Public Health
England

Protecting and improving the nation's health

Public Health England in the West Midlands

Spotlight on Vulnerable Children and Young People

Before COVID-19 and Recovery

July 2020

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Published June 2020
PHE publications gateway number:

This document is available in other formats on request. Please call [insert number] or email [insert email address]

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1.Executive Summary

In May 2020 the Education Select Committee heard the UK could face "losing a generation of young people" to poverty and poor mental health following COVID-19. The committee heard evidence on the impact of the virus on vulnerable children. Barnardos, a leading UK Children's charity has also warned that systems may not be in place to tackle the "substantial" effects on disadvantaged young people. The overall impact on children's services will only become clear "over a long period of time in terms of educational outcomes, mental health and emotional health". There has been a "substantial drop" in referrals to child protection teams due to the closure of schools. The Department for Education showed that just five per cent of vulnerable children attended school in the first few weeks of lockdown. We may see a spike in referrals to child protection and safeguarding teams as schools reopen.   There are concerns over an increase in children facing poverty and abuse – so called 'hidden' children. The expected recession could lead to local authority budgets being squeezed" and subsequently not be able to provide the services and resources for the most vulnerable children. A major concern is loss of resources and funding for preventative services, special educational needs, disabilities and for the Voluntary and Community Sector providing services.

To explore this further, with the West Midlands Association of Directors of Public Health Best Start in Life (BSIL) Network ,which is a sub group of the Directors of Public Health Network in the West Midlands[1], PHE facilitated an inter-professional task and finish group of experts, to discuss children and young people vulnerabilities across the region.

The focus of these discussions was to strengthen multi-agency approaches to vulnerability in different groups, to consider the impact of COVID-19 and identify joint actions to support further action and recovery. Based upon current priorities, available evidence, data and intelligence, the group agreed to focus efforts on looked after children, domestic abuse, young offenders and victims of County Lines.

Many definitions of vulnerability and vulnerable populations already exist, with differing perspectives or themes, depending on the setting and experiences. Groups and individuals may be impacted by multiple vulnerabilities. Developing a shared understanding of vulnerability and the wider impacts of the pandemic important to enable improved outcomes for children, young people and families.

The group discussed the needs and challenges experienced by different cohorts along with the challenges and opportunities for each agency to further work together to make a collective difference. The group acknowledged that COVID-19 has disrupted the lives of children, young people and their families. They further acknowledged that not only does the pandemic represent an unprecedented public health emergency, it also presents a challenge for society, education and the economy.   As a consequence, it is now more important than ever to keep the focus on vulnerability and joint recovery planning. Recommendations and case studies are provided to inform this approach.

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[1] https://www.lfphwm.org.uk/about-us

2.Background

A priority for PHE is to improve the health of babies, children and their families, and to provide the foundations of good health into adulthood as the best start in life. To achieve this PHE incorporates the reduction of health inequalities into our vision for 2025. PHE is focused on reducing inequalities in infant mortality; school readiness; improving diets and reducing childhood obesity. We are seeking to promote good mental health; fewer cases of poor health among vulnerable populations and to enable healthy choices and use of technology to develop targeted advice and interventions.[2]

To support local delivery, PHE West Midlands leads an extensive programme of work that spans the lives of children and young people. We work with a range of stakeholders including the West Midlands Association of Directors of Public Health and their Best Start in Life (BSIL) Network.

The aim in developing the vulnerability work programme, was to capitalize upon opportunities to strengthen partnership approaches focusing on some longstanding and emerging challenges which include; children in care, young offenders and County Lines.[3] An inter-professional workshop was convened in early 2020, to discuss how multi-agency responses to different vulnerabilities could be enhanced.

2.1 Aims and Purpose of the Project and Task and Finish Group

The jointly agreed aims were:
- to strengthen multi-agency approaches to and understanding of vulnerability, illustrated through different cohorts
- to consider the impact of the changing landscape and the impacts of Covid-19
- to identify actions to support recovery and maintenance

The Children's Society highlighted how Covid-19 has disrupted the lives of children, young people and their families. The report also recognises that not only is the pandemic an unprecedented public health emergency, it presents a challenge for society, for those who work in the education sector and across the wider economy[4]. Vulnerabilities were further spotlighted, heightened and exacerbated with children excluded from mainstream systems of support, those at further risk of abuse, neglect and worsening health and wellbeing outcomes.

The group agreed an expanded public health response was required to collectively support vulnerable groups and to help ensure that the impact of the pandemic on children - and particularly those in the most vulnerable situations - was minimised.

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[2]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/830105/PHE_Strategy__2020-25__Executive_Summary.pdf
[3] https://www.nationalcrimeagency.gov.uk/what-we-do/crime-threats/drug-trafficking/county-lines
[4] https://www.childrenssociety.org.uk/sites/default/files/cv-19-impact-on-children-report-from-the-childrens-society.pdf

3. Understanding Vulnerability

The PHE Midlands team had produced a paper which aimed to describe 'Vulnerable Populations 'within the health and social care sector. This paper was used to inform the discussion which concluded that the term, *vulnerable populations, is* broad and as such, can be interpreted in many ways.

Many definitions of vulnerability and vulnerable populations already exist, with differing perspectives or themes depending on the setting and experiences. Groups and individuals may be impacted by multiple vulnerabilities. Vulnerability may be temporal in nature so specific populations may be at greater risk of poor health outcomes in times of crisis. The group agreed the need to see vulnerability as complex and multifaceted and explored this variability by discussing different cohorts and types of vulnerability.

Given the wide range of definitions and approaches it was agreed to adopt the definition of vulnerability below, as it incorporates many categories:

> *"A population at risk of coercion, abuse, exploitation, discrimination, imposition of unjust burdens of risk, infection, disease, or poorer health outcomes by reason of diminished competence or decision-making capacity, lack of power or social standing, fragile health, deprivation, or limited access to basic needs, including public health and medical care. Similar acts may be construed to be coercive in a vulnerable population which would not be so in other, well-situated populations."* [5]

Considered alongside this were legal frameworks for example the Children Act 1989, which set out specific guidelines for children's social care services and safeguarding protocols. [5] PHE working in partnership with DHSC and NHSE had recently identified three broad categories of vulnerability, acknowledging that some individuals may appear in more than one category. [6] The aim was to support partners to develop a shared understanding; to inform individual and integrated planning; and to consider the wider impacts of the pandemic and response on children young people and families.

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[5] https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people
[6] Children and Young People:Covid19 and Understanding Vulnerabilities, Categories of Vulnerability to Inform Covid-19 Planning, Vivian Bennett, April 2020V

1 **Clinically vulnerable**	• CYP who have been identified as most risk by the NHS or their clinician's should be shielded and may have received letters from the NHS allowing better access to support including home deliveries of medical supplies, equipment and food. • Patients being shielded should not to immediately return to school when the government allows school to reopen until the situation is clearer.	
	• CYP should continue to access high quality care when they need it. • Action has been taken to ensure that CYP can access urgent care advice via NHS111	
2 **Higher risk with formal / legal processes in place**	• CYP with EHC plans are being encouraged to stay in education following a risk assessment which concludes they will be safer in education than at home. • CYP with a learning disability, autism and/ or behaviour which challenges, looked after children or those with SEND needs may find it more difficult to adapt to living in lockdown and will benefit from greater continuity and routine that education allows. • There is a legal duties on health partners to provide EHC services, even if they are delivered differently during the pandemic. • Safeguarding plans should continue to be delivered.	
3 **Higher risk due to wider determinants of health / other factors leading to poor outcomes**	• Multilevel action on the economic and social determinants of health will be required • Signposting to financial support and volunteer services and targeted services delivered virtually. Planning for potential surge in mental health and safeguarding needs. • Planning for place based responses during next phases response and recovery. • Universal and targeted services delivered virtually and resuming the service offer	

Importantly, as well as focusing on clinical risks and outcomes, there is a need to place greater emphasis on the wider determinants of health and other factors which lead to poor outcomes. For the group, this focus on wider determinants again, brought into focus the need to consider wider system issues such as parenting, poverty, unemployment, education, housing and homelessness, offending, domestic abuse, violence and neglect linked to drug and alcohol use.

4. Data Driven and Evidence Led Approaches

The group reiterated the importance of taking a public health approach to vulnerability and took into consideration, the latest evidence, policy, and data which included PHE's vulnerability profiles[7] the Fingertips tool[8] and CHIMAT data[9]. They considered a recently published report by The Office of the Children's Commissioner in '*We're all in this together*' [10]. PHE produced a series of area profiles which provide a way for councils to understand which groups of children are likely to be at risk under lockdown. Profiles for the West Midlands local authorities , are available to all local areas. [11].

The West Midlands Violence Reduction Unit has also produced a "Problem Profile" and metrics. The current iteration includes primarily police data, some public health markers, criminal justice information and Home Office data on knife crime incidences and non-domestic homicides. The intention is to develop the needs analysis further by incorporating data from across the wider violence prevention partnership. This will require partners to work together to

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[7] https://fingertips.phe.org.uk/profile/wider-determinants/supporting-information/vulnerability
[8] https://fingertips.phe.org.uk/
[9] https://www.gov.uk/government/collections/child-and-maternal-health-statistics
[10] https://www.childrenscommissioner.gov.uk/2020/04/25/childrens-commissioner-for-england-creates-local-area-profiles-of-child-vulnerability-during-covid-19/
[11] To access a copy of the WM profiles please email HWBADMINB@phe.gov.uk

agree the formation of data sharing protocols between agencies. A copy of the Problem Profile for the West Midlands, can be down loaded via this link https://westmidlands-vru.org/evidence/

5. Extending Our Impact: Vulnerability in Different Groups

5.1 Children in Care

In 2020 across the West Midlands there were 42,000 children in need; 6,000 protection orders; and 11,000 children in care.[12] There is evidence that looked after children, when compared with children in the general population, tend to have poorer outcomes in educational attainment, mental and physical health.[13]

Children's social care interventions occur when referrals come through a local authority 'front door.' An assessment is made and that will decide if there is to be further action and at what level that action(s) should take place. During Covid 19 the level of referrals initially dropped which raised concerns, however, local areas have reported that numbers of referrals are increasing back to the expected level. There are ongoing concerns that with lack of face to face contact, school closures and the current economic situation, these numbers could increase significantly.

5.2 Giving young people a voice

The National Youth Advocacy Service, calls for local action to ensure that all children who are looked after should have the right to have their voices heard in decisions made about them, including when navigating mental health services.[14] NYA calls for agencies to work together to ensure that we minimise the impact of traumatic experiences on cyp and that they are offered the best support to minimise the impact of Trauma given the links Adverse Childhood Experiences, youth offending and entrance into the criminal justice system.

Case Study 1 – Giving Young People a Voice

PHE in the West Midlands have established links with the National Youth Advocacy Service (NYAS) and have agreed to facilitate joint working between NYAS and the Safeguarding lead for PHE.
Young people, who are experts by experience, will offer advice in revising the Every Mind Matters campaign to make it relevant to young people, particularly those who have a care experience

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[12]Please note that this is unpublished, provisional data that has been provided to us directly by the West Mids LAs. Numbers are rounded to the nearest 1000. Upon submission of the statutory returns in July and August the finalised figures could change.
[13]the children society report https://www.childrenssociety.org.uk/what-we-do/resources-and-publications/promoting-the-health-and-welfare-of-looked-after-children
[14] https://www.nyas.net/wp-content/uploads/NYAS-looked-after-mind-report.pdf

5.3 Adverse Childhood Experience and Trauma Informed Approaches

The evidence of Adverse Childhood Experiences (ACEs) underpins the partnership approach to working with vulnerable groups. The relationship between ACEs and the development of health harming behaviors is well documented. The evidence clearly links vulnerability to health-harming behaviours leading to increased risk of poor health and social care outcomes in adulthood. [15]

To further support a wider understanding of ACEs an e-learning educational tool was developed in the West Midlands aimed at practitioners, professionals and volunteers who work with children, young people and their families. This free resource is available for download by following the link: https://www.acesonlinelearning.com/

Case Study 2 – Building Capacity and Truama Informed approaches in Schools

The VRU is seeking to share the e-learning tool, together with a series of briefing notes to schools and colleges. This aims to build the capacity and capability of teachers and other staff, so that they are better able to support young people who may have experienced trauma during the period of isolation. PHE have also developed several webinars covering topics such as bereavement, loss and trauma, as a means through which protective factors can be enhanced. These tools and products will also be shared with CYP commissioners, frontline practitioners including schools.

The group agreed the e-learning tool should be shared widely as the means through which the partnership can increase understanding and awareness of ACEs and help identify risk and protective factors for vulnerable groups, as well as inform different strategies to help build resilience amongst young people who may have been exposed to trauma.

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Case study 3 – Aligning efforts to focus on mental health prevention

The merger of the BSIL PSHE/Mental Health task and Finish Group has aligned more closely, colleagues within NHSE, DfE and those organisations/individuals who offer curriculum support, school improvement and Healthy School initiatives. This merger, presents greater opportunity to engage the system, support a greater focus on prevention, and mitigate risk of the impact of trauma as well as enhance links to mental health wellbeing

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[15] A Scoping Study of the Implementation of Routine Enquiry about Childhood Adversity (REACh) Blackburn with Darwen Ciara McGee 1, Karen Hughes , Zara Quigg1, Mark Bellis2, Warren Larkin3 and Helen Lowey4 July 2015 1 Centre for Public Health, Faculty of Education

5.4 Domestic Violence, Abuse and Gender Based Violence

Domestic abuse is defined in the UK as: *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological abuse, physical abuse, sexual abuse, financial abuse, emotional abuse.*

It includes coercive control, which is *'an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim[16]".*

Domestic abuse also includes so called 'honour'-based violence, forced marriage and female genital mutilation. Anyone can be a victim of domestic abuse, regardless of age, gender, ethnicity, race, sexuality, sexual orientation, disability, religion or socio-economic status, The challenge of dealing with the COVID 19 pandemic has brought with it extreme measures including lockdown, social distancing, infection control and transmission reduction which requires people to stay in for long periods and reduces the contact with others, even though where individuals live may not be a safe place. Whilst challenging for all concerned, these measures pose extra difficulties and risk for children who live in households and who experience increased abusive behaviour and domestic abuse.

The VRU, in partnership with the various Clinical Commissioning Groups across the West Midlands; Birmingham and Solihull, West Birmingham and Sandwell, Dudley, Walsall and Coventry, is supporting the implementation of an Identification, Referral to Improve Safety initiative (IRISi).

This evidence-based programme works with GPs to combat domestic abuse and make the most of their opportunities to reach vulnerable victims. The project offers training and advice for GPs and practice staff on how to recognise and enquire about domestic abuse, and a dedicated referral and support service for victims identified.

The NHS spends more time dealing with the impact of domestic abuse than almost any other agency. Doctors are often the first point of contact for victims struggling with depression, anxiety, PTSD, self-harm, and use of alcohol and drugs due to their experiences of violence, however, GPs do not always recognise the signs of domestic abuse.

A survey of 1000 woman in GPs waiting rooms found that whilst 41% had experienced physical abuse and 74% had experienced controlling behaviour from a partner, only 15% had any reference to domestic abuse in their medical history[17].

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[16] https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/coercive-control

[17] https://blackcountrywomensaid.co.uk/iris-working-with-gps-to-combat-domestic-abuse/

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Case Study 4 – Domestic Violence within GP settings

In the first year of the Walsall IRIS project, Walsall GPs identified and referred 95 patients (92 women and 3 men) into BCWA support. This is a huge increase: in the previous year only 4 referrals had been made. The difference that training and advice can make is clear. GPs are more able to recognise the signs that someone is struggling with abuse, are comfortable to talk about the issue, and know how to access support for them. IRIS. IRIS an evidence based programme through which GP's are trained to identify DV and to refer vulnerable women into support services[18]

Over the next year , the VRU want to work with colleagues within the NHS to embed and continue to improve the healthcare response to gender-based violence through primary care and other NHS services. By working with strategic leads across the CCG areas, the intention is for IRIS to becomes part of an integrated NHS offer.

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5.5 County Lines

County Lines relates to drugs that are transported from one area to another, often across police and local authority boundaries (although not exclusively), usually by children or vulnerable people who are coerced into it by gangs. The 'County Line' is the mobile phone line used to take the orders of drugs. Importing areas (areas where the drugs are taken to) are reporting increased levels of violence and weapons-related crimes as a result of this trend.
A common feature in county lines drug supply is the exploitation of young and vulnerable people. The dealers will frequently target children often with mental health or addiction problems.   People exploited in this way will quite often be exposed to physical, mental and sexual abuse, and in some instances will be trafficked to areas a long way from home as part of the network's drug dealing business.

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Case study 5 – Responding to County Lines

The now established, Criminal Exploitation Board (County Lines) has a set of priorities and are working, in partnership, to achieve the following:

- Develop information/intelligence to support disruption of serious and organised crime without reliance on the victims' voice
- Ensure young people receive an effective joined-up response
- Develop a framework which underpins consistency of multi-agency pathways for victims of criminal exploitation across the 7 local areas whilst taking opportunities to share learning across the remaining 7 local areas which make up the West Midlands region.

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Much like in cases of child sexual exploitation, vulnerable children often don't see themselves as victims or realise they have been groomed to get involved in criminality.

Case Study 6 – Preventing Violence against Vulnerable People

The West Midlands VRU, is working with stakeholders including PHE and NHS Midlands, the Midlands Joint Commissioners for Substance Use, the WMs Anti-Slavery Network and WM ADPHs Best Start in life Network, to maintain a regional focus on exploitation of young people in relation to County Lines and will build on work that was previously coordinated and led through the Prevention Against Violence Against Vulnerable People Programme (PVVP).

Over the last six months consultation has taken place with a broad range of stakeholders to understand what focus and activity would add value at a regional level. In response to this a structure has been developed which provides a multi-agency regional framework which reports directly into the West Midlands Community Safety Partnership.

Four boards have been established which include a Criminal Exploitation Board (County Lines, CSE)

This board is working to a set of shared objectives in terms of:
- Leading on the design and development of multi-agency whole system approaches to exploitation.
- Developing workforce strategies and plans to ensure that key professionals are equipped and trained to effectively identify and respond to exploitation
- Develop sector-led improvement programmes and identify and share good practice
- Lead on the development of datasets/dashboards in order to further understand the region's understanding of exploitation and its impact

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5.6 Youth Offending

The West Midlands VRU is engaged with the seven West Midlands Youth Offending Services on a Youth Justice Board (YJB) Serious Youth Violence Pathfinder project. The aim of this service is to create and facilitate community based, parental peer support networks across the West Midlands. These can be accessed (and ultimately facilitated) by parents with children known to (or at risk of involvement with) the youth justice system.

By engaging parents in a comfortable environment which feels natural to them, and utilising people who they feel have shared experiences, the project aims to develop a unique and bespoke offer for parents in neutral spaces within the community. Once established, referral routes from wider partnerships are established.

Case Study 7 – Youth Offending

Based upon a small scale pilot that took place in Sandwell,. The pathfinder project aims to establish parental peer support networks across the West Midlands. These can be accessed (and ultimately facilitated) by parents with children known to (or at risk of involvement with) the youth justice system, upscale this idea and introduce academic evaluation to test whether those anecdotal positives hold true, whether there are other benefits, and to disseminate learning.

Sessions are held monthly in a community venue, parents that attend events will be supported to share their personal experience and learning with each other and ask for information from professionals around the Youth Justice System. If required and appropriate, themes like County Lines and understanding exploitation are discussed, as well as practical tips on issues such as an understanding of educational processes around exclusion or ways to access emotional wellbeing services. Parents will be encouraged to engage in group discussions around set topics, aimed at supporting them, with their children, and some of the more difficult and challenging elements of their behaviour.

More recently, the Covid-19 context has shown that parents are also willing to engage in virtual events, and the new YJB project will aim to introduce a blended offer of face to face and online events. When the model is in progress, this project will help partners to think more systemically about the needs of children, the causes of young people's offending, and how the YOTs interact with families. The project will do this by engaging parents more meaningfully in conversations they want to have on topics they are concerned about - and then empowering them to support each other and share learning.

5.7 Young People and the Prison Population

Children in care and care leavers (up to age 21) account for less than 1% of the general population yet are vastly over-represented in the Criminal Justice System. Over 25% of the adult prison population has previously been in care.[18] 27% of young men in custody have spent time in care 61% of girls in the 15-18 age group in custody have spent some time in care due to experiencing abuse or neglect.[19]

These experiences are likely to have an impact on behaviour throughout their lives. Looked after children and care leavers are between 4 and 5 times more likely to self – harm in adulthood (they are also at five-fold increased risk of all childhood mental, emotional and

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[18] Prison population statistics: SN/SG/4334: Social and General Statics: G.Berman 2013
[19] Children and Young People in Custody: An analysis of 15-18-year old's' perceptions of their experiences in young offender institutions: Kennedy 2012-13

behavioural problems, and six to seven times more likely to have conduct disorders[20]. It appears therefore that some of the most troubled people within our prisons and on licence in the community are likely to have had care experience.

> ### Case Study 8 – Prison and Young People with a Care Experience
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> HMPS are working to better understand these experiences to support individuals, manage their behaviour and prepare them for resettlement. Every West Midlands Prison now has a dedicated lead for care experienced people. Their work is co-ordinated by the West Midlands Group Lead for care experienced people who works closely with the lead for Probation Services. There are good working relationships with local authorities in the area and third sector organisations. A quarterly forum takes place bringing representatives from all these organisations together.

Other initiatives of relevance include:

The Innovations Unit have been working with prison, probation and local authority representatives to better understand the gaps and challenges in supporting care experienced people in prison and on release. They have been looking at how these organisations can work in a more joined up way to ensure the needs of the individuals are identified and addressed. Funding is currently being sought for a pilot project in the West Midlands, to test this more co-ordinated model

Links have been forged with the Rees Foundation and Welland Trust to develop support networks in some of the West Midlands Prisons. This will involve ensuring people are aware of their statutory entitlements and the support available to them once they return to the community.

The Office of the Police and Crime Commissioner in the West Midlands is leading two workstreams prioritising care leavers – early identification and reducing re-offending. This work is in its early stages and specific actions will developed.

Spectra First who are responsible for delivering the Care Leavers Covenant are looking at how care leavers in custody can make best use of the opportunities offered by the Covenant

5.8 Special Educational Needs

Department for Education guidance on vulnerable children and young people identifies 'vulnerable children' as those who have a social worker and those children/young people with an education, health and care plan ('EHC plan'). Also children with SEND but without an EHCP, such as those on SEN support were expected to stay at home. The Coronavirus Act, [21] changed from Local Authorities having an absolute legal duty to provide the provision within

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[20] Annual report of the Chief Medical Officer, 2012
[21] http://www.legislation.gov.uk/ukpga/2020/7/contents/enacted/data.htm

Section F of an Education, Health and Care Plan (EHCP) to a Local Authority having to use its "reasonable endeavors" to fulfil their duty.

School closures have meant delayed assessments or assessments being undertaken in family homes. In some cases, assessments have been cancelled due to experts having to self-isolate.[22]. It is important that monitoring of these cases, in collaboration with WM ADCS takes place in order to review the impact on COVID-19 on SEN including health and health inequalities.

All schools are required to teach the majority of PSHE education from September 2020. This includes Relationships Education at key stages 1 and 2, Relationships and Sex Education (RSE) at key stages 3 and 4, and Health Education in both primary and secondary phases.

The PSHE Association has have mapped the content grids from this statutory guidance to the new Planning Framework, and adapted learning outcomes appropriately in cases where statutory content may not be accessible for pupils with SEND.

This Planning Framework for Pupils with SEND[23] will supports schools to provide a comprehensive PSHE programme that integrates, but is not limited to, new statutory content. The World I Live In' section covers aspects of PSHE relating to careers education, economic wellbeing, personal safety (including assessing and managing risk) and preparing for adulthood. This learning is critical to support different levels of independence that pupils with SEND may have.

The Framework will support teachers to plan, assess, monitor and evidence progress and achievement in pupils' PSHE education.

6. Overall Recommendations

6.1 Children in Care

These are turbulent times for children in care and the competing duties of local authorities must be continually balanced. The risks of statutory obligations not being met and impact on outcomes for the most vulnerable children must be considered. Along with the WM ADCS [24] Network and LAC Networks, PHE will jointly explore the impact of COVID-19 on this group and agree joint priorities for action, based on the principles of:

- child-centred, promoting children's best interests: nothing is more important than children's welfare; children who need help and protection deserve high quality and effective support as soon as help is identified
- risk-based, prioritising support and resources for children at greatest risk
- family focused, harnessing the strengths in families and their communities
- evidence informed, ensuring decisions are proportionate and justified

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[22] https://www.childrenslegalcentre.com/coronavirus-impact-sen/
[23] https://www.pshe-association.org.uk/curriculum-and-resources/resources/pshe-education-planning-framework-pupils-send-key
[24] https://adcs.org.uk/health/article/coronavirus

- collaborative, working in partnership with parents and other professionals
- transparent, providing clarity and maintaining professional curiosity about a child wellbeing [25]

6.2 Domestic Violence and Abuse and Gender Based Violence

The West Midlands VRU will continue to develop and support domestic abuse campaigns, evaluate effectiveness of interventions to support sustainability planning for those evidence-based interventions such as IRIS if proven to make an impact.

The VRU will work with wider partners to support meeting domestic abuse and mental health needs on eventual exit from the current coronavirus restrictions and in line with the Domestic Abuse Bill. [26] This includes priorities such as protecting and supporting victims of abuse, punishing offenders and providing support services to help victims cope and recover. Existing effective practice will guide planning and decision making. Close partnership working is essential to deal with a likely surge and increased demand on services. Sharing intelligence to identify victims, inform the ongoing crisis response and plan for the long term is also crucial.

6.3 County Lines

Lower referrals do not necessarily mean a reduction in rates of vulnerability and risk**.** It is likely that relevant agencies will not understand the true picture of risk and harm until lockdown is eased and services are able to resume physical service delivery. Police and the Voluntary and Community Sector are concerned missing episodes are no longer being reported, because parents or carers are afraid of being fined for a breach of lockdown rules. For those who do still go missing, the safeguarding response (safe and well checks, return home interviews) are now carried out over the phone. This means that nobody external sees the state in which a child returns.**[27]**

Building on the good practice cited in this report the West Midlands VRU will work with partners to support the development of a regional protocol that sets out a joint process for responding to County Lines, continue to monitor evolving models of exploitation, encourage and enable sharing of data and intelligence across agencies to disrupt and prevent and increasingly work with schools, pupil referral units and providers of alternative provision for those outside of mainstream education and in conjunction with the WM BSIL and WM ADCS schools focused networks and groups including the REACT group which brings together relatives and friends of people with mental health problems associated with psychosis or bipolar disorder,to coordinate responses between the DfE, local authority and Children's Trusts and service users.

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[25] https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services/coronavirus-covid-19-guidance-for-local-authorities-on-childrens-social-care
[26] https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets
[27] https://www.crestadvisory.com/post/county-lines-after-covid-a-new-threat

6.4 Special Educational Needs

During the Covid outbreak, REACT have launched a toolkit [28]. This is an online self-help package . REACT groups have coordinated responses between the Department of Education, Local Authorities and Children's Trusts in the West Midlands, and extends its membership to include the Regional Schools Commissioner and the SEND regional lead officer and Ofsted.

There is also a weekly meeting between its chair, the Regional Schools Commissioner and, the Director of Childrens Services who is chair of the WM ADCS network. Partners must continue to work together to ensure there is a joint response in meeting the needs of those children with special educational needs.

6.5 Youth Offending/Young People and the Prison Population

There have been concerns over children in custody during the coronavirus pandemic including evidence that some have been spending less time out of cells.[29] The Children's Commissioner [30] highlighted the "serious consequences for children's rights, wellbeing and long-term outcomes" and increased risk of self-harm and violence in adult prisons because of measures introduced to tackle COVID-19. Education and rehabilitation have been disrupted with potentially serious consequences for long-term outcomes.

It is critical that the Criminal Justice agencies are able to create opportunities to use ACE's learning tools in support of the young prison population as part of an extended programme of resilience building and consider the impact of trauma in the development of programmes / information for young people in prison to educate them around health and wellbeing.

By providing a focused response to children and young people's prevention, in collaboration with the VRU, West Midlands Combined Authority (WMCA) and the wider Health and Wellbeing function e.g. the vulnerabilities group; the children and young people's leads and the VRU, this will strengthen our approach to embedding a trauma informed approach

7. Cross-system considerations

7.1 Leadership and Advocacy

Partners should build on the positives of the COVID-19 experience to enable and enhance recovery, including the improved inter-agency collaboration, partnership working, renewed shared purpose across agencies and the strategic buy-in to better curate our resources and knowledge, ensuring they are accessible and utilised effectively.

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[28] https://reacttoolkit.uk/toolkit/
[29] https://www.theguardian.com/world/2020/may/07/inmates-at-child-jail-in-kent-spending-just-40-minutes-a-day-out-of-cells
[30] https://www.childrenscommissioner.gov.uk/

Using PHE's place based approach to reducing health inequalities,[31] local systems can set out actions that can make an impact at population level. These actions will support local areas to achieve best population outcomes and plan actions to mitigate health inequalities. There are clear reasons for giving consideration and support of those segments of the population that experience health inequalities. COVID-19 is likely to affect certain groups of the population more than others and some of those will disproportionally suffer from worse outcomes.

PHE in the West Midlands has established a Health Inequalities Cell which includes a focus on children and young people to support regional and local activity as we move towards the recovery phase.

7.2 Safeguarding

Lock down measures imposed as a result of the COVID-19 pandemic, has raised the profile of vulnerable communities E.g . vulnerable women and children who experience or witness Domestic Abuse; women who experience honour based violence; Children just under the threshold of requiring social care and support being left more exposed.

In response to this, cross government agencies have come together to develop key messages in support of key workers so that they are better able to spot the signs of abuse.

PHE have a network of safeguarding leads who are now work more closely with their regional NHSE/I safeguarding leads. Through ongoing joint planning and interprofessional leadership; system connection and by better alignment with PHE and NHS Midlands; WM ADCS Network; NHSE/I, CQC and the DHSC . PHE will support system change by enabling a greater understand of contextual safeguarding and the increased vulnerabilities caused by the stringent lockdown measures

7.3 Mental Health

Mental health support must be provided and enhanced in schools and for the worst affected. Restrictions due to COVID-19 may result in a disruption of children's contact with families and friends. Children should continue to have access to advocacy services to help then navigate concerns they may have during lockdown, in the absence of wider social support systems.

Care arrangements must continue to centre around the child and their needs. Children who are looked after should be kept informed about any changes in staff availability and be provided with contact details of relevant professionals. Access to advocacy and wider services including digital support should be maintained and strengthened.   There was an increasing amount of mental health support in schools before the crisis but some of those resources could have been taken away; we need to assess whether these are still in place, where they are not, the system should work together to identify where there shortfalls exist. .

7.4 Monitoring and Evaluation

The impact of relaxations need to be monitored. Partners should continue to monitor the impact of Covid-19 on CYP through each agency route including the impact of delays and interruptions

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[31] https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities

to support, services and provision, capture and share best and emerging good practice to the immediate pandemic response and recovery work.

PHE's Health Equity Assessment Tool for COVID-19 [32] can support local areas in considering how their work has an impact on health inequalities, protected characteristics and inclusion health groups explicitly as part of the incidence response. This will continue to raise awareness among colleagues of the importance of health inequalities and prepare targeted action(s) in supporting the outbreak locally and risk management

7.5 Data, Intelligence and Resources

Partners should use current opportunities to improve data sharing and information sharing protocols. Resources to consider and which will aid understanding include: COVID-19 review of disparities in risk and outcomes for particular groups[33]. This document is a descriptive review of surveillance data on disparities in those with protected characterists and outcomes from COVID-19. The review considered different factors including: age and sex; where people live; deprivation and ethnicity. Fingertips Tool,[34] CHIMAT[35], the Children Commissioner's vulnerabilities profile[36] and the West Midlands VRU problem profile[37]. It is important to explore how different datasets can be better aligned to enable a more comprehensive picture of the complexity of vulnerability to inform joint assurance, planning, prioritisation, monitoring and evaluation.

PHE and the West Midlands VRU will promote the ACE's toolkit and roll out the resource through wider networks. The resource is to be shared with teachers during the lockdown and in preparation for when pupils, who may show signs of trauma because of bereavement or other traumatic experiences, return to schools. The purpose of the resource is to help avoid possible exclusion based upon a child not having the tools to regulate behaviour.

Evidence shows that excluding pupils from school who may have been exposed to trauma and therefore unable to regulate their response consequently, is often not effective in changing pupil behaviour, particularly if it does not address underlying problems. If a child is excluded before they are offered help, it can represent a critical turning point increasing the likelihood of that child developing poorer mental health and other multiple poor outcomes[38].

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[32] https://www.gov.uk/government/publications/health-inequalities-a-toolkit-to-support-local-conversations
[33] https://www.gov.uk/government/publications/covid-19-review-of-disparities-in-risks-and-outcomes
[34] https://fingertips.phe.org.uk
[35] https://www.gov.uk/guidance/child-and-maternal-health-data-and-intelligence-a-guide-for-health-professionals
[36] https://www.childrenscommissioner.gov.uk/vulnerable-children/local-vulnerability-profiles/
[37]https://westmidlands-vru.org/evidence/
[38]https://www.annafreud.org/mental-health-professionals/

PHE will support the roll out of the resource through regional networks and support the evaluation of the resource to demonstrate effectiveness of this approach and explore opportunities to extend the ACE's learning to prisons as part of an extended programme of resilience building.

7.6 Impact of Covid-19 on Black and Minority Ethnic Communities

It is clear from discussions with stakeholders that COVID-19 in their view did not create health inequalities, but rather the pandemic exposed and exacerbated longstanding inequalities affecting BAME groups therefore, the disproportionate impact of the pandemic on black and minority ethnic children and young people must be considered. For example, Charlie Taylor's reviews of the youth justice system,[39] highlighted the over-representation of Black and Minority Ethnic (BAME) young people affected by criminality, whilst others, including the Runnymede Trust,[40] have highlighted the disproportionate effect of austerity on BAME families.   The research also suggests that BAME communities may be hit hardest by COVID-19 (likely due to a range of intersecting factors, including for example, poor/overcrowded housing . These issues, combined with figures showing that BAME people make up a large proportions of the health workforce, [41] could mean that BAME children and young people are especially vulnerable to the impacts of COVID-19. A recent report published by Public Health England[42], which explored the impact of Covid-19 on BME communities, put forward a number of recommendations. The report suggests that partners should develop and implement culturally competent COVID-19 education and prevention campaigns, working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies

Accelerate efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseases promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma to minimise risk.

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[39]https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/577103/youth-justice-review-final-report.pdf

[40] https://www.runnymedetrust.org/uploads/PressReleases/1%20bme_executive_summary-A3-01.pdf

[41] https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest

[42]

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/892376/COVID_stakeholder_engagement_synthesis_beyond_the_data.pdf

7.7 Social Marketing and Communications

PHE have produced free, curriculum linked resources that offer ready-made PSHE lesson plans which map against the new RSE and Health Education statutory guidance which focuses on building resilience and improving mental health in young people (10-16 year olds). All resources are quality assured by the PSHE Association and cover the following topics

Useful Resources.

Rise Above for Schools
- Forming positive relationships
  - Dealing with change
  - Transition to secondary school
  - Bullying and cyberbullying
  - Online stress and FOMO
  - Exam stress
  - Body image in a digital world
  - Puberty
  - Sleep

7.8 Co-Production/Participation

Co-production is where there is evidence of a more equal partnerships between agencies and between those agencies and individuals who engage with services. It is therefore important that all partners have an agreed definition based upon the principles which include: equality, diversity, access and reciprocity. All partnrers involved want to continue to maximise upon o involvement of CYP so that voice and participation is at the centre of our approach.

8. Evaluating the Impact of this Project

PHE will reconvene the Task and Finish Group in December 2020 to review progress and implementation, taking the opportunity to learn and reflect upon recovery and further cross-sector actions needed.

A frame work document - recommendations for partnership action.

Workstream checklist	Overall Recommendations	Responsible Persons	Partners	Strategic Objective	By when
1.	**LOOKED AFTER CHILDREN** Work with partners to identify and highlight where risks of statutory obligations not being met and impact on outcomes for the most vulnerable children considered. Along with the WM ADCS [43] Network and LAC Networks, facilitate the joint exploration of the impact of COVID-19 on children looked after and agree joint priorities for action.		ADpH, ADCS, Local Authorities, NHSE LAC network		Q4
	DOMESTIC VIOLENCE The West Midlands VRU will continue to develop and support domestic abuse campaigns, evaluate effectiveness of interventions to support sustainability planning for those evidence-based interventions such as IRIS if proven to make an impact. The VRU will work with wider partners to support meeting domestic abuse and mental health needs on eventual exit from the current coronavirus restrictions and in line with the Domestic Abuse Bill.		VRU CCG PHE NHSE DV Forum OPCC WMP WMCA		Q4
	County Lines Building on the good practice cited in this report the West Midlands VRU will work with partners to support the development of a		VRU WMP LA Teams NHSE		Q4

	regional protocol that sets out a joint process for responding to County Lines. Continue to monitor evolving models of exploitation, encourage and enable sharing of data and intelligence across agencies to disrupt and prevent		Vol and Com Sector		Q4
	SPECIAL EDUCATIONAL NEEDS (SEND) Facilitate Partnership working to culminate in a joint response to meeting the needs of those children with special educational needs. Explore the implementation of the new Framework in order to supports schools to provide a comprehensive PSHE programme that integrates, but is not limited to, new statutory content around PSHE covering aspects relating to careers education, economic wellbeing, personal safety and preparing for adulthood and independence.		DpH ADAS Local Area Teams VRU BSIL Task and Finish Group		Q4
	ADVERSE CHILDHOOD EXPERIENCES Facilitate the development of ACEs learning tools for schools. Enable the involvement of Criminal Justice partners in working together to create opportunities to use the ACE's learning tools in support of the young prison population as part of an extended programme of resilience building and improving health and wellbeing.		VRU Schools Partnerships NHSE BSIL Task and Finish Grou[p Local Area Teams Vol Sector		Q4

Workstream	Cross-Cutting Recommendations	Responsible Persons	Partners	Strategic Objective	By when
2.	**<u>Leadership and Advocacy</u>** . Support the implementation of PHE's place based approach to reducing health inequalities,[44] support local systems to identify and set out actions that can make an impact at population level.		VRU Vol Sector Local Authority Teams NHSE/CCG		Q4
	<u>Safeguarding</u> Support system change by enabling a greater understand of contextual safeguarding and the increased vulnerabilities caused by the stringent lockdown measures.		NHSE PHE LA Teams System Partners		Q4
	<u>Mental Health</u> Work in partnership to ensure that access to advocacy and wider services including digital support is maintained and strengthened. Work with NHSE , DfE and with the BSil network/Task and Finish Group to maintain a focus on prevention as part of a healthy schools offer. Work with partners, including LA's and NHSE, to identify where there shortfalls exist in service availability based upon an understanding of need. .		HMPPS WMCA PCC Local Authorities NHSE DfE national, CyP National		Q4

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[44] https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities

| 2. | | **Monitoring and Evaluation**

Continue to monitor the impact of Covid-19 on CYP through each agency include an assessment of the impact of delays and interruptions to support, services and provision.

Capture and share best and emerging good practice to the immediate pandemic response and recovery work.

Support partners to implement the PHE's Health Equity Assessment Tool for COVID-19 [46] in considering how their work will impact on health inequalities, protected characteristics and inclusion health groups explicitly as part of the incidence response. | | PHE
Sysem partners
Healh Equaliies team | HWB HI Oversight Group | Q4 |
| | | **Data, Intelligence and Resources**

Support partners to identify and use current opportunities to improve data sharing and information sharing protocols to aid the flow of information between partner agencies.

Share the ACEs resources with teachers during the lockdown in preparation for when pupils, who may show signs of trauma because of bereavement or other traumatic experiences, return to schools. The purpose of the resource is to help avoid possible | | VRU
NHSE
LA
Other system partners | HWB HI Oversight Group | Q4 |

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[45] https://www.gov.uk/government/publications/health-inequalities-place-based-approaches-to-reduce-inequalities
[46] https://www.gov.uk/government/publications/health-inequalities-a-toolkit-to-support-local-conversations

		exclusion based upon a child not having the tools to regulate behaviour. **Black and Minority Ethnic Communities** Co-ordinate /facilitate partners to consider ways in which to identify and implement culturally competent COVID-19 education and prevention campaigns by working in partnership with local BAME and faith communities to reinforce individual and household risk reduction strategies Support the acceleration of efforts to target culturally competent health promotion and disease prevention programmes for non-communicable diseasese .e.g. promoting healthy weight, physical activity, smoking cessation, mental wellbeing and effective management of chronic conditions including diabetes, hypertension and asthma to minimise risk of Covid-19 within families.		VRU, NHSE Health and Justice L.A Teams HWB subject experts Wider system partners		Q4
		Social marketing and communication Share curriculum linked resources that offer ready-made PSHE lesson plans which map against the new RSE and Health Education statutory guidance which focuses on building resilience and improving mental health in young people.		PHE HEE WMCA PCC Local Authorities	HWB HI Oversight Group	Q4
2.		**Co-Production/Participation** Seek out and share examples of best practice which describe Co-production is where there is evidence of a more equal partnerships between agencies and between those agencies and individuals who engage with services. Work with partners to put in place processes which is based upon an agreed definition and principles which include: equality, diversity, access and reciprocity. Share resources, tools and products which enable partners to create an approach which continues to maximise the meaningful		All	HWB HI Oversight Group	Q4

	involvement of CYP so that voice and participation is at the centre of our approach				
	Stocktake Organise a stocktake meeting Vulnerabilities Stocktake Event in December 2020		DpH ADAS Local Area Teams VRU BSIL Task and Finish Group		

Please provide feed-back to Jacqui Reid-blackwood …. Jacqui.reid-blackwood@phe.gov.uk