

The Virtual School

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The Virtual School: The Local Authority's Role

The role that councils play in looking after children in care is one of the most important things they do. Local authorities have a unique responsibility to the children they look after and their care leavers.

A strong ethos of corporate parenting means that sense of vision and responsibility towards the children they look after, and their care leavers, is a priority for everyone.

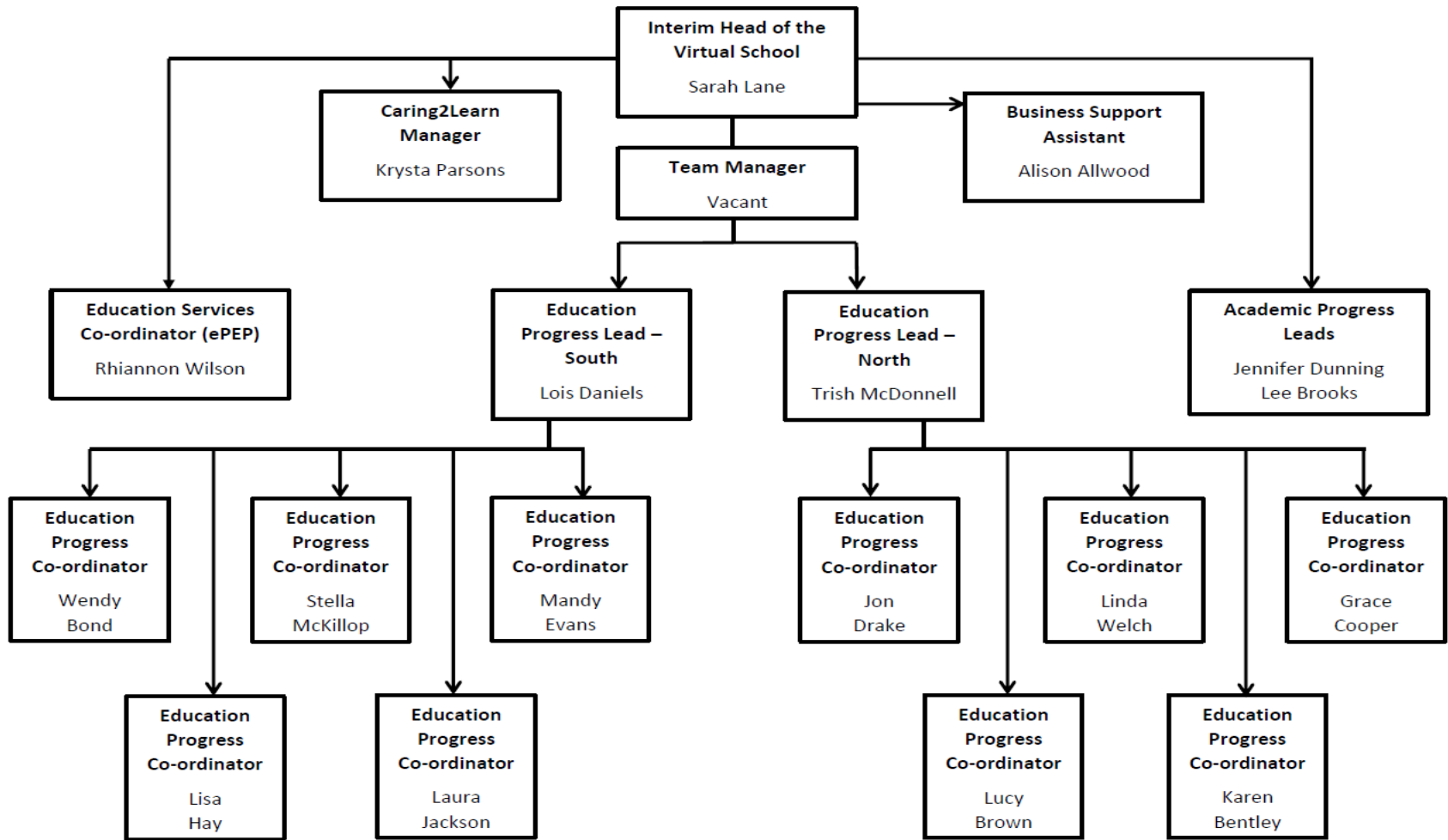
The Children and Families Act 2014 amended the Children's Act 1989 to require LAs to appoint at least one person (Virtual School Head) to discharge the LA's duty of promoting the education of its children in care, wherever they live in or out of county. This statutory post holds overall responsibility for managing PP+ funding and allocating it to schools.

The Virtual School

- The Virtual School is an organisational tool to enable effective coordination of educational services of children in care under the Lincolnshire authority at a strategic and operational level.
- Act as local authority champions to bring about improvements in the education of Children in care aged between 3yrs – 18yrs. We try to ensure that our young people make the best progress possible in the most suitable educational setting.
- Work with education settings/providers to try and ensure that all young people enjoy education, are fully engaged learners and reach their potential.
- Promote the educational achievement of previously looked-after children and those with a social worker, who attend Lincolnshire schools by providing information and advice.
- Recognise the need to be loved, feel safe and cared for whilst being mindful of other challenges the young people face.

Would this be good enough for my child?

The Lincolnshire Virtual School



The Role of the Virtual School

Ensure that every young person in care aged 3-18 years has a high quality and effective **Personal Education Plan (PEP)** at least 3 times a year.

Co-ordinate the distribution of **Pupil Premium Plus** and monitoring the impact – currently **£2530**

Deliver regular training for those involved in the care and education of children in care and previously looked after children. This includes the Caring2Learn sessions around children's needs, as well as the roles of the Designated Teacher, ePEP meetings etc.

Work alongside schools, social workers and foster carers to ensure that educational outcomes are a key focus in care plans.

Children in Care (CiC)

For children who are or who have been in care, they are one of the lowest performing groups in terms of educational outcomes, internationally.

Department for Education (2023) *Outcomes for children in need, including children looked after by local authorities in England*. Available at: <https://explore-education-statistics.service.gov.uk/find-statistics/outcomes-for-children-in-need-including-children-looked-after-by-local-authorities-in-england/2022>

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Sebba, J., Berridge, D., Luke, N., Fletcher, J., Bell, K., Strand, S., Thomas, S., Sinclair, I., & O'Higgins, A. (2015). *The Educational Progress of Looked After Children in England: Linking Care and Educational Data*.

Flynn, R. J., Marquis, R. A., Paquet, M. P., Peeke, L. M., & Aubry, T. D. (2012). Effects of individual direct-instruction tutoring on foster children's academic skills: A randomized trial. *Children and Youth Services Review*, 34(6), 1183-1189.

Trout, A. L., Hagaman, J., Casey, K., Reid, R., & Epstein, M. H. (2008). The academic status of children and youth in out-of-home care: A review of the literature. *Children and Youth Services Review*, 30(9), 979-994.

Children in Care (CiC)

Research shows a

"significant total association between early-life adversity and poorer performance on working memory and vocabulary scores."

(Nweze et al. 2023)

Nweze, T., Ezenwa, M., Ajaelu, C., & Okoye, C. (2023). Childhood mental health difficulties mediate the long-term association between early-life adversity at age 3 and poorer cognitive functioning at ages 11 and 14. *Journal of Child Psychology and Psychiatry*. <https://doi.org/10.1111/jcpp.13757>

Childhood Trauma

An event that a child finds overwhelmingly distressing or emotionally painful, often resulting in lasting mental and physical effects.


2x

more likely to develop
DEPRESSION

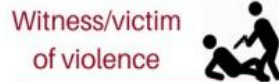
3x

more likely to develop
ANXIETY DISORDERS

Common causes:

 Child abuse (physical, emotional, sexual)

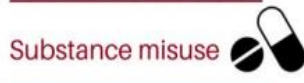
 Grief

 Witness/victim of violence

 War/Terrorism

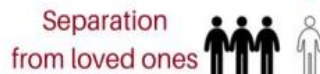
 Neglect

 Medical trauma

 Substance misuse

 Mental illness

 Bullying in school

 Separation from loved ones

LONG-TERM IMPACTS:

Affects perception of reality



Takes away sense of safety



Wires brain to expect danger

Increases stress hormones flowing through the body



Triggers fight, fright or freeze response



Creates a sense of helplessness



Creates relationship problems

Results in serious behaviour problems



“The initial trauma of a young child may go underground but it will return to haunt us”
James Garbarino

PREFRONTAL CORTEX (PFC)

"Thinking Centre"

Underactivated

Difficulties concentrating & learning.

A traumatised brain is "bottom heavy"

ANTERIOR CINGULATE CORTEX (ACC)

"Emotion Regulation Centre"

Underactivated

Difficulties with managing emotions.

AMYGDALA

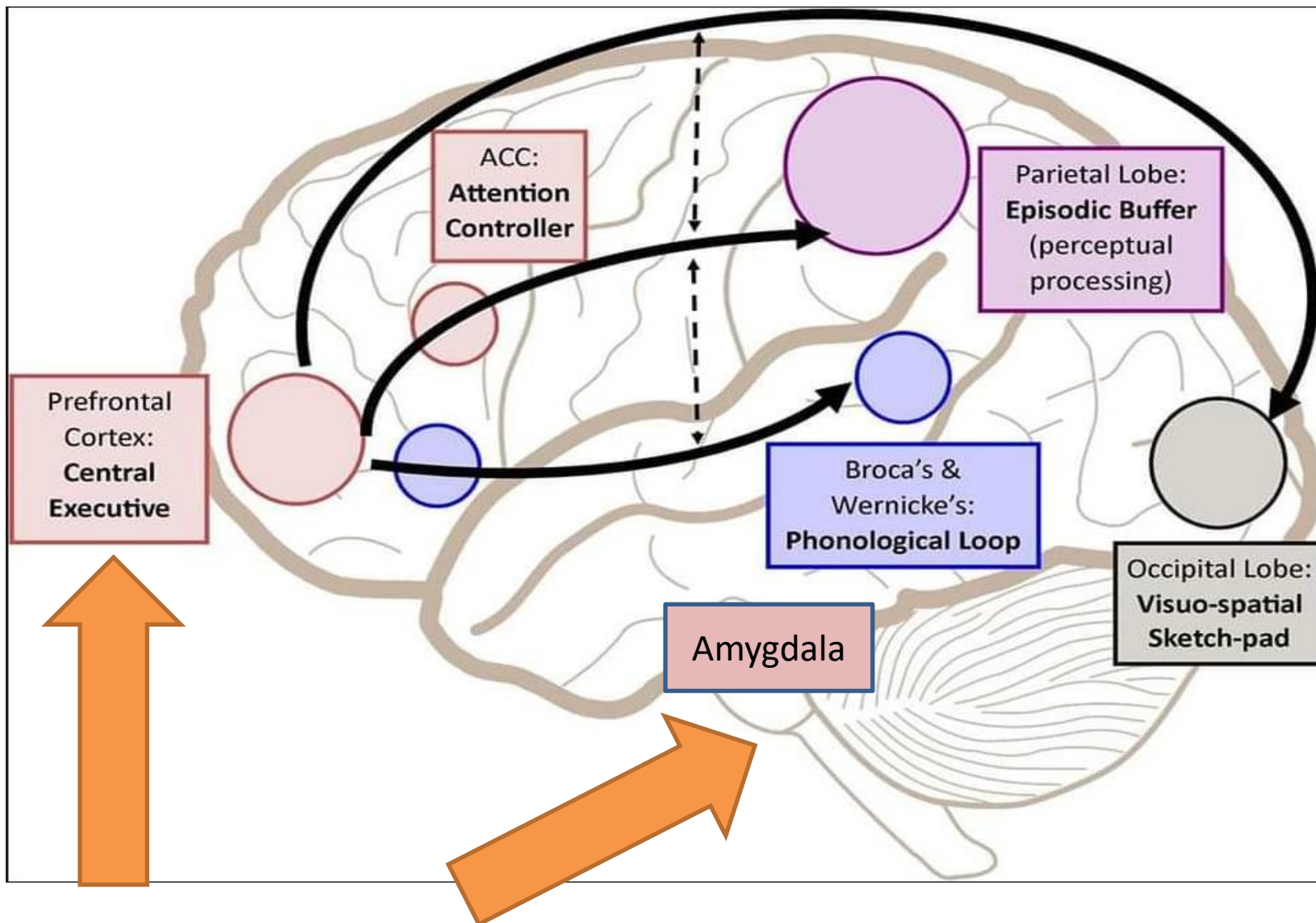
"Fear Centre"

Overactivated

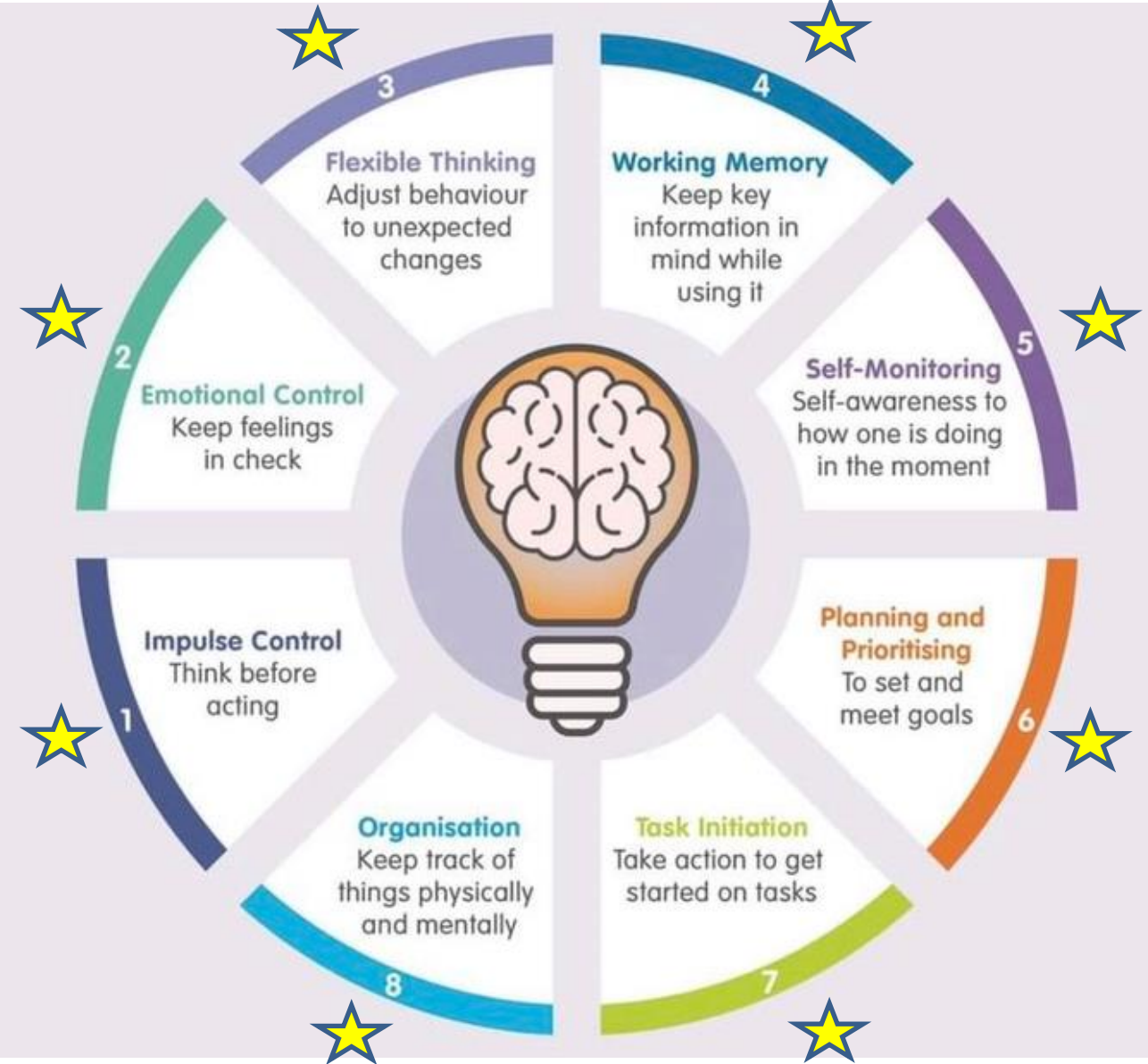
Difficulty feeling safe, calming down, sleeping

Complex Trauma: a result of repetitive, prolonged trauma





Executive Functioning from the prefrontal cortex



Children in Care (CiC)

Current data shows:

57.4% of children who had been in care, continuously, for 12 months for whom data were available had SEN in 2021/22: 28.9% with an EHC plan and 27.4% with SEN support.

This compares to 48.7% of children in need with SEN and

16.3% of the overall pupil population identified with SEN.

The most common type of need for all children in care on 31 March 2022 was 'Social, Emotional and Mental Health' compared to 'Speech, Language and Communication Needs for all non-CiC

Department for Education (2023) Special educational needs and disability: an analysis and summary of data sources. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1082518/Special_educational_needs_publication_June_2023.pdf

Children in Care (CiC)

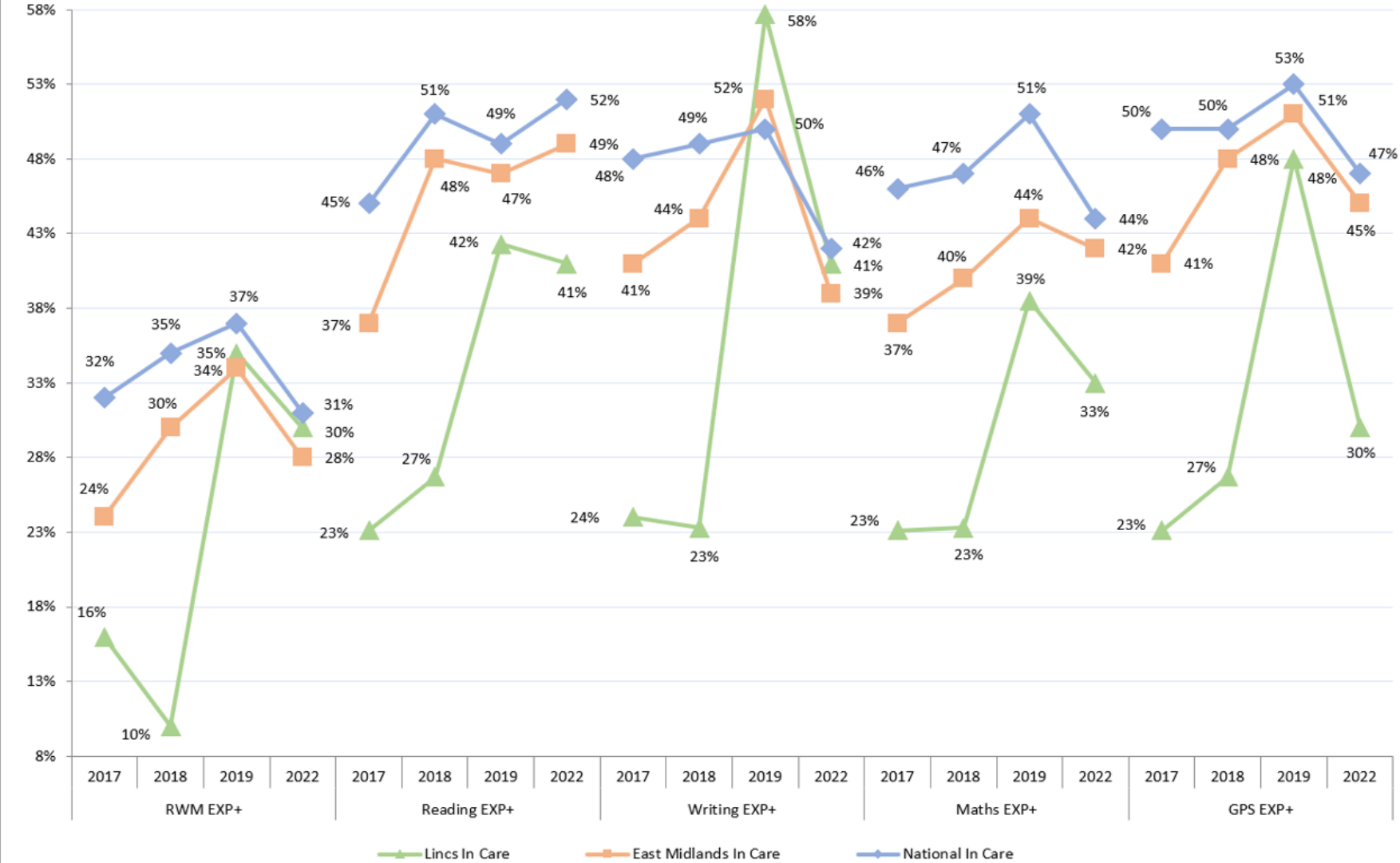
Furthermore, Lincolnshire's CiC are not achieving in line with national data of children in care.

Children in Care (CiC)



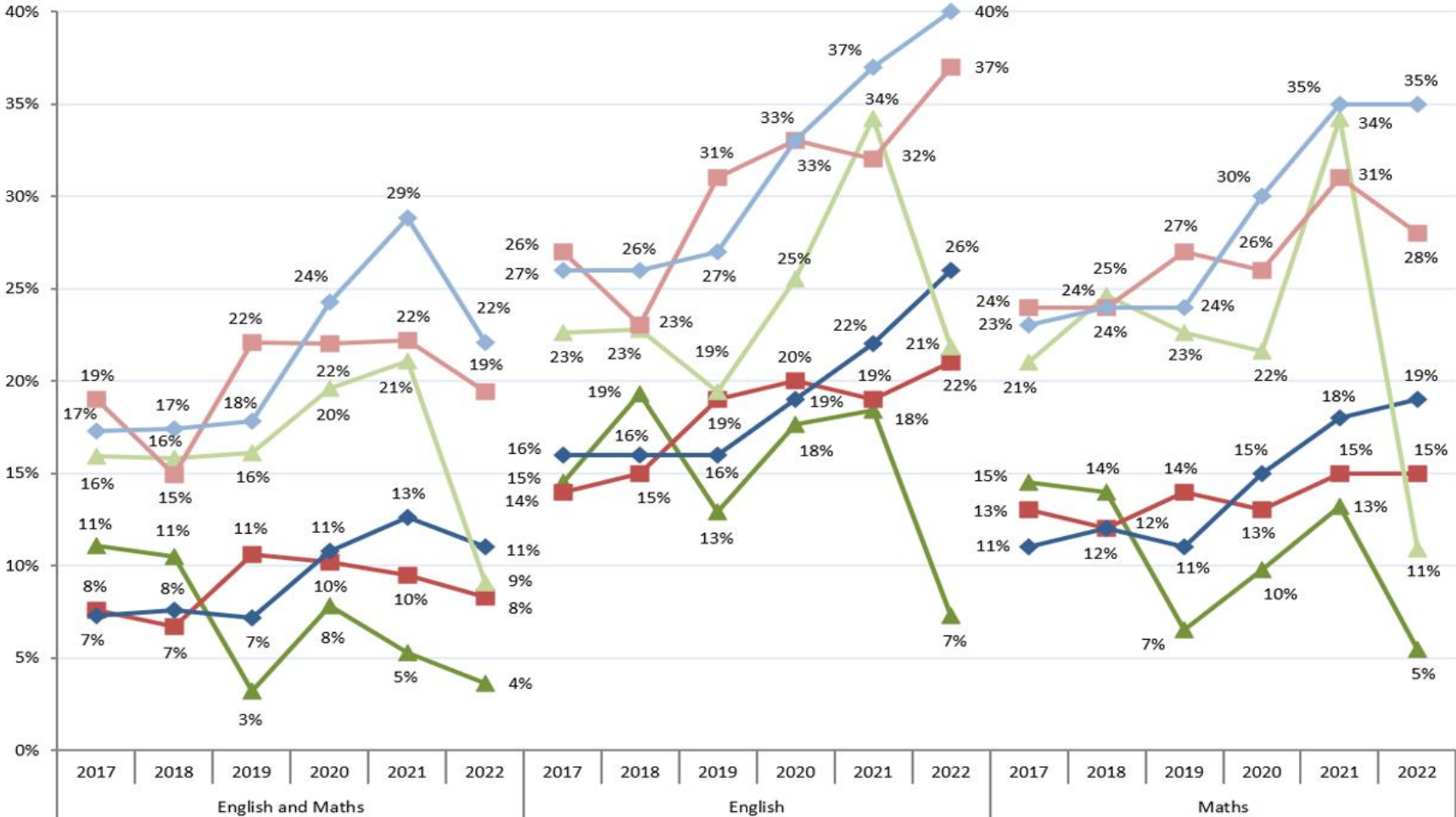
Children in Care (CiC)

Key Stage 2 Outcomes 2017 to 2022



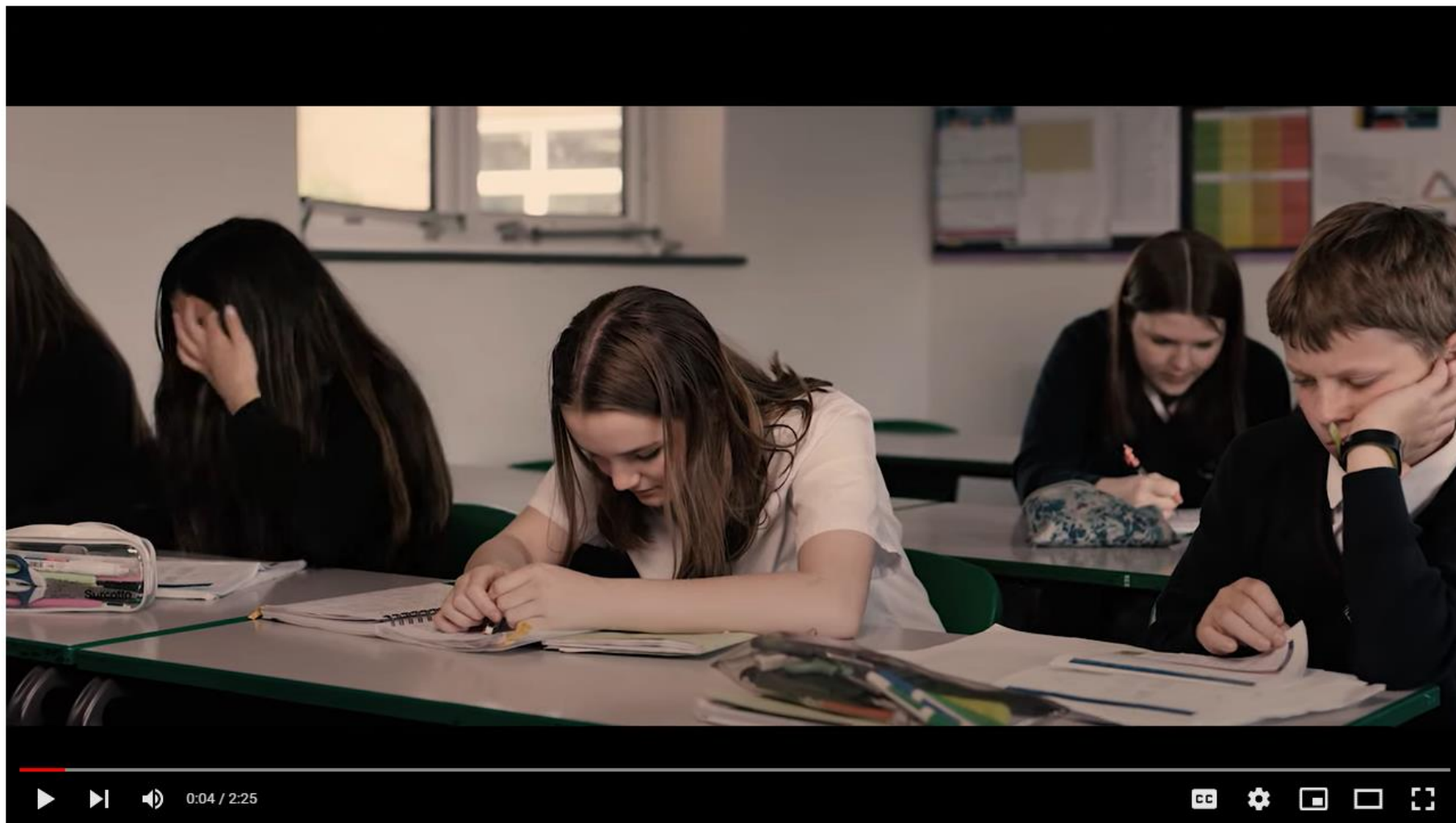
Children in Care (CiC)

ALL SCHOOLS - Key Stage 4 Outcomes - 2017 to 2022



▲ Lincs In Care 9-5
 ■ East Midlands In Care 9-5
 ◆ National In Care 9-5
 ▲ Lincs In Care 9-4
 ■ East Midlands In Care 9-4
 ◆ National In Care 9-4

- https://www.youtube.com/watch?v=waeRP6jzW_U



'Why I am rude' - a poem about the potential feelings and circumstances behind behaviour.

↔ Unlisted



Cambridgeshire Steps
126 subscribers

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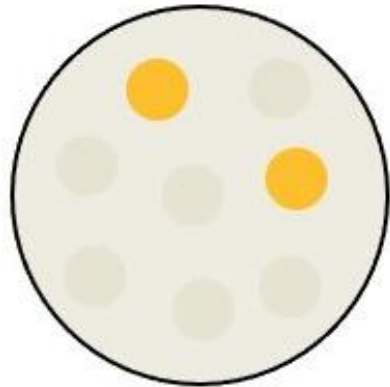


51K views 6 months ago

This poem aims to help adults and children to understand the 'why' behind behaviours which may be seen or described as rude, when actually, it is often a defence mechanism. There may be trauma, attachment or adverse childhood events which have impacted on the child's view of themselves and those around them. These children are not rude, they are communicating their pain.



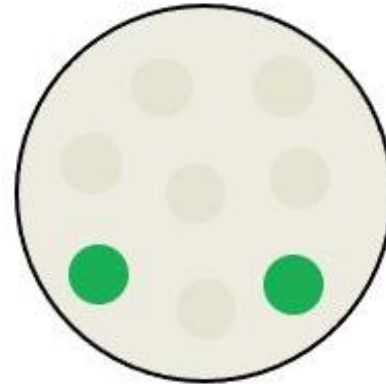
Social services



Attachment and trauma, housing challenges



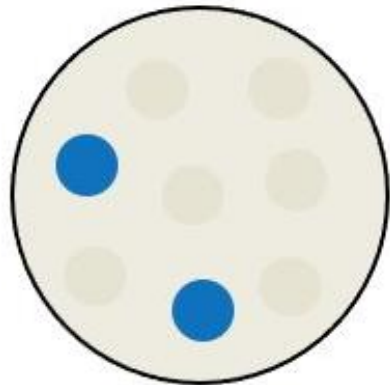
School



Behaviour, reading difficulties and gets excluded

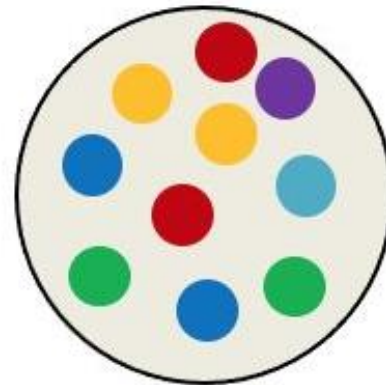


CAMHS



ADHD screened

The reality



The whole person

Children in Care (CiC)

“When we talk about trauma –maltreatment, abuse, and neglect - it is important to recognize that the majority of trauma we see with young children is due to neglect. Neglect, of course, plays a very important role in the lack of language skills in these children.

*If there is speech or language delay with trauma exposure, there are many things we need to look at. Obviously, we need to look at hearing. But we also see learning disabilities... With trauma, children have much more difficulty focusing on learning in school. They have much more difficulty being still and paying attention. And if they experience neglect or maltreatment, they often do not feel very good about themselves. **That comes into play in the first four years of life... So, how a young child feels about himself is incorporated into cognitive development and language development.**”*

The Effects of Stress and Trauma on Language Development - Joy D. Osofsky, PhD

Children in Care (CiC)

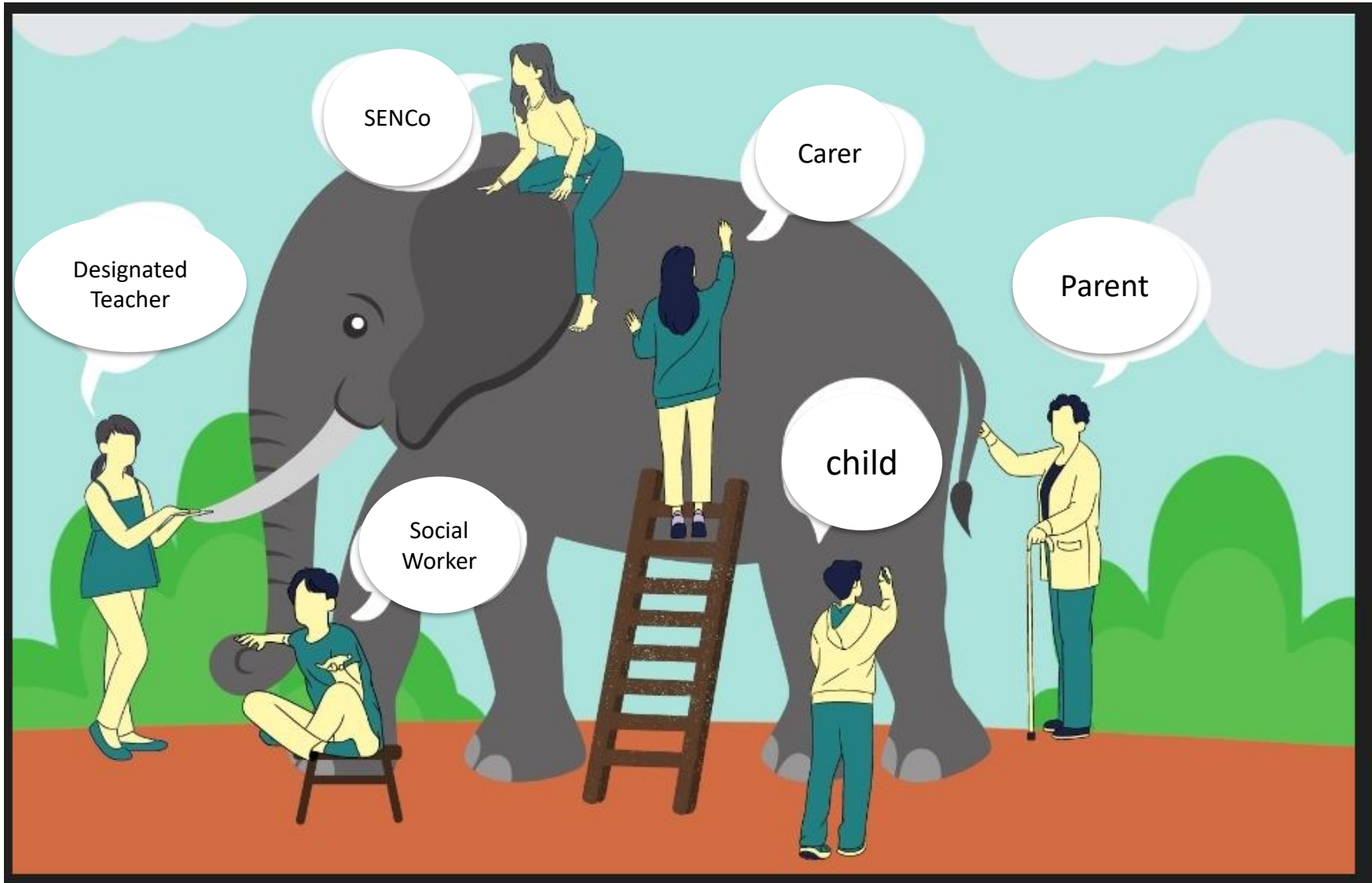
Being a child in care will mean that at any given time, there *may* be brain differences, cognitive barriers, language delays, and/or social and emotional needs – all of which *may* overlap with SEND

They *may* at any given time, need additional support to help access their learning, which *may* overlap with SEND – using PP+ funding and using notional funding

Children in Care (CiC)

- We often associate a CiC as having *SEMH*.
- The SDQs are used to identify needs and conversations then held to meet those needs
- Being a child in care does not make them a child with special educational needs. The SEN CoP (2015) states:

6.21 Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.



SENCo

Carer

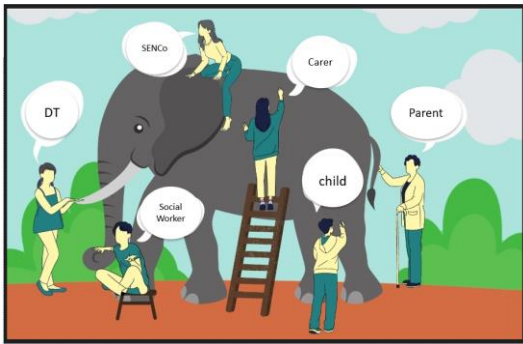
Parent

child

Social
Worker

Designated
Teacher

Lincolnshire's version of the elephant....



5. Independence

1. Communication & Interaction

2. Cognition & Learning

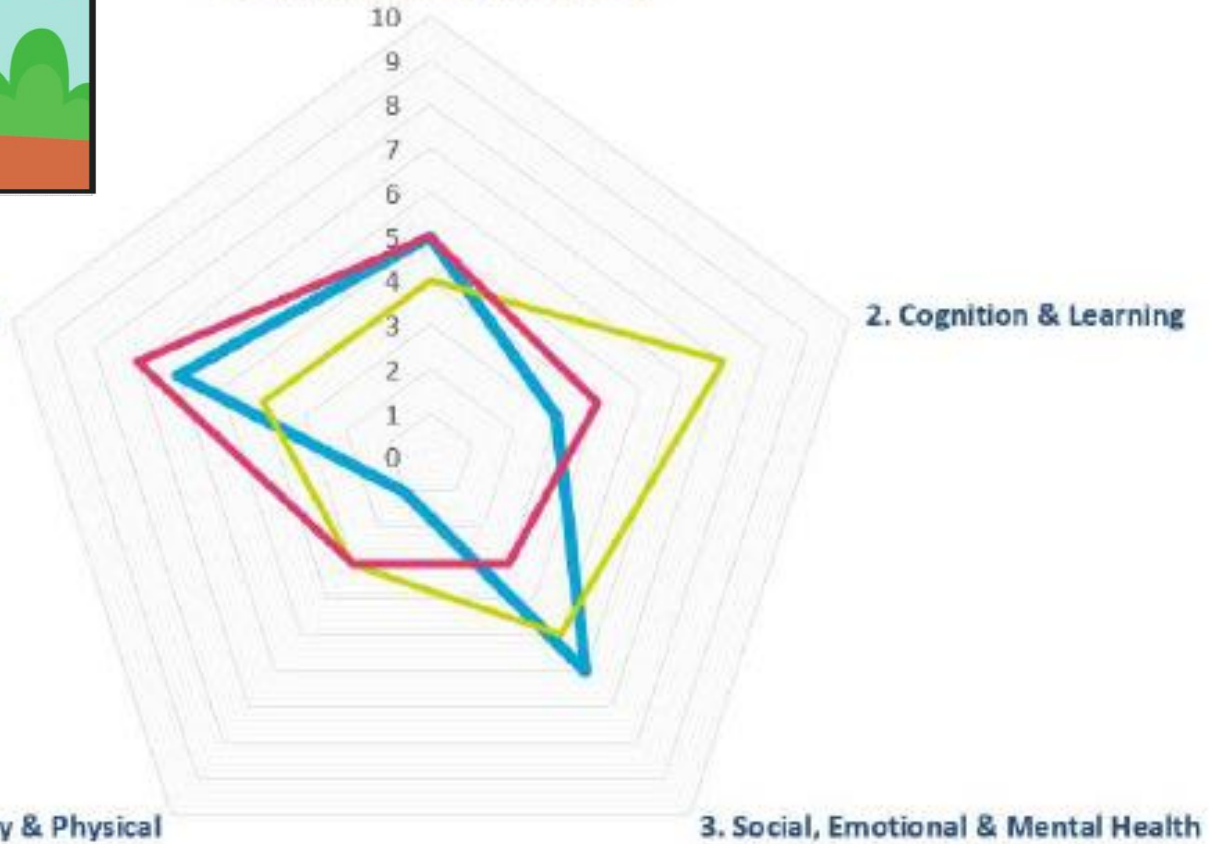
4. Sensory & Physical

3. Social, Emotional & Mental Health

CYP need rating

Setting readiness rating

Home confidence rating



Children in Care (CiC)

We commission support from Specialist Teaching Team (STT) to assess and review (once the Early Years (EY) Specialist Teachers Team are no longer involved), to identify any gaps in learning and to celebrate success.

Because the children in care may be more transient, it is essential that we, as a VS, have an understanding of where the children are, so if they move to your school, you are aware, immediately of needs, recommendations and steps to move forward. It will also mean the VS coordinator can support you with the funding needed to support their needs quickly

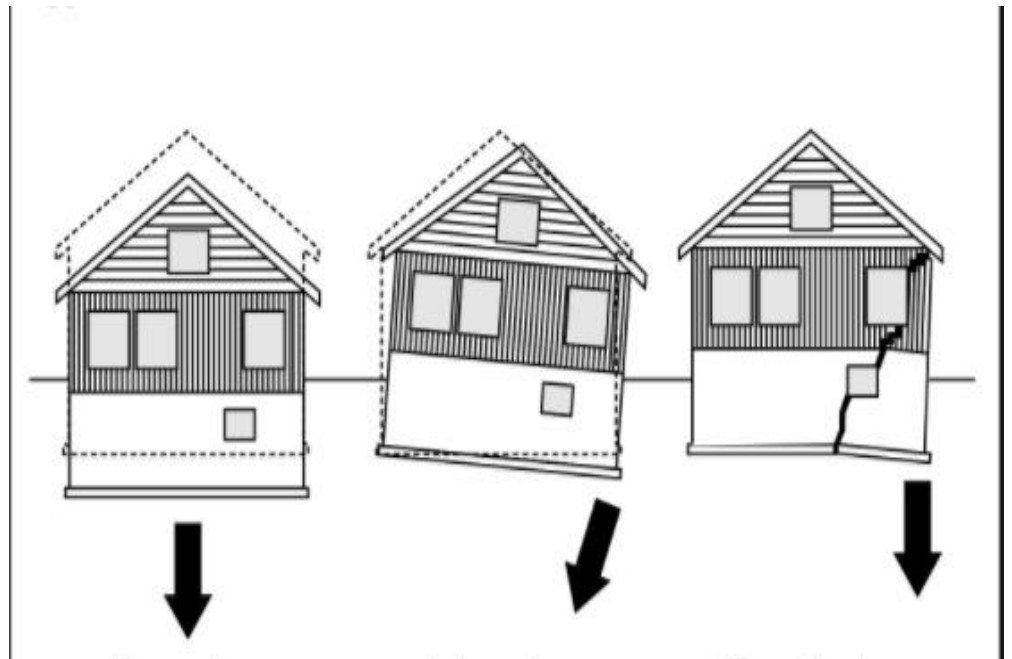
We research and promote intervention strategies with other professionals that may be of benefit to the child, with a specific concern with their underlying ability, such as ECLIPS

	Wellcomm – By EY teacher / STT	STT assessment
EYFS / Reception		
Y1		Baseline
Y2		<i>If needed / reviewed due to low progress</i>
Y3		<i>If needed / reviewed due to low progress</i>
Y4		New baseline
Y5		
Y6		
Y7 – 8		New baseline <i>Potential access arrangements are advised</i>
Y 9 – 11		

What are the reports?

As with all Specialist Teacher (STT) core assessments, we have the team measure three areas:

- Underlying ability
- Cognitive ability
- Attainment

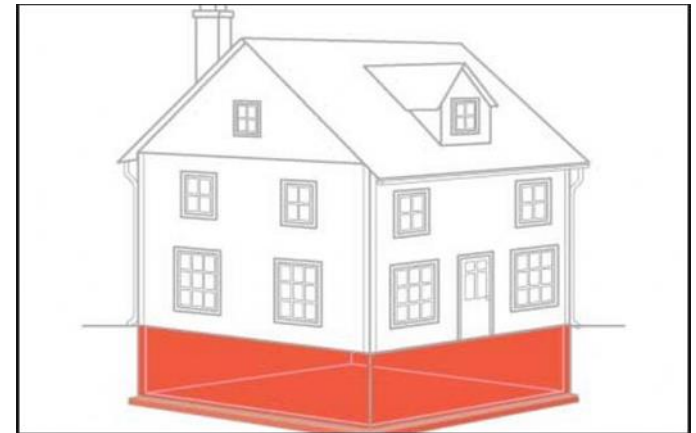


What are the reports?

Underlying ability

Underlying ability is where the basics are measured. These are needed to secure and be successful in order to underpin progress in all other areas:

- Non-verbal (visual) reasoning
- Receptive language
- Expressive language
- Visual perception



Non-Verbal reasoning

Year Group	Cohort	No. Assessed	Assessment			No. Reassessed	Progress		
			Below / Low	Average / At	High / Above		Decrease	Equal	Increase
Year 3	22	15	27%	67%	7%	2	100%	0%	0%
Year 4	29	15	67%	27%	7%	0	-	-	-
Year 5	37	29	59%	34%	7%	3	67%	0%	33%
Year 6	26	20	60%	40%	0%	1	100%	0%	0%
Year 7	43	27	63%	33%	4%	4	50%	0%	50%
Year 8	42	32	41%	50%	9%	8	38%	0%	63%
Year 9	34	23	52%	39%	9%	8	63%	0%	38%
Year 10	61	34	53%	35%	12%	7	29%	14%	57%
Year 11	76	44	57%	32%	11%	13	38%	0%	62%
Year 12	95	33	55%	36%	9%	12	75%	0%	25%

Key	
Yellow	40% – 49%
Red	50% +

Receptive Vocabulary

Year Group	Cohort	No. Assessed	Assessment			No. Reassessed	Progress		
			Below / Low	Average	High / Above		Decrease	Equal	Increase
Year 3	22	15	27%	60%	13%	4	25%	0%	75%
Year 4	28	17	59%	29%	12%	2	100%	0%	0%
Year 5	37	29	34%	59%	7%	4	25%	0%	75%
Year 6	25	22	45%	50%	5%	2	100%	0%	0%
Year 7	44	27	33%	56%	11%	7	71%	0%	29%
Year 8	42	32	31%	53%	16%	7	71%	0%	29%
Year 9	33	23	52%	39%	9%	8	38%	0%	63%
Year 10	61	34	47%	47%	6%	8	50%	0%	50%
Year 11	75	44	45%	45%	9%	14	43%	0%	57%
Year 12	93	33	42%	55%	3%	16	50%	31%	19%

Key	
Yellow	40% – 49%
Red	50% +

Expressive Vocabulary

Year Group	Cohort	No. Assessed	Assessment			No. Reassessed	Progress		
			Below / Low	Average / At	High / Above		Decrease	Equal	Increase
Year 3	22	14	64%	21%	14%	0	-	-	-
Year 4	28	14	57%	43%	0%	1	0%	0%	100%
Year 5	37	26	38%	54%	8%	1	100%	0%	0%
Year 6	25	21	48%	48%	5%	1	100%	0%	0%
Year 7	44	26	50%	50%	0%	7	57%	0%	43%
Year 8	42	33	39%	42%	18%	8	0%	0%	100%
Year 9	33	22	45%	41%	14%	8	50%	0%	50%
Year 10	61	34	50%	35%	15%	9	44%	0%	56%
Year 11	75	41	63%	34%	2%	14	36%	0%	64%
Year 12	93	32	56%	44%	0%	15	53%	13%	33%

Key	
Yellow	40% – 49%
Red	50% +

Children in Care (CiC)

When considering SEMH for CiC, are we also looking at communication and interaction? What is their primary need?

Communication and interaction

- 6.28 Children and young people with speech, language and communication needs (SLCN) have difficulty in communicating with others. This may be because they have difficulty saying what they want to, understanding what is being said to them or they do not understand or use social rules of communication. The profile for every child with SLCN is different and their needs may change over time. They may have difficulty with one, some or all of the different aspects of speech, language or social communication at different times of their lives.
- 6.29 Children and young people with ASD, including Asperger's Syndrome and Autism, are likely to have particular difficulties with social interaction. They may also experience difficulties with language, communication and imagination, which can impact on how they relate to others.

Children in Care (CiC)

Identifying SEN in schools

- 6.14 All schools should have a clear approach to identifying and responding to SEN. The benefits of early identification are widely recognised – identifying need at the earliest point and then making effective provision improves long-term outcomes for the child or young person.
- 6.15 A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age. Making higher quality teaching normally available to the whole class is likely to mean that fewer pupils will require such support. Such improvements in whole-class provision tend to be more cost effective and sustainable.
- 6.16 Schools should assess each pupil's current skills and levels of attainment on entry, building on information from previous settings and key stages where appropriate. At the same time, schools should consider evidence that a pupil may have a disability under the Equality Act 2010 and, if so, what reasonable adjustments may need to be made for them.

Children in Care (CiC)

As a school, how can you ensure that the children's needs are being met?

Are there interventions that could be used that would help with their language development, which includes emotional literacy? Is it already available (or that you can buy in using PP+ funding) to help them access the support they may need for their emotional difficulties (if you have identified SEMH as their primary need)?

Do you have a system in place that ensures that when a child is struggling with the 'trauma rabbit hole', that additional emotional support is in place to help them explore it– including time to catch up missed work afterwards

If a child has low language levels, have you got intervention in place to help fill those early, missed gaps, as well as learn the present – academically and socially?

Are you accessing and sharing the training available, such as from Virtual School, Healthy Minds and BOSS?

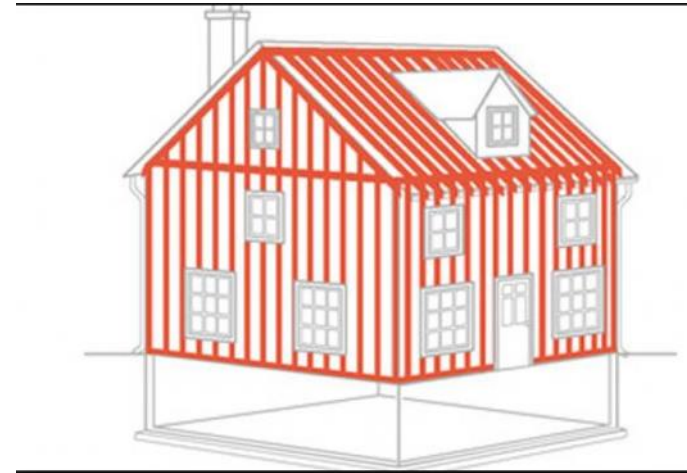
What are the reports?

Cognitive

This is how the brain works – memory, working memory, attention and concentration.

STT can measure:

- Visual short term memory
- Visual working memory
- Auditory sequential memory
- Auditory working memory
- Kinaesthetic manual memory*



Working memory

Year Group	Cohort	No. Assessed	Assessment			No. Reassessed	Progress		
			Below / Low	Average	High / Above		Decrease	Equal	Increase
Year 3	22	0	-	-	-	0	-	-	-
Year 4	28	1	0%	100%	0%	0	-	-	-
Year 5	37	8	50%	50%	0%	0	-	-	-
Year 6	25	5	100%	0%	0%	0	-	-	-
Year 7	44	12	75%	25%	0%	0	-	-	-
Year 8	42	15	53%	47%	0%	0	-	-	-
Year 9	33	19	68%	16%	16%	1	0%	0%	100%
Year 10	61	32	63%	38%	0%	2	0%	0%	100%
Year 11	75	40	90%	5%	5%	13	23%	8%	69%
Year 12	93	33	91%	9%	0%	12	67%	8%	25%

Key	
Yellow	40% – 49%
Red	50% +

Children in Care (CiC)

[Teaching and Learning Toolkit | EEF](https://www.educationendowmentfoundation.org.uk)
[\(educationendowmentfoundation.org.uk\)](https://www.educationendowmentfoundation.org.uk)

Metacognition and self-regulation

Very high impact for very low cost based on extensive evidence.



+7

One to one tuition

High impact for moderate cost based on moderate evidence.



+5

Oral language interventions

Very high impact for very low cost based on extensive evidence.



+6

Children in Care (CiC)

- As a school, how can you ensure that the children's needs are being met?
- Are there interventions that could be used that would help with their difficulties with memory recall and metacognition? Staff training that could be paid for using PP+?
- Do you have a system in place that ensures that when a child is struggling with the 'trauma rabbit hole' that additional support is in place – including time to catch up missed work
- **If a child has got a reduced working memory, have you got intervention in place to help fill those early, missed gaps, as well as learn the present – academically and socially, which they cannot recall?**
- Are you accessing and sharing training put on, eg, by Virtual School and BOSS?

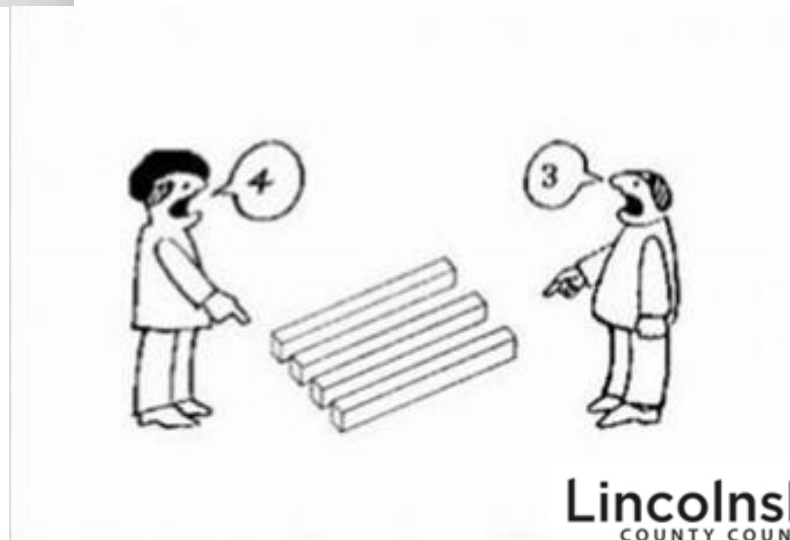
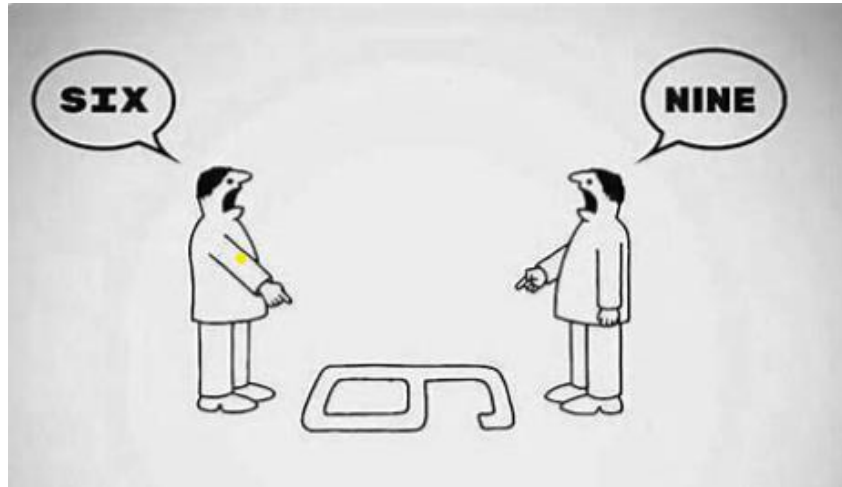
Children in Care (CiC)

“There were significant differences in the cognitive functioning between the case and control group. The lower cognitive ability found among the case group would suggest that secondary school children at risk of exclusion may experience more educational difficulties, requiring greater academic support. Furthermore, 40% of case participants fell within the category indicative of a moderate or severe language disorder”

Lawson et al. (2022) p292

Lawson, C., Prentice, K., Jennings, J. and Johnston, K. (2022) First steps towards a mental health and neurodevelopmental screening of secondary school children following two fixed-term school exclusions, in the UK. Emotional and Behavioural Difficulties Journal vol 27:4 pp 280 - 296

Children in Care (CiC)



Any questions or queries?



Points of Contact

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Links and references

Anna Freud National Centre for children and Families: [Anna Freud NCCF - YouTube](#)

Lloyd, S. (2016) *Improving sensory processing in traumatized children*. Jessica Kingsley Publishers

Yehuda, N. (2016) *Communicating trauma Clinical presentations and interventions with traumatized children*. Routledge Press

<https://developingchild.harvard.edu/resources/the-brain-circuits-underlying-motivation-an-interactive-graphic/>

www.pdasociety.org.uk/wp-content/uploads/2019/07/GAP-Eaton-et-al.pdf

