



# Virtual School Headteacher Annual Report for Academic Year: 2023 – 24

Virtual School Staff and Governors Only with Case Studies

## Contents

Virtual School Headteacher Annual Report for Academic Year: 2023 – 24.....	1
1. Introduction.....	2
Purpose of the Report: .....	2
Chair of Governor’s Foreword: .....	3
Headteacher’s Foreword: .....	3
2. Virtual School Structure .....	5
Organisational Chart: .....	5
Staffing Overview: .....	5
3. Key Strengths and Achievements.....	6
Academic Performance: .....	6
Extracurricular Activities: .....	7
4. Contextual Data .....	10
Demographics: .....	10
Attendance and Inclusion: .....	11
5. Special Educational Needs (SEN) .....	12
Cohort: .....	12
Support Provided: .....	12
Outcomes:.....	12
6. Pupil Premium and Personal Education Plans (PEPs) .....	12
Allocation and Impact:.....	<b>Error! Bookmark not defined.</b>
Quality Assurance: .....	13
7. Challenges and Areas for Improvement .....	13
Identified Challenges:.....	13
Action Plans: .....	13
8. Conclusion .....	14
Summary:.....	14



Acknowledgements: ..... 14

Annex A – Case Studies ..... 15

Case Study – Child A and Child B in Early Years ..... 15

    The Challenge or Barrier we faced. .... 15

    Our Journey so Far..... 16

    The Difference we have made Together..... 16

    What we will do next. .... 16

    What Opportunities have we found to use this learning across a wider group of children, staff or settings? ..... 17

Case Study – Primary Phase – Child C ..... 17

    What was the issue?..... 17

    Our journey so far..... 17

    What have we done? ..... 19

    What difference has this made? ..... 20

    Areas for further action ..... 20

    Immediate next steps..... 21

    Other work: ..... 21

Case Study – Child D in Year 11 in 2023 2024 ..... 21

    The Challenge or Barrier we faced. .... 21

    Our Journey so Far..... 22

    The Difference we have made Together..... 22

    What we will do next. .... 23

    What Opportunities have we found to use this learning across a wider group of children, staff or settings? ..... 23

## 1. Introduction

### Purpose of the Report:

This report is intended to give an overview of the last year’s activity in the Virtual School and the Extended Duties team. The aim is to generate enquiry and discussion to improve the services, direct the next year’s work and secure better outcomes for the children within the expanded remit.



To assist in this, it is appropriate to share the cohorts who are now supported:

- a) Cared for Children and Young People. (Looked After in DfE terminology)
- b) Care Experienced Children and Young People. (Previously Looked After)
- c) CYP with a Social Worker. (or who had one in the last six years)
- d) CYP with formal Kinship Care arrangements.
- e) Unaccompanied Asylum-Seeking Children.

Most of the data in the report refers to cared for and care experienced children rather than across the areas of disadvantage in the extended duties. This is for 2 reasons:

1. The team can secure information regarding these children as Torbay Council have a parental responsibility. Other, larger, cohorts' data will only become available as DfE releases whole year information.
2. The reporting systems for the Extended Duties Cohorts are less mature on a national and local level, making reporting inaccurate.

#### Chair of Governor's Foreword:

I am delighted, as Chair of the VSGB, to write this introduction to the 14th annual report of the VSGB. The purpose of the VSGB is to take the lead in ensuring that schools fulfil their responsibilities to Cared For Children and Young People and maximise their attainment and achievement and narrow the gap between our Cared For Children and their peers.

This report captures the legacy of the previous Headteacher, Jane Inett, and the subsequent leadership of Dan Hamer and Tracey Powell and shares the strategic aim to reflect on our work and build on the solid foundations laid over the last fourteen years.

This is particularly so in the attachment and trauma informed practice but also in that relentless focus on championing the educational outcomes of our Cared For Children and Young People.

I hope you get from the Annual Report how determined we are to ensure our Cared For Children get the very best experience from their early years providers, schools and post 16 providers to ensure the best outcomes they can achieve. The members of the VSGB are very clear that schools need to ensure that our most vulnerable learners are given every opportunity to succeed. This isn't about equality of opportunity but equality of outcome.

The Virtual School works in a very inclusive way. It also looks at the empirical evidence from research about where pupils learn and achieve best. It has a determination to have our children in the very best schools and to keep them in those schools no matter what.

The Virtual School in Torbay provides a tremendous amount of support to our schools both in and out of area and as a result receives a tremendous amount of



support from the schools and very positive regard. We can never underestimate the power of relationships and partnership working. This is fundamental to the work, and ultimately, the success and effectiveness of the Virtual School's work.

I trust that the Annual Report will demonstrate our commitment and passion to our children.

Stuart Heron  
Chair - TVSGB

## Headteacher's Foreword:

This is the 14<sup>th</sup> Annual Report and the first since the retirement of Jane Inett. Jane led the school with an exemplary strength of purpose, and I aspire to match her drive and determination in securing the best for our children and young people.

Most of the data in the report refers to cared for and care experienced children rather than across the areas of disadvantage in the extended duties. This is for 2 reasons:

- The team can secure information regarding these children as Torbay Council have a parental responsibility. Other, larger, cohorts' data will only become available as DfE releases whole year information.
- The reporting systems for the Extended Duties Cohorts are less mature on a national and local level, making reporting inaccurate.

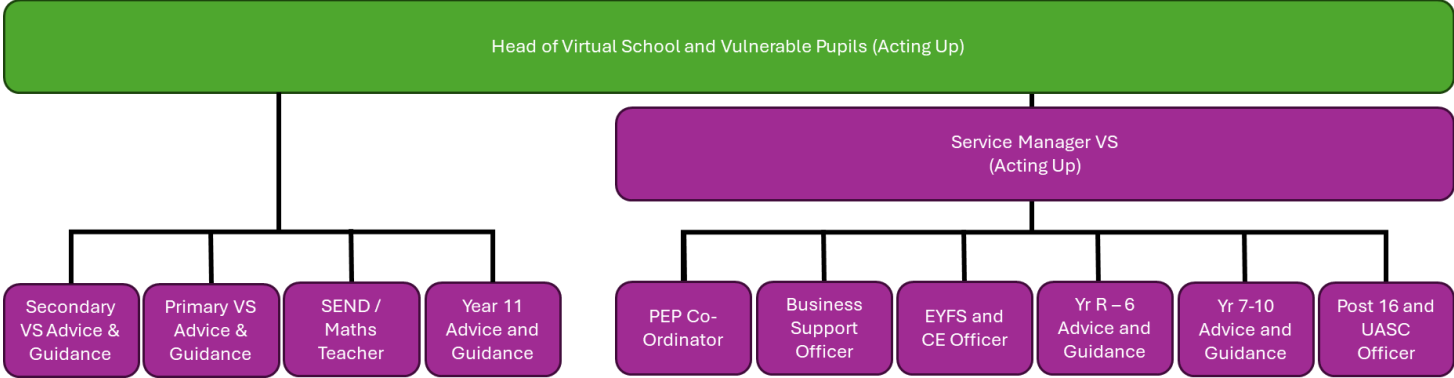
The year has been very busy, with staff and children moving in and out of the school. Numbers of cared for children continue to decrease over time. This is welcome for obvious reasons yet the team and settings need to be aware of the impact this has on resources.

There is also the new extension to the Extended Duties with the inclusion of Kinship Care arrangements coming on scope and including the expectation of direct advice to families on request. This has the potential to be a significant extension as individual advice is explicitly not in the extended duty expectations for other cohorts.



## 2. Virtual School Structure

Organisational Chart:



Staffing Overview:

**Jane Inett** retired from the role of Virtual School Headteacher at the end of 2023. She created this team and led area wide improvements for the benefit of all our children. I wish to place on record my thanks for the exceptional service she has developed.

**The school staff** have continued to work hard. It has been a pleasure to work with them, observing their industry and determination to improve the experiences, attainment and achievement of both, the children and young people in our care and their peers in the schools they attend.

To ensure this work is effective and that we have continuity after Jane’s retirement, we have appointed **Tracey Powell** as Service Manager. Leading on operational work and across our relational and inclusive practice and expectations.

**Becky Somers** is on maternity leave, and we were delighted when she welcomed her son into the world in the Spring. Her probable return date is in March 2025.

**Valerie Bailey** has joined as maternity cover for Becky and has made a fabulous start, building exceptional, trusting relationships with the children in her care and the colleagues that support them.

We have two colleagues who have left the service:

**Lyndsey Pengelly** has left the post of Secondary Phase Virtual School Extended Duties Officer. She has been appointed to lead on extended duties for Plymouth and we wish her every success in this arena.

**Katie Cavanna** has left the post of Primary Phase Virtual School Extended Duties Officer. She has been appointed to the post of Family Time Service Manager for Deon County Council. We wish Katie well in her new endeavour.

### 3. Key Strengths and Achievements

Academic Performance:

*Key Stage 2 Results (CC Cohort)*

Reading	Exceeded	Expected	WT	Below	Disapplied
Number	0	7 (63%)	2 (18%)	2 (18%)	4
Writing	Exceeded	Expected	WT	Unrecorded	Disapplied
Number	1 (9%)	3 (27%)	5 (45%)	2 (18%)	4
Maths	Exceeded	Expected	WT	Below	Disapplied
Number	0	7 (63%)	3 (27%)	1 (9%)	4
SPAG	Exceeded	Expected	WT	Below	Disapplied
Number	2 (18%)	3 (27%)	5 (45%)	1 (9%)	4

The disapplied children all attend specialist provisions and were disapplied on grounds of their special educational needs. One child is cared for in Wales so does not have access to English national testing.

Writing continues to be an area of concern, as it is nationally, and the children have a gap in grammar, punctuation and spelling that correlates to this.

Using national 2022/23 data (the latest available), there is an approximately 10% gap with national norms in Maths and Reading. This will be reassessed when 2023/24 data is available.

*Key Stage 4 Terminal Qualifications for the continuous care group.*

	5A*-C or Grade 4+ including E&M	5A* - C	EBACC	Grade 4+ (C+ pre-2017) in E & M	Grade 4+ (C+ pre-2017) in English (Lit or Lang)	Grade 4+ (C+ pre-2017) in Maths
Torbay 2024	16.7% (5)	13.3% (4)	0	16.7% (5)	23.3% (7)	23.3% (7)
Torbay 2023	25% (6)	25% (6)	1 (4.2%)	25% (6)	33.2% (8)	25% (6)
Torbay 2022	13.1% (3)	18.1% (4)	0	13.6% (3)	31.8% (7)	18.1% (4)
Torbay 2021	24.2% (8)	27.2% (9)	3.03% (1)	27.2% (9)	42.4% (14)	30.3% (10)



<b>Torbay 2020</b>	25% (5)	30% (6)	5% (1)	20% (4)	40% (8)	25% (5)
<b>Torbay 2019</b>	14.3% (4)	14.3% (4)	7.1% (2)	14.3% (4)	32.1% (9)	21.4% (6)
<b>Torbay 2018</b>	33.3% (7)	33.3% (7)	0	38.1% (8)	42.8% (9)	38.1% (8)

90% of the children and young people gained a qualification with 3 not doing so. Nationally, figures from the Fischer Family Trust suggest an attainment gaps of 20% in good passes in English and Maths to other disadvantaged children that needs to be addressed as a priority.

12 children matched their expected number of GCSEs and a further 14 exceeded the estimated number of GCSEs as reported by their schools at the end of the Spring Term.

## Extracurricular Activities:

Throughout the year the Virtual School has run, Get Musical, Get Bowling and Get Gritty to engage children and carers, improve opportunities to mix with peers and develop a range of skills.

Get Gritty has a particular focus on Key Stage 2/3 transition.

## The BUSS Model: Torbay LEAPlets School Readiness Program for TVS 2024

### Outline:

- TVS commissioned TouchBase CIC for 10 session project
- Staff Team: 1 TouchBase staff member with BUSS Level 1 Practitioner certificate, 1 VS staff member with Attachment Lead status, 1 independent practitioner with Attachment Lead status
- Took place in a gymnastic space for children who are cared for, or were previously cared for and foster carers or guardians (grandparents).
- Child Social Workers, foster carers, guardians, and Fostering Social Workers felt sessions would benefit the children.
- Foster carers and guardians completed BUSS initial screening measures.

BUSS is a relationally based model, understanding that children need consistent, attuned care to enable bodily growth and development as well as the development of a child's personality. The foundation of bodily and emotional regulation are necessary for children to be in the best position to benefit from formal education. The emphasis of BUSS is on supporting parents and carers to provide the kind of relationship in which bodily regulation can develop and give them the understanding of how they can support their child's development. These systems are amenable to growth throughout childhood.

### Objectives:

- To assess the development of children's foundation sensorimotor systems
- To use activities to build each child's underdeveloped foundation sensorimotor systems

- To upskill foster parents and guardians to continue to use these activities at home.
- To build caregiver/ child relationships and improve caregiving skills and confidence in understanding their child and communicating effectively with them.

**Attendance:****Individual Attendance:**

- Child A had 100% attendance
- Child B had 80% attendance
- Child C had 80% attendance
- Child D had 90% attendance
- Child E had 50% attendance
- Child F had 40% attendance.

**Group Attendance:**

- In week 1, 6/6 families attended = 100% group attendance.
- In week 2, 5/6 families attended 100%, so 83.3% group attendance
- In week 3, 100% group attendance
- In week 4, 5/6 families attended 100%, so 83.3 group attendance
- In week 5, 3/6 families attended, so 50% group attendance
- In week 6, 5/ 6 families attended, so 83.3% group attendance
- In week 7, 4/6 families attended, so 66.6% group attendance
- In week 8, 2/6 families attended, so 33.3% group attendance
- In week 9, 3/6 families attended, so 50% group attendance
- In week 10, 5/6 families attended, so 83.3% group attendance

**Pre and Post Measures by BUSS Trained Staff:**

Progress was measured by observing incremental changes as we tried to build capacity in different areas of the sensorimotor systems.

**Areas we measured which relate to the vestibular, proprioceptive and tactile systems:**

1. Able to lie in a straight line on their tummy for a few minutes
2. Able to commando crawl, powered by arms, with alternating arms
3. Able to crawl in a good position; with a stable core, good head position, hands under shoulder, arms straight, flat hands, fingers facing forward
4. Confident jumping with both feet off the ground and jumping off things and landing on both feet (rather than falling forward or landing on bottom)
5. Able to do things slowly without losing balance
6. Able to move quickly with their body working as an integrated unit – arms and legs working together in sequence, even when tired
7. Has a good body map – knows where their body is without having to use eyes



8. Able to modulate their movements, knowing how much pressure or force to use when doing things
9. When eating, has a strong chewing action and doesn't dribble
10. Moves their lips when talking or singing to form the words
11. Is able to settle to a task and stay there for a while
12. Is able to tune into the signals from their body, like feeling hungry, tired, hot or cold
13. Can manage a noisy environment
14. Can listen to and follow instructions
15. Can 'be in the moment' and enjoy things
16. Turns to parent when they need help or support and lets them help

**Progress:**

- 100% of children made progress in at least 4 areas
- 67% of children made progress in 10-12 areas
- 83% children made progress in at least 7 areas

**Individual results:**

CHILD	Progress in areas	% of progress	Attendance
A	10/16	62.5%	100%
B	10/16	62.5%	80%
C	12/16	75%	80%
D	10/16	62.5%	90%
E	7/16	44%	50%
F	4/16	25%	40%

**Carer/ parent/ guardian comments from 3 evaluations:**

**What was enjoyed:**

- Nice to meet others in the same situation.
- Children looked forward to coming and enjoy themselves. They have improved.
- [I have enjoyed] watching the children grow in confidence

**Has program been positive impact on your child's development:**

- Out of the 3 evaluations, 2 adults said the program had been positive for their child's development, and 1 answered no.

**Carer/ parent/ guardian comments on improvements:**



- Possibly changed the circuit
- Possibly changed the equipment about to keep up the interest
- Maybe more weeks as CHILD masked a lot of the time as he started to get used to the coming his behaviour started to show but then his course ended.

**Conclusions:**

The attendance data suggests that attendance was good, despite some families finding it hard to attend consistently. We invited 8 families to take part. 6 families attended the project. Despite either agreeing to attend or being asked to by social care, 2 never arrived. Out of the 6 families who attended, 2 struggled to attend every week. 4 families attended regularly. Weekly contact was made to remind adults of the group. The reasons for absence were other foster children having appointments, meeting clashes, sickness, waiting in for workmen, changing care status and moving from a granny to a foster carers, and also an SGO being granted, so social care no longer having PR.

By the end of the program, 67% of the children who took part had over 80% attendance (4/6 children). For 7 weeks, group attendance was 66.6-100%, so overall the majority of the children attended the majority of the time.

All children made some progress across their sensorimotor systems: 100% of children made progress in at least 4 areas. 67% of children made progress in 10-12 areas. Children who attended the group more regularly, made more progress in more areas. Some brief feedback has been sent to the carers and grandparents in the autumn term 2025 about their child to encourage continued practice of the activities.

If we run the project again, ensuring that caring adults know that progress can be correlated with attendance will be crucial next time.

**Louise Kilshaw**

Strategic Attachment Lead Teacher

BUSS Level 1 Practitioner

## 4. Contextual Data

Demographics:

Torbay Cared for Children

Year	Out of Area	Torbay	Total
0	3	5	8

1	4	8	12
2	5	5	10
3	5	11	16
4	6	3	9
5	4	7	11
6	9	7	16
7	8	10	18
8	5	7	12
9	6	13	19
10	7	15	22
11	11	19	30
12		32	32
13	8	19	27
<b>Total</b>	<b>81</b>	<b>161</b>	<b>242</b>

### Other LA Cared for Children

LA	Year Group					
	2	3	7	8	9	13
Hertfordshire		1			1	
Luton						1
North Somerset					1	
Somerset	1	1	1	2		
Tower Hamlets	1					
<b>Total</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>

### Attendance and Inclusion:

There were no exclusions of Torbay's Cared for Children in the last academic year. That said, 47 children were suspended across the academic year from 32 settings. Thirty-five of these children are within the continuous care cohort. This is a marked increase year on year but is sadly in line with the national, regional and local patterns.

Peak periods for suspension are, the beginning of the school year and towards then end of each term.

The most common reasons for suspension are persistent disruption across all phases of education followed by assault on an adult in Primary phase and verbal abuse of and adult in secondary phase. This is consistent with local patterns and often reflects the trauma derived responses our children have towards feeling unsafe or anxious.

School attendance continues to improve at Primary phase but has slipped at secondary.

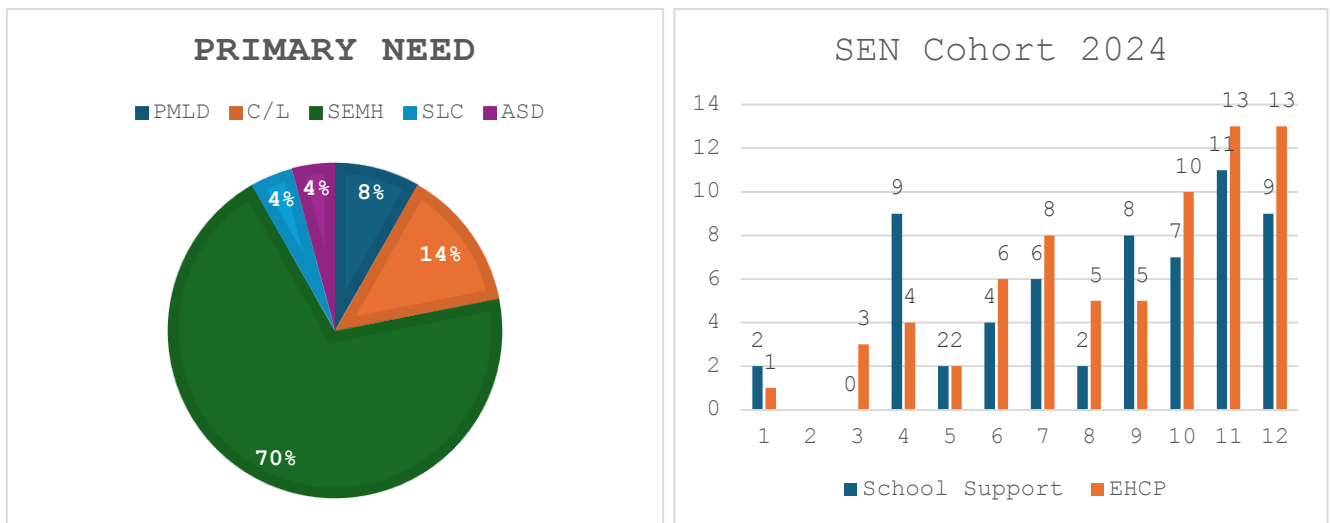
C4C	Primary	Secondary	Overall
Attendance 2024	<b>96.2%</b>	<b>85.42%</b>	<b>89.3%</b>
Attendance 2023	96%	87.5%	92%
Attendance 2022	94%	87%	90.54%
Attendance 2021	93%	82%	85%
Attendance 2020	95.3%	94%	94.8%

Although unsatisfactory, the data compares well to disadvantaged children in Torbay as indicated by free school meals. For these children the attendance level was:

FSM	Primary	Secondary	Overall
Attendance 2024	91.0%	80.3%	84.2%

### 5. Special Educational Needs (SEN)

Cohort:



The SEN cohort is sizeable with the most prevalent primary area of need being Social, Emotional and Mental Health. Most of our children with EHCPs are taught in mainstream settings.

Twelve children are waiting for placement in out of area LAs, none within Torbay. This is a significant challenge as we have limited levers to use to hasten other LA processes. In area, I meet with SEN colleagues each fortnight to resolve any barriers to provision and plan for foreseeable moves.

To allow targeted work by the VS SEN qualified teacher, children with 'stable' EHCP placements are now overseen by the member of staff leading on the relevant age group.

Support Provided:

Outcomes:

### 6. Pupil Premium and Personal Education Plans (PEPs)

Description	Total Spend	Over / (Under)
VIRTUAL SCHOOL	£	£
Staffing	£357,338.00	-£5,762.00
Staff Support	£1,184.00	-£14,916.00
Central Services	£4,917.00	£4,917.00



**PUPIL PREMIUM CARED FOR CHILDREN**

Staffing	£85,129.00	-£1,671.00
Staff Support	£22,955.00	£22,955.00
Central Services	£17,214.00	£32,389.00
Direct Spend on Support	£574,781.00	-£53,673.00

**With carry forward and T/F to/from Reserves**

**£0.00**

Quality Assurance:

Louisa Jones – QA report on ePEPs

## 7. Challenges and Areas for Improvement

Identified Challenges:

1. Close the gap at Key Stage 2.
2. Focus on English and Maths at Key Stage 4.
3. Ensuring PP+ spend leads to better outcomes for individuals and groups.
4. Reducing the 'step' between Virtual School and other services as children move into and out of being cared for.
5. Recruiting to the Extended Duties posts to re-establish this work.
6. Establish a permanent leadership, governance and staffing structure.
7. Ensuring the wider team delivers elements of the extended duties.
8. Developing consistent reporting of Extended Duties outcomes.

Action Plans:

Action Group	Action	Intervention	Target Date
Academic Progress	The focus on reading must continue with an expectation of, and support for, carers reading regularly with their children.	Training for carers around reading at home. Support for social care staff in maintaining this expectation	

	Virtual school staff will be conducting more direct work with Yr11 children around English and Maths.	Identify the cohort with greatest potential impact and allocate to staff.	
	PEP targets will be more closely focussed on academic outcomes in Reading, Writing, English and Maths.	Monitoring – staff already aware of the focus.	
Trauma Informed and Relational Practice	Support to schools around relational practice	Ongoing through TouchBase, Modelling, Paul Dix, Shekinah and Mayfield Outreach	
Tracking	Better data systems to understand and identify the cohort	Power BI Dashboard data warehouse complete. User interface in development.	
	Develop better tracking of Care Experienced NEET/EET engagement	Liaison with the CE team to better track. New NEET contract to have greater ambition of OOA tracking.	
VSED	Widen the range of staff engaged in delivering the VSED	Remodel the service to have a VSED lead and 4 staff with VSED elements in their role.	
	Develop the offer for Kinship Carers and children with these arrangements.	Ongoing. First stage will be web based. Seeking better management access to SGO records.	

## 8. Conclusion

### Summary:

In summary, the Virtual School is well placed to continue its improvement journey and the challenges of Virtual School Extended Duties.

Key Stage 4 results were pleasing but we still have work to do to understand why many of the care experienced children and young people in Torbay are NEET.

Reading remains a focus.

### Acknowledgements:

I would like to acknowledge the support and challenge offered by the team as I have settled into this post. Their unfailing patience has been of great assistance and ensured that I have developed my understanding rapidly.



The steady presence of Tracey Powell as Service Manager has been pivotal in assuring continuity and consistency.

None of the work we do would be possible without the professionalism and dedication shown by the designated teachers. Day to day they intervene quickly and effectively for our children. They are a valuable resource for their schools and the community whose contribution cannot be overstated.

Finally, our colleagues in social care provide the placements and support that allow the children to access education. I would like to formally recognise this and express the team's thanks.

## Annex A – Case Studies

### Case Study – Child A and Child B in Early Years

#### The Challenge or Barrier we faced.

Child A and Child B are twins they are 4 and 3 respectively, they live with their grandmother under an SGO. They were taken under the care of the local authority due to significant domestic abuse and violence between his parents as well as poor parental mental health and drug dependency.

They still have contact with Mum and Dad and this is supervised by Nan to happen outside the family home.

Recently they lost their grandfather whilst in the process of moving house this had a profound effect on both of the children as such they have experienced a lot of dysregulation and Grandmother has struggled to cope with loss of her husband and providing care for both children.

I was involved in this case when I was contacted by the nursery, Nursery are a small setting based in a village hall and they wanted to suspend both boys from attending the setting citing the level of behaviour and dysregulation of both boys being too much of a strain on the small staff and the other children attending the setting.

Nursery were reporting they were facing some challenges with both Children attending nursery full time, reporting their behaviour was often dysregulated and they were physical lashing out at other children. This behaviour was becoming so difficult for the nursery to manage they were considering asking the children to leave the nursery.



## Our Journey so Far..

Our journey started with a Team around the Family meeting to explore with both nursery and home what was happening for the children and how we could arrange to support the setting and Nan in delivering the best care for Child A and Child B.

With the introduction of TAF meetings, we were able to work alongside the SGO team, The SGO team worked with grandmother supporting her with home visits and arranging through the of the ASGSF they were able to organise some therapy for both Child A and B to work with the family around grief.

Taking a relation approach working alongside the family and nursery I was able to unpick some of the barriers around communication that were blocking communication between home and school once this had been addressed the flow of conversation was much better and allowed for Grandmother to feel more supported by nursery.

Using attachment theory I offered to provide some 1 -1 training with the nursery manager, This was accepted and I went in and provide some training around grief and the use of transitional objects that the nursery were keen to use with Child A and B.

In the TAF meeting we agreed to change the hours so Child A and B both attend the setting on different days. This was for a twofold reason: 1. It allowed the setting to better manager and build relationships with Child A and B separately which meant they were better placed to meet the needs of the children and 2. It allowed Child A and B to rebuild their relationship with their grandmother helping them feel held by her.

## The Difference we have made Together.

The outcomes for Child A and B were they were emotionally better prepared to access the nursery allowing them to form bonds with peers and staff and improving their PSED to help them access the setting.

Academically the Children are doing better as they are better settled and supported during their days in the nursery.

The staff appear to be better equipped to support both children aswell as more confident in supporting them

## What we will do next.

Next steps:



- Continuing the Team around the family meetings to support the information shared between home and school and allowing professionals to identify and support when needed.
- Working towards transition for both children in terms of attending reception and how that will look like for them.
- Monitoring the package of support the educational provision have in place for the children, Offering training and direct work if required.

## What Opportunities have we found to use this learning across a wider group of children, staff or settings?

The importance of linking in services like Children & Family in grief to support families who have experienced grief.

Working together as a Team around the family allowing all services to offer the best support and guidance for both School and Home to ensure the children are receiving the best support and care that they can.

## Case Study – Primary Phase – Child C

### What was the issue?

#### **Relational traumas and losses experienced:**

- This is the second period of care
- YP has been exposed to addiction, Domestic Violence and neglect.
- MOC – died shortly after T came into care.
- FOC – has never had contact.
- Lives with a foster carer and her daughter.
- 10 social worker changes – 3 since coming into care this time.
- 3 placements since coming into care.
- 3 school places since coming into care.
- C was born with methadone withdrawal.
- There are elements of emotional harm and neglect whilst in their mother and grandmother's care.
- YP came into care in 2023, aged 6 years.

### Our journey so far....



C was put into MGM's care, along with their younger brother. Shortly after a care order being granted, C's mother died.

Although C was on roll with a Paignton school, the Virtual School became aware that they had not attended for two months and were not enrolled at a school where they were living with their grandmother.

A school was identified and the Virtual School supported the social worker to make an application. I arranged a meeting with MGM to discuss how best to support C's transition back into school. It was clear that MGM did not think that C should be in school at that time. During our conversations she shared details of her poor mental health. I shared concerns with C's social worker about the suitability of the placement. I expressed that I did not think that MGM had the capacity to provide adequate care for T and their brother.

A school was identified and an application made – C's mother died a couple of days later.

I organised a Planning For Success meeting to discuss a 3 week plan for a gradual transition back into education, whilst supporting C with their bereavement.

I provided C's social worker with bereavement information and the details of organisations that could support C and the family.

I maintained contact with the school throughout, but C did not attend.

As school reported that C was not attending and MGM could not be reached, I alerted C's social worker.

MGM did contact me to say that the funeral had been postponed which was why C had not attended school. I raised my concerns with C's social worker.

Within days things deteriorated rapidly and C and their brother were removed from MGM. The move was traumatic.

C was placed with carers in Torbay, who made it known from the first evening that they did not want C to stay.

C's social worker applied for a place at their previous school. I was aware of how fragile the placement was and that C was in a high level of emotional trauma after losing their mum and then GM, so I negotiated with the Designated Teacher to get C back into school without waiting for admissions. We felt that being in a known, safe environment, back with teachers and friends would benefit them and give the carers respite.

School arranged a big welcome for C and they had a very positive day. Sadly, the carers gave immediate notice and informed school they were refusing to have C back at the end of the school day. School could not reach the social worker, so contacted me. I was able to reach the social worker near the end of the school day and she confirmed that she would be collecting C and taking them to a new placement. Consequently, three social workers who were unknown to C collected



from school and drove them to Cornwall and a new placement. C's brother remained in Torbay and they did not get to say goodbye before C was removed.

Social worker requested that the Virtual School find a school. I advised that there was only a couple of weeks of term left. C was completely traumatised, so I requested urgent therapeutic intervention. I asked that a stable placement be confirmed for C before we sourced a school because to have another school move that lasted days would be so detrimental to him.

I remained in regular contact with C's new carer and sent books, activities and a letter to them.

As no bereavement support had been arranged for C, I discussed with the carer finding local support from Penhaligon's Friends, which she put in place.

A new social worker confirmed that C would be staying in Cornwall on a more permanent basis, so I discussed preferred schools with the carer and the social worker was provided with details of a school to apply to.

At the start of the new academic year a school place had not been found for C, so they could not start with peers.

I spoke with the Headteacher who suggested that C join a different school in the trust that was smaller, calmer and more nurturing. I contacted them and they agreed to offer C a place.

I arranged Planning For Success and education meetings, it became apparent that C's presentation had escalated to the point that carer's and school were struggling to meet their needs.

During regular conversations, the carer expressed concerns about the way school were managing C's dysregulation. I spoke to the Designated Teacher and asked that the CPOMs records be shared with me. Reading through the incidents, it was apparent that C's dysregulation was being handled as behaviour infractions, which was escalating the presentations.

I arranged for a meeting to discuss how using an attachment/trauma informed approach would be more supportive and reduce dysregulation. I also arranged for staff to attend the Virtual School Attachment Training.

During the meetings for C, I pushed for bereavement therapy for C. This has now been agreed by social care and C has started to access a provision for one day a week.

Due to bereavement in the carer's family and an escalation in physical presentations, the current placement is fragile, so we are holding regular meetings to support school and C's carer.

## What have we done?

- Identify C's absence from Education, advise on suitable schools and support with securing school places.

- Provide a point of communication as C's biological family have a negative relationship with social care.
- Source and provide details of organisations that support bereavement.
- Flagged concerns about the level of care and capacity of grandmother who was experiencing poor mental health due to grief.
- Advised on a trauma/attachment informed approach to dealing with the dysregulation in school.
- Provided opportunity for staff training.
- To support staff and carers to understand how meeting a YP's need is not the same as rewarding bad behaviour.
- Put in place therapeutic interventions for C
- Identifying there is trauma due to neglect, multiple rejections, and substance abuse there is a need for YP to be emotionally supported by working with trusted adults in a trauma/attachment informed way.
- Work closely with the designated teacher, carer and social workers to create a team around the child, to monitor and support progress.
- To secure agreement over bereavement interventions.
- Provide a consistent person that carer and schools can speak to when social workers change, to support C.

## What difference has this made?

- C is starting to make sense of his emotions, the losses he's experienced and the connections he has made.
- The staff working with YP have another point of view to consider regarding presentation.
- Carers are more understanding of how behaviour is communication.
- Carer and school have access to a consistent person in the LA.
- YP has been given an opportunity to explore safe connections with trusted adults.
- C is receiving therapeutic intervention to manage their grief.
- An RSA is being processed.

## Areas for further action

- Continued collaboration between home, school, social worker, and Virtual School to ensure slow progress continues.
- Recommendations from EHCP to be actioned.
- Share best practice to raise awareness for what has worked well and not so well.
- Virtual School to provide further attachment training to the school.
- Deepen new adult relationships, to help YP experience safe, trustworthy adult relationships.
- For class teacher to attempt to obtain some academic data for YP

## Immediate next steps

- Hold regular meetings to support the stability of the placement.
- To help identify interventions to enable to access education and minimise dysregulation.
- To monitor bereavement therapy intervention.

## Other work:

Through the work the interventions use:

### **PROTECT:**

- helping the child to feel safe enough to share feelings, thoughts and develop their own capacity for help-seeking with other trusted adults.
- Help the child to feel understood,
- Use of PACE.

### **RELATE:**

- Through PACE enable the child to feel secure to access their learning.

### **REGULATE:**

- Affect attunement and develop empathy.
- Change dysregulation with reasoning and communication.

### **REFLECT:**

- Help the child make sense of what is happening and why it is happening.
- Address negative self-referencing 'I am bad so people will leave me'.

## Case Study – Child D in Year 11 in 2023 2024

### The Challenge or Barrier we faced.

Spires College contacted the Virtual School due to D struggling to attend school in year 10 and 11 post pandemic as she preferred home learning, and felt like school was a challenging environment to be part of. In my view, she was struggling with feelings of anxiety. D was cared for and lived with her foster carers. She generally had a good relationship with one, but argued a lot with the other at times. There were times when their relationship was better.

D has been in care since March 2013 and has been under a Full Care Order since Aug 2014. She is cared for because her parents were unable to prioritise her needs over their own difficulties. She was exposed to arguments in the family home and her mother suffered with poor mental health at times which meant that she neglected D's needs and did not offer sufficient supervision. D and her half brother, came into care when mum was having an operation and she said she could not care for them, and dad said he was unable to either. Then they did not return home due to the social care assessments of the parenting, and



circumstances in the home. The children made some disclosures, but did deny them. There were sex offenders around the family, but social care was unsure if they had contact with the children.

D thinks she is in care because mum was ill and couldn't take care of her and her siblings properly, but she does struggle with this. One is D's other older half brother, who was not taken into care, but was looked after by family members and who now lives at home with their parents. The other has been a high achiever academically and had a relatively settled education and went on to FE and HE I believe. The eldest had quite a troubled education and life. D feels as if she is more similar to him as he has mental health issues. She feels she has anxiety like him.

D's mum suffers from MS and at times needs a wheelchair to support her mobility. She has been as highly anxious as well and self-reported that there is a history of ADHD traits in her maternal family. D's stepdad has been on a long-term relationship with D's mum (since before the care proceeding). He is the cadet officer at the Army cadet where D currently attends. Although both parents have a good relationship with D, they are unable to persuade her to engage with counselling and have a more positive view towards school. D wanted to move out of foster care to live with her family on and off throughout year 10 and 11 which was a contributing factor to her emotional based school avoidance. Her returning home was explored and investigated by social care and she began to have extended stays in the holidays, but D changed her mind during this time.

## Our Journey so Far..

What action have you taken?

What colleagues and partners have worked with you and/or the child?

What approaches have you used?

We worked with Spires to create a part time timetable initially which was not our first choice due to missed schooling, but D felt such pressure to attend and was struggling with insomnia. We wanted to support her to feel less pressure, so we agreed shorter days with a later start time to make the mornings less pressured with less arguments impacting her frame of mind. We worked with school to engage education support services, firstly YMCA then Evolve, and I worked with her 1-1 in a relationship building intervention. I liaised with the SENCO/DT regularly to help her support teaching staff with information about D. The SENCO/DT also worked with a consultant Educational Psychology advising the school on SEND, and we completed an EP referral together. I supported D with home visits and emotional health work as well as relationship building, and we worked with school to help D access SEND when she couldn't manage lessons.

## The Difference we have made Together.

Outcomes – both academic and in the child's wider life in school

What changes have you seen in the child and the adults that work with them?



D's attendance did improve gradually and we saw that she went from being EBSA to being in school more, and we worked on then getting her to attend lessons. Her progress was sporadic due to complicating factors including increased time with her birth mum and step dad, her foster father's poor health and hospital visits and her carers fearing his health was deteriorating, school changing their EBSA provision from SEND to a discrete EBSA room and D not liking this, the TA running this building a relationship with D and then leaving, the pressure of GCSEs, and a new relationship with a vulnerable young person with mental health issues.

## What we will do next.

Next steps:

- In direct work with the child
- In supporting the setting to better meet need.
- To prepare for foreseeable challenges such as transition

We supported D through PEPs for the changes after year 11.

## What Opportunities have we found to use this learning across a wider group of children, staff or settings?

- This might be training, better systems for working together, signposting or any way in which we can improve provision.
- Partnership working to review timetables and build bespoke timetables which are reviewed regularly. Regular liaison with school.
- Feeding this into training at DT Forums.

## It Takes a Village to raise a Child – An SEN Case Study

Cared for Children and Young People have a Team of Professionals working with them and when something works well, it is due to the efforts of everyone involved.

It is amazing to see our Young people succeed – they just need that extra bit of help.

## Case Study

Young Person

College Peers

Carers



Social Worker

South Devon College – SEN, Tutors, Mentors and Designated Teacher

Virtual School

The young person had previously attended an independent special school and then transferred to a mainstream college course. Initially the young person struggled with anxiety on entering the mainstream classroom due to the numbers in the class. A rise from 6 in a class to over 20. His peers in the classroom were very supportive and encouraged him to attend but it was too big an ask at this stage.

The Designated Teacher at college arranged an early PEP as he wished to raise concerns that the young person would fall behind if he could not access the teaching element of the course. The SW and carers were supportive of the college and kept good communication lines open. This allowed the carers to know what assignments were due and when so they could support at home.

Due to the high levels of anxiety the Virtual School funded a 1:1 mentor for the young person. This not only allowed him to attend classes but also provided evidence for SEN that he required a higher level of support. This was addressed through the Annual Review of his EHCP so that the support could be kept in place.

The 1:1 quickly built good relationships with the young person, as had the DT and the young person felt supported and had people to discuss any concerns or worries.

Due to the support provided by the wider team, the young person successfully managed to gain accreditation in his course and passed his English GCSE.

The young person is confident to continue at college for a second year, and has applied and been accepted for this academic year.

## Case Study – Strengths, Difficulties Questionnaires (SDQs)

### The Challenge or Barrier we faced.

Head of Service advised that completion of the SDQs were very limited and recognised that improvement needed to be made.

### Our Journey so Far..

What action have you taken?



Met to discuss the issues around the completion of SDQs and where the responsibilities lie.

In line with promoting the education of cared for and previously cared for children:

- *emphasising to schools the SDQs (See Mental Health) importance in helping identify looked after-children's emotional and mental health needs, enabling them to receive better educational support. This includes encouraging schools to complete their element of the SDQ and follow up on the needs identified*
- *63. It is important to have a means of regularly measuring the emotional and behavioural difficulties experienced by looked-after and previously looked-after children. For looked-after children, currently, this is often done through the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a clinically validated brief behavioural screening questionnaire for use with 4-17 year-olds or 2-4 year-olds. The SDQ can help social workers and other professionals form a view about a looked-after child's emotional wellbeing. It exists in three versions: for parents or carers, teachers and a self-evaluation for children aged 11-17.*
- *64. The SDQ can help social workers and other professionals form a view about the emotional wellbeing of a looked-after child. Looked-after children may benefit from the triangulation of the scores from the carer's SDQ with those of their teacher and, if s/he is aged 11 to 17, the self-evaluation to better inform the child's health assessment and PEP. To help enable this, where an SDQ for a child gives cause for concern or is "border line", VSHs should work with schools to encourage them to complete their element of the SDQ*

What approaches have you used?

Discussion with ePEP and ePEP Coordinator how we include the SDQ within the body of the PEP

Decision around how this would be rolled out and who would take responsibility of sending out the SDQs – ePEP Coordinator would sent out, when a young person came into care so that there could be a benchmark in preparation for the Initial Health Assessment.

Once this had been completed we arranged for training at our next Designated Teacher Forum and sent the recording of the training to those who were unable to attend

Emailed the Designated Teachers to look how best we could ensure all cared for children had one SDQ completed during the year. If a need identified during the academic year, or there was a concern around a decline in behaviour/wellbeing further SDQ could be completed.



Encourage SDQs to be completed prior to therapeutic interventions commencing and on completing of the intervention.

Work with Health re scoring and to whom these need to be sent

Work alongside Business Support re: uploading to LiquidLogic

## The Difference we have made Together.

There was a little resistance from some primary schools, in the early stages, however, with support and guidance this has been overcome and schools in general are completing the SDQs, collecting these from the carers, social workers and young people, if appropriate aged 11-17 years

Completion rate is now higher; from schools around 85%

Teams across the services working together to improve outcomes for young people through more tailored support.

What we will do next.

Next steps:

- In direct work with the child – for young people to be able to complete the SDQs 11 – 17 with support from school staff / carer / social worker
- Recognising, identifying and implementing the right support earlier
- To prepare for foreseeable challenges such as transition
- Further work with Business Support / Head of Service re uploading to the right area on LiquidLogic so that the timeliness and completion data is accurate

## What Opportunities have we found to use this learning across a wider group of children, staff or settings?

The SDQs can inform support that may be needed earlier

ePEP Coordinator has increased their knowledge on scoring of SDQs and better able to inform Designated Teachers; provide increase support

Working with Health on how we can improve the triangulation of the SDQs as well as identify gaps within the services and the therapeutic offer for to support young people at the earliest point.

We have been able to enhance the therapeutic offer for children cared for in Torbay using PP+. This includes :-



- training staff in the virtual school to deliver Drawing and Talking therapies;
- training staff in the virtual school to deliver Theraplay to both schools and for carers / adopters:
- training staff in the virtual school to deliver TISUK MH support through advice and guidance to school, social workers and carer
- funding provision through PP+ who addresses needs identified through triangulation of the SDQs, which are completed by carers, teachers and young people.
- The Virtual School providing attachment and trauma training, either commissioned from external providers or delivered in house by staff from the virtual school.