

I come to school drunk and high sometimes

I was on and off a CP plan from birth but that information was lost I saw three different EPs who identified me as SEN

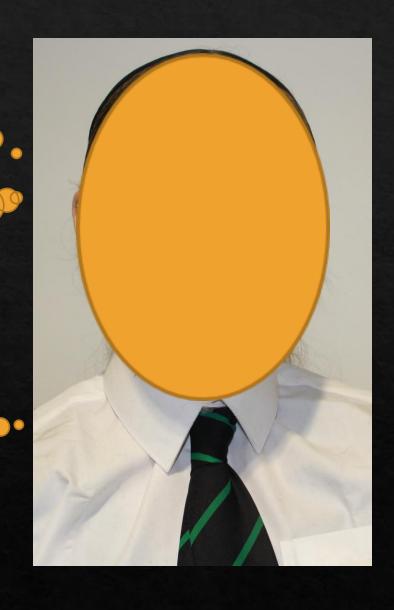
There were allegations of emotional, physica and sexual abuse that were never investigated

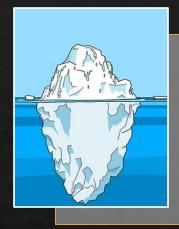
Since primary I have been abandoned by my mum and dad for long periods ofter significant neglect not even having
access to sanitary pads

Since primary I have

I have come to the attention of police since primary I have had poor attendance since primary

The last time I had a normal relationship with a teacher I was six





# Recognition and Evidence Gathering

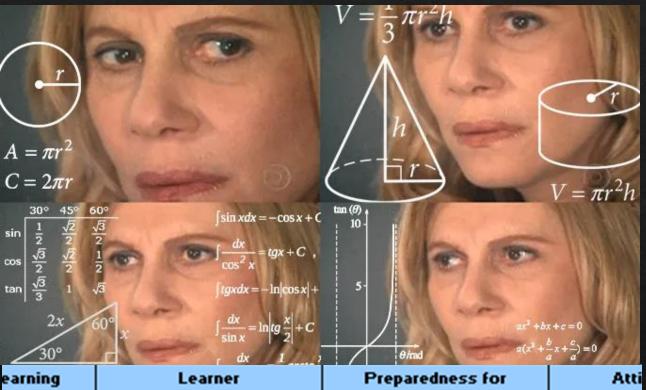


Presenting a Case



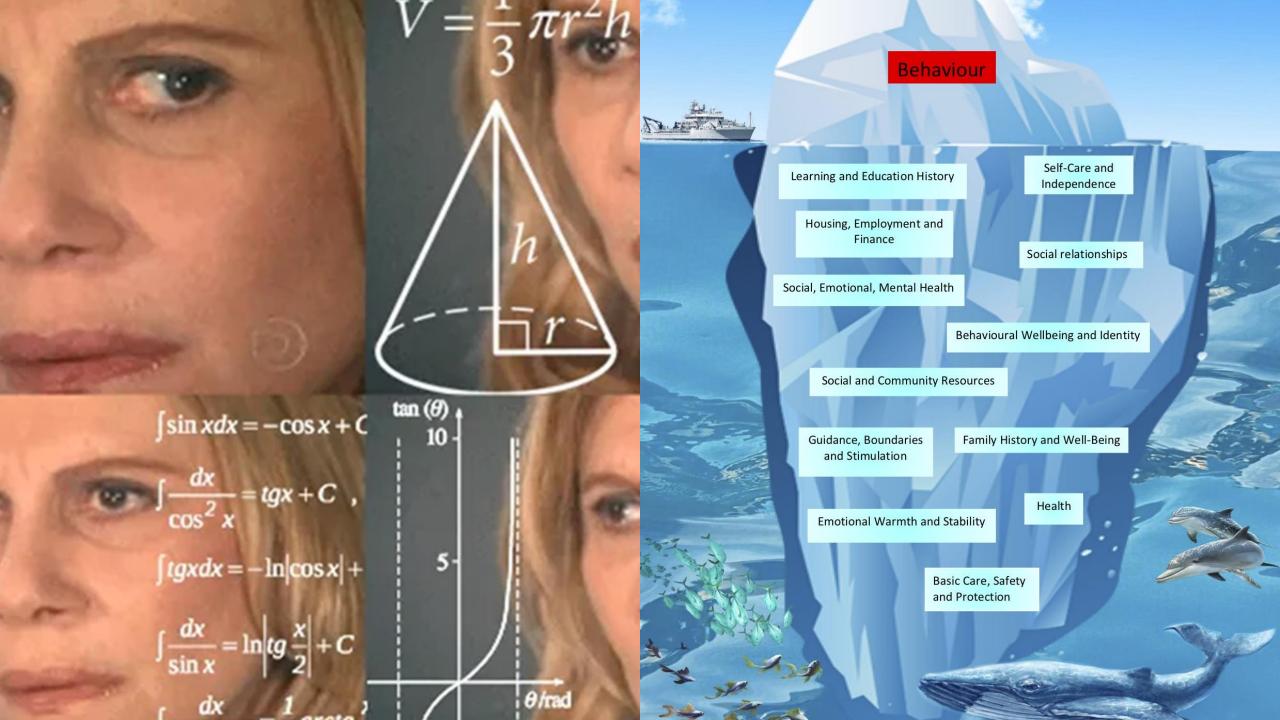
Sustained Engagement and Support





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earning lity	Learner Self Regard	Preparedness for Learning	Atti Te
	61.7	41.2	
	72.6	54.2	
	33.7	19.7	
	62.6	57.3	
	49.2	27.2	
	76.6	59.2	
	60.0	58.3	
	60.6	51.8	
	24.3	8.4	
	82.7	62.0	
	53.4	66.5	

What do our baseline assessments tell us about our learners with safeguarding and/or social care needs?







# Recognition and Evidence Gathering

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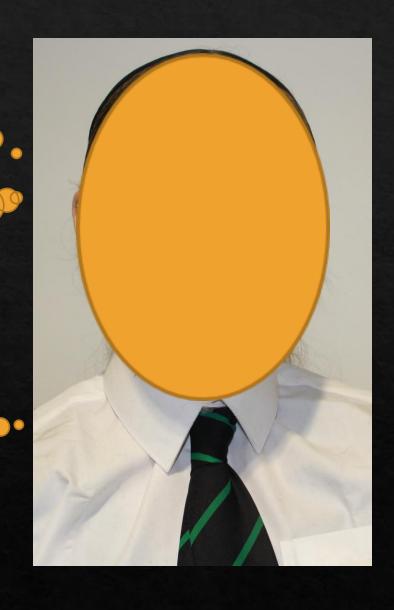
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## 2018-21 Children's Services

## **Threshold Guidance**

A guide for Multi Agency Partners

Enabling the right conversations, with the right services, at the right time



www.enfield.gov.uk www.enfieldlscb.org

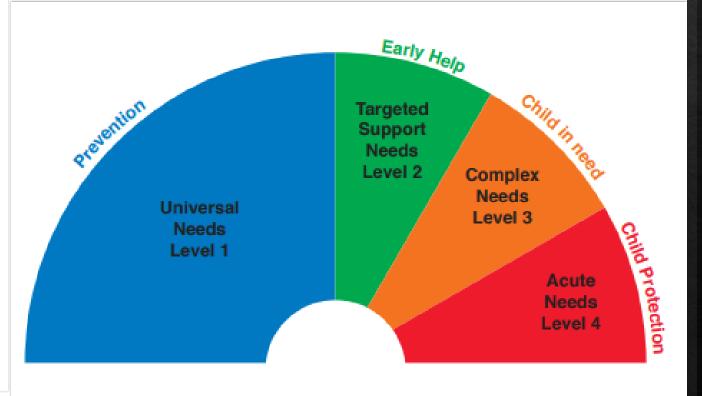


Children Board

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# A continuum of need



## Features

## Child in Need: Level 3 Complex Needs

Children with high level additional unmet needs

Complex needs likely to require longer term intervention from statutory and/or specialist services.

These children may be eligible for a child in need service from children's social care and are at risk of moving to a high level of risk if they do not receive early intervention.

These may include children who have been assessed as "high risk" in the recent past, or children who have been adopted and now require additional support. If a social worker is allocated they will act as the Lead Professional.

## Universal - Example Indicators

## Developmental Needs:

## Learning / Education

- Short term exclusions or at risk of permanent exclusion, persistent truanting
- Statement of special educational needs
- No access to books, toys or educational materials

## Health

- Disability requiring specialist support to be maintained in mainstream setting
- Physical and emotional development raising significant concerns
- · Chronic/recurring health problems
- Missed appointments routine and non-routine

## Social, Emotional, Behavioural, Identity

- Under 16 and has had (or caused) a previous pregnancy ending in still birth, abortion or miscarriage
- 16+ and has had (or caused) 2 or more previous pregnancies or is a teenage parent
- Under 18 and pregnant
- . Coming to notice of police on a regular basis but not progressed
- Received fixed penalty notice, reprimand, final warning or triage of diversionary intervention
- Evidence of regular/frequent drug use which may be combined with other risk factors
- Evidence of escalation of substance use
- Evidence of changing attitudes and more disregard to risk
- Mental health issues requiring specialist intervention in the community.
- Significant low self esteem
- Victim of crime including discrimination

## Self-Care and Independence

 Lack of age appropriate behaviour and independent living skills, likely to impair development

## Family and Environmental Factors:

## Family History and Well-Being

- History of domestic violence
- Risk of relationship breakdown with parent or carer and the child.
- Young carers, privately fostered, children of prisoners, periods of LAC
- Child appears to have undifferentiated attachments.

## Housing, Employment and Finance

Severe overcrowding, temporary accommodation, homeless, unemployment

## Social and Community Resources

- Family require support services as a result of social exclusion.
- Parents socially excluded, no access to local facilities

## Parents and Carers:

## Basic Care, Safety and Protection

- Physical care or supervision of child is inadequate
- Parental learning disability, parental substance misuse or mental health impacting on parent's ability
- Parental non-compliance

## Emotional Warmth and Stability

Inconsistent parenting impairing emotional or behavioural development

## Guidance Boundaries and Stimulation

Parent provides inconsistent boundaries or responses

## Assessment Process

An assessment is needed and can be used as supporting evidence to gain specialist/targeted support.

The assessment may also be completed to support child moving out of complex needs.

As part of our process, we may take a series of actions, including, developing a Child in Need (CiN) plan, developing a child protection plan and carrying out a child and family assessment.

Statutory or specialist services assessment needed.

## Key agencies that may provide support at this level:

## Universal and targeted Services

Youth crime prevention services. Targeted drug and alcohol information, advice and education, including harm reduction advice to support informed choices.

- · Health, education
- Children's Centres &
- Early Years
   Educational
- psychology
- Educational Welfare
   Specialist Play
- Services
  Integrated Youth
- Integrated Youth
   Support Services
- Voluntary & community Services
- Family support services

## Features

## Child Protection: Level 4 Acute Needs

## Complex additional unmet needs

## These children require specialist/statutory integrated support.

Children experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may also need to be accommodated by the local authority either on a voluntary basis or by way of Court Order.

Agencies should make a referral to children's social care.

## Universal - Example Indicators

## Developmental Needs:

- Learning / Education
- Chronic non-attendance, truanting
- Permanently excluded, frequent exclusions or no education. Provision
- No parental support for education

## Health

- High level disability which cannot be maintained in a mainstream setting
- · Serious physical and emotional health problems

## Social, Emotional, Behavioural, Identity

- Challenging behaviour resulting in serious risk to the child and others
- Failure or rejection to address serious (re)offending behaviour. Likely to be cohort of youth offending management
- . Known to be part of gang or post code derived collective
- Complex mental health issues requiring specialist interventions
- In sexually exploitative relationship
- Teenage parent under 16
- · Under 13 engaged in sexual activity
- · Frequently go missing from home for long periods
- Distorted self-image
- basis or by way of Court 

  Young people experiencing current harm through their use of substances
  - Young people with complicated substance problems requiring specific interventions and/or child protection
  - Young people with complex needs whose issues are exacerbated by substance use

## Self-Care and Independence

 Severe lack of age appropriate behaviour and independent living skills likely to result in significant harm e.g. bullying, isolation

## Family and Environmental Factors:

## Family History and Well-Being

- Suspicion of physical, emotional, sexual abuse or neglect
- High levels of domestic violence that put the child at risk.
- Parents are unable to care for the child
- . Children who need to be looked after outside of their own family

## Housing, Employment and Finance

- No fixed abode or homeless.
- Family unable to gain employment or extreme poverty

## Social and Community Resources

 Child or family need immediate support and protection due to harassment/discrimination and No access to community resources

## Parents and Carers:

## Basic Care, Safety and Protection

· Parent is unable to meet child's needs without support

## Emotional Warmth and Stability

Parents unable to manage and risk of family breakdown

## Guidance Boundaries and Stimulation

Parent does not offer good role model e.g. condones antisocial behaviour

## Assessment Process

An assessment needed and can be used as supporting evidence to gain specialist / targeted support.

Statutory or specialist services assessment.

Comprehensive assessment and formulation of substance specific care plan.

## Key agencies that may provide support at this level:

- Social Care
- Specialist health or disability services
- Youth Offending Team
- CAMHS
- Family support services
- Voluntary & community Services
- Services at universal level

# Presenting a Case

# **Confidential**

## DEVELOPMENTAL NEEDS

- · Learning and Education History
- · Chronic non- attendance and truanting
- Educational Psychologist and Speech and Language interventions from primary
- Missing episodes
- No parental support for education.
- Specialist agencies involved with the family-social care, youth offending team, CAMHS, SEN services, LAC team

## Social, Emotional, Behavioural and Identity

- · Challenging behaviour resulting in serious risks to her person
- · Complex mental health needs requiring specialist support
- Increasingly risky behaviours around child sexual exploitation
- · Frequently going missing from home for long periods
- Distorted self-image
- Experiencing harm by the misuse of substances
- Her substance use is exacerbating her complex needs

## Health

Special educational needs that cannot be maintained in a mainstream setting

## Self-Care and Independence

- · Significant concerns around her personal hygiene
- · No recourse to sanitary products- period poverty

# Presenting a Case

# Confidential

## FAMILY AND ENVIRONMENTAL FACTORS

## Family, Social relationships and family Well-Being

- Subject to physical, emotional abuse and neglect
- Suspicions of sexual abuse
- Parents unable to care for child
- Needs to be looked after outside of their own family

## PARENTS AND CARERS

## Basic Care, Safety and Protection

· Parent is unable to meet her needs without support

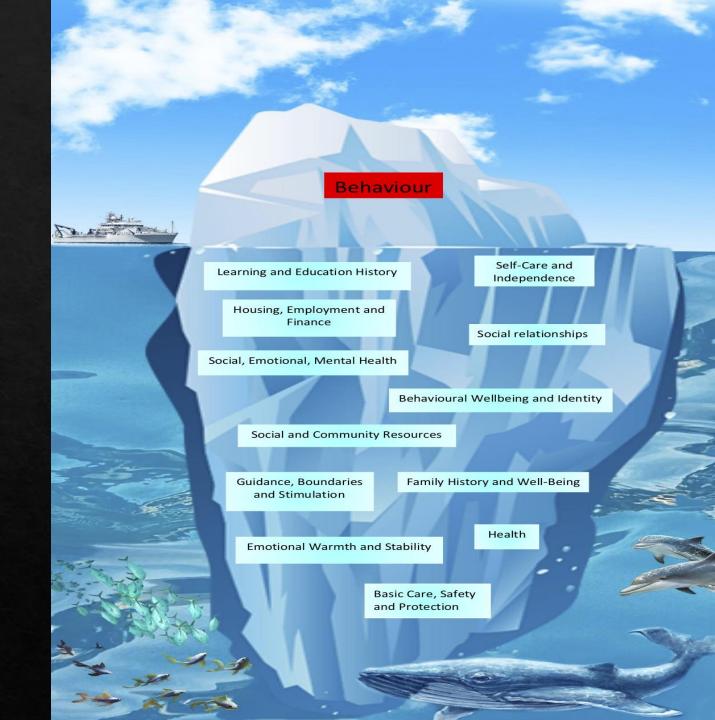
## **Emotional Warmth and Safety**

· Parents unable to manage and the family relationships have broken down

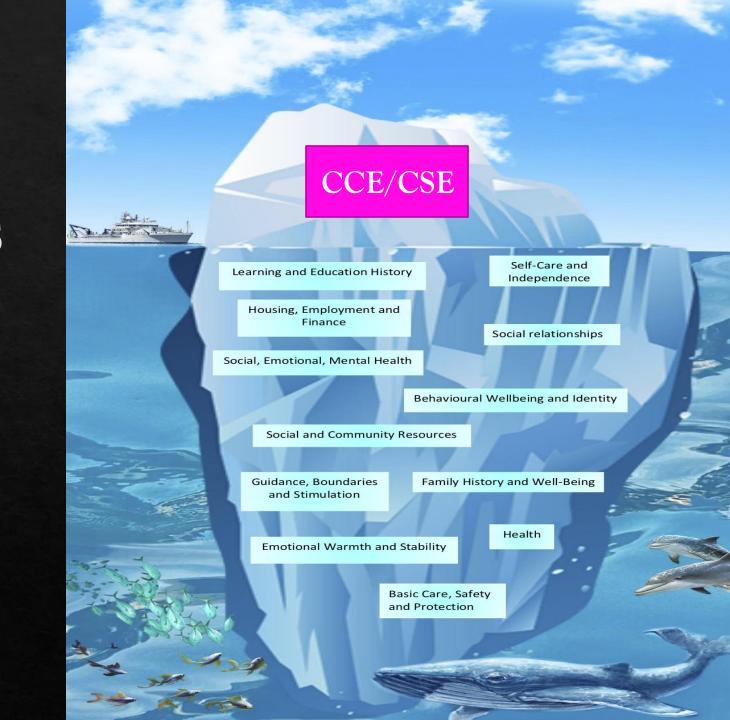
## Guidance, Boundaries and Stimulation

Parent is not a good role model and they condone/enable/exacerbate antisocial behaviour

# For school staff...



# For professionals involved in safeguarding...



# Sustained Engagement and Support

- Access to CCE and CSE interventions that take into account her special educational needs.
- Culturally responsive approach -tap into parts of her language and identity to give her a sense familiarity and connection-Turkish food in after school Food Tech classes to extend the amount of time she is in school as well as nurturing wider attachments within the school community
- ♦ Access to a mentor with a similar lived experience
- ♦ 'Code switching' when communicating with her day to day
- Obtaining an EHCP to find a stable and appropriate provision that will meet all her needs and also open up opportunities for future provisions funded by the three agencies
- ♦ Placed on a CP plan almost immediately and then made LAC
- Whole school training: trauma informed care, attachment awareness and CPD on her specific needswhole school vigilance and enhance nurture and care
- ♦ Specialist reports available to all teachers with an overview of her needs and teaching strategies
- ♦ Open door for all staff to reflect and understand her needs
- Regular staff briefings
- ♦ Enhanced attendance support plan
- Personalised behaviour support plan
- ♦ Multi-agency safety plan
- Personalised curriculum offer
- ♦ Interventions to support her literacy
- ♦ SEMH intervention to support healthy relationships and healthy friendships with others
- ♦ Coproduction with colleagues from social care for all her support plans
- School as loco parentis- assertive community care
- Nurture her social capital within the school community
- Psychotherapy
- Delice have put the right flags on their information management system when she is picks up
- Constant internal reflections and supervision