority level. Karen Bradshaw agreed Free School Meals was used as a proxy to measure progress and confirmed comparative data showed Shropshire performed less well. She agreed with the point about social factors, but advised the report should be confined to the role of schools.

### ACTION

## ACTION

- 5.5 It was suggested that the references to the Sutton Report would be sufficient to address the wider issues.
- 5.6 The following points were made regarding the recommendations:
- It was suggested the report recommendations should emphasise that (1) schools should be encouraging eligible parents to apply for Free School Meals, to ensure the maximum amount of Pupil Premium funding was available; and (2) children entitled to Free School Meals should be encouraged to eat the meal. This could be done by looking at more exciting ways of delivering meals, e.g. more varied menus, picnics and other ideas for serving food in more interesting ways.
  - Recommendation 4 – Increasing Uptake of Free School Meals – important to encourage parents to register for Free School Meals at the earliest age, to enable schools to maximise the Pupil Premium funding.
  - Important to recognise that a group, such as children entitled to Free School Meals, will be made up of lots of individuals and a “one size fits all” approach would not work – schools needed flexibility to develop their own solutions.
  - To add a recommendation about monitoring progress – 1 year and 2 years suggested as possible time-frames.
  - Where there was a list in the recommendations, to ensure it was in priority order. Suggestion made that the final bullet point under Recommendation 4 should be the first bullet point.
  - Suggestion that recommendations should be nearer the start of the report, not at the end.
  - Suggestion that “uniform” or “consistent” should replace “universal”, Recommendation 4, first bullet point.
  - Endorsement by Members of value of having a cashless system of payment for school meals, to preserve anonymity of those on Free School Meals.
  - There was some duplication in the list of bullet points under Recommendation 4.
  - Suggestion of having a recommendation that Head Teachers report on what they had done with Pupil Premium, perhaps as part of school performance monitoring. This could then be shared as best practice.
  - To add a recommendation recognising the role of school governors. A suggestion was made that Pupil Premium and registering for Free School Meals could be put on the agendas of area meetings of the Shropshire School Governors’ Council.

5.7. The suggestion about school governors was welcomed, but it raised an issue about Academies and Free Schools. These were state-funded schools outside local authority control and it was agreed to clarify whether or not Academy/Free School governing bodies were represented on the Shropshire School Governors' Council.

**ACTION**

**KB/CM**

5.8 With reference to the suggestions about encouraging more children to eat school meals, Chris Mathews commented that the primary purpose of the report was to look at increasing registrations of eligible parents and thus triggering the Pupil Premium funding. Whether or not children actually ate the meals was a broader issue.

5.9 It was agreed that:

- The report would be re-drafted and then circulated to Members for comment via e-mail.
- Revised report to be sent to Karen Clarke, University of Wolverhampton, for her comments.
- There was no need for a further meeting of the Narrowing the Gap Task and Finish Group.

**KB/CM/AC**

**AC**

5.10 A query had been raised by Cllr Roger Evans concerning how schools can find out which of their pupils have been entitled to Free School Meals in the last six years. He had received a query from a parent whose child used to be entitled to Free School Meals, within the past six years, but could not find out whether or not the current school was receiving the Pupil Premium funding.

In response, Members were informed that Pupil Premium funding was calculated using census data (PLASC data). The method of collection had changed to identify pupils who had been on Free School Meals in the last 6 years (Ever 6 system) to account for the change of rules. This system did not identify individual pupils by name but provided schools with sufficient information as to whether the overall level of funding was appropriate.

## **6. Timescales**

6.1 The next steps were for the report to go to Safe and Confident Communities Scrutiny Committee and then on to Cabinet.

**ACTION**

6.2 It was agreed that it would not be possible for the report to be re-drafted in time for the next Scrutiny meeting on 4 October 2012. Accordingly, it was agreed that the Task and Finish Group would report to Scrutiny on Wednesday 5 December and then to Cabinet on Wednesday 12 December.

**Signed**.....**Chairman**

**Date**.....



## APPENDIX D

### Department for Education ([www.education.gov.uk](http://www.education.gov.uk))

### Pupil Premium - what you need to know

Updated: 05 April 2012

#### Purpose

- The Government believes that the Pupil Premium, which is additional to main school funding, is the best way to address the current underlying inequalities between children eligible for free school meals (FSM) and their wealthier peers by ensuring that funding to tackle disadvantage reaches the pupils who need it most.
- In most cases the Pupil Premium is allocated to schools and is clearly identifiable. It is for schools to decide how the Pupil Premium, allocated to schools per FSM pupil, is spent, since they are best placed to assess what additional provision should be made for the individual pupils within their responsibility.
- For pupils from low-income families in non-mainstream settings, it is for the local authority to decide how to allocate the Pupil Premium. For instance it could be allocated to the setting where they are being educated, or held by the local authority to spend specifically on additional educational support to raise the standard of attainment for these pupils. The authority must consult non-mainstream settings about how the Premium for these pupils should be used.
- Schools are free to spend the Pupil Premium as they see fit. However they will be held accountable for how they have used the additional funding to support pupils from low-income families. New measures will be included in the performance tables that will capture the achievement of those deprived pupils covered by the Pupil Premium. From September 2012, we will also require schools to publish online information about how they have used the Premium. This will ensure that parents and others are made fully aware of the attainment of pupils covered by the Premium.
- We will also provide schools with information about strategies and interventions which can improve the progress and attainment of pupils from poorer backgrounds.

#### Key facts

- The Pupil Premium is allocated to children from low-income families who are currently known to be eligible for FSM in both mainstream and non-mainstream settings and children who have been looked after continuously for more than six months.
- Total funding through the Premium will increase from £625m in 2011-12 to £1.25bn in 2012-13.

- The level of the premium in 2011-12 is £488 per pupil for pupils eligible for free school meals (FSM) and for pupils in care who have been continuously looked after for six months. It will increase to £600 per pupil in 2012-13.
- A premium has also been introduced for children whose parents are currently serving in the armed forces; this is £200 in 2011-12 rising to £250 in 2012-13.
- The Pupil Premium was introduced in April 2011, and paid to local authorities by means of a specific grant based on January 2011 school census figures for pupils registered as eligible for FSM in reception to Year 11. For looked after children the Pupil Premium was calculated using the Children looked after data returns (SSDA903).
- The Pupil Premium was also paid to academies via the Young Peoples' Learning Agency.
- Local authorities are responsible for looked after children in care and will make payments to schools and academies where an eligible looked after child is on roll.
- The Government has decided that eligibility for the Pupil Premium in 2012-13 will be extended to pupils who have been eligible for free school meals (FSM) at any point in the last 6 years. Earlier this year we consulted on options for extending the coverage of the Pupil Premium. As a group, children who have been eligible for FSM at any point in time have consistently lower educational attainment than those who have never been eligible for FSM.
- Up to £50m of the £1.25bn will be used to support a Summer School programme to help the most disadvantaged pupils make the transition from primary to secondary school. This approach received the highest support in the recent consultation with 44% of those responding backing its introduction.

### **Evidence notes: approaches to raising the attainment of disadvantaged pupils**

This page provides evidence notes on approaches and activities aimed at improving attainment and progression of disadvantaged pupils. Each evidence note includes references to supporting educational research. The notes are for background information only - head teachers and teachers will wish to make their own decisions about Pupil Premium spend, on the basis of their knowledge of their pupils.

Further notes will be added on a regular basis.

## APPENDIX E

### Shropshire FSM Statistics – Brief Overview

#### Eligibility

Where the parent/ carer in receipt of: income support, job seekers allowance, income related support allowance; child tax credit providing not exceed £16,190; guarantee element of Pension Credit or letter of support under Asylum Act.

	FSM Eligible	Pupil Premium
Primary	2450	2450
Secondary	1296	1265
Special Educational Needs	101	93
Others	30	30
	3877	3838
Academies	161	161

Jan 2012 Census

#### Overall Data

- Gap between FSM and non FSM in Shropshire is larger since standards are above national average for KS1- KS4.
- 11% of pupils in LA Maintained School are recorded as being eligible for Free School Meals on the January 2012 School Census.
  - 12.5 % of primary school pupils are recorded as being eligible for Free School Meals on the January 2012 School Census.
  - 8.7% of LA maintained secondary pupils are recorded as being eligible for Free School Meals on the January 2012 School Census.
  - 28.6% of LA special school pupils are recorded as being eligible for Free School Meals on the January 2012 School Census.
- Including Academy Schools, Pupil Referral Units and those pupils registered in Alternative Provision 10.9% are recorded as being eligible for Free School Meals.

#### Attainment Data

- The % of Shropshire pupils who achieved a 'good level of development' in Early Years Foundation Stage Profile Results teacher assessment from the summer 2011 results split by FSM and non FSM.

	% FSM	%Non FSM	Gap
good level of development	48	68	20

Data Source; Statistical First Release 29\_2011

*\* A pupil achieving 6 or more points across the 7 Scales of PSE and CLL and who also achieves 78 or more points across all 13 scales is classed as having "a good level of development".*

- The % of Shropshire pupils who achieved level 2 or above in Key Stage 1 teacher assessment from the summer 2011 split by FSM and non FSM.

	% FSM	% Non FSM	Gap
Reading	73	89	16
Writing	70	86	16
Maths	83	92	9
Science	82	92	10

Data Source; Statistical First Release 22\_2011

- The % of Shropshire pupils who achieved level 4 or above in Key Stage 2 test results from the summer 2011 split by FSM and non FSM.

	% FSM	%Non FSM	Gap
English & Maths	54.0	79.0	25

Data Source; Statistical First Release 31\_2011

- The % of Shropshire pupils who achieved GCSE 5+ A\*- C (Including English & Maths) in Key Stage 4 results from the summer 2011 split by FSM and non FSM.

	% FSM	%Non FSM	Gap
5+ A*- C (Including English & Maths)	29.3	62.6	33.3

Data Source; Statistical First Release 03\_2012



<u>Committee and Date</u>
Young People's Scrutiny Committee
26 March 2014

<u>Item</u>
<b>8</b>
<u>Public</u>

**Responsible Officer** Tina Russell, Head of Children's Safeguarding  
e-mail: tina.russell@shropshire.gov.uk Tel: 01743 254254 Fax:

## **Transformation activities – Early Help / COMPASS / Mental Health/Targeted Mental Health Support (TaMHS)**

### **1. Summary**

This report outlines the requirements made of Local Authorities by the 2004 Children Act and the 2013 Working Together publication and provides information on the service re-design which is underway to review and develop the process, systems and services that deliver Early Help for Shropshire's children and young people.

### **2. Recommendations**

- 2.1 That Members note the re-design and future plans for development of Early Help support services to children and Families.
- 2.2 That Members note developments in mental health provision and agree that future reports come to Scrutiny Committee in order to understand the impact this is making.

### **3. Risk Assessment and Opportunities Appraisal**

There is a need to balance investment in early help whilst retaining specialist services for the current cohort of children requiring specialist services. The impact of effective early help will be evidenced by a reducing number of referrals that require social work assessment and intervention (high cost specialist services) and an increase in the number of children subject to early help plans delivered through lead professionals (lower cost services supported through voluntary and community delivery).

### **4. Financial Implications**

Investment in good quality evidenced based Early Help services will reduce the likelihood of families reaching crisis and family breakdown that results in children suffering harm and neglect. This in turn reduces the need for the

more costly specialist services of Child Protection and Local Authority care provision. This will lead to a re-balance of resources and financial investment.

## **5. Background**

- 5.1 The 2004 Children Act requires each Local Authority to make arrangements to promote cooperation between the authority and each of its partners to provide services that promote the well-being of all children in its authority.
- 5.2 Working Together 2013 sets out responsibilities for local authorities and its partners. They need to have in place a process for the effective assessment of children who may benefit from early help. Working Together also sets out principals that for early help to be effective Local Authorities need to offer evidence- based programmes, that include a range of support services and that are delivered in a co-ordinated way through Lead Professionals.
- 5.3 Local Safeguarding Children Boards have a duty to monitor the effectiveness of Early Help support services, specifically in relation to safeguarding children and young people.

## **6 Additional Information**

- 6.1 A service re-design is underway to review and develop the process, systems and services that deliver Early Help. The re-design priorities are to ensure professionals in universal services and those acting as Lead Professional are supported to undertake assessments of need, to develop Early Help plans and specifically identify and manage risk.
- 6.2 An Early Help strategic partnership forum has been established which will report into the Children's Trust Board. A Leadership team of senior operational managers has also been established. These managers bring together collective experiences and resources and they will lead the redesign and future delivery.
- 6.3 Four key work streams have been identified. Each has a lead officer who will work with stakeholders and families to design and deliver the work stream and as a collective they will ensure there is co-ordination and collaboration of the work streams through the Early Help Leaderships forum. The four key work streams are:
  - a) To develop the delivery of Early Help services to families with professionals based in localities to improve community engagement and promote local needs- led services.
  - b) To review and develop processes for assessment, referral and review of Early Help plans to ensure these are free from unnecessary bureaucracy supporting professionals to provide timely Early Help services.

- c) To further develop collation and management of performance measures across services that provide a wide range of outcome measures evidencing the impact of early help to children and families and informing the strategic needs analysis.
  - d) To review and develop a process for information sharing and recording across the Early Help service provisions that enables professionals to effectively record and share information safely and in a timely way, reducing delay and bureaucracy.
- 6.4 The attached organisational delivery chart (Appendix A) provides an illustrative version of how the Early Help Leadership and services will work as a collective.
- 6.5 'Compass' was developed as a single point of referral for parents and professionals with concerns regarding children's emotional welfare and mental health. With the exception of emergency referrals, which will continue to be taken by the Child and Adolescent Mental Health Service (CAMHS) duty officer, requests relating to child and adolescent mental health that would previously have been referred to CAMHS will now be co-ordinated at 'Compass'. Information has been sent out to all GPs, schools, colleges and other stakeholders, informing them of 'Compass' and the new process for CAMHS referral.
- 6.6 Professionals and Parents receive advice on how to access and deliver emotional health and wellbeing support to children and young people at tier 1 and 2. This advice is delivered by an integrated team of Family Information Service, Early Help Advisors (Senior Social Workers) and CAMHS Senior Primary Mental Health Practitioners who are co-located to receive referrals and triage cases on a daily basis to ensure that children and young people get the right support, at the right time.
- 6.7 'Compass' went live on 13<sup>th</sup> February. As at March 5<sup>th</sup> there had been 66 calls into Compass. Initial feedback through the stakeholder implementation group is that calls made in are requesting an appropriate level of support and the triage team are able to make a response. A significant early indicator is an increase in parents phoning Family Information Service for information and advice as directed by their GP. This appears to demonstrate some indication of change as intended by 'Compass' to manage demand for specialist services down.
- 6.8 Further development of 'Compass' will be co-ordinated with the development of the wider Early Help re-design as outlined above. Specifically, the work-stream to review how referral and assessment process for parents and professionals to access Early Help is best delivered through simple, timely and non- bureaucratic processes.

## 6.9 Strategic Development for Mental health

A comprehensive approach to CAMHS has been developed which covers emotional health and wellbeing across a pathway covering the varying degrees of need through the lowest level (tier 1- tier 3) need for specialist intervention.

- 6.10 The Local Authority commissioning and provider leads and the Women's and Children's Commissioner for the Clinical Commissioning Group (CCG), working closely with the Adult Commissioner for Mental Health, have produced a Shropshire- wide pathway approach covering tier 1-3.
- 6.11 Service re-design has taken place and a new service specification has been developed for tier 3 services and tier 2 (this has been jointly between the Local Authority and CCG) and includes the newly developed 'Compass'. A working Group including CAMHS, the CCG, clinicians (including a local GP) has overseen and developed this over the past nine months. This has ensured there are strong links to work taking place at tier 3 and tier 2.

## 6.12 Think Good Feel Good

From April 2014 Targeted Mental Health Support (TaMHS) known locally as **Think Good Feel Good** will be included as part of the Healthy Child Programme development and delivery of Public Health. This is a Shropshire wide universal offer of mental ill health prevention and is available to all schools. A report to the Shropshire Children's Trust and leaflet is attached at Appendix B.

- 6.13 Think Good Feel Good is a whole school approach and is based on an evidenced- based training programme. It supports school- based staff to set up projects in schools that can identify need and then provide emotional and behavioural support to young people at an early stage. Currently 84% of schools have signed and report feeling more confident in dealing with and understanding emotional health and wellbeing.

## 6.14 Self-Harm Pathway

Reporting and incidence of self-harm in young people rose last year in Shropshire in line with a national trend. In response to this a self-harm pathway has been developed in consultation with parents and young people who self-harm. The self-harm strategy is attached at Appendix C.

- 6.15 The purpose of the pathway is to provide consistent approaches of early identification and support, including information for young people and families. This has been endorsed by the Safeguarding Board and briefing sessions held across the county. Evidence tells us that young



people seek support from their peers before family members or professionals. The information, advice and guidance leaflets were seen as particularly valuable for young people who are supporting their friends who self-harm.

<b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b>
<b>Cabinet Member (Portfolio Holder)</b>  Ann Hartley
<b>Local Member</b>  All Members
<b>Appendices</b>  Appendix A: Local Authority Early Help Leadership organisational chart Appendix B: TaMHS Report to Children's Trust and TaMHS Leaflet Appendix C: Self Harm Strategy

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# Early Help Leadership - Delivery & Developments

The leadership team are responsible for the co-ordinated delivery of services providing early help intervention to families and support to Lead Professionals in the assessment and delivery of EH plans

Tina Russell – Strategic Lead

Stella Pugh

COMPASS & Family Information Service, FGC lead

Youth Services

Jo Cox

Karen Scardifield

Parenting Programmes & Social Work Intervention

Children Centres

Julie Duncan  
Sharon Graham

Tina Dyke

EH Performance & Outcomes

Finance & Admin

Kendall Serban

Andy Nicholls  
Barbara Stafford-Cairns

Families Solutions & Partnerships

2014/15 Priority Developments

Performance measures

Tina Dyke & Sophie Meldon

To develop a consistent performance management framework that takes into account KPI for Public Health and Local Authority

IT and Recording

Andy Nicholls, Josh Feehan,  
Jo Cox

To develop a simple and consistent method of recording assessments, interventions and outcomes across the multi agency EH provision

Locality Delivery

Barbara Stafford Cairns, Karen Scardifield, Sharon Graham

To develop locality based HUBs lead by multi agency stake holder groups that provide local needs led targeted EH services alongside the core EH offer

Referral and Assessment

Stella Pugh, Julie Duncan, Tina Dyke

To develop systems and process for completing Early Help assessment, referrals and plans for children that are fit for purpose

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<u>Committee and Date</u>	<u>Item</u>
Children's Trust Executive 18 <sup>th</sup> March 2014	<u>Public</u>

## **TAMHS Think Good, Feel Good – A Whole School Approach to Emotional Health & Wellbeing**

**Responsible Officers** Helen Bayley, Jo Robins

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### **1. Summary**

1.1 This paper will outline the Shropshire wide schools based programme Think Good, Feel Good which initially started as a pilot programme in 2009. The programme adopts a universal population based approach for children and young people at tier 1, and targeted support for those at tier 2. The paper will also update on the three new areas of work that flowed from the programme during 2013.

1.2 It is widely recognised that the commissioning and delivery of high quality mental health and wellbeing services is an investment that will lead to population health gains and financial savings both in the medium and long term. The evidence base for mental health is strong and over the past decade there have been numerous strategies, studies and programmes that can demonstrate the impact of intervening early especially in the crucial childhood and teenage years that will help to prevent the future development of mental health illness. Some examples of potential savings are taken from the Mental Health Promotion and mental illness prevention: The economic case (Knapp et al, 2011):

- Social and emotional learning programmes results in returns of £84 for each £ invested
- School based interventions to reduce bullying result in returns of £14 per £ invested
- Parenting interventions for families with conduct disorder result in returns of £8 per £ spent
- Early detection of psychosis results in £10 for every £ spent with savings in year 2

## **2. Recommendations**

2.1 That the Children's Trust accept this report as an update on the development of TAMHS in Shropshire and provide appropriate comment and input.

## **REPORT**

### **3. Risk Assessment and Opportunities Appraisal**

(NB this will include the following: Risk Management, Human Rights, Equalities, Community, Environmental consequences and other Consultation)

### **4. Financial Implications**

4.1 None at this time.

### **5. Background**

#### **5.1 The Shropshire Picture**

5.1.1 It is estimated that there are over 4000 children and young people in Shropshire with diagnosable mental health problems. In a typically sized class of 30 children, it is estimated that 3 will have an emotional or mental health need. The most common presenting issues are related to drugs and alcohol misuse, self-harm, depression, domestic violence within the home and post abuse distress. Children in residential care, those with a learning difficulty and those in contact with the youth justice system have an increased risk of developing a mental health condition.

5.1.2 Children with a serious physical disability are twice as likely to suffer from mental ill health, and the number of children with disabilities is rising.

5.1.3 It is estimated that approximately a quarter to half of all adult mental health conditions could be prevented with the right interventions in childhood. These include promoting positive attachment and bonding between a baby and their main carer to promote healthy brain development and good mental health as an adult. Maternal ill health, domestic violence and substance misuse in the home can all harm the mental health of children and young people.

5.1.4 Children living in deprived households are three times more likely to have mental health problems than children living in more affluent household. It is estimated that over 7000 children in Shropshire live in poverty. Children who have significant caring responsibilities for other family members are more likely to develop mental health problems often linked to stress, feeling isolated and overwhelmed. Based on national

statistics, it is estimated that 900 children and young people in Shropshire act as young carers.

## 5.2 Intervening Early in School Settings

5.2.1 The core aim of the Think Good Feel Good programme is to develop a whole school approach on emotional health and well-being through the delivery of an evidence based training programme across all Shropshire schools. There are 130 primary schools, 20 secondary schools, 2 special schools and Tuition Medical Behaviour and Support Service units (TMBSS). To date the programme has been aimed at school age children 5-16 years as well as their families and the whole range of school based staff. All of the training programmes that are delivered are evidence based, either nationally or internationally.

5.2.2 The programme adopts a whole school/ service approach with the following key objectives:-

- Increase awareness of mental health/mental ill-health
- Develop a common language that expresses thoughts and feelings
- Promotion and development of strategies to support mental health, build confidence self- esteem and resilience
- Improve communication and consultation with specialist services such as CAMHS
- Support schools to develop their role as commissioners to achieve positive mental health outcomes
- Provide training for school staff and partners to deliver targeted support intervention programmes supporting varying emotional needs within Tier 1 and Tier 2.
- Support schools to develop their role as commissioners to achieve positive mental health outcomes

5.2.3 Schools and partner agencies are invited to attend centrally based multi-agency **core training on issues such as self harm, suicide prevention, domestic abuse, loss and bereavement, anxiety, anger management**. The training increases the knowledge base of staff enabling them to recognise early signs and symptoms of need, provides practical examples of how to respond to the emotional needs of young people as well as tips and strategies on what to do and say following identification of need. The more in-depth intervention based training provides resources and clearly structured programmes that school based staff can deliver within the school setting to support a wide range of emotional needs.

5.2.4 The programme is delivered through a project manager with a small core team and the success to date is due to the joint ownership and delivery of TaMHS training and interventions in collaboration and consultation with schools and partners. The programme supports, involves and builds on existing work of all local professionals who work in and around schools, including school nurses, the local authority health development team, specialist CaMHS service and those working on a prevention agenda for children and young people including the voluntary sector.

5.2.5 The table of interventions below (table 1) shows the whole toolkit of knowledge based and targeted intervention training which constitute the TaMHS core offer (Purple and green

boxes). This annual programme of training is available and delivered on a multi-agency basis. Additional training for multi-agency teams, professionals and whole staff training for schools is also delivered on a request basis, stress management, lunch time supervisor training. Many but not all schools are signed up to the programme with varying degrees of delivery and the long term goal for the next two years is for all Shropshire Schools to have access to the complete toolkit of targeted and knowledge based interventions and training.

5.2.6 There are various measurement tools in place within the programme either programme related or school based indicators at a qualitative and quantitative level. The school and pupil related indicators include individual measures of anxiety, feelings, pupil perception and attitudes with others related to attainment, attendance and exclusion. The training programmes include measures on activity levels of schools and participant feedback with pre and post baseline to capture impact.

- The programme has reached 84% of Shropshire schools and the findings are very positive in relation to knowledge and confidence.
- Of those participating in the overall training programme 100% reported increase in knowledge levels and confidence.
- Other promising results from the early pilot work show 70% improvement in pupil attendance in participating schools and improvements in other measures relating to individual pupil attitudes, anxiety, and feelings.
- Staff reported increased confidence in the early identification of need, understanding of specialist services, how and when to access local specialist services such as CAMHS and child protection.
- Direct qualitative feedback from the children has also been very promising and Ofsted have provided positive feedback following inspections.
- Significant improvement in PASS( Pupils Attitudes to self and School)
- Significant improvement in sociogram (My Class/ My Feelings surveys) results
- Significant improvement to Boxall profile scores
- Significant improvement to Spence Anxiety scores

### 5.3 Key Learning Points

- A key strength has been the focus on the mental health and well-being of the children and young people in conjunction with educational priorities.
- Schools have all had the opportunity to access £1,000 funding
- Regular visits to schools from project manager
- Schools need support to analyse the data that they hold
- The initial pilot collected data however this was not taken forward due to capacity and the programme needs dedicated analytical and evaluation support
- The model needs to be owned by each school rather than delivery through one or two people



#### **5.4 Main Components of Think Good Feel Good**

- Systematic approach
- Schools adopt and own the programme
- The programme is linked to educational priorities
- Strong programme management and leadership
- High quality training and resources
- Evaluation and measurement
- Schools enabled to feel confident in understand and addressing emotional health and wellbeing issues of children.

#### **5.5 Broadening the Reach of Think Good Feel Good**

5.5.1 From April 2013 the programme extended its reach to cover 0-19 year olds with a renewed vision for the future based on a sustainable model. Additional elements include a core offer for all schools and the development of a mental health PHSE curriculum resource from KS1 through to KS4 and a training package and educational resource on self harm for school staff.

#### **5.6 Self Harm**

5.6.1 Adopting a self-harm pathway, guidance and risk assessment was identified as a need following a reported increase in the prevalence of self-harm across the county. The severity ranges from lower level self-harming type behaviours to significant self-injury. This rise was in line with a national trend. Additionally it is known that the latest figure for people under 18 for self harm inpatient admissions within Shropshire was 93 admissions in 2011-12, this is high when looked at as an average rate against the national figures.

5.6.2 It was identified that there are currently no standardised guidelines to support practice in managing the needs of these young people, and inconsistencies in confidentiality and approaches to support were found. The purpose of the pathway is to provide consistent approaches of early identification and support, including information for young people and families. This has been endorsed by the Safeguarding Board and briefing sessions planned to be held across the County.

5.6.3 The self-harm pathway has been developed in consultation with parents and young people who self-harm, evidence tells us that young people seek support from their peers before family members or professionals. The information, advice and guidance leaflets were seen as particularly valuable for young people who are supporting their friends who self-harm.

5.6.4 The feedback has ensured the information reflects what they say would be helpful to know and has in the process, increased practitioners understanding of what their thoughts and needs are.

5.6.5 A Self harm, peer support, targeted intervention 10 week programme 'Signature Strengths' has been developed. Professionals and school staff are being trained to deliver the programme at Tier 2 level, to prevent needs escalating and requiring support from Tier 3 specialist services

5.6.6 In addition a Emotional and Mental Health PHSE curriculum resource in in development from KS1- KS4, whole class lesson plans will include helpful and unhelpful coping strategies, self harm will be included within this.

## **6. Additional Information**

For further Information please contact:-

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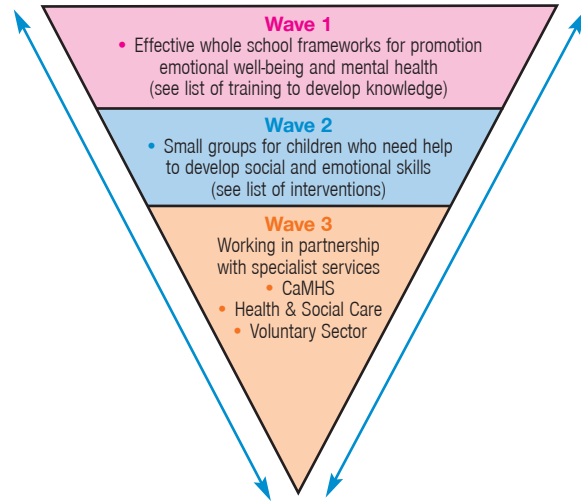


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# Targeting Mental Health Support

**ONE IN TEN (10%)** of children 5-16 have a clinically diagnosed mental ill-health disorder

## TaMHS Model - A Whole School Approach



Page 129

### Children and young people's Emotional Health

Schools are places of significant influence on children's growth, where they learn about relationships, develop self-esteem and build resilience.

Schools are therefore the logical place for interventions to take place. There is increasing evidence that positive emotional health and educational achievement are intimately linked and emotional and psychological problems can obstruct various aspects of learning.

There is much that schools and partners who work in schools can do to promote the emotional health, and social well-being of the young people in their care.

### Help us to help you...

Promote a culture of openness around mental health

- Talk about mental health problems
- Talk about recovery and hope
- See the whole person not the problem!

Getting support at an early stage in experiencing mental ill-health problems has a significant impact on the chances of recovery

### How can I get further information or advice?

If you require information about Targeting Mental Health Support

Contact: **TaMHS Support Officer or TaMHS Training Officer**

Telephone: **01743 246899** Email: **tamhs@shropshire.gov.uk**

Or contact **shropshireFIS@shropshire.gov.uk**

# Targeting Mental Health Support



### What is mental health?

Mental health is as important as physical health and it is important to understand that everyone of us has mental health. As one young person put it:

*'It doesn't mean being happy all the time, but it does mean being able to cope with things' ...and knowing what to do and where to go if you are not coping.*

Unless a person is feeling mentally healthy, it is difficult for them to have maximum physical health and well being.

Children's mental health and emotional well being is now a priority concern for many people and society as a whole - rather than just specialist services.

Anyone in contact with a child has an impact on that child's mental health and emotional well-being. The challenge is to remember that and to be able to respond if things start to change or go wrong.

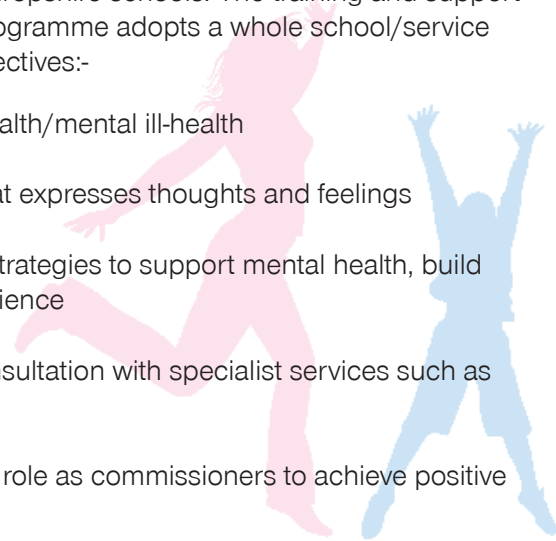
# Thinkgood Feelgood

supporting emotional health and well being in schools

[www.shropshire.gov.uk](http://www.shropshire.gov.uk)

The core aim of 'Think Good, Feel Good' is to develop a whole school approach on emotional health and well-being through the delivery of evidence based training programmes in all Shropshire schools. The training and support extends from 0-19 year olds. The programme adopts a whole school/service approach with the following key objectives:-

- Increase awareness of mental health/mental ill-health
- Develop a common language that expresses thoughts and feelings
- Promotion and development of strategies to support mental health, build confidence self-esteem and resilience
- Improve communication and consultation with specialist services such as CaMHS



Support schools to develop their role as commissioners to achieve positive mental health outcomes.

## Training Programme

Schools and partner agencies are all invited to attend centrally based multi-agency core training on issues such as self harm, suicide prevention, loss and bereavement. This training increases the knowledge base of staff on how to recognise early signs and symptoms of need, how to respond to emotional needs of young people and what to do and say following identification of need. Intervention based training provides resources and structured programmes which staff can deliver within the school setting to support a variety of emotional needs.

The table of interventions (opposite page) shows the whole toolkit of knowledge based and targeted intervention training available as part of the TaMHS core offer. This is an annual programme of training. Additional training for multi-agency teams, professionals and whole staff training for schools is also delivered on a request basis, for example anger management, stress management, lunch time supervisor training. Having access to the complete toolkit of targeted and knowledge based interventions and training would be considered as best practice.

Intervention training	Programme description	Impact/Outcomes
Anger Management KS1- KS4	8 week peer support (anger)	Pupils to understand triggers of anger, defuse and manage more effectively
Reach for the Top KS1, KS2	6 week one to one, (attachment)	Provide time and space for pupils to talk, to build trust, to feel valued, safe and belong within the school
Signature Strengths KS3, KS4	10 week peer support (Self-Harm)	Using Cognitive Behaviour Therapy and Dialectical Behaviour Therapy to support and manage young people self-harming
No Worries KS1 - KS4	8 week peer support (Anxiety)	Using Cognitive Behaviour Therapy to reduce and manage anxiety
STAR KS3, KS4, KS5	6 week peer support for pre NEEt's pupils or those at risk of not reaching their full potential	To increase aspiration, motivation and confidence
Seasons for Growth KS1- KS4	8 week peer support, using Worden's model of grief	To help pupils manage loss and significant change (e.g. bereavement or divorce)
Lifelines KS1-KS4	One to one support with grief work	Enable young people to move forward following grief
Nurture Group (Boxall profile measure) KS1, KS2, KS3	Classic and adapted nurture groups	Curriculum based sessions for small groups of vulnerable pupils
Relax Kids (KS1-KS2) Chill Skills (KS3-KS4)	Relaxation skills that can be delivered to small groups or whole class	To raise awareness of the importance of relaxation and learning strategies of how to relax
Knowledge and skills based training	Description	Impact/Outcomes
Sociograms KS1- KS4	Assessment and tracking tool	To identify need and track progress of pupils
SUMO (Stop, Understand Move On) KS1- KS4	Whole school resources creating common language to positive thinking	Emotionally healthy whole school culture
Loss and Bereavement KS1- KS4	Theory/models of grief	Raise awareness and confidence in supporting pupils following grief
Self Harm & Introduction to STORM KS1- KS4	Understanding and managing self-injury. Introduction to suicide prevention	Raise awareness of prevalence, dispel myths, how to identify early signs, how to respond and support following a disclosure
Stress Management Staff	Managing staff and pupil stress, including relaxation techniques	Ensure staff are in an emotionally sound place before supporting pupils emotional needs

# Self-Harm Pathway

Information, Advice and Guidance for  
Practitioners

# Policy

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This policy links to [Shropshire Safeguarding Suicide Prevention Pathway](#)  
[Shropshire Safeguarding threshold document](#)  
[Shropshire Safeguarding schools e-safety policy guidance](#)  
  
[www.safeguardingshropshireschildren.org.uk](http://www.safeguardingshropshireschildren.org.uk)



## 1.0 What is self-harm?

Self-harm is a wide definition that includes eating disorders, self-injury, risk-taking behaviour and drug / alcohol misuse. This policy focuses on the self-injury aspect of self-harm.

Self-harm is a coping mechanism. An individual harms their physical self to deal with emotional pain, or to break feelings of numbness by arousing sensation.

Self-harm is any deliberate, non-suicidal behaviour that inflicts physical harm on the body and is aimed at relieving emotional distress. Physical pain is often easier to deal with than emotional pain, because it causes 'real' feelings. Injuries can prove to an individual that their emotional pain is real and valid. Self-harming behaviour may calm or awaken a person. Yet self-harm only provides temporary relief, it does not deal with the underlying issues. Self-harm can become a natural response to the stresses of day-to-day life and can escalate in frequency and severity.

Self-harm can include but is not limited to, cutting, burning, banging, bruising and scratching.

Self-harm is often habitual, chronic and repetitive; it tends to affect people for months and sometimes years.

People who self-harm usually make a great effort to hide their injuries and scars, and are often uncomfortable about discussing their emotional inner or physical outer pain. It can be difficult for young people to seek help from the NHS or from those in positions of authority, perhaps due to the stigma associated with seeking help for mental health issues. Self-injury is usually private and personal, and it is often hidden from family and friends. People who do show their scars may do so as a reaction to the incredible secrecy of their emotions and feelings which they are unable to share, and one should not assume that they are attention seeking, although attention may well be needed.

Over the past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are *"probably 2 young people in every secondary school classroom who have self-harmed at some time"* (*The truth about self-harm*. London: MHF/CF)

One in twelve children and young people are said to self-harm, and over the last ten years inpatient admissions for young people who have self-harmed have increased by 68%. Among females under 25, there has been a 77% increase in the last ten years (SCIE, 2005; NICE)

Four times as many girls as boys self-harm up to the age of 16, although this ratio reduces to twice as many among 18-19 years olds (SCIE, 2005; HSCIC, 2013)

Self-harm usually begins between 13 and 18 years of age and while frequently mild and transient, can, in some cases persist for up to 10 years (McAllister et al, 2010). Lifetime rates are reported of up to 33% among secondary school students self-harming, with approximately 10% of those engaging in relatively severe self-harm (McAllister et al, 2010)

Self-harm is not confined to children of secondary school age. Though it may manifest in different forms of behaviour, children at Primary Schools may also self-harm.

Accurate assessment, early detection and early intervention are essential to the successful treatment of self-harm (Sharpio, 2008)

## 2.0 Self harming behaviours?

Factors that motivate people to self-harm include a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others.

Even if the intent to die is not high, self harming may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

### Examples of Self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/under medicating, e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse or over/ under eating at times may be deliberate acts of self-harm.
- Risky sexual behaviour

### 3.0 What causes self-harm?

The following risk factors, particularly in combination, may make a young person vulnerable to self-harm, although are not limited to:

#### **Individual factors:**

- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Substance misuse
- Bereavement
- Perfectionism
- Exam pressure

#### **Family factors**

- Unreasonable expectations
- Neglect or abuse (physical, sexual or emotional)
- Child being Looked After
- Poor parental relationships and arguments
- Parental separation and / or loss
- Depression, deliberate self-harm or suicide in the family.

#### **Social Factors:**

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy access to drugs, medication or other methods of self-harm.
- Copied self-harm behaviour (contagion effect)
- Difficult times of year e.g. anniversaries
- Criminal behaviour
- Accessing or difficulties within school

## 4.0 Warning signs

There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, these may not be visible. Signs to be aware of may include:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- Changes in activity and mood, e.g. more aggressive than usual or more withdrawn
- Lowering of academic grades
- Talking about self-harming or suicide
- Frequent injuries (i.e., cuts, bruises, burns) with suspicious explanations.
- Wearing trousers and long sleeves in warm weather (to cover injuries).
- Wearing bangles, bracelets and wristbands (to cover injuries).
- Low self-esteem or an increase in negative self-talk.
- Difficulty handling emotions or easily overwhelmed.
- Extremely sensitive to rejection.
- Self-defeating comments and attitude.
- Extreme emotional ups and downs (due to the cycle of self-injury).
- Difficulty functioning at school, work or home.
- Relationship problems.
- Avoiding sports or other activities that would require showing more of one's body.
- The presence of behaviours that often accompany self-injury: eating disorders, drugs/alcohol misuse, excessive risk-taking.
- Discovery of tools used for self-injury (broken disposable razors, lighters, un-bent paper clips).
- Bloodied wads of tissue or toilet paper, blood on clothing.
- First aid supplies being used quickly.
- Rubbing of arms, especially wrist, through sleeves (cuts often itch while they are healing).
- Withdrawing from activities once enjoyed.
- Increased time alone.
- Increased time with peers who self-injure.

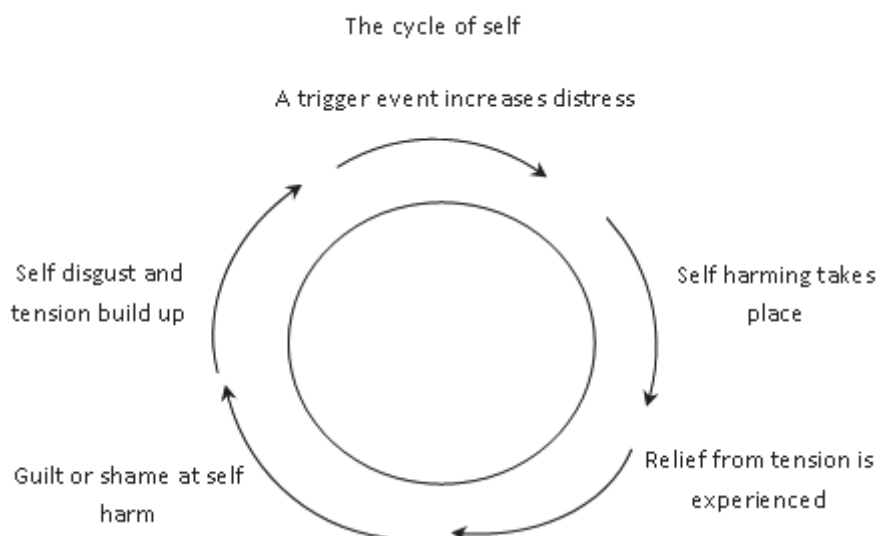
## 5.0 What keeps the self-harm cycle going?

Once self-harm, particularly cutting, is established, it may be difficult to stop. Self-harm can have a number of functions for the student and **it becomes a way of coping**, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act.

When a person inflicts pain upon him or herself, the body responds by producing endorphins, a natural pain-reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make the stopping of self-harm difficult.

Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



## 6.0 How to respond

### 6.1 Immediate response to self-harm

When a young person presents themselves with concerns about self-harm or when we are asked to look into a concern about a child our immediate response needs to be calm and measured. The professional should indicate they feel confident they can be supportive (no matter how anxious they may feel) as this will gain not only the child/young person's confidence

Initially acknowledge the courage it has taken for the child/young person to seek help and acknowledge the self-harm. At this point it is important to communicate your acceptance of the situation and let them know you care but also to let them know the limits of your confidentiality, explain the reason why the information needs to be shared in order to keep them safe.

### 6.2 Required responses

If you find a young person who has self-harmed, try to keep calm, give reassurance and follow the first-aid guidelines. In the case of an over-dose of tablets, however small, advice must be obtained from a medical practitioner (accident and emergency department or GP).

When considering what action and support the young person needs, continue to maintain their trust and involve them in decisions.

Follow the policy of informing the designated person for child protection within your agency.

Parents will be contacted by the worker to whom the disclosure is made or in consultation with the designated lead.

Discuss your concerns with the young person's parents, unless to do so would place the young person at further risk (*see Child Protection Procedures and/or school safeguarding policies and procedures*). If parents/carers are not contacted the reason must be documented and consultation with an Early Help Advisor is available.

Help the carers/parents to understand the self-harm so they can be supportive of the young person. Information for parents is available on pages 22 and 23 of these Guidelines.

Working with a young person who is self-harming can be distressing. Seek support from colleagues and the designated person for child protection in your agency.

You will need to complete the self-harm reporting form for each disclosure (page 14). Depending on the nature and severity of the self-harm you will also need to choose appropriate and proportionate responses from the list below: (also see care pathway on page 19)

- Continue to monitor the self-harm and discuss with someone who will be able to build a relationship with the young person and provide advice, for example through school pastoral systems.
- Provide the young person with information and advice sheet (page 20 and 21) continue to consider whether further assessment and support may be needed.
- If you are concerned about a young person complete an EHAF including the risk assessment to provide full details of needs and concerns.
- Consult with your school nurse, the child's GP or with a Primary Mental Health Practitioner. In addition to the risk assessment.

- Discuss with the young person, their parents, year head and any other agencies your plans. Identify strengths, skills and risk factors and make a plan to address any vulnerability. If you cannot identify the necessary agency send EHAF to Early Help Panel.
- If you identify child protection concerns, follow school/ agencies procedures around how to make a referral. Document any reported concerns and record who you spoke to, the time, date and any advice they have given you to follow.

### 6.3 Confidentiality

Confidentiality is a key concern for young people, and they need to know that it may not be possible for you to offer this. If you consider that a young person is at serious risk of harming him or herself or others, then information needs to be shared. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so.

If this is explained at the outset of any meeting, then the young person can make an informed decision as to how much information he or she wishes to divulge.

Make sure that as part of your conversation you work out together who are the best people to tell. Discuss with the young person the importance of letting his or her parents know, unless telling them would put the young person at higher risk. Discuss any fears he or she may have about this. Work through together what words you will use to explain to parents/ carers so that there are no surprises.

## 7.0 How to help

- Arrange a mutually convenient time and place to meet
- At the start of the meeting, set a time limit.
- Make sure the young person understands the limits of your confidentiality.

### 7.1 Conversations with the young person

- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling.
- What is important for many young people is having someone to talk to who listens properly and does not judge.
- Resist the temptation to tell them not to do it again, or make a promise you that they won't do it again
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help.

**It is important that all attempts of suicide or deliberate self-harm are taken seriously and that the young person listened to carefully. All mention of suicidal thoughts should be noted and reported appropriately following the schools or agencies safeguarding policy and procedures**

### Understanding the individual's experience

The only way to understand a child/young persons' experience is talk to them about what is happening for them. Below are some questions/ideas that may be useful in developing that conversation

#### Simple things you can say:

- 'I've noticed that you seem bothered/worried/preoccupied/troubled. Is there a problem?'
- 'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present'
- 'We know that when young people are bothered/troubled by things, they cope in different ways and self injury is one of these ways. Is this something you have tried or thought about?'
- 'Young people who do self-harm may need support from someone who understands problems in relation to self injury. Unfortunately I don't have the skills to help, but I would like to help by asking (Name of counsellor/ pastoral support/ agency) to see you. Would you agree to this?'

#### Questions you may find helpful to add more detail to your assessment of need:

- What was happening when you first began to feel like injuring yourself?
- What seems to be the trigger feeling now?
- Are you always at a certain place or with a particular person?
- Do you have any frightening memories or thoughts?



- Is there anything else that makes you want to hurt yourself?
- What did you do? What form of self-harm is being used?
- Was it planned or impulsive?
- Were drugs or alcohol involved?
- Where and how did you learn to self-harm?
- Do you know anyone else who self-harms?
- Does anyone know you self-harm? What have they said/ done?
- When you manage to cope without self-harming what alternatives find work for you?

*If they indicate the thought they wish to die or any expressions of suicidal ideation are shared please refer to the suicidal toolkit and care pathway.*

## **8.0 Strategies to help**

### 8.1 Coping strategies

Replacing the cutting or other self harm with other safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensively can be helpful. Examples of alternative ways of coping include:

- Using a creative outlet e.g. writing poetry & songs, drawing and talking about feelings
- Writing a letter expressing feelings, this need not be sent
- Contacting a friend or family member
- Ringing a helpline
- Going into a field and screaming
- Hitting a pillow or soft object
- Listening to loud music or singing
- Going for a walk/run or other forms of physical exercise
- Getting out of the house and going to a public place, e.g. a cinema
- Reading a book
- Keeping a diary
- Using stress-management techniques, such as relaxation
- Having a bath
- Looking after an animal

For some young people, self-harm expresses the strong desire to escape from conflict or unhappiness

In the longer term, the young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs family support is likely to be an important part of this.

It may also help if the young person joins a group activity such as a youth club, a keep-fit class or a school-based club that will provide opportunities for the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist. Regular counselling/therapy may be helpful so too may arts based therapeutic interventions which offer the young person the opportunity to explore their thoughts, feelings and needs in a safe and non-judgemental environment

Students may present with injuries to first-aid or reception staff. It is important that these frontline staff are aware that an injury may be self-inflicted and that they are aware of these guidelines and able to pass on any concerns.

- It may be helpful to explore with the young person what led to the self-harm – the feelings, thoughts and behaviours involved. This can help the young person make sense of the self-harm and develop alternative ways of coping.
- Encourage the young person to talk about what has led him or her to self-harm
- Remember that listening is a vital part of this process.
- Support the young person in beginning to take the steps necessary to keep him or her safe and to reduce the self-injury (if he or she wishes to) for example:
- If a young person lacks resilience, consider ways to help the young person build their self-esteem. Help the young person to find his or her own ways of managing the problem e.g. talking, writing, drawing or using safer alternatives, if the person dislikes him or herself, begin working on what he or she does like, if life at home is impossible, begin working on how to talk to parents/carers.
- Help the young person to identify his or her own support network
- Offer information about support agencies – see the leaflets appended. Remember that some Internet sites may contain inappropriate information

## 8.2 Further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have, and document who else has been informed of any information.
- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.
- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult, individually. If you have a number of young people who self harm in your school, you may consider consulting your Primary Mental Health Worker and Educational Psychologist.

## **Harm Minimisation**

Keeping wounds clean is essential; this may be the first step to recovery. This may be difficult but patience and care can be influential in promoting health and recovery and may be enough to help the young person feel back in control accepted and less isolated.

Ways to encourage this:

- Washing implements used to cut
- avoiding alcohol if it's likely to lead to self-injury
- taking better care of injuries, keeping wounds clean to prevent infection

## **Response of supportive members of staff**

For those who are supporting young people who self harm, it is important to be clear with each individual how often and for how long you are going to see them, i.e. the boundaries need to be clear. It can be easy to get caught up in providing too much help, because of one's own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm.

If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her negative feelings. However, your feelings matter too. You will need the support of your colleagues and management if you are to listen effectively to young people's difficulties.

## **Issues regarding contagion**

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, schools discover that a number of students in the same peer group are harming themselves. Self-harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety, both in school staff and in other young people

Each individual may have different reasons for self harming and should be given the opportunity for one-to-one support. In general, it is not advisable to offer regular group support for young people who self-harm. Be aware that young people may seek support through the internet where the advice they are offered may be counter-productive.

## **Support/training aspects for staff**

Staff members giving support to young people who self-harm may experience all sorts of reactions to this behaviour in young people, such as anger, helplessness and rejection. Staff will need to have an opportunity to talk this through with work colleagues or senior management.

Staff members with this role may find it helpful to attend training, to access resources that may be available and liaise with other professionals – such as the CAMHS Primary Mental Health Workers or school nurses.

## **General aspects of prevention of self-harm**

An important part of prevention of self-harm is having a supportive environment in the school that is focused on building self-esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this.



# Shropshire Early Help Discussion Record

This form will help you structure and record a conversation about what Early Help support a child/young person or family might need and record your decision about what needs to happen next.

Child/young person's name	DOB
Who is completing the form <small>(give detail of name and organisation where appropriate)</small>	with whom
Date of record completion	
What has prompted this discussion?	
What part of this is worrying you?	
How long has this been happening?	
Has anything changed? (in the family's situation)	
Have there ever been similar problems in the past? (What worked? What didn't work?)	
What do you think might happen if things do not change?	
What do you want to happen now?	

Professional use - What needs to happen now?

No further action – universal response	Continue to monitor	Other/internal processes	Contact FIS /signpost to other support	single agency targeted response Complete assessment	Multi-agency targeted response Complete assessment	Consult specialist service. Complete assessment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For reporting purposes**

**SSCB Priorities**

This child/young person and family may be subject to:

- |   |  |
|---|--|
| Domestic Abuse <input type="checkbox"/> | Mental ill Health <input type="checkbox"/> |
| Neglect <input type="checkbox"/>        | Substance Misuse <input type="checkbox"/>  |
| Other <input type="checkbox"/>          | details: <u>SELF HARM</u>                  |

Asking yourself these questions may help you to make the decision about any action you need to take: it may be advice given to the family, signposting, a single agency referral, a multi-agency referral or a child protection referral.

Before making a referral ask yourself

1. What is getting in the way of this child's wellbeing?
2. Do I have all the information I need to help this child?
3. What can I do now to help this child?
4. What can my agency do to help this child?
5. What additional help, if any, may be needed from other agencies and why?

When considering a referral to another agency the following list may assist you in organising your information. Please note that this list is not exhaustive, and should not be used as a checklist:

- What are your concerns?
- What evidence do you have to support your concerns? Please be specific.
- How/why have you concluded that a referral is necessary at this time?
- What is the context of your concern? Was there a specific trigger or event?
- What is the presenting need?
- How urgent is your referral?
- How have you tried to resolve these issues within your own work with the child or young person and their family (if relevant)?
- What will your continued input with the child or young person and their family be, if any?
- What do you want the receiving agency to do? Please be as specific as you can be.

### **Is the child at risk?**

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Harm is defined as the ill treatment or impairment of health and development.

There are no absolute criteria on which to rely when judging what constitutes significant harm.

Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's development. It may be

- the child is at risk of serious harm from others or themselves and requires skilled risk assessment and protection;
- the child is likely to put others at risk or harm, distress or loss and a response needs to take account of the individual's interests and wellbeing of others;
- the child's circumstances, including their health, finances, living conditions or social situation, are likely to cause them or others serious harm, social exclusion or reduction of life chances;
- the situation requires assessment of, and intervention, in unpredictable emotional, psychological, intra-family or social factors and responses;
- the circumstances are such that there are significant risks in both intervening and not intervening, when a fine judgement is required

Thanks to the range of Shropshire practitioners who have been involved in the consultation and development of this form which will be reviewed on a six monthly basis. Please forward comments to [earlyhelp@shropshire.gov.uk](mailto:earlyhelp@shropshire.gov.uk)

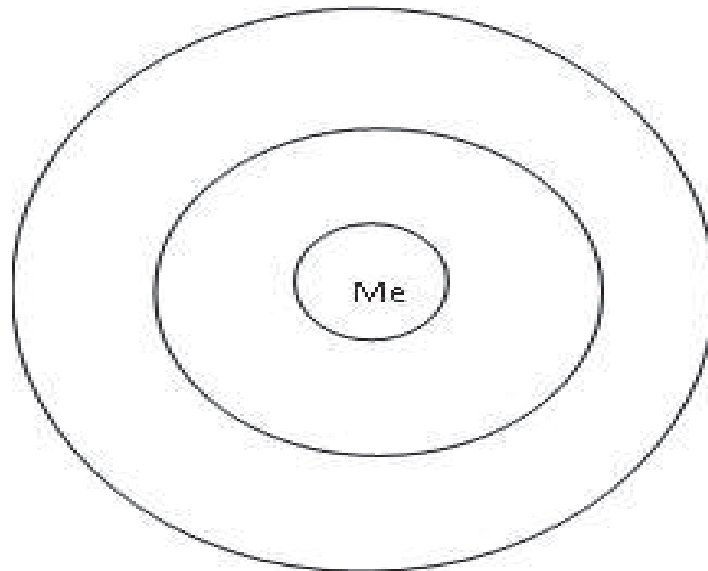
## 10.0 Support available

### 10.1 My safety net

There are different types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

- Family and close friends
- Friends and people you see every day
- Help lines and professional people you could go to for help.

Also, write into the space below the safety net the things that you can do yourself to cope with difficult feelings and keep yourself safe.



**Things I can do myself to cope with difficult feelings**

There are other ways to represent a safety net. E.g. using a hand

## **10.2 Local sources of information**

MIND Info Line  
**0845 766 0163 / 01743 3686647**

School Nurse Team  
Shrewsbury  
**01743 277673 / 01743 450800**

Ludlow  
**078968 12233**

Market Drayton  
**01630 656974**

Wem  
**01939 235277**

Oswestry  
**01691 663610**

Bridgnorth  
**01746 711953**

Donnington Wood  
**01952 621340**

Health visitor  
**01743 452300**

GP or NHS direct 111  
**111**

Family Information Service  
**01743 25400 [www.shropshirefamilyinfo.co.uk](http://www.shropshirefamilyinfo.co.uk)**

Shropshire Youth  
**[www.shropshireyouth.com](http://www.shropshireyouth.com)**

EnHance  
**01743 252740 [vcsassembly@shropshire.gov.uk](mailto:vcsassembly@shropshire.gov.uk)**

Targeting Youth Support  
**0345 678 9008**

Lifelines  
**01743 210940**

Crown House  
Substance Misuse Team  
**01743 258800**



## 10.3 National Advice and Help Lines

### Childline

24hrs helpline for children and young people under 18 providing confidential counselling

**0800 1111 [www.childline.org.uk](http://www.childline.org.uk)**

### PAPYRUS

Offers a helpline to give support, practical advice and information to anyone who is concerned that a young person may be suicidal

HOPELineUK **0800 068 41 41**

**[www.papyrus-uk.org](http://www.papyrus-uk.org)**

### Bristol Crisis Service for Women (national support available)

Supports women and girls in emotional distress, especially those who self-harm, or their friends or relatives.

Provides publications and holds list of local groups throughout the country.

Limited opening hours tel: **0117 925 1119**

### National Self-Harm Network

Support for people who self-harm, provides free information pack to service users.

**[www.nshn.co.uk](http://www.nshn.co.uk)**

### Samaritans

Confidential emotional support for anybody who is in crisis. The Samaritans are piloting a project at KS3/4 in a number of schools which supports staff in working with young persons who self harm/experience suicidal thoughts - [www.samaritans.org/youremotionalhealth/workinschools](http://www.samaritans.org/youremotionalhealth/workinschools). The site includes other ideas and support strategies.

**08457 90 90 90 [www.samaritans.org.uk](http://www.samaritans.org.uk)**

### Young Minds

Information on a range of subjects relevant to young people.

**[www.youngminds.org.uk](http://www.youngminds.org.uk)**

### Young Minds Parents Information Service

**0808 802 5544**

### The Site

There are many other projects out there traceable through phone directories, web searches etc.

**[www.thesite.org](http://www.thesite.org)**

*Please note that the authors cannot take responsibility for any advice obtained from third parties*

## 10.4 References and reading list

Health and Social Care Information Centre (HSCIC) (2013) Hospital Statistics On Teenagers. Available at: <http://www.hscic.gov.uk/article/3579/Hospital-statistics-on-teenagers-girls-predominate-in-self-harm-cases-boys-in-assaults> (Accessed: 3 Oct, 2013)

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Meltzer, H., Lader, D., Corbin, T., Singleton, N., Jenkins, R. and Brugha, T. (2002) *Non-Fatal Suicidal Behaviour Among Adults aged 16 to 74 in Great Britain*. London: The Stationery Office.

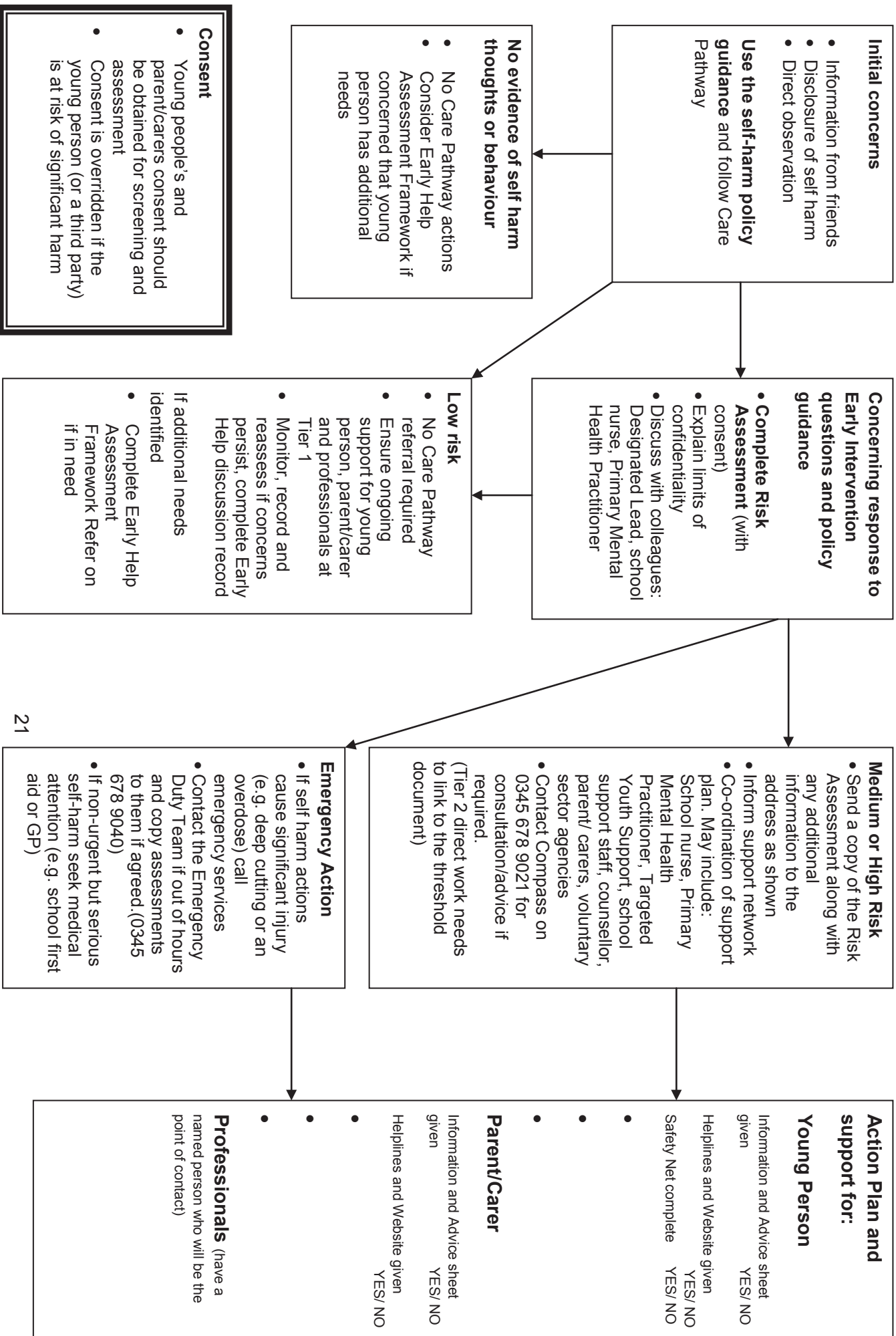
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National Institute for Health and Clinical Excellence (2013) Providing Help for Those Who Self-Harm. Available at: <http://www.nice.org.uk/newsroom/features/ProvidingHelpForThoseWhoSelfHarm.jsp>

Shapiro, S. (2008) Addressing Self-Injury in the School Setting, *School Nursing*, 24 (3) pp. 124 – 130.

Social Care Institute For Excellence (SCIE) (2005) Research Briefing 16: Deliberate Self Harm (DSH) Among Children and Adolescents. London: SCIE.

Care Pathway – self harming risk





## Where can I find support?

In the longer term it is important that the young person learns to understand and deal with the causes of stress that they feel. The support of someone who understands and will listen to them can be very helpful in facing difficult feelings.

- At home**  
Parents/carers, brother/sister or another trusted family member.
- In school**  
School counsellor, school nurse, teacher, pastoral staff, teaching assistant or other member of staff.
- GP**  
You and the young person can talk to your GP about the difficulties you are experiencing.

## Helplines

- Young Minds Parents Information Service**  
0808 802 5544
- NSPCC**  
www.nspcc.org.uk
- Childline**  
www.childline.org.uk  
0800 1111
- SelfHarm.co.uk**  
www.selfharm.co.uk
- Papyrus Helpline**  
HOPElineUK 0800 068 41 41  
www.papyrus-uk.org
- Young Minds**  
www.youngminds.org.uk
- The Site**  
www.the-site.org
- Samaritans**  
08457 90 90 90 or  
www.samaritans.org
- Bristol Crisis Services for Women (available nationally)**  
0117 925 1119 or  
www.selfharmjournalsupport.org.uk

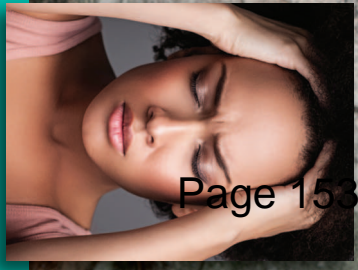
## Local sources of information

- MIND Info Line**  
0845 766 0163  
(self help books also available)  
This number provides a range of information about mental health issues.
- Family Information Service**  
www.shropshirefamilyinfo.co.uk  
01743 254400
- Shropshire Youth**  
www.shropshireyouth.com  
0345 678 9008
- Shropshire's Safeguarding Children Board**  
www.safeguardingshropshireschildren.org.uk  
01743 254259 / 254246
- NHS Direct**  
www.nhsdirect.nhs.uk

Please note that the authors cannot take responsibility for any advice obtained from third parties.

Can the person sharing this leaflet please write your name and contact details here

## Self-harm: Information and Advice



## for young people

**Think Good, Feel Good!**  
Look after your emotional and mental health

If you don't 'Think Good or Feel Good'  
talk to someone and seek help



## What is self-harm?

Self-harm is where someone does something to deliberately hurt themselves. This could be a minor injury such as hair pulling, repeated scab picking, head banging or a more serious, sometimes even life threatening injury which may include deep cutting parts of the body, burning, hitting, swallowing harmful substances or an overdose of medication.

**If you cause yourself significant harm or injury tell someone and seek medical advice immediately.**

## Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- feeling sad, worried or angry
- not feeling very good or confident about themselves
- being hurt by others: physically, sexually or emotionally
- feeling under a lot of pressure at school or at home
- be a way of fitting in with a group of friends and needing to be accepted
- losing someone close, such as someone dying or leaving.

When difficult or stressful things happen in a person's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- arguments with family or friends
- break-up of a relationship
- failing, or thinking you are going to fail, exams
- being bullied.

Often, these things can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of the person showing other people that something is wrong in his or her life.

## What triggers it?

You may self harm yourself once or twice at a particular difficult time in your life, and never do so again. But self harming can become an on going way of coping with current problems and may occur regularly, on a monthly, weekly, or daily basis. The trigger could be a reminder of the past, such as an anniversary, sets off a hidden memory, or something unexpected could happen to cause a shake-up. But sometimes, ordinary life is just so difficult that, some may feel self-harm is the only way to cope with it.

## How can you cope with self-harm and overwhelming feelings?

Replacing the self-harm with other, safer, coping strategies can be a positive and more helpful way of dealing with difficult things in your life. Helpful strategies can include:

- finding someone to talk to about your feelings, such as a friend or family member
- talking to someone on the phone, e.g. you might want to ring a helpline
- writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- scribbling on and/or ripping up paper
- flicking an elastic band on your wrists, or arms or legs
- listening to music, or singing
- going for a walk, run or other kind of exercise
- getting out of the house and going somewhere where there are other people
- keeping a diary
- having a bath/using relaxing oils, e.g. lavender
- hitting a pillow or other soft object
- watching a favourite film.

### Harm minimisation

It is essential that wounds are kept clean to avoid risk of infections. You can do this by ensuring you know how to access first aid.

**Information may need to be shared in order to keep you safe, this could be with parents/carers or relevant support services. This will always be discussed with you first.**

**If you don't 'Think Good or Feel Good'**  
talk to someone and seek help

## Where can I find support?

In the longer term it is important that the young person learns to understand and deal with the causes of stress that they feel. The support of someone who understands and will listen to them can be very helpful in facing difficult feelings.

- At home**  
Parents/carers, brother/sister or another trusted family member.
- GP**  
You and the young person can talk to your GP about the difficulties you are experiencing.
- In school**  
School counsellor, school nurse, teacher, pastoral staff, teaching assistant or other member of staff.
- CAMHS**  
(Children and Adolescent Mental Health Services)  
Provide specialist support following a referral from a professional

## Helplines

- Young Minds Parents Information Service**  
0808 802 5544  
[www.nspcc.org.uk](http://www.nspcc.org.uk)
- NSPCC**  
[www.nspcc.org.uk](http://www.nspcc.org.uk)
- Childline**  
[www.childline.org.uk](http://www.childline.org.uk)  
08001111
- SelfHarm.co.uk**  
[www.selfharm.co.uk](http://www.selfharm.co.uk)
- Papyrus Helpline**  
HOPELineUK 0800 068 41 41  
[www.papyrus-uk.org](http://www.papyrus-uk.org)
- Young Minds**  
[www.youngminds.org.uk](http://www.youngminds.org.uk)
- The Site**  
[www.thesite.org](http://www.thesite.org)
- Samaritans**  
08457 90 90 90 or  
[www.samaritans.org](http://www.samaritans.org)
- Bristol Crisis Services for Women (available nationally)**  
0117 925 1119 or  
[www.selfinjury.support.org.uk](http://www.selfinjury.support.org.uk)

## Local sources of information

- MIND Info Line**  
0845 766 0163  
(self help books also available)  
This number provides a range of information about mental health issues.
- Family Information Service**  
[www.shropshirefamilyinfo.co.uk](http://www.shropshirefamilyinfo.co.uk)  
01743 254400
- First Point of Contact Team**  
0345 678 9021
- Shropshire Youth**  
[www.shropshireyouth.com](http://www.shropshireyouth.com)  
0345 678 9008
- Shropshire's Safeguarding Children Board**  
[www.safeguardingshropshireschildren.org.uk](http://www.safeguardingshropshireschildren.org.uk)  
01743 254259 / 254246
- NHS Direct**  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Please note that the authors cannot take responsibility for any advice obtained from third parties.

Can the person sharing this leaflet please write your name and contact details here

## Self-harm: Information and Advice



## for parents/carers

**Think Good, Feel Good!**  
Look after your emotional and mental health

If you don't 'Think Good or Feel Good'  
talk to someone and seek help



## What is self-harm?

Self-harm is where someone does something to deliberately hurt themselves. This could be a minor injury such as hair pulling, repeated scab picking, head banging or a more serious, sometimes even life threatening injury which may include deep cutting parts of the body, burning, hitting, swallowing harmful substances or an overdose of medication. **If you are aware of one of these more serious injuries seek medical advice immediately.**

## How common is self-harm?

A large recent study found that among 15 to 16 year olds, approximately 7 per cent had self-harmed in the previous year. (Hawton et al. 2002)

## How might a parent/carer feel of a child or young person who has self-harmed?

As a parent/carer, you may feel disbelief as well as angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. The person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. The person needs to find a less harmful way of coping, please refer to the suggested list of helpful strategies in the young persons leaflet.

## Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm, such as:

- arguments with family
- break-up of a relationship
- failure in exams
- bullying at school
- be a way of communicating to people that they need some support: When they feel unable to use words or any other way to do so
- be a way of proving to themselves that they are not invisible
- as a way of fitting in with a group of friends and needing to be accepted
- provide them with a feeling of control: Young people might feel that self-harm is one way they can have a sense of control over their life, feelings, or body, especially if they feel as if other things in their life are out of control.

Sometimes several stresses occur over a short period of time and one more incident is the final straw.

Children and young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes, young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

Deliberate self-harm can bring an immediate sense of relief but it is only a temporary solution. It can also cause permanent damage to the body.

## Is it just attention-seeking?

There are many other factors that lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Some people who self-harm may have a desire to kill themselves. The majority of young people do not intend to take their own life but self-harming behaviour is a way of expressing a strong sense of despair and needs to be taken seriously, so they do require your support and attention.

## What can we do to help

Help the person find different ways of coping by:

- Keeping an open mind.
- Making the time to listen, but do not pressurise them to talk.
- Writing down feelings may be easier for them than talking.
- Allowing them to talk about how they feel is probably the most important thing you can do for them. Just feeling that someone is listening and that they are being heard can really help. Good listening is a skill. Always let the person finish what they are saying and, while they are talking, try not to be thinking of the next thing you are going to say.

## Harm minimisation

It is essential that wounds are kept clean, and perhaps you could encourage this by providing the individual with a first aid kit or making an agreement with them that they look after themselves.

This might be the first step to recovery but must be mutually agreed and not imposed. We know this may feel very difficult for you, but this method of patience and care may be very influential in promoting health and recovery, and may be enough to help the person feel back in control, accepted and less isolated.

If you don't 'Think Good or Feel Good'  
talk to someone and seek help

Information may need to be shared in order to keep the young person safe,  
this could be with the school or relevant support services



## Where can I find support?

In the longer term it is important that the young person learns to understand and deal with the causes of stress that they feel. The support of someone who understands and will listen to them can be very helpful in facing difficult feelings.

- At home**  
Parents/carers, brother/sister or another trusted family member.
- In school**  
School counsellor, school nurse, teacher, pastoral staff, teaching assistant or other member of staff.
- GP**  
You and the young person can talk to your GP about the difficulties you are experiencing.

## Helplines

- Young Minds Parents Information Service**  
0808 802 5544
- NSPCC**  
www.nspcc.org.uk
- Childline**  
www.childline.org.uk  
0800 1111
- SelfHarm.co.uk**  
www.selfharm.co.uk
- Papyrus Helpline**  
HOPElineUK 0800 068 41 41  
www.papyrus-uk.org
- Young Minds**  
www.youngminds.org.uk
- The Site**  
www.thesite.org
- Samaritans**  
08457 90 90 90 or  
www.samaritans.org
- Bristol Crisis Services for Women (available nationally)**  
0117 925 1119 or  
www.selfinjurysupport.org.uk

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- Shropshire Youth**  
www.shropshireyouth.com  
0345 678 9008
- Shropshire's Safeguarding Children Board**  
www.safeguardingshropshirechildren.org.uk  
01743 254259 / 254246
- NHS Direct**  
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## Self-harm: Information and Advice



**My friend has a problem  
How can I help?**

**Think Good, Feel Good!**  
Look after your emotional  
and mental health

**If you don't 'Think Good or Feel Good'  
talk to someone and seek help**



## What is self-harm?

Self-harm is where someone does something to deliberately hurt themselves. This could be a minor injury such as hair pulling, repeated scab picking, head banging or a more serious, sometimes even life threatening injury which may include deep cutting parts of the body, burning, hitting, swallowing harmful substances or an overdose of medication.

**If your friend causes significant harm or injury to themselves tell someone and seek medical advice immediately.**

## Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- feeling sad, worried or angry
- not feeling very good or confident about themselves
- being hurt by others: physically, sexually or emotionally
- feeling under a lot of pressure at school or at home
- be a way of fitting in with a group of friends and needing to be accepted
- losing someone close, such as someone dying or leaving.

When difficult or stressful things happen in a person's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- arguments with family or friends
- break-up of a relationship
- failing, or thinking you are going to fail, exams
- being bullied.

Often, these things can build up until the young person feels he or she cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of the person showing other people that something is wrong in his or her life.

## What triggers it?

The person may self-harm themselves once or twice at a particular difficult time in their life, and never do so again. But self-harming can become an ongoing way of coping with current problems and may occur regularly, on a monthly, weekly, or daily basis. Deliberate self-harm can bring an immediate sense of relief but it is only a temporary solution. It can also cause permanent damage to the body.

## What can I do, to help me and my friend?

You can really help by just being there, listening and giving support:

- Be open and honest. If you are worried about your friend's safety you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about him or her.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it.
- Get information from telephone helplines, websites, a library, etc. This can help you understand what your friend is experiencing.
- Allowing them to talk about how they feel is probably the most important thing you can do for them. Just feeling that someone is listening and that they are being heard can really help. Good listening is a skill. Always let the person finish what they are saying and, while they are talking, try not to be thinking of the next thing you are going to say.

**Information may need to be shared in order to keep your friend safe.**

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# Self-Harm

# Risk Assessment

## Self Harm Risk Assessment

### Assessing the level of risk

#### Supporting guidance tools for assessing self-harm and risk management

##### Section 1 Protective factors and risk factors

This framework, is a guide for practitioners and managers in every school and agency that works with, or is involved with children, young people and their families. Its aim is to assist practitioners and managers in assessing and identifying a child's level of need.

The aim is that as far as possible children's needs should be met within universal provision, but that flexible support should be introduced to meet additional needs with the consent of the child and parents, at the earliest possible stage, thus helping to achieve good outcomes and to prevent an increase in difficulties. Relevant factors should be included in the full assessment.

Protective Factors	Risk Factors
<b>Family Factors</b>	<b>Family Factors</b>
<b>Child</b> <ul style="list-style-type: none"> <li>• High self-esteem</li> <li>• Good problem solving skills</li> <li>• Easy temperament</li> <li>• Able to love and feel loved</li> <li>• Secure early attachments</li> <li>• Good sense of humour</li> <li>• A love of learning</li> <li>• Being female</li> <li>• Good communication skills</li> <li>• Belief in something bigger than the self</li> <li>• Having close friends</li> </ul>	<b>Child</b> <ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Few problem solving skills</li> <li>• Difficult temperament</li> <li>• Unloving and reject love from others</li> <li>• Difficult early attachment</li> <li>• Tendency to see things literally</li> <li>• Fear of failure</li> <li>• Genetic vulnerability</li> <li>• Being male</li> <li>• Poor communication skills</li> <li>• Self-centred thinking</li> <li>• Rejected/isolated from peer group</li> </ul>
<b>Parents</b> <ul style="list-style-type: none"> <li>• High self-esteem</li> <li>• Warm relationship between adults</li> <li>• High marital satisfaction</li> <li>• Good communication skills</li> <li>• Good sense of humour</li> <li>• Capable of demonstrating unconditional love</li> <li>• Set developmentally appropriate goals for the child</li> <li>• Provide accurate feedback to the child</li> <li>• Uses firm but loving boundaries</li> <li>• Believes in and practice a 'higher purpose'</li> </ul>	<b>Parents</b> <ul style="list-style-type: none"> <li>• Low self-esteem</li> <li>• Violence or unresolved conflict between adults</li> <li>• Low marital satisfaction</li> <li>• High criticism/low warmth interactions</li> <li>• Conditional love</li> <li>• Excessively high or low goals set for the child</li> <li>• Physical, emotional or sexual abuse</li> <li>• Neglect of child's basic needs</li> <li>• Inconsistent or inaccurate feedback for the child</li> <li>• Parents with drug or alcohol problems</li> <li>• Parental mental health problems</li> </ul>
<b>Environmental Factors</b>	<b>Environmental Factors</b>
<b>School</b> <ul style="list-style-type: none"> <li>• Caring ethos</li> <li>• Students treated as individuals</li> <li>• Warm relationships between staff and children</li> <li>• Close relationships between parents and social</li> <li>• Good PHSE</li> <li>• Effectively written and implemented behaviour, anti-bullying, pastoral policies</li> <li>• Accurate assessment of special needs, with appropriate provision</li> </ul>	<b>School</b> <ul style="list-style-type: none"> <li>• Excessively low or high demands placed on child</li> <li>• Student body treated as a single unit</li> <li>• Distance maintained between staff and children</li> <li>• Absent or conflictual relationships between staff and school</li> <li>• Low emphasis on PHSE issue</li> <li>• Unclear or inconsistent policies and practice for behaviour bullying and pastoral care</li> <li>• Ignoring or rejecting special needs</li> </ul>
<b>Housing and community</b> <ul style="list-style-type: none"> <li>• Permanent home base</li> <li>• Adequate levels of food and basic needs</li> <li>• Access to leisure and other social amenities</li> <li>• Low fear of crime</li> <li>• Low level of drug use in the community</li> <li>• Strong links between members of the community</li> </ul>	<b>Housing and Community</b> <ul style="list-style-type: none"> <li>• Homelessness</li> <li>• Inadequate provision of basic needs</li> <li>• Little or no access to leisure and other social amenities</li> <li>• High fear of crime</li> <li>• High levels of drug use</li> <li>• Social isolated communities</li> </ul>

# Self Harm Risk Assessment

## Self-harm risk factors

### Section 2

Name	Male/ Female	Age
Name of person completing this form:	Organisation/service	Date Completed

### At Risk 'Groups'

Complete this with the young person and tick all boxes which apply to you:

- I am a Looked After Child
- I am excluded from school/college
- I have poor attendance
- I have a social worker
- I have a learning disability
- I have a developmental disorder e.g. ADHD, Asperger's
- I am currently, or have in the past received support from CaMHS
- I have family members who have mental health problems
- I am a young carer

### Section 2

#### At Risk 'Situations'

Complete this with the young person and tick all boxes which apply to you:

- I am homeless- living in supported accommodation, temporary accommodation or sofa
- I have had repeated injuries when under the influence of drugs or alcohol
- I have caused other to become concerned about my lifestyle
- I have regular, unplanned, unprotected sex

## Self Harm Risk Assessment

### Self-harm risk indicators

#### Section 3

<b>Name</b>	<b>Male/ Female</b>	<b>Age</b>
<b>Name of person completing this form:</b>	<b>Organisation/service</b>	<b>Date Completed</b>

<b>Intrinsic - Self Harm - Risk Indicators</b>				
<b>Risk indication</b>	<b>Protective Factors</b>	<b>Low Risk</b>	<b>Med Risk</b>	<b>High Risk</b>
Eating	No issues	Missing meals, comfort eating	Weight changes evident	Severe weight loss, food refusal
Self-Poisoning	No issues	Threats to self-poison	Threats to self-poison; evidence of planning	Poison ingested
Alcohol/Drug use inc, solvents	No issues	Culturally appropriate use	Regular use	Uncontrolled use
Self-cutting	No issues	Scratching picking skin	Breaking skin, causing sores, superficial cuts	Needs Suture
Burning	No issues	Thinking about burning	Superficial burns	Deep burns
Sexual Activity	No issues	Not sexually active within peer group norms	Under age sexual activity outside of peer group norms	Exploitative/ coercive or Abusive relationship(s)
Suicide attempt	No issues	Fleeting thought but assertion that will not act	Wanted to die but no plan made	Plan, letter, isolated self

<b>Extrinsic - Self Harm - Risk Indicators</b>				
<b>Risk indication</b>	<b>Protective Factors</b>	<b>Low Risk</b>	<b>Med Risk</b>	<b>High Risk</b>
Mental Health	Self-aware. Able to discuss feelings	Indications of emotional distress	Emotional distress impacting on life e.g. missing lessons	Emotional state interfering with life in many areas
Bullying	No bullying	Feeling some bullying is evident	Becoming isolated	School refusal
Family/Carer	Supportive and involved	Some support	Ambivalent	Abusive L.A.C
Depression	Mood falls within normal adolescent range	Seems sad, low appetite, sleep interference	Tired, worsening concentration. Poor self-care.	Disengage from support network. Isolated
Peer Group	Supportive Friendships	Changing peer group, part of risk taking peer group	Peer groups engaged in anti-social activities/becoming hostile to the individual	Peer group engaged in dangerous activities/openly hostile to the individual
Family History	Supportive and involved	Some history of mental ill health	Self-harm activity a recent or current activity	Suicide in a close family member
<p><b>If you identify one or more of the high risk indicators, or two or more medium risk indicators, as well a risk factor in sections 2, please attach this document and any additional information if required and seek advice and support.</b></p>				

## Self Harm Risk Assessment

### Self-harming practice

#### Section 4

<b>Name</b>	<b>Male/ Female</b>	<b>Age</b>
<b>Name of person completing this form:</b>	<b>Organisation/service</b>	<b>Date Completed</b>

No	Data item no.	Criteria	Yes	No	
		Do you have the young person's consent to complete this assessment?			Young person's signature:
		Are the parents/ carers aware? Please refer to 6.3 Confidentiality section			
		Have the following been disclosed?	Please add comments below as discussed, specific details will be needed for the assessment		
1	1.1	<ul style="list-style-type: none"> <li>• methods of current self-harm?</li> </ul>			
	1.2	<ul style="list-style-type: none"> <li>• methods of past self-harm?</li> </ul>			
	1.3	<ul style="list-style-type: none"> <li>• frequency of current self-harm?</li> </ul>			
	1.4	<ul style="list-style-type: none"> <li>• frequency of past self-harm?</li> </ul>			
	1.5	<ul style="list-style-type: none"> <li>• longevity of self-harm?</li> </ul>			
	1.6	<ul style="list-style-type: none"> <li>• current suicidal intent?</li> </ul>			
	1.7	<ul style="list-style-type: none"> <li>• past suicidal intent?</li> </ul>			
2	2.1	<ul style="list-style-type: none"> <li>• coping strategies that the person has used?</li> </ul>			
	2.2	<ul style="list-style-type: none"> <li>• relationships that may be supportive and may lead to changes in the level of risk?</li> </ul>			
	2.3	<ul style="list-style-type: none"> <li>• relationship that may represent a threat and may lead to changes in the level of risk?</li> </ul>			
3	3.1	<ul style="list-style-type: none"> <li>• Situations/people /relationships which increase the risk? (refer to risk factors in section 1)</li> </ul>			
	3.2	<ul style="list-style-type: none"> <li>• Situations/people /relationships which minimise the risk? (refer to protective factors in section 1)</li> </ul>			

## Self Harm Risk Assessment

### Self-harming assessment and consent

Contact Details		
Assessors Name:		
Assessors signature:		
Contacts address:		
Young Persons details		
Name:		
Date of Birth:		
Address:		
Telephone (Home)		
Telephone (Mobile)		
Can the young person be contacted at home?	YES	NO
Young Persons Consent		
Do you give permission for this information to be shared with appropriate professional or agency to access help and support?		
YES	NO	
Name:		
Signature:		
Date:		
Parent/Carers Consent		
Do you give permission for this information to be shared with appropriate professional or agency to access help and support?		
YES	NO	
Name:		
Signature:		
Date:		

If no consent is given by either young person or parent and Low concerns indicated this information may form part of your service/organisation support plan with the young person. If you have indicated Medium or High concerns please refer to section 6.3 and consult with your line manager and /or consult with ICT or Early Help Advisor for further guidance if required.

If requesting a service please send this form Self Harm Risk Assessment with any additional information to support the risk assessment to:

**Compass, Early Help**  
**The Chancery, Abbey Lawns, Abbey Foregate**  
**Shrewsbury, SY2 5DE**

If this assessment identifies a HIGH RISK, please tick this box for priority review and contact Compass 0345 678 9021, or out of hours duty team on 0345 678 9040 to discuss.

*Keep a copy for your reference*





<u>Committee and Date</u>
Young People's Scrutiny Committee 26 <sup>th</sup> Mar 2014

<u>Item</u>
<b>10</b> <u>Public</u>

## QUARTERLY PERFORMANCE REPORT

**Responsible Officer** Karen Bradshaw

e-mail: Karen.Bradshaw@shropshire.gov.uk Tel: 01743 252407 Fax:

### 1. Summary

- 1.1 The report summarises the latest performance indicators in relation to Social Care for Children and Young people (Appendix A) as at quarter 3 2013/14. Outcomes are broadly in line with those reported last quarter.
- 1.2 Despite continuing trends of increasing levels of demand especially with regards to the levels of looked after children and children with a child protection plan, many of the indicators remain strong in relation to local standards, statistical neighbours and national comparator group.
- 1.3 The report includes information from the quality assurance process especially from the monitoring activity undertaken by the Independent Reviewing Officers capturing qualitative information with regards to the processes and outcomes achieved.

### 2. Recommendations

Scrutiny Committee Members to identify topics for further detailed scrutiny.

### REPORT

### 3. Risk Assessment and Opportunities Appraisal

- 3.1 Poor performance could have implications for vulnerable people (including children) who are supported by Council services and the economic growth in Shropshire. In turn, there may be significant financial, legal and reputational risk to the Council, Schools (including

Academies), and partners from across the public and voluntary and independent care sectors.

- 3.2 Effective monitoring and follow-up against key measures of success provides the opportunity to manage risks and ensure that Children and Young People in Shropshire remain safe and achieve their desired outcomes. Increasingly, performance reporting will focus on the impact of commissioning decisions by the Council, linking directly with the management of contracts and how effective the Council is at delivering its outcomes.

#### **4. Financial Implications**

- 4.1 This report does not have any direct financial implications, but presents service information to support decision making. Accountable officers, senior managers and key decision makers may use the information to inform actions or interventions for improving service performance and the prioritisation and use of resources.

#### **5. Background**

- 5.1 The trend of increasing demand on our Children's Social Care and Safeguarding Teams has continued. The rate of LAC per 10,000 under 18 years olds has seen a further increase from 41.4 per 10,000 in September to 44.8 at the end of December 2013. The rate is closer to the average level for similar local authorities (49.6) but well below the national average (60.0). As part of the service redesign activity it is planned to put more social work and residential social work provision into the edge of care and to support sustained rehabilitation to parental care aiming to reduce the need for children being looked after by the local authority.
- 5.2 More children are also becoming subject to a Child Protection Plan (CPP) from 35.0 per 10,000 under 18 at the end of September to 35.7 in December 2013. The proportion of under 18s per 10,000 population subject to a CPP remains above the average of similar councils (33.7) maintaining this comparative position since August 2012.
- 5.3 Following a reduction in October from the level (15.6) reached in quarter 2, the percentage of Children with a 2nd or subsequent CPP within 2 years of the previous one ceasing has increased during quarter 3 back to 15.4%. This is an area under more focused monitoring since quarter 2. Audit and quality assurance activity is continuously undertaken to confirm that there has been a robust response to those cases, particularly those that have had a period of re-registration within a short (under 2 years) timeframe, including initiating pre proceedings processes.

- 5.4 Implementation of the Public Law Outline and specifically the use of pre proceedings to highlight to parents the level of concern and potential for proceedings if the children continue to suffer significant harm, as well as the more timely care proceedings process, are being monitored and we will evaluate the impact of this on the child protection process.
- 5.5 A priority development is the “Think Family” a solution focused approach to working with children in need of support earlier and for longer offering a range of options that meet the needs of the child, young person and family. These developments will impact on the offer of support before and in step down from children social work services, promoting sustained change in improved outcomes for children and young people and as such reducing the need for repeat social work assessments and repeat child protection plans.
- 5.6 Over the last three quarters, revised operational decisions at ICT (Initial Contact Team) regarding recording of contacts have resulted in a significant increase (doubled) in the number of referrals for social work intervention (1677 referrals to Dec 2013 compared to 845 to Dec 2012) whilst the number of assessments increased by only 33% (726 Assessments to Dec 2013 compared to 546 to Dec 2012). The new approach aims to ensure even more clarity regarding the application of thresholds especially in relationship with partner organisations. The Munro reports and Working Together 2013 highlight the importance of professional social work advice being made available to all those working with children and families in universal services and Early Help. We are providing this advice and guidance to support professionals to identify and manage risk indicators whilst promoting the offer of early help to families. Changes in the Referral outcome on Care first to identify this work are being made so we can better quantify this activity at the front door. Better feedback is provided to the other professionals working with children and young people in understanding the outcomes of referrals they are making.
- 5.7 Another consequence of the operational decisions at ICT is the sustained increase in the number of referrals recorded from agencies and the proportion of them resulting in no further social work action (NFA). Such referrals resulting in no further action from all key partner organisations are now higher than they have been for at least the last 12 months, with Health and the Police leading the trend with 47% and 44% respectively resulting in NFA.
- 5.8 The proportion of LAC with three or more placement moves during the year (placement stability 3+ moves) at 5.1% continued to perform better than the expected level of maximum 9% for the end of December 2013. Following the downward trend in performance during quarter 2 the long term placement stability (2.5 years long term LAC in the same placement over the last two years) was placed under an increased level of monitoring to understand if the evolution was due to a particular sub-group of the cohort ceasing to be LAC or if there was an underlying cause of deterioration in performance. The third quarter has seen an

improvement in long term placement stability with the results at the end of December 70.8% exceeding the expected threshold of 70%.

- 5.9 Another area under increased level of monitoring was the % of new LAC placed more than 20 miles from home. Increased number of LAC and a significant increase in the connected persons assessments (i.e. relatives and/or friends stepping up to foster LAC) impacted on more LAC placed more than 20 miles from home (actual 46.1 against a target of 40%). An additional analysis is underway to identify how many children are placed still in Shropshire but above the 20 miles threshold distance and how many just over the borders. This remains an area of focus for the next quarter.
- 5.10 Starting October 2013 the Council uses one assessment to identify the level of risk to a child in accordance with latest legislation. The data for the first three months since implementation shows that the timeliness of single assessments (96.7% completed within 45 working days) continues the very good performance achieved regarding the timeliness of the previous assessments arrangements (99.3% initial assessments completed within 10 working days and 97.1% of core assessments completed within 35 working days).
- 5.11 Shropshire compared favourably (at 7.1% reaching the second best in the similar authorities' group) regarding the end of year results for adoptions (as a percentage of the cases that ceased to be looked after). During the last two quarters this level of performance was maintained but quarter three has seen a reduction in the number of children adopted (9 children adopted during quarter 1 and 2 but only 2 children adopted during quarter 3).
- 5.11 Our three residential homes for children continue to provide effective assessment and support enabling children to either return home or remain looked after in a stable placement. Ofsted inspections have rated the Rowans Children's home as 'Good', Havenbrook as 'Outstanding' and Chelmaren as 'Outstanding'.
- 5.12 The information monitored as part of the quality assurance framework shows good results in a number of areas such as review reports providing evidence based analysis and with clear, outcome based recommendations, agencies following the child protection plans and conferences with key family members present. As previously reported, more was being done to enhance the voice and participation of the child in child protection conferences and a consultation form (similar to that used for LAC Reviews) has been designed with the help of young people. Over Quarter 3 there has been a steady increase of children attending their child protection conference rising from 30- 42%. The measure will change to demonstrate the participation of children rather than the pure attendance of children in Child Protection Conferences at the end of the year.

**List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)**

**Cabinet Member (Portfolio Holder)**

Cllr Ann Hartley

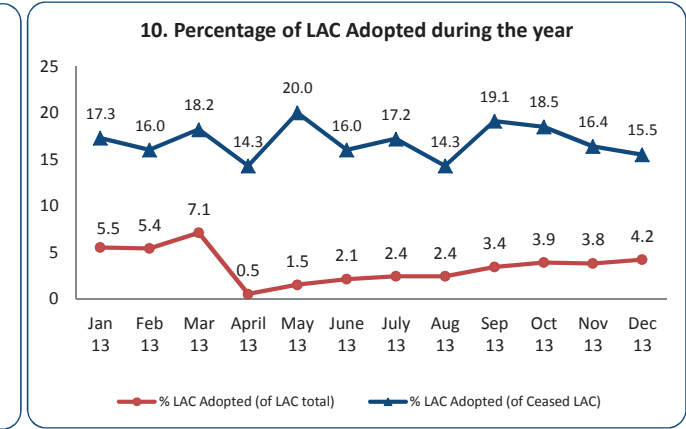
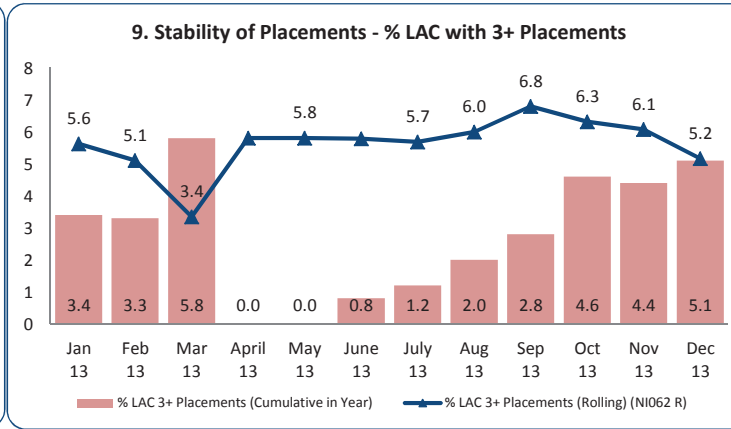
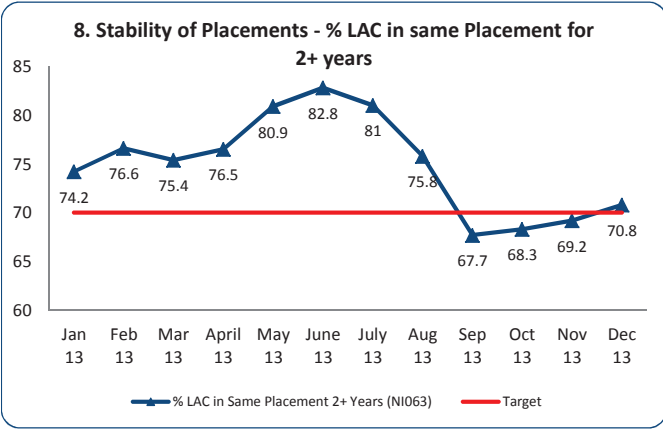
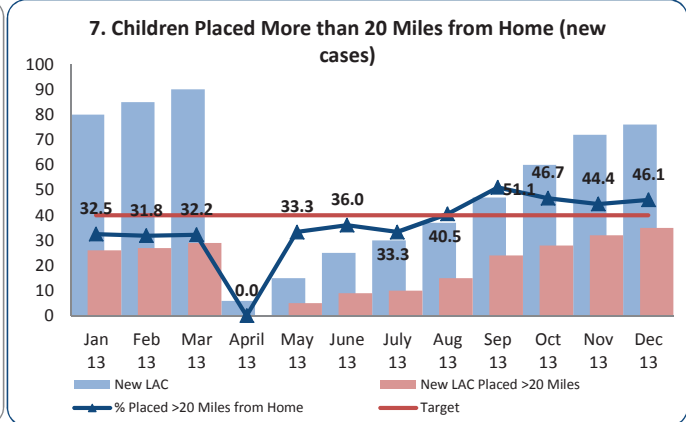
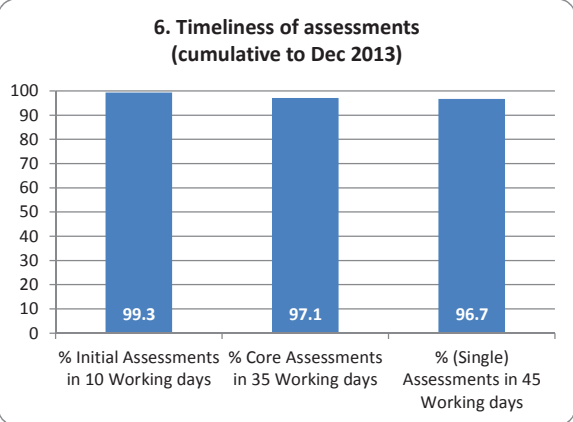
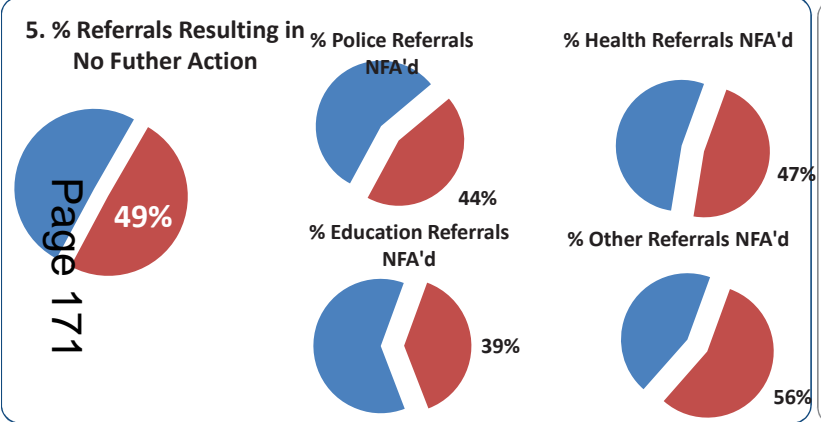
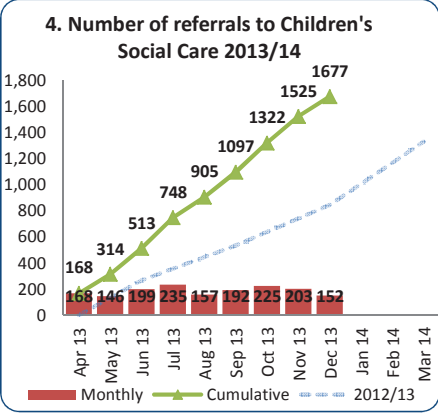
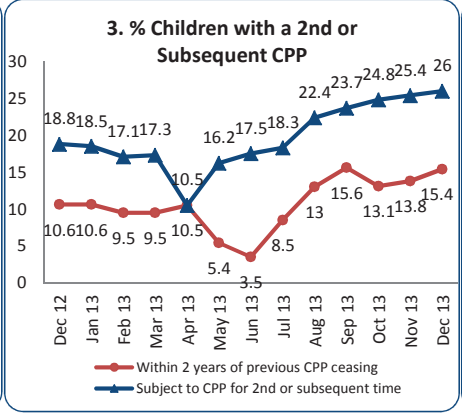
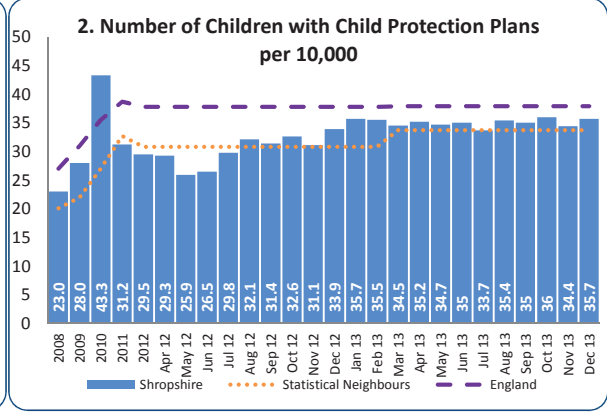
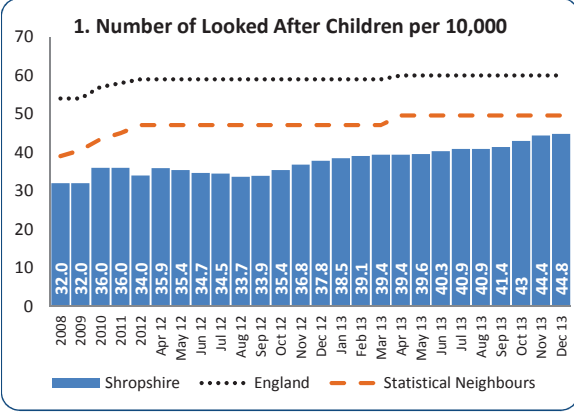
**Local Member**

All Members

**Appendices**

Appendix A – Children’s Social Care Indicators

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