**Shenfield High School reflections on measuring impact of our Safeguarding practice.**

**Questions from FGB meeting 17.09.20**

1. Can the categorisations of concerns on our current monitoring list be termed in percentages rather than numbers?

Yes of course – and this will be presented in the next report due in June 2021. However, the statistical significance of measuring concerns listed in one cohort against another cohort is difficult because the concerns raised are not just in that year but potentially are across the entire time a child is on our roll. As we know concerns are logged for the entirety of the time a student remains with us, but any one time can be deemed as high risk in safeguarding terms or low risk. The judgment of risk is made by the type of concern raised, the categorisation of harm as defined in the intense training that DSLs do and whether there has been any previous concern. This categorisation changes over time, even for children who have historically been open to social care but where the work has been done and the source of risk does not remain anymore – although the psychological effects of harm may remain.

By presenting the numbers as we do – as a team we can judge when concerns are clustered around a categorisation at any one time and respond to that appropriately – both for the individual concerned and also for the type of concern that we are seeing clustering.

For example, we can evidence that we have responded to clustering in the following categories – I have picked two as examples to show the depth of our work and why we expect governors to know that our work here is having an impact:

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| Clusters of concerns by type | School response | Impact of response |
| Mental health | This has been a rising concern for as long as I have been in this post and measuring the concerns.  In 2012 we saw a spike in the number of self-harming and put in place our mental health strategy long before it became a national requirement.  This has included the employment of Julie Pitkin as a mental health expert, our development of the oasis centre, which has been monitored by governors many times during monitoring visits, a procedure for responding to mental issues as they occur by the development of our wellbeing interventions team and a practised assessment of needs and subsequent allocation of intervention to support young people.  In addition we have provided good mental health education by way of our PHSE programme including regular assemblies and lessons within the social sciences arena to further discuss with students how we can maintain good mental health.  We have trained our staff using organisations promoted by Essex SG board and we have also provided mental health support to our staff. | Monitoring both by Governors and by all of the Ofsted inspections since 2012 have shown that our practice in this area is considered exemplary.  We have hosted training for other schools.  However, we still have a rising number of students presenting with mental health issues.  We argue strongly that is precisely because they know they will be helped and that there is a response to their worries.  Mental health is now a nationally recognised issues and all school are asked to have response. We have an extremely well developed strategy.  The only numerical way of measuring this is by attendance.  Oasis attendance figures are presented in analysis to governors at Standards and performance committee.  Where in other schools these students would probably be school refusers, we have very few absolute school refusers for mental health reasons. |
| Risky behaviours | This is particularly clustered in risky behaviours in the community.  Our strategy is to work very closely with the multi-agency partnership called Brentwood Safety Tasking Team, to attend meetings, discuss local concerns and to identify young people presented to the group as committing anti-social behaviours in the town. In addition, we are committed to providing intelligence to the police through this forum and work closely with the Brentwood liaison officer to pinpoint locations of concern and work with families whose children congregate in those areas.  In addition, in school we run two types of screening programmes as well as our normal Sg procedures, which remind staff and students at every juncture to report concerns to us.  The first is the programme called Risk Avert, which is screening tool for every student in Y8. Where potential aptitude to risky behaviour is identified or actual risky behaviour is known additional structured interventions are in place to support those children to make the right decisions as they move towards adulthood.  The second programme is our PHSE programme, which explores related topics in lessons, in form time and by carefully selected and targeted workshops, either for whole year groups where clusters are evident or for carefully selected groups and individuals where the initial workshop identified potential concerns about individuals. | This was monitored by Governors in the last SG targeted visit in July 19 and I refer governors to that section of the report in which governors spoke to our coordinators in these areas and also to young people who had been through some of the interventions.  Again any numerical measure of this is not statically valid – we do identify young people who behave in an antisocial ways in the community – but this is because we work freely and openly with our SG partners, and we are not afraid to talk to families where this occurs and we make additional referrals where necessary. But does our work stop anti-social behaviour, or are more concerns raised with us because our community know that we actively engage with those concerns. |

**Question 2: Can you provide impact figure of your SG work generally.**

First of all by governors monitoring visits and reports, and then by any outside visit including Ofsted – where the reports about SG protocols sand procedures have always been termed as exemplary across the board.

Secondly, and mainly by our case study work that provides context and shows impact for individuals, which is the most important aspect of Child Protection work.

I reproduce below the two case studies that have been used in staff training this year to explain the importance of the work that we do for the individual concerned. We have produced such case studies in the last three years of training, and provide further case studies by way of discussing SG issues more closely via our SG newsletters, which are an additional part of staff training.

As a team, we do not see the point of measuring impact in any other way than what it means for the young person and their family concerned. Feedback is that staff appreciate the contextual nature of the case studies and can themselves see immediately the impact of our work.

I therefore provide the case studies, which speak for themselves and ask governors to understand that this is how we monitor the impact of our work.

**Case Study 1**

**Identify: Mental health = Behaviour = risk of permanent exclusion & risk of serious self-harm -** Multiple traumas from a young age:

Family split

Actual sexual assault

Aunty – murdered –CH4 documentary about murder aired 2018

Cousin stabbed

**Support:**

Oasis support

Therapeutic support,

Risk assessments whilst in school

Part time timetable & reduced no. of subjects

Information sharing – mufti agency meetings

Teacher support

English tutoring

**Manage – outside agencies involved**

Sexual assault support, mental health support, Social Care and police referrals

**Outcome:**

Holistic support from school = triangle **of care** with family and outside agencies = **enhanced trusting relationship with family**.

The student finished Yr11 and is now enrolled at Chelmsford College pursuing a course that will enable her to meet her career aspirations.

**Case Study 2**

**Identify**

Previous social media issues

Mum vulnerable and needing support in identifying risks

Dad abruptly leaving family home

Uncovered financial and emotional control – debt in mum’s name, cameras around the home to monitor movement

Dad arrested for breaking into the house and trashing it

**Support**

Family

Maternal family support around mum

School

Organised multi agency meetings with external agencies and families

Student allocated regular check-in with key staff in school

Student engaged in workshops around resilience/coping strategies

Review meetings with multi agencies

Regular contact with mum/extended family

**Referrals to:**

* Safer Places – financial/legal support for mum
* Family Solutions (Social care)
* Family Group Conference (FGC)
* School Nurse
* Brooke
* Police
* MARAC
* Outcomes:

**Outcomes:**

Throughout this period this student’s attendance remained high and her academic outcomes were excellent and her behaviour remain excellent. . What cannot be measured numerically is **the trust her family places in us to help them safeguard their child**. The multi-agency work is now closed but the support in school remains, and regular contact both with the student and the family is maintained.

**Question 3 – what issues should Governors be aware of regards contextual safeguarding in our area – how do we know about these issues and what do we do to try and mitigate the risks they bring to our students?**

In Brentwood, we belong and meet with two main forums that bring multi agency partners together to discuss the current issues that our students might face in the community. Below are the current issues:

* The difficulties with getting adequate referrals for mental health support outside of the school environments – which makes our commitment to our own mental health strategy even more important. That is, (Emotional Wellbeing and Mental Health services) EWMHs and (Child and Adolescent Mental Health Services) CAHMs (both are the mental health agencies that provide one to one support for children and their families) have finite resources and are overwhelmed, and like social care will often close cases without working directly with families, asking the school and the parents to do the bulk of the work via Team Around the Family meetings and also by reference to online resources like Young Minds. Our very strong mental health strategy means that we do not refer unless everything else we have tried has failed, but we still get some knock backs in which case we deal directly with supporting families to get support in other ways. E.g. to see persistent mental health self-harm for example as a parenting capacity issue and refer into the Children and Families Hub (Social services)for support for the parent to help them keep their child safe.
* Anti-social behaviour in the town centre is monitored centrally at these meetings and other agencies work with the council to establish connections with the families including helping families understanding anti-social behaviour orders and their responsibilities in the community.
* Drug taking/dealing is a common theme at these meetings and the concurrent risks of gang ideation. What we do is take part in the meeting and the regular mapping activities that establish links between children and families; monitor those children where links are provided and engage carefully with the families. We then work closely with the police for example to provide early help to the families and understand the disruption activities that they use to help prevent children and young people being drawn into these activities.
* In these meetings discussion can take place around areas that are nothing to do with schools – but which can impact on our work. For example, there are housing issues between Essex and some our near neighbours such as Newham Council. We know that vulnerable families are being place in local authority housing via Newham Council and inevitably we will have children form those families sin our schools. We know these children will be vulnerable and take action accordingly – but we also participate in the discussions that generate from political decisions made far beyond our remit as schools.

In all cases where our participation in these meeting leads us to know that a young person is involved in drugs or gangs or any other safeguarding issue, we follow our own procedures as outlined in our training and policies and procedures.

I hope this provides the answers to the questions about SG stated at FGB meeting 17.09.20.

**Jenny Comerford**

**September 2020**