Protect and Support Vulnerable Teenagers

Chair's Introduction and Welcome:

Oliver Welsby, Brightcore Consultancy

Keeping Children Safe in Education (Sept. 2018)

Definition of safeguarding

- In relation to children and young people, safeguarding and promoting their welfare is defined in 'Working together to safeguard children' as:

- protecting children from maltreatment

- preventing impairment of children's health or development

- ensuring that children grow up in circumstances consistent with the provision of safe and effective care

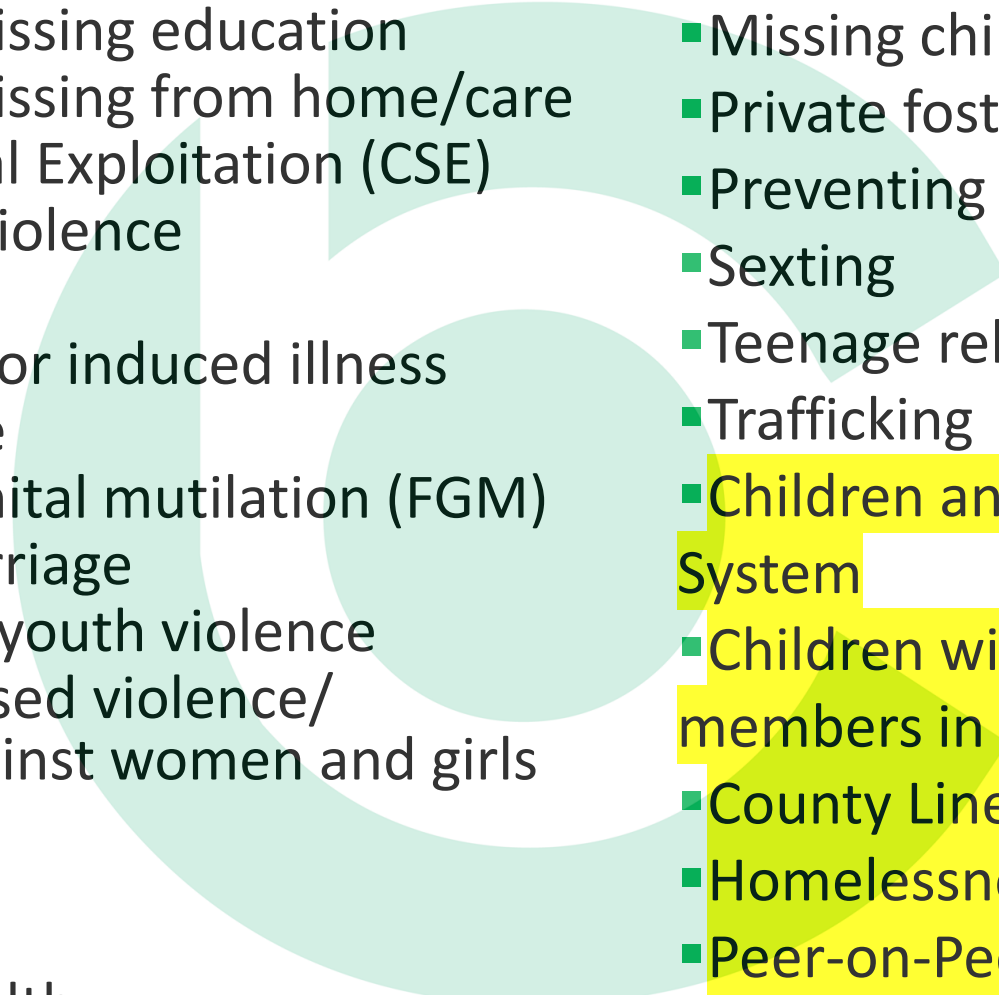- taking action to enable *all* children to have the best outcomes

Department for Education

Keeping children safe in education

Statutory guidance for schools and colleges

September 2018

Specific Safeguarding Issues

Keeping Children Safe in Education (Sept. 2018)

- Children missing education
- Children missing from home/care
- Child Sexual Exploitation (CSE)
- Domestic violence
- Drugs
- Fabricated or induced illness
- Faith abuse
- Female genital mutilation (FGM)
- Forced marriage
- Gangs and youth violence
- Gender-based violence/ violence against women and girls (VAWG)
- Hate
- E-Safety
- Mental health

- Missing children & adults
- Private fostering
- Preventing radicalisation
- Sexting
- Teenage relationship abuse
- Trafficking
- Children and the Court System
- Children with Family members in prison
- County Lines
- Homelessness
- Peer-on-Peer Abuse
- Sexual Violence and Sexual Harassment

Child Protection

Attendance, exclusions & children missing education

Transition arrangements

Curriculum

Mental Health & Wellbeing

E-safety

SEND and inclusion

The school environment

Buildings and security

Staff code of conduct & safer working practice

Safer recruitment & selection

Health and Safety

Whistle-blowing

Governance

A 'listening' school

Anti-bullying & Behaviour management

Safeguarding and promoting welfare

List of vulnerable groups who are at higher risk of mental illness: The Mental Health Foundation (2002) and Danby and Hamilton (2016)

- Looked-after children
- Refugees and asylum seekers
- LGBTQ+ young people
- Young people who care for ill or disabled parents, carers or siblings
- Young people who are cared for by parents with mental health problems
- Young people with parents or carers with problems such as alcohol or drug abuse or who are involved in criminal activities
- Young people with SEN/AEN
- Young people who have experienced trauma or abuse
- Clever and hard-working children
- Young people living in poverty
- Parental relationship breakdown and/or conflict
- Young people experiencing a negative school environment – bullying, expectations

Nearly three million children in poverty despite parents working

By Hannah Richardson
BBC News education and social affairs reporter

① 28 March 2019

f ◉ 🐦 ✉ ⋖ Share

GETTY IMAGES

A record 2.9 million children from working families in the UK are living in poverty after housing costs have been paid, the latest figures show.

Mapping child poverty

Millions of children in the UK are living in or on the brink of poverty, according to a report from the Campaign to End Child Poverty.

The umbrella organisation, which includes Barnardo's, UNICEF, Save The Children and the TUC, has released data for every parliamentary constituency in the UK.

It found that in Birmingham's Ladywood constituency, 81% of children were living in low income families - the highest proportion in the UK.

Low income means families where no-one is working more than 16 hours a week or where the family is receiving the full amount of Working Tax Credit.
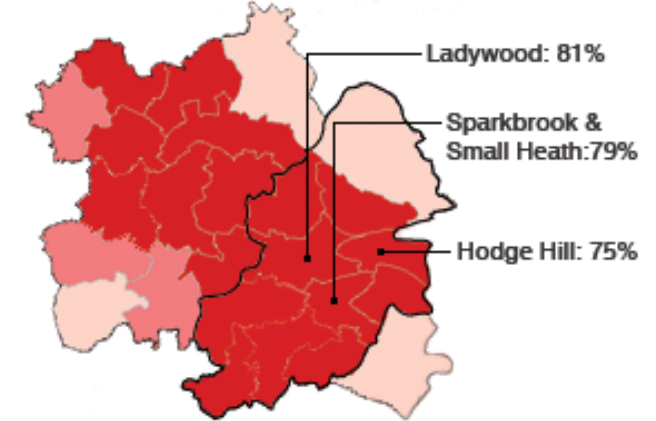
The campaigners say this is not a direct measure of exactly how many children are in poverty, but is a good indicator of which areas have the highest child poverty levels.
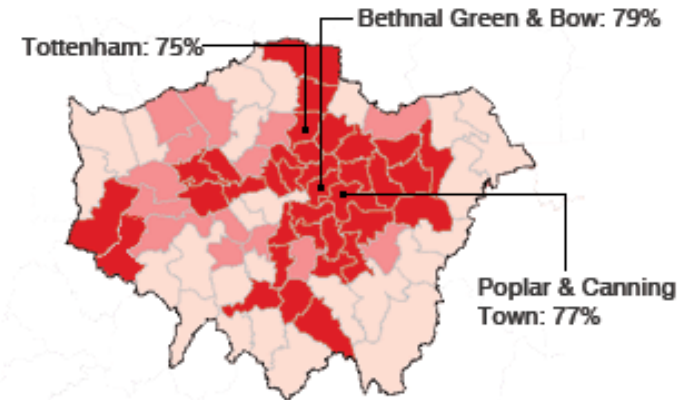
CHILDREN IN LOW INCOME FAMILIES
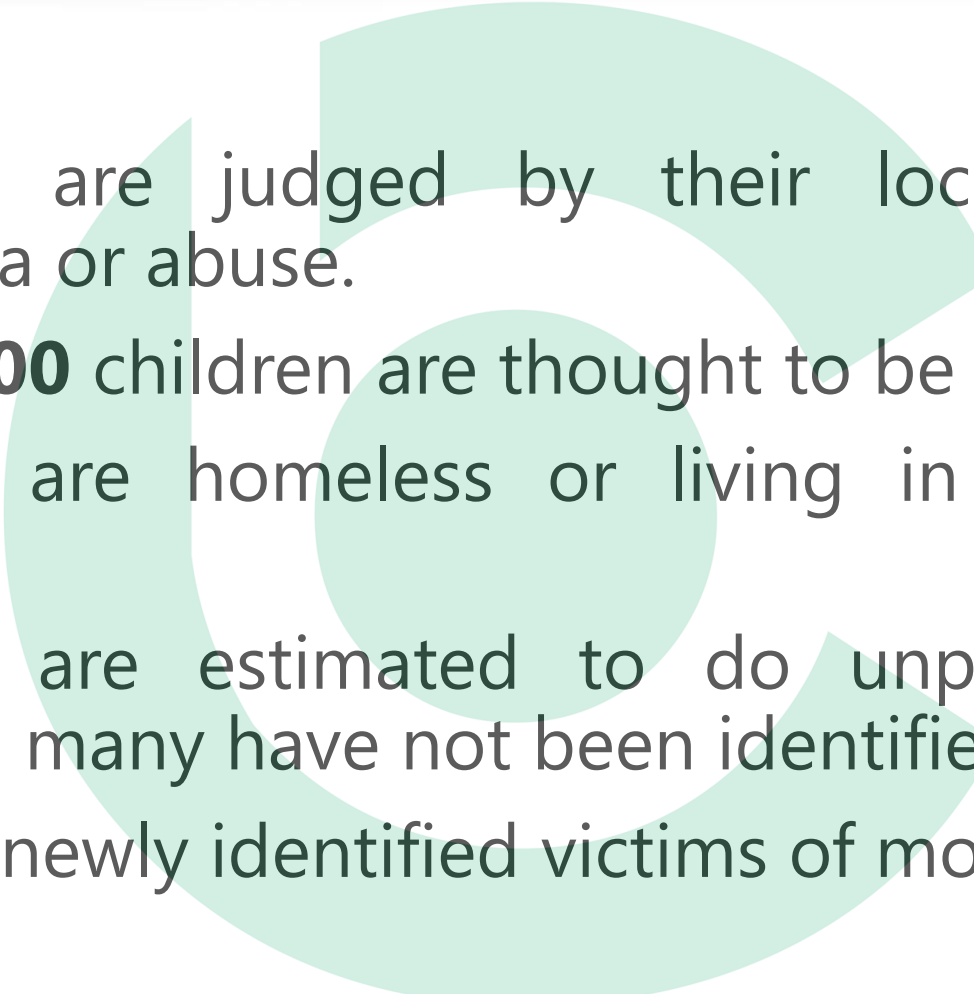
- 50% and over
- 40 - 49%
- Under 40%

SHETLAND ISLANDS

GLASGOW
EDINBURGH
NEWCASTLE
Belfast West: 77%
Manchester Central: 78%
Manchester Gorton: 73%
Bradford West: 75%
BIRMINGHAM
CARDIFF
LONDON
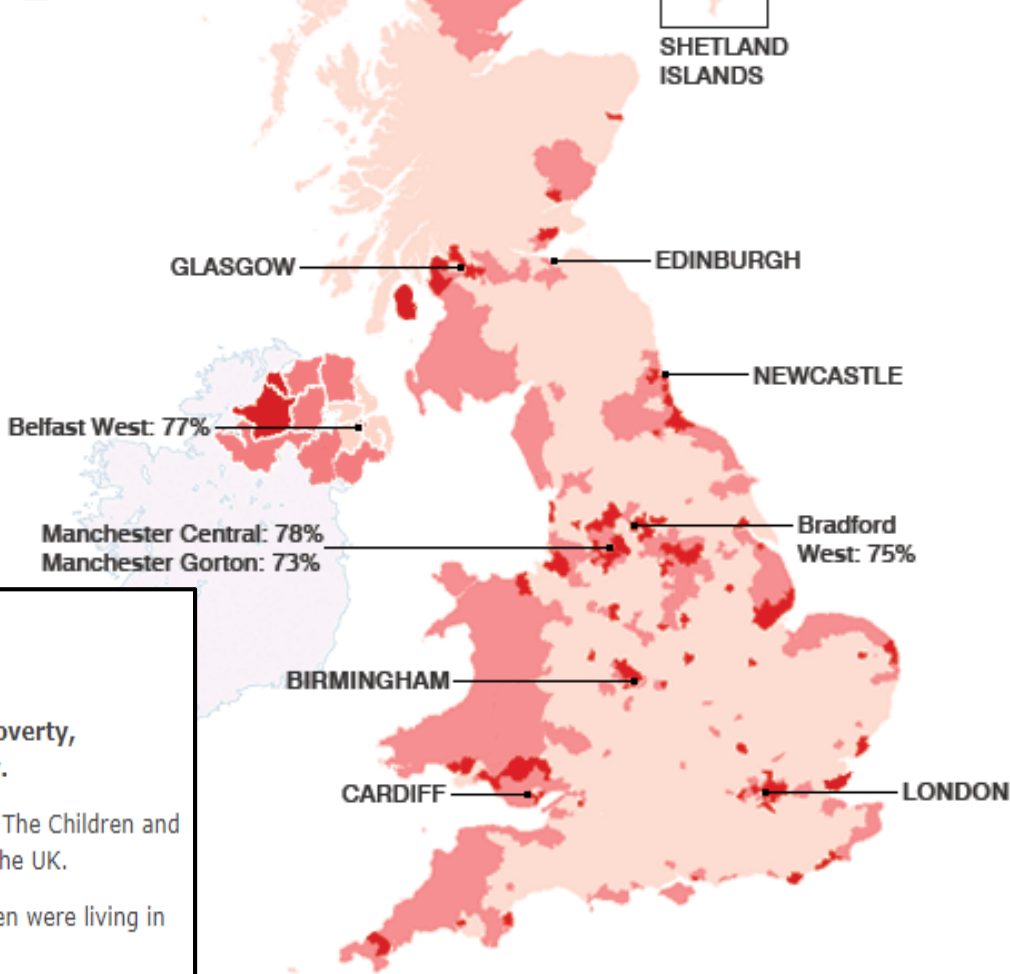
BIRMINGHAM AND SURROUNDING AREA

Ladywood: 81%
Sparkbrook & Small Heath: 79%
Hodge Hill: 75%

LONDON

Tottenham: 75%
Bethnal Green & Bow: 79%
Poplar & Canning Town: 77%

SOURCE: Centre for Economic and Social Inclusion and Donald Hirsch

Over 1.5 million people were destitute in the UK in 2017

- **more than one and a half million people (1,550,000) were in destitution at some point in 2017, including 365,000 children.**
- People were defined as destitute in this study if they have **lacked two or more of the following six essentials** over the past month because they cannot afford them:
  - **Shelter** (have slept rough for one or more nights)
  - **Food** (have had fewer than two meals a day for two or more days)
  - **Heating their home** (have been unable to do this for five or more days)
  - **Lighting their home** (have been unable to do this for five or more days)
  - Appropriate **clothing and footwear**
  - **Basic toiletries** (soap, shampoo, toothpaste, toothbrush)

'The Children's Commissioner's Report on measuring the number of vulnerable children' (July 2017)

- **200,000** children are judged by their local authority to have experienced trauma or abuse.

- An estimated **46,000** children are thought to be part of a gang.

- **119,000** children are homeless or living in insecure or unstable housing.

- **170,000** children are estimated to do unpaid caring for family members, of which many have not been identified and offered support.

- **1,200** children are newly identified victims of modern slavery per year.

'The Children's Commissioner's Report on measuring the number of vulnerable children' (2017)

- Almost **700,000** children are living in families that have vulnerabilities,
  - including over 15,000 children living with an adult receiving alcohol treatment
  - and nearly 12,000 living with an adult in drug treatment.

- **580,000** children are so vulnerable that the state has to step in and provide direct care, intervention or support.

- **370,000** children whose actions have put their futures at risk:
  - including 160,000 children temporarily or permanently excluded from school in England.

- **800,000** children aged 5 to 17 have mental health disorders.

Adverse Childhood Experiences

Traumatic events that can have negative, lasting effects on health and wellbeing

Abuse
- Emotional abuse
- Physical abuse
- Sexual abuse

Household Challenges
- Domestic violence
- Substance abuse
- Mental illness
- Parental separation / divorce
- Incarcerated parent

Neglect
- Emotional neglect
- Physical neglect

People with 6+ ACEs can die

20 yrs

earlier than those who have none
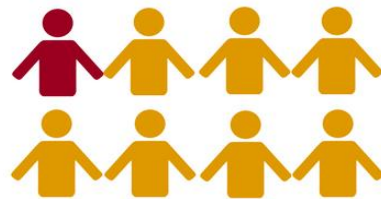
1/8 of the population have more than 4 ACEs

www.70-30.org.uk
@7030Campaign

4 or more ACEs

3x the levels of lung disease and adult smoking

11x the level of intravenous drug abuse

14x the number of suicide attempts

4x as likely to have begun intercourse by age 15

4.5x more likely to develop depression

2x the level of liver disease

> Adverse childhood experiences are the single greatest unaddressed public health threat facing our nation today

Dr. Robert Block, the former President of the American Academy of Pediatrics

67%

of the population have at least 1 ACE

Lifespan

(pyramid, top to bottom)
- Early Death
- Disease, Disability, Social Problems
- Adoption of Health-risk Behaviours
- Social, Emotional, Cognitive Impairment
- Disrupted Neurodevelopment
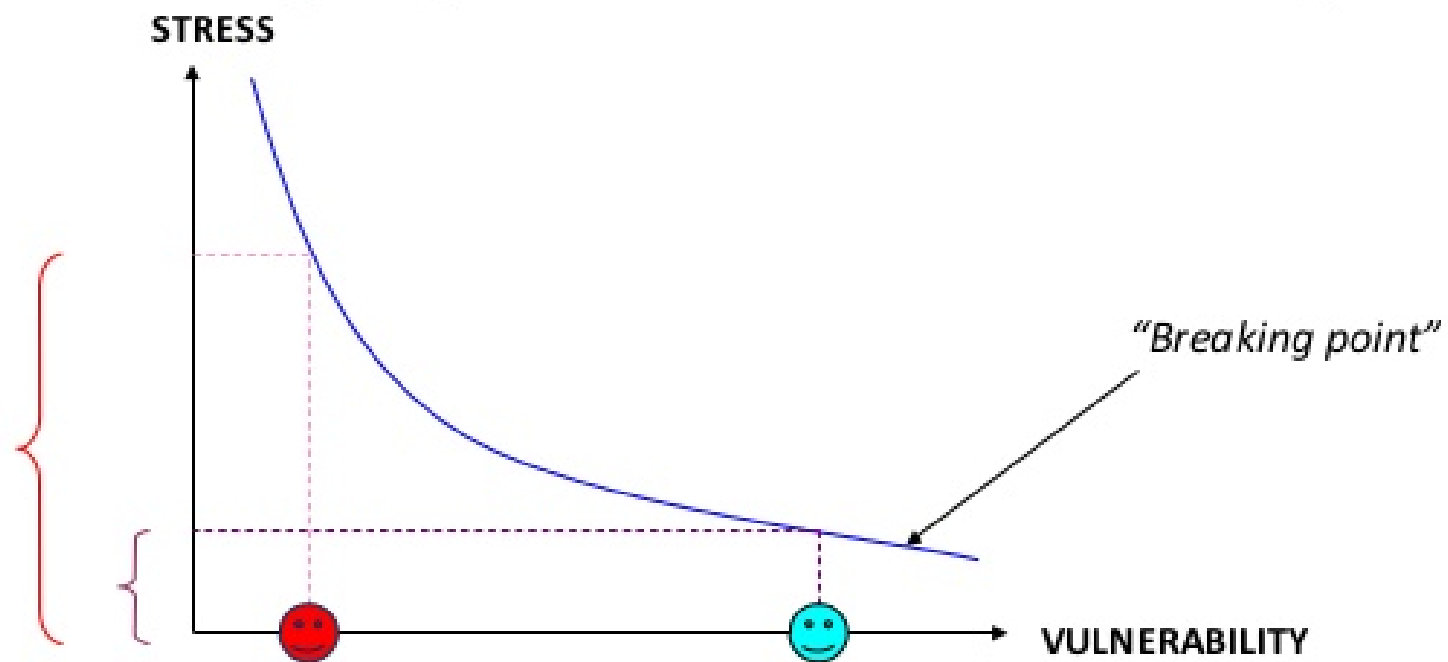- Adverse Childhood Experiences
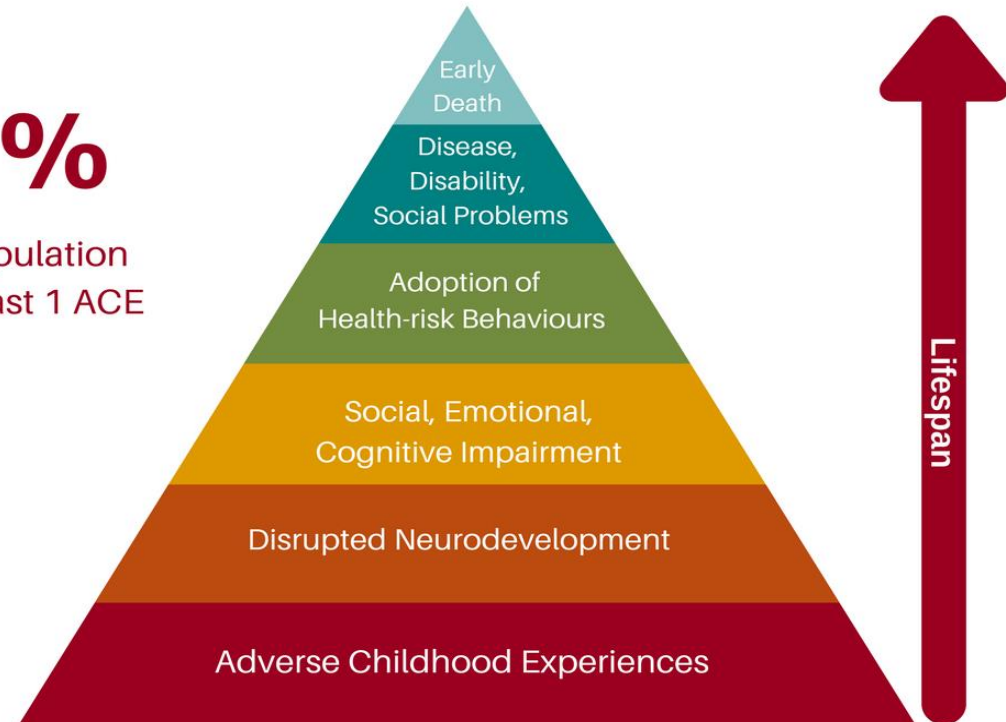
Stress Vulnerability Model

😠 Large amount of stress before reaching "breaking point"

😊 Only a small amount of stress needed to reach "breaking point"

STRESS

"Breaking point"

VULNERABILITY

Childhood and adolescence is a time of change, transition and challenge:

- Starting school
- Transferring from primary to secondary school
- Changes in friendship groups
- Going through puberty
- Exam pressures
- Family changes, e.g. new siblings, divorce, bereavement, moving house
- Sexual maturation and development, including sexual orientation
- Transition to university or work

Mental Health and Wellbeing

Oliver Welsby, Brightcore Consultancy

Implementing an effective Mental Health Strategy that:

- Supports an increasing demand for services

- Removes stigmas attached to mental illness

- Ensures staff are well trained to support students appropriately

Young people need more support…

- 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age. *(Public Health England 2017)*

- The average maximum waiting time for a first appointment with CAMHS is 6 months and nearly 10 months until the start of treatment

- CAMHS are turning away nearly a quarter (23%) of children referred to them for treatment by concerned parents, GPs, teachers and others

- Just 0.7% of the NHS budget is spent on children's mental health
  - and only 16% of this is spent on early intervention

- Most children and young people should be able to recover and experience positive outcomes later in life *IF THEY CAN ACCESS THE CORRECT SUPPORT!*

- *i.e. prevention programmes*

- *early intervention services*

- *& effective treatment*

Implementing an effective Mental Health Strategy

Implementing an effective Mental Health Strategy

Three core elements to success:

1. Leadership & Management
2. Staff
3. Students
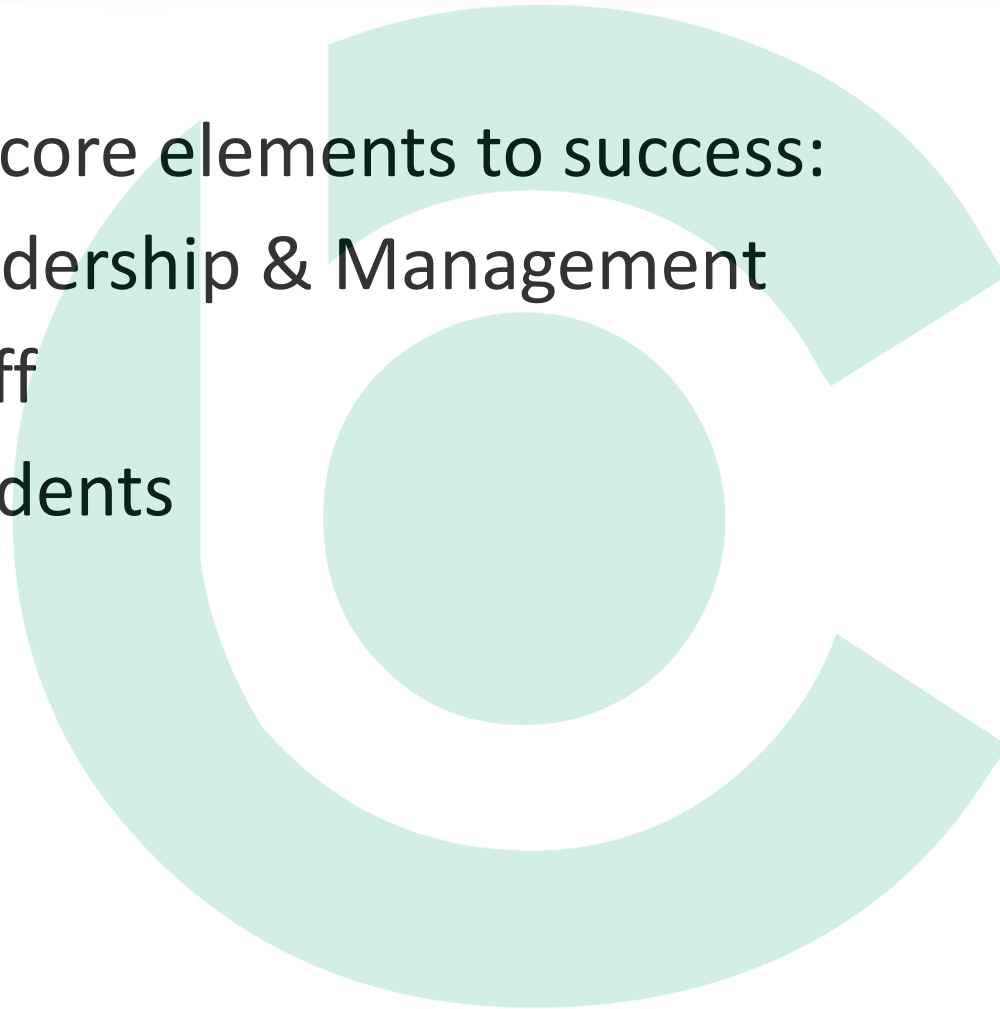
Implementing an effective Mental Health Strategy

1. Leadership & Management: Prioritising Mental Health & Wellbeing
   a) Appoint a DSL-MH
   b) Acknowledge the reality and the scale of the problem & the link between mental health and attainment
   c) Creating the correct internal structures to respond to concerns quickly and effectively

Implementing an effective Mental Health Strategy

2. Staff:

a) Wellbeing

b) Effective Training - knowledge & skills around mental health

Understanding the changing demographic & cultural causes of the growing problem of mental illness

3. Students:

a) Student Voice

b) An Effective MH Curriculum: 'not just a few weeks of PSHE on mental health'

It is essential that we equip those in our care with the necessary knowledge and life skills to prevent mental illness

The Language of mental ill-health:

Inappropriate / negative
vs.
Acceptable / positive

Are mental Health problems on the rise for children and young people in our schools?

96% of teachers believe they come into contact with pupils who are experiencing mental health issues.

Of these:

- 92% encounter pupils exhibiting anxiety or panic attacks
- 80% depression
- 67% self-harm

(NASUWT teacher survey 2018)

NHS Digital

Mental Health of Children and Young People in England, 2017
Summary of key findings

Information and technology for better health and care

November 2018

Leadership & Management - Prioritising Mental Health: Acknowledging the reality and the scale of the problem

One in eight 5 to 19 year olds had a mental disorder in 2017

One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017.
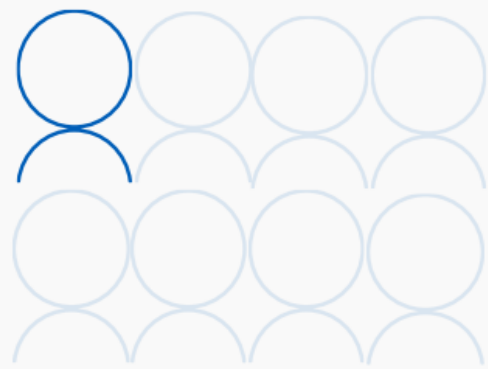
One in twenty (5.0%) 5 to 19 year olds met the criteria for two or more individual mental disorders at the time of the interview.
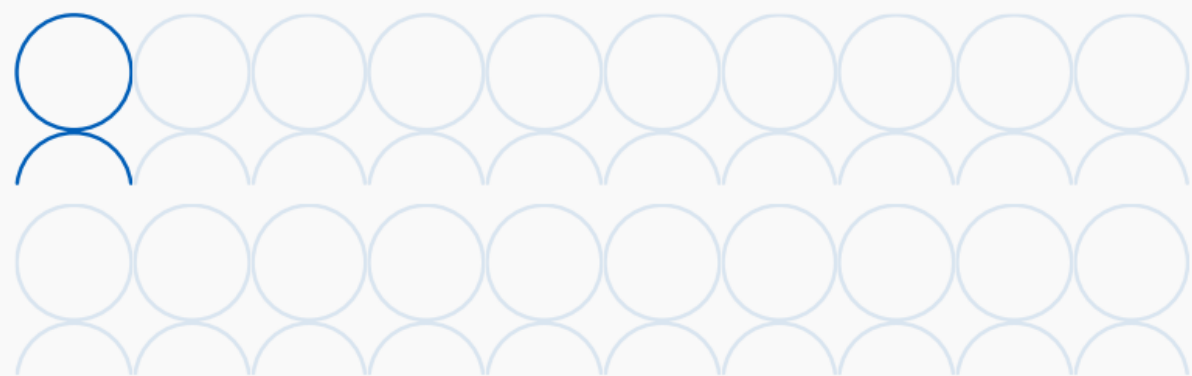
Mental disorders were identified according to International Classification of Diseases (ICD-10) standardised diagnostic criteria, using the Development and Well-Being Assessment (DAWBA). To count as a disorder, symptoms had to cause significant distress to the child or impair their functioning. All cases were reviewed by clinically trained raters.

Secondary school years: one in seven 11 to 16 year olds had a disorder

The move to secondary school coincides with the start of adolescence.

About one in seven (14.4%) 11 to 16 year olds were identified with a mental disorder. And one in sixteen (6.2%) met the criteria for two or more mental disorders at the time of the interview.

Emotional disorders were the most common type at this age, present in 9.0% of 11 to 16 year olds. This was followed by behavioural disorders (6.2%).

While at this age boys and girls were equally likely to have a disorder, they tended to have different types of disorder. Girls were more likely than boys to have an emotional disorder (10.9% compared to 7.1%), while boys were more likely than girls to have a behavioural disorder (7.4%, compared with 5.0%) or a hyperactivity disorder (3.2% compared with 0.7%).

Among 11 to 16 year olds, boys and girls were equally likely to have a disorder

14.3%   14.4%
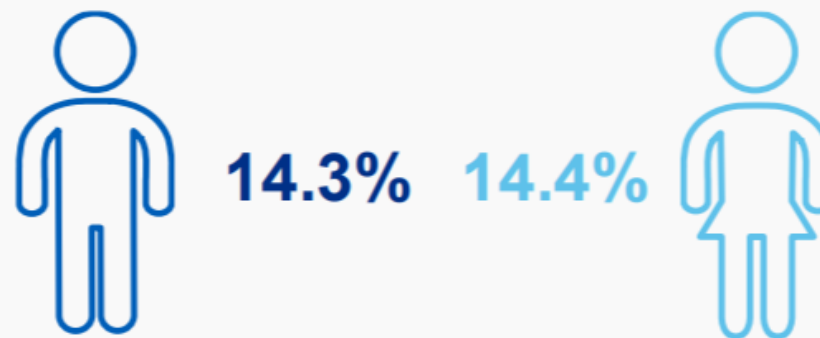
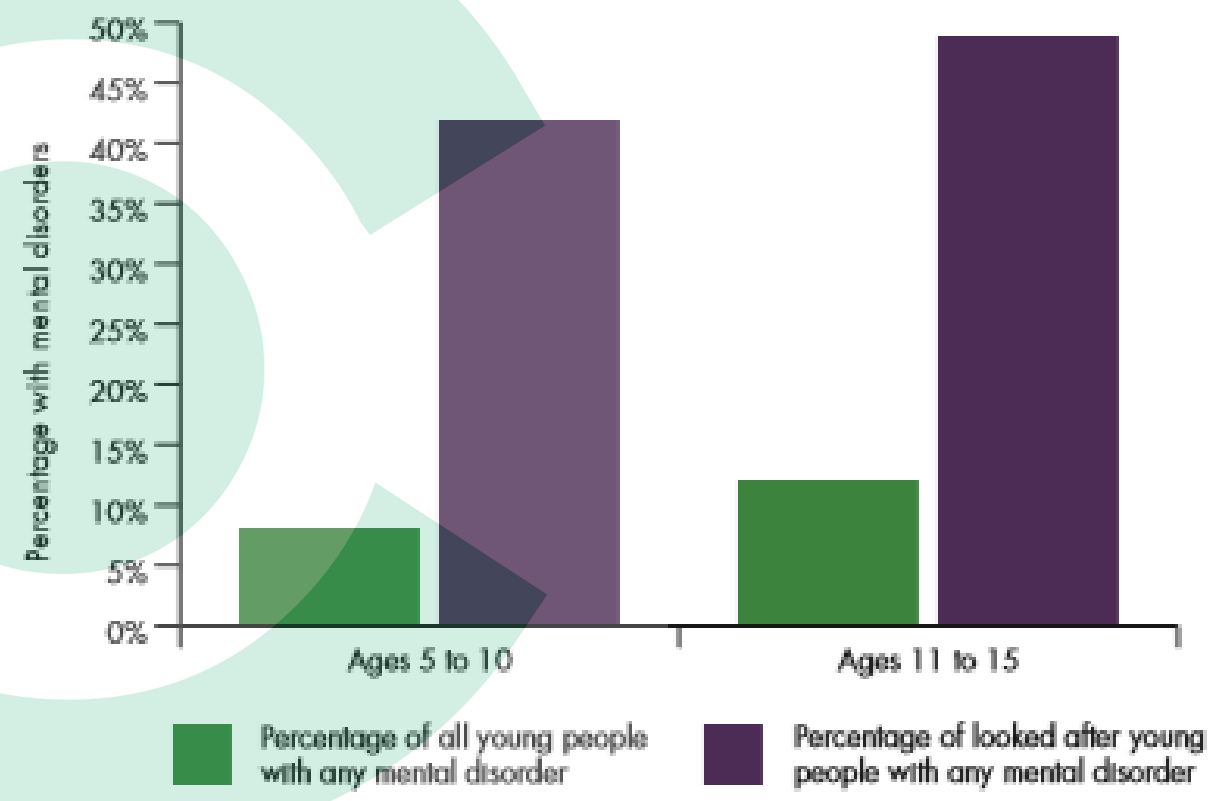Figure 8: Proportion of 11 to 16 year olds with any mental disorder by gross weekly household income
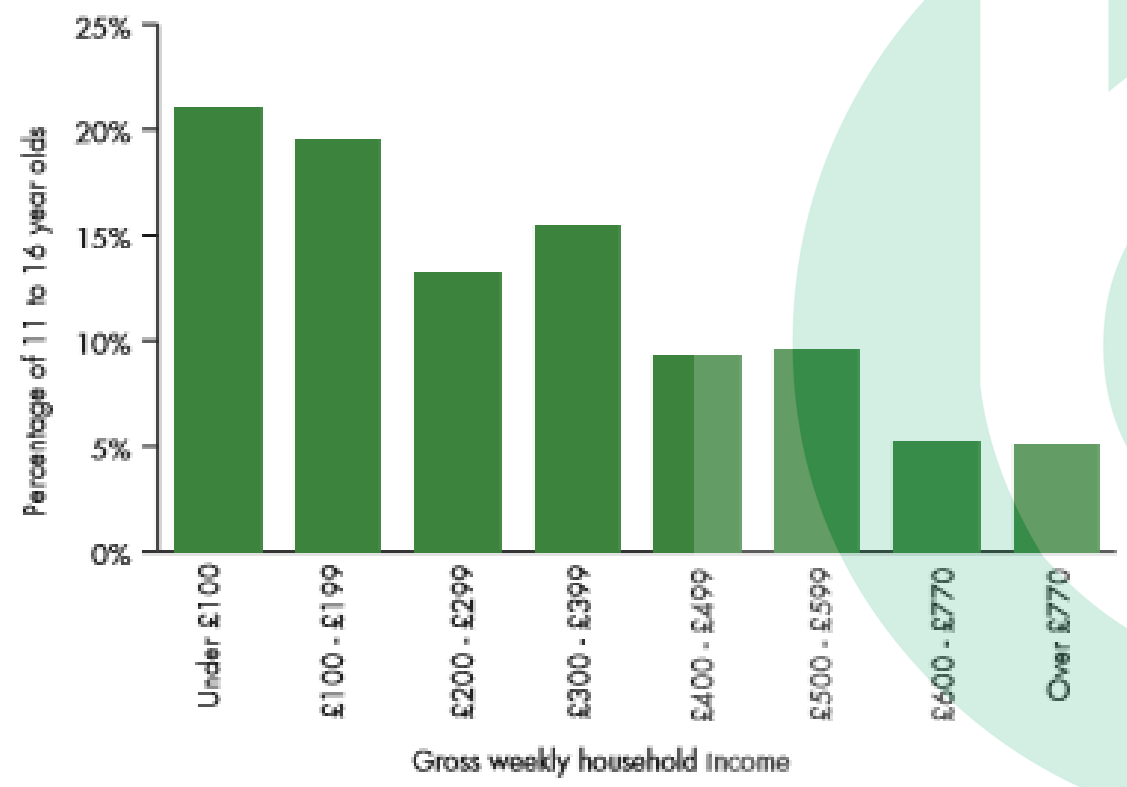
Figure 3: Prevalence of poor mental health by age

Leadership & Management - Prioritising Mental Health: Acknowledging the reality and the scale of the problem

## Transitioning to adulthood: one in six 17 to 19 year olds had a disorder

Adolescence is an extended period of change.

About one in six (16.9%) 17 to 19 year olds had a mental disorder. And one in sixteen (6.4%) met the criteria for more than one mental disorder at the time of the interview.

Emotional disorders were the most common type in this age group, present in 14.9% of 17 to 19 year olds. 13.1% were identified with an anxiety disorder and 4.8% with depression. The other disorder types (behavioural, hyperactivity, and other less common disorders) all had an overall prevalence of less than one in fifty at this stage.

Among boys, the likelihood of having a disorder was highest at age 11 to 16. In girls, however, the disorder rate was highest in those aged 17 to 19. These differences in the pattern of association between age and presence of disorder were due in part to differences in the types of disorder boys and girls had.

Girls aged 17 to 19 were more than twice as likely as boys that age to have a disorder
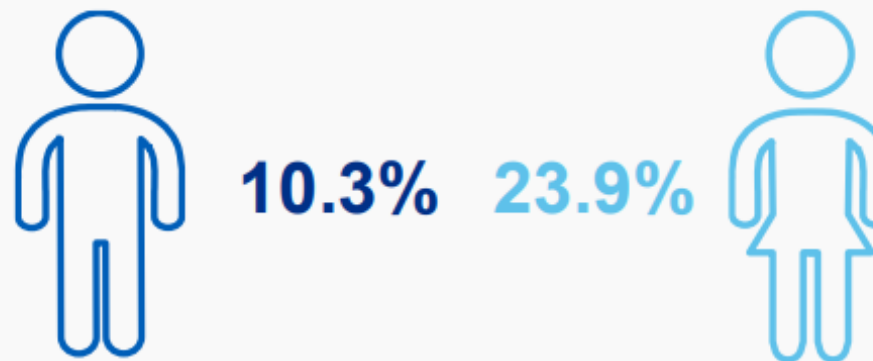
10.3%   **23.9%**

One in five with a disorder reported over six month wait to see a specialist

Waiting more than six months

Among children with a disorder, around one in five reported waiting over six months for contact with a mental health specialist (20.7%), a physical health specialist (21.6%), or for educational support services (21.9%).

Reported waiting times tended to be longest for children with neurodevelopmental disorders (like hyperactivity and autism spectrum disorders).

Waiting less than ten weeks

Overall, more than two thirds of 5 to 19 year olds who accessed professional services for a mental health reason reported waiting less than ten weeks to see the specialist. This ranged from 65.2% of those who had contact with a physical health specialist, to 93.0% of those who had contacted teachers about mental health.

Proportion of 5 to 19 year olds with a disorder waiting more than six months for each type of service contact

Per cent

Service contact	Per cent
Mental health specialist	20.7
Physical health specialist	21.6
Educational support services	21.9
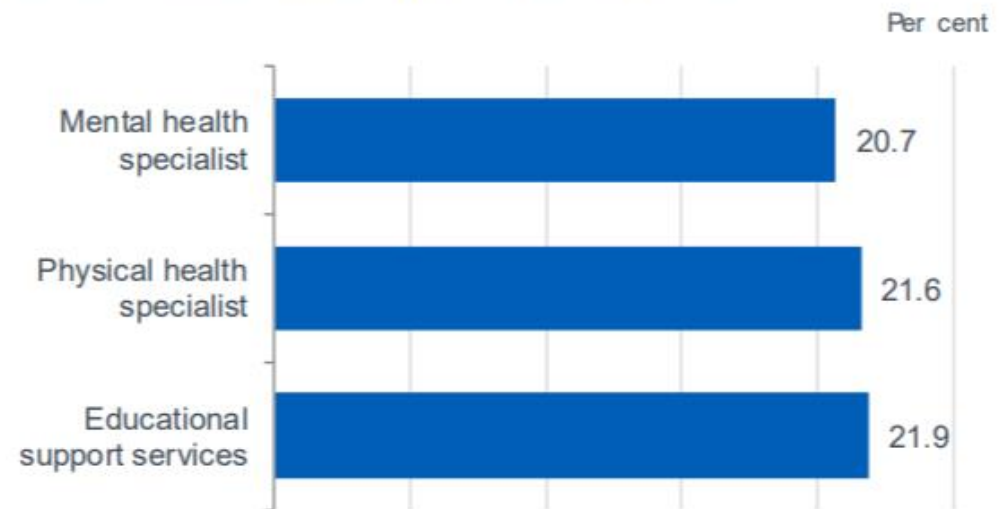
Methods note: these figures are based on reported waiting times only. Service records were not reviewed.

Leadership & Management - Prioritising Mental Health: Acknowledging the reality and the scale of the problem

- The UK now has the highest self-harm rate of any country in Europe with estimates of 400 in 100,000 people who self-harm. These figures are likely to be higher as many people who self-harm do not tell anyone about it.

Is the number of young people who self-harm increasing?

BBC NEWS

Health

Fifth of 14-year-old girls in UK 'have self-harmed'

By Alex Therrien
Health reporter, BBC News

29 August 2018

Katie Houghton says she self-harmed as a teenager to "try and take control of feeling out of control"

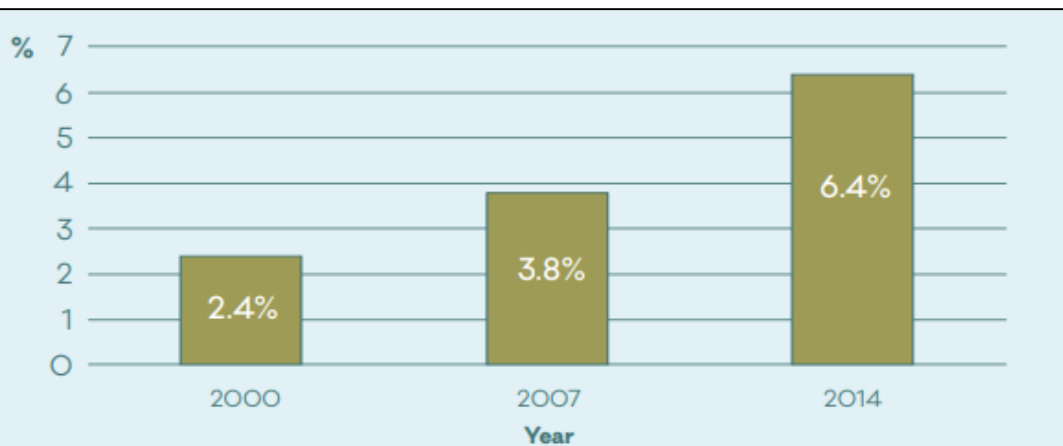More than a fifth of 14-year-old girls in the UK said they had self-harmed, a report suggests.

Figure 1h: Percentage of people who have self-harmed

McManus, S., Hassiotis, A., Jenkins, R., Dennis, M., Aznar, C., & Appleby, L. (2016). Chapter 12: Suicidal thoughts, suicide attempts, and self-harm. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), *Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014*. Leeds: NHS Digital.

Leadership & Management - Prioritising Mental Health: creating the correct internal structures to respond to concerns quickly and effectively

1. DSL-MH
2. Audit your current provision
3. Effective MH Strategy – used & understood by all

AUDIT, PLAN AND REVIEW

DSL–MH

LEADERSHIP & MANAGEMENT

STRATEGY, POLICY

GOVERNOR FOR MH & WELLBEING

Leadership - creating the correct internal structures & Effective Staff Training

4. Training: Whole Staff Awareness / Enhanced Training for Pastoral Teams (& MHFA mentors) – time allocated
5. PaSCo – enhanced training + coordinated, immediate and consistent response

Leadership - creating the correct internal structures & Staff – Effective Training

6. Reporting Systems – Students & Staff

6. Reporting Systems – Students & Staff

Procedures for raising and recording a concern

- Do your procedures need to be changed or improved?
- What do you need your procedures to achieve?

6. Reporting Systems – Students & Staff

Effective reporting and monitoring systems play a big part in effective early intervention but only if:

- Staff have been trained to spot warning signs and how report their concerns around a child or colleagues mental wellbeing. **Whole staff awareness training is crucial.**
- Pupils trust the school's reporting systems in order to get support for their peers or themselves.
- A trained member of staff responds appropriately to the report.

7. Effective Counselling – Skills / Strategy based

8. Parental Workshops – key topics
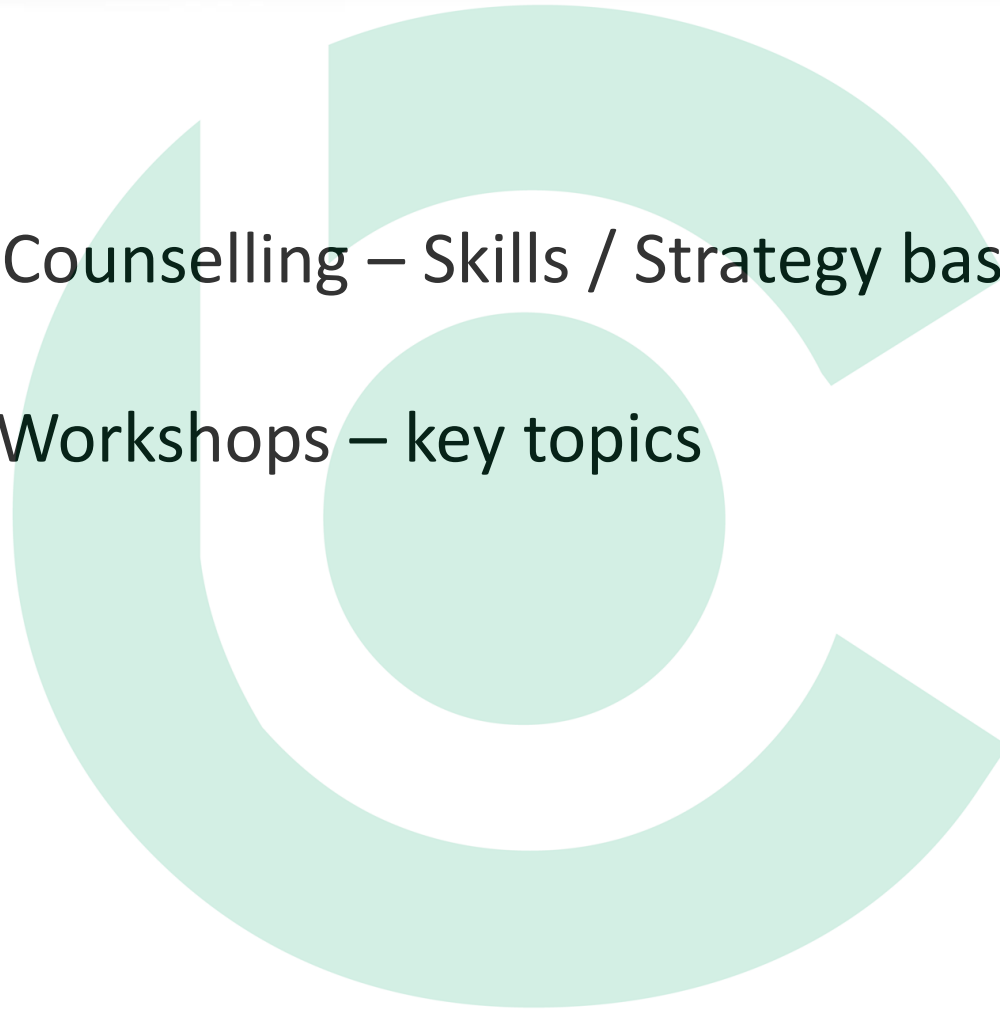
Consulting and involving Students (& Staff)

1. Surveys – current situation & issues to address (Students & Staff) – be prepared to act on the negatives
2. STUDENT VOICE – all of them (not just 10%)
3. Strategy / Policy
4. Curriculum Development & Review / Wellbeing Provision
5. Staff CPD re: MH&W
6. Leadership Opportunities – Student & Staff Mental Health Action Groups
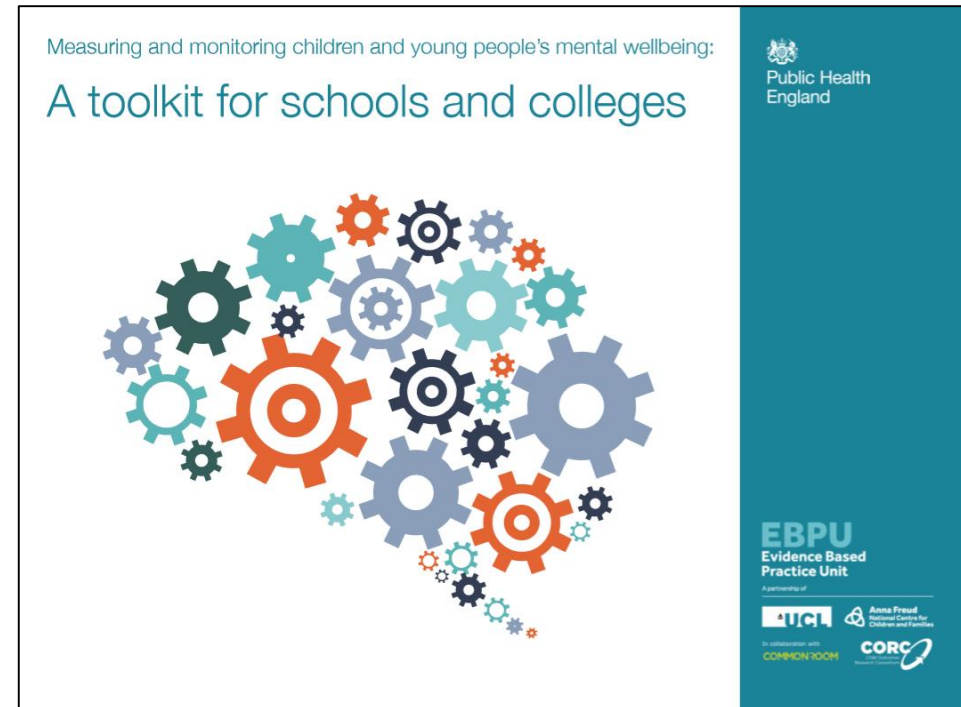
Measuring and monitoring children and young people's mental wellbeing:
A toolkit for schools and colleges

Public Health England

EBPU
Evidence Based
Practice Unit

UCL   Anna Freud National Centre for Children and Families

In collaboration with
COMMON ROOM   CORC

How far have we come since 1991? The world for young people has changed in some ways but not in others…

- 1991 – initial SATs trial, linear GCSEs, linear A levels
- 2019 – SATs, linear GCSEs, linear A levels

How far have we come since 1991?

Education:

- **1991:** very little testing (SATs introduced fully for 1992), no OFSTED (1992) or ISI (1999), Less pressure for students (& staff) on results, Free access to University.

- **2019:** better quality teaching, OFSTED & ISI, Pressure on results constant testing from Age 7 onwards, data / target driven education. Typical university cost = £48K (fees + Student loans).

- **2019: Break times** (at school) have reduced on average by 45 mins/week in primary schools and 65 mins/ week in secondary schools since 1991 (with no reduction in average length of school day).

How far have we come since 1991?

Outside School:

1991: playing outside, reading books, playing sport, listening to music, very little media consumption. No socialising online - spending time with friends. Considerable access to part-time jobs.

2019: limited outdoor play and limited time outdoors in general (dramatic rise in obesity levels), decline in reading books (30% of UK children own no books), organized sport playing, listening to music (now primarily video streaming), high and increasing media consumption. Majority of socialising online. Limited access to part time jobs.

UK Anti-depressant prescriptions:
- 1991 – 9 million
- 2018 – 71 million

Average age of first onset of depression:
- 1991 – 41
- 2018 – 14

We are currently prescribing 3.5x the medication to our children than we did in 1991

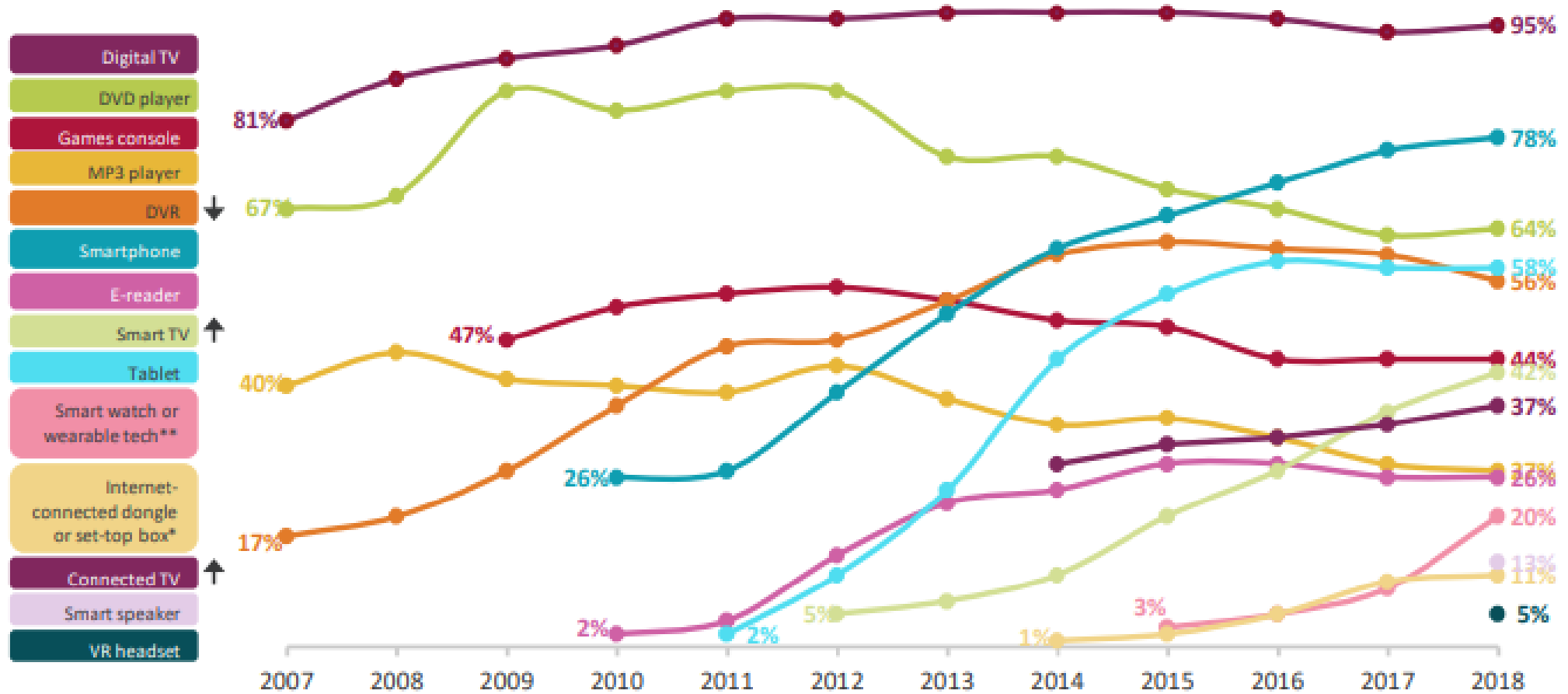Behavioural problems are the biggest area of increase:
- 2000–2015 = 800% increase in ADHD prescriptions
- 60,000 children currently have ADHD prescriptions in the UK.

The Doctor who gave up drugs (BBC) series 2 episode 1 52 mins 30 (2 mins)
https://www.youtube.com/watch?v=1w3QJjpwJhA

Figure 1.4: Household take-up of digital communications/ AV devices: 2007-2018

Legend:
- Digital TV
- DVD player
- Games console
- MP3 player
- DVR ↓
- Smartphone
- E-reader
- Smart TV ↑
- Tablet
- Smart watch or wearable tech**
- Internet-connected dongle or set-top box*
- Connected TV ↑
- Smart speaker
- VR headset

Data values shown on chart:
- 81% → 95% (Digital TV)
- 67% → 64% (DVD player)
- 47% → 44% (Games console)
- 40% → 42% (MP3 player...)
- 26% (Smartphone start) → 78%
- 17% → 56% (DVR)
- 2% → 26% (E-reader)
- 2% → 58% (Tablet)
- 5% → 13% (Smart TV)
- 3% → 20% (Smart watch)
- 1% → 11% (Internet-connected dongle)
- 37% (Connected TV)
- 5% (VR headset)

Years axis: 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018

Source: Ofcom Technology Tracker. Data from Quarter 1 of each year 2007-2014, then Half 1 2015-2018.

Understanding the changing demographic & cultural links with mental illness

Average Daily Media Consumption (per UK citizen):
- 1991 – 20 mins
- 2011 – 1hour 30 mins
- 2018 – 3 hours 3 mins

Percentage of young people with both parents in full time employment:
- 1996 (when records began) - 62%
- 2018 – 76%

2018 Personal (non-work related) Daily Media Consumption:

- When we add in work, the average UK adult now spends **8 hours 41 mins** using media or communications devices = **more than sleeping** (8hrs 21 mins)
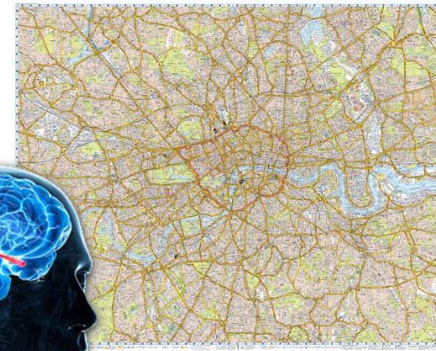
Understanding the changing demographic & cultural links with mental illness

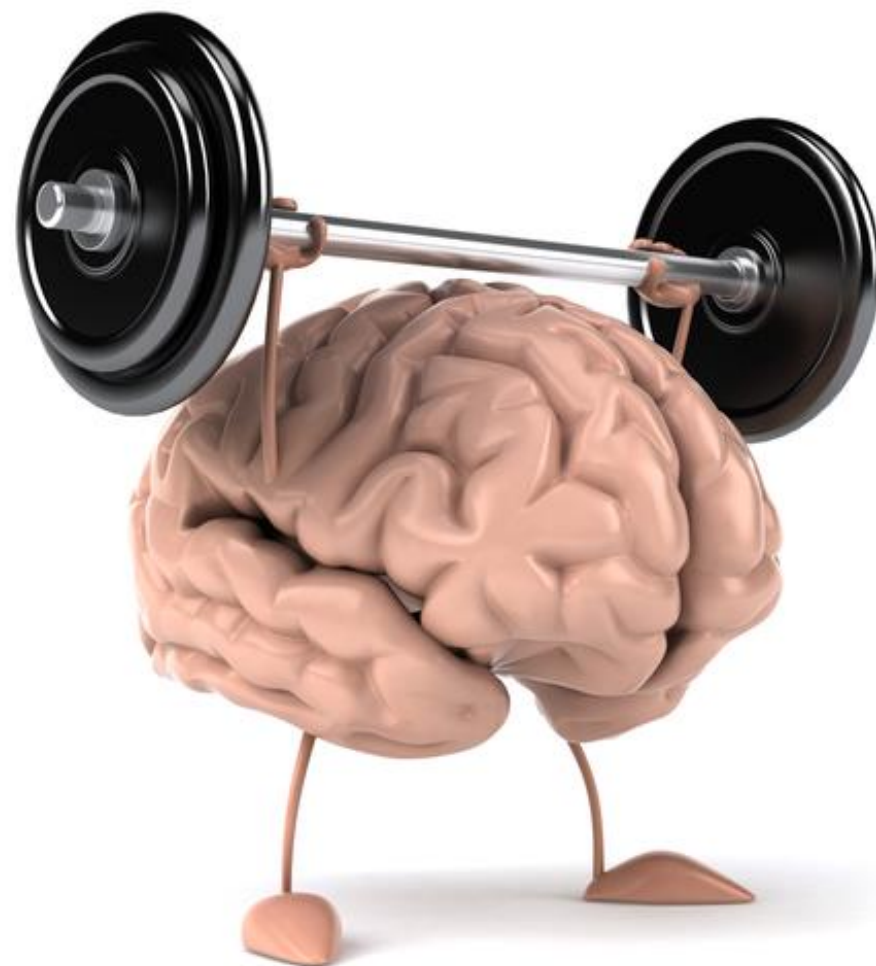## The impact of cultural change:

- Individual consumption of media:
    - 'On Demand'
    - constant news,
    - separate experiences,
    - decline in delayed gratification & social reasoning
- Entitlement culture
- The 'attention economy' – Tristan Harris
- Life Events

NEUROPLASTICITY

HOW WE USE OUR MINDS CAN CHANGE THE STRUCTURE AND FUNCTIONING OF OUR BRAINS

KEEP CALM

I'VE GOT

THE

KNOWLEDGE

Professor Susan Greenfield (Neuroscientist)

"The human brain adapts to the environment and the environment is changing in an unprecedented way, so the brain may also be changing in an unprecedented way"

Conclusions:

From 2006 onwards, due to the vast increase in the usage of digital technologies from an early developmental age, children's brains are now developing differently than in any other previous generation (visual & motor neuron development prioritised over aural / oral development)

- **Social networking** sites worsen communication skills and reduce interpersonal empathy; personal identities are increasingly constructed externally and refined to perfection with the approbation of an audience as priority, an approach more suggestive of performance art than of robust personal growth.

- **Obsessive gaming** is leading to greater recklessness, a shorter attention span, and an increasingly aggressive disposition.

- **Heavy reliance on search engines** and a preference for web surfing rather than researching is resulting in agile mental processing at the expense of deep knowledge and understanding.
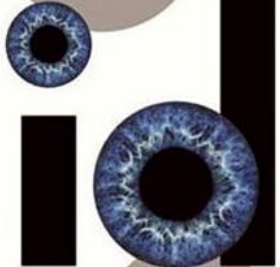
An Effective Curriculum: 'not just a few weeks of PSHE on mental health'

Childhood and adolescence is a time of change, transition and challenge

Most mental health problems start in childhood or adolescence.
The average age of onset:
Anxiety disorders (age 11)
Impulse-control disorders (age 11)
Depression (age 14)

Most mental health problems are preventable.

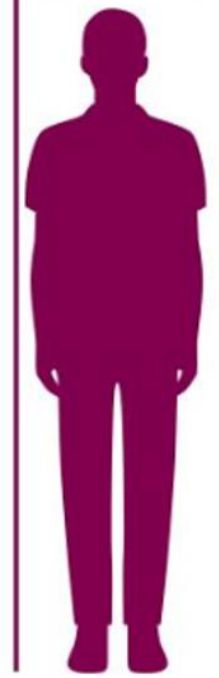## Children & young people
Mental health problems often develop early

1/8
children aged 5-16 have a diagnosable condition

1/2
of all mental health problems are established by the age of 14

3/4
of all mental health problems are established by the age of 24

What is a curriculum for?
What are we trying to achieve?
How do you do this currently in your school?

Happy, productive, successful young adults who fulfil their potential?...

- We need to work backwards from that point...

- Why 'not just PSHE'?

An Effective Curriculum: 'not just a few weeks of PSHE on mental health'

What is a preventative curriculum?

- Primary Prevention – educating the whole population

- Secondary Prevention – targeting 'at risk' groups

- Tertiary Prevention – preventing reoccurrence

What is a preventative curriculum?

Life has highs and lows – we need to teach young people how to deal with lows:

- Breakdown of relationships
- Stress at work
- Financial difficulties
- Bereavement
- job insecurities
- Poor health (Physical & Mental)
- Unkindness from others
- As well as teaching them how to deal with constant change

Leading the development of a Mental Health and Wellbeing curriculum:

1. Create a mental health and wellbeing curriculum map
2. Consistency and persistence has the greatest impact
3. Consult your students
4. Peer Learning - especially around digital resilience, social networking etc..
5. Ensure there is a high level of focus on developing the skills and tools necessary to deal with adversity
6. Ensure that the staff training & CPD around delivery is of a very high standard

An Effective MH Curriculum: '**not just a few weeks of PSHE on mental health**'

- UNDERSTOOD + SAFE + SUPPORTED
  - = HIGH SELF-ESTEEM
  - = MORE SELF-CONFIDENCE
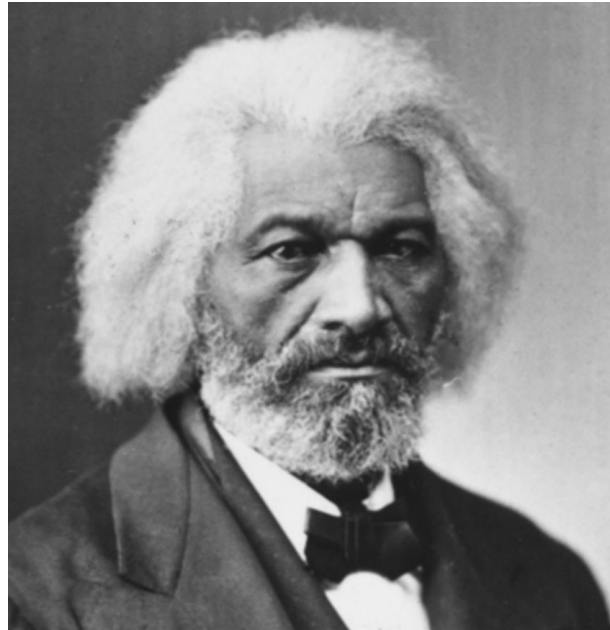 - = RESILIENCE
  - = GREATER ATTAINMENT

Academic success is inextricably intertwined with mental wellbeing

An Effective MH Curriculum: '**not just a few weeks of PSHE on mental health**'

"It is easier to build strong children than to repair broken adults."

Frederick Douglass (1818-1895)

THANK YOU

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