

THE LONG READ: THE STORY BEHIND SCHOOL EXCLUSIONS IN ENGLAND AND WHAT NEEDS TO CHANGE

We have spent the majority of the past 12 months in some sort of lockdown. Over the course of this year, as a society we have worked tirelessly to ensure that young people are attending school when it has been safe to do so, and have been able to access learning while schools have been closed. If this pandemic has taught us anything it is that young people need to be in school and that their education is key to their development. Whether it be for academic, economic or social and emotional reasons, the fact is clear enough, as a society we have really grasped the importance of keeping young people in school.

Why then in the lead up to this pandemic, and even throughout it, do we (England) continue to exclude young people from mainstream education at alarming rates?



THE NATIONAL PICTURE

THE DATA IS STARK, THE DfE HAS FOUND THAT:

- Young people with SEN are over 7 times more likely to be excluded from school than young people without SEN.
- 10 students were excluded for every 10,000 students in 2018/19, an increase from six students per 10,000 in 2012/13 and since 2015 we have seen a 40% rise in exclusions nationally.
- The number of students receiving fixed term exclusions increased from 350 per 10,000 in 2013/14 to 536 per 10,000 in 2018/19.
- Young people who are poor, from Gypsy Roma, Black and Mixed White Caribbean backgrounds and those with social, emotional and mental health (SEMH) needs are massively over-represented in exclusion data.

THE NATIONAL AUTISTIC SOCIETY REPORTS:

- That 17% of young people with ASD have been excluded from schools.

As well as this we have seen a rise of 29% between 2012 and 2018 in the number of students enrolled into alternative provision, compared to a 7% rise in pupil population.

This often comes at a huge cost, between £17,600 (PRUs) and £20,400 (Independent AP) per student, per year. In no uncertain terms, we are in the midst of another pandemic, that of a rising number of school exclusions.

The impact of exclusion is clear, both for individuals and for wider social mobility. **Analysis of those reaching the end of Key Stage 4 shows just 7% of young people who were permanently excluded went on to achieve good passes in English and maths GCSEs.**

Only 18% of young people who received multiple fixed period exclusions also went on to achieve good passes in English and maths GCSEs. The data is clear – an exclusion has a significantly negative impact on a young person's attainment (DFE 2018).



BEHAVIOUR AS A FORM OF COMMUNICATION OR SOMETHING TO BE FIXED?

When one delves deeper into the data we find that ‘persistent disruptive behaviour’ is the most common reason provided for school exclusions and we arrive at a chimera; a significant percentage of students are excluded under the banner of ‘disruptive behaviour’ but we have no further evidence to understand what sorts of behaviours are leading to schools to exclude certain students at startlingly higher rates than previous years. And what, against the backdrop of an ‘inclusion’ agenda, rendered these young people unteachable.

A useful departure point for understanding our approach to the young people we work with is the question of whether behaviour is a form of communication or a pathologized trait to be dealt with punitively. Unfortunately, the drive toward discipline and supposedly higher behavioural standards has meant that the neutral position in our schools is one that punishes young people that deviate from behavioural standards rather than seeks to understand what is being communicated or what might be causing such behaviours.

A NATIONAL CRISIS?

A clear area which has manifested itself in our experiences on the ground and in countless studies and reports (Chui et al; Power the Fight; Social Finance) has been that there are a significant number of young people that are not being given the support they need at an early enough age. This is an insight that is not unique to our experience and represents some of the reasons why Ofsted chief, Amanda Spielman, referred to the lack of specialist support for young people as a 'national scandal, asserting:

“Something is truly wrong when parents repeatedly tell inspectors that they have to fight to get the help and support that their child needs. That is completely contrary to the ethos of the SEND reforms” (Ofsted Annual Report, 2018).

In 2014 the government decided to shake up Educational Health Care (EHC) assessments and plans to streamline and reduce the burden on the special needs education system. The new system saw EHC plans replace statements of special educational needs as many parents/carers complained about long and difficult battles to get their child's needs stated. However, our experiences on the ground, and many others have shown that the same issues are being faced with EHCP Plans.

Simultaneously, the costs of supporting students with lower levels of need was handed back to schools and when juxtaposed with significant cuts to education and youth services during this time (a cut of 73% since 2011), it is clear that there are extremely tough decisions being made day by day by schools that are stretched in terms of resource.

Now, what does this mean in a practical sense. We are faced with a situation where the number of students requiring some level of support has risen by 50% since 2015 (Ofsted 2019), a much higher threshold to qualify for 'high needs' specialist support and an expectation of schools to support students with lower needs. Understanding this is a useful point of departure for understanding why we are witnessing such a significant rise in the rate of exclusions. The issues we are noticing fall under the following categories:

1. Students with high needs not being met.
2. Students with lower needs not being deemed 'in-need' enough for high needs and not getting enough support early enough.

A major issue we have seen has been the issue of referrals to CAMHS or other specialist providers of support – we are seeing all too often, young people not being referred by their schools at an early enough time for the following reasons:

- Schools do not believe they have the correct interventions for particular groups of young people.
- Schools do not deem certain forms of deviant behaviour as indicative of SEND or Mental health issues.
- Schools do not have the resources to meet what is a growing mental health crisis in our young people – the need is higher than ever and the resources available are at a historic low.

It is clear that there are a number of young people not being given the level of support they need at an early enough age and the long-term impact this has on their ability to achieve is significant. The need to address this issue immediately is even more pronounced when we consider the devastating impact of Covid-19 on students' mental health. An ONS poll showed that more than half of those surveyed said they felt their mental health had deteriorated since the start of the pandemic, though only a fifth had sought support (ONS, 2020).

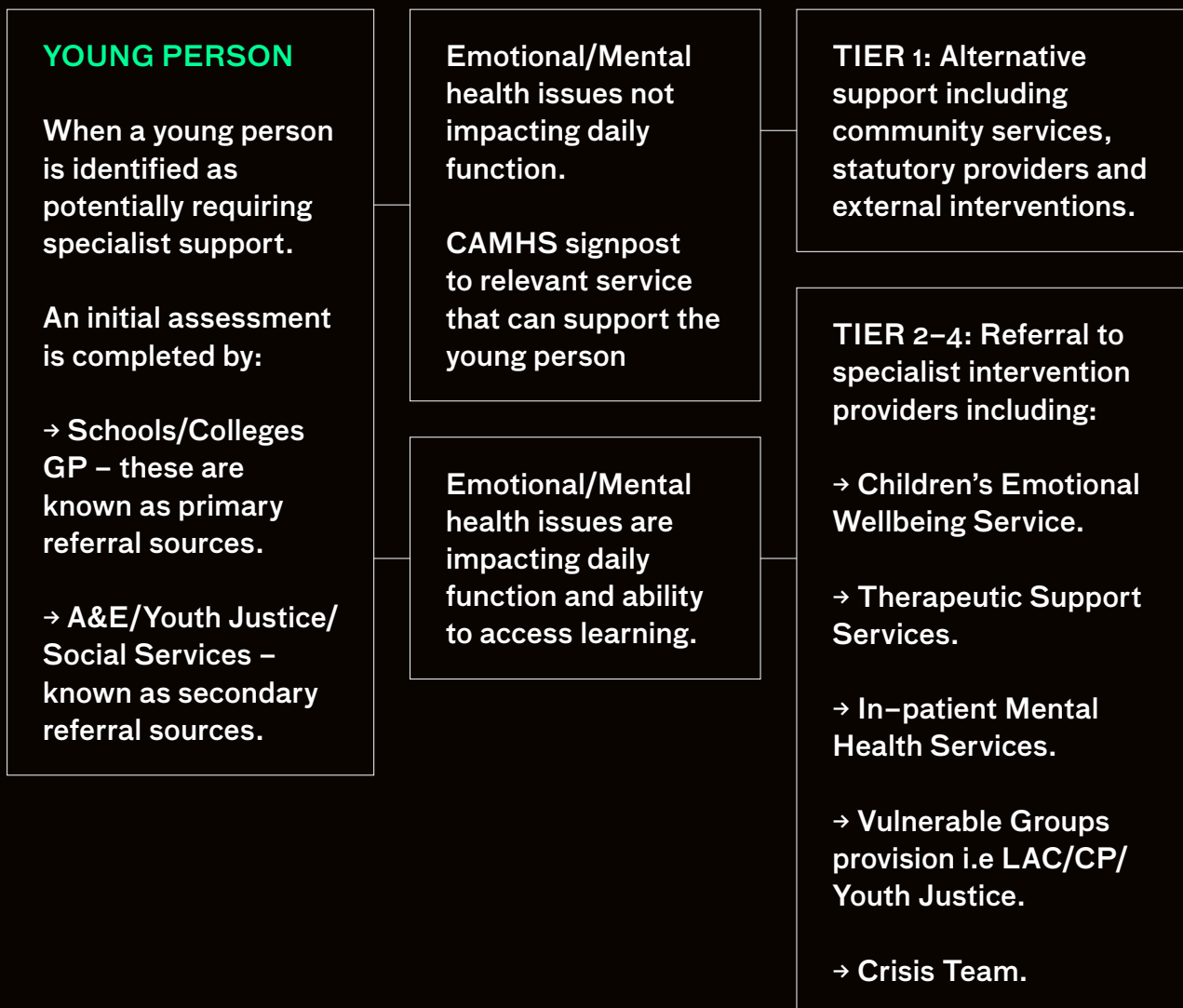


A CASE STUDY IN ACTION

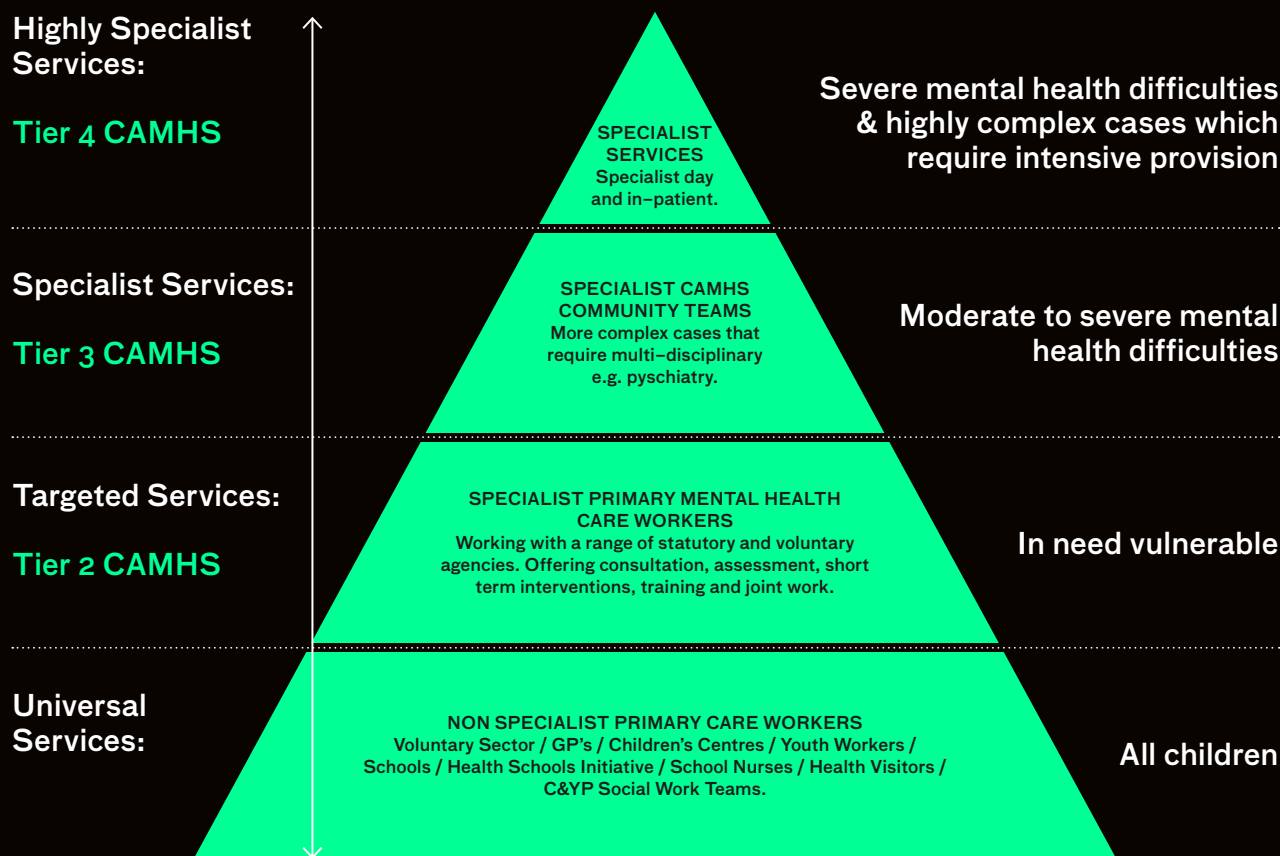
FBB exists to support young people to finish school with the skills and grades necessary to successfully transition into adulthood. We work day to day with young people deemed 'at-risk' of exclusion and too often we are seeing first hand the role and importance of early intervention. Our team of Therapeutic Wellbeing Practitioners (a team of UKCP/BACP/HCPC trained therapeutic practitioners specializing in working with adolescents), recall countless young people up and down the country who for one reason or another are not given adequate support. However, almost any conversation with them I am told about a young person from South London that has faced obstacle after obstacle in getting enough adequate support.

Before I introduce you to Latif, it is important to understand the process on paper:

PATHWAYS FOR CHILDREN AND YOUNG PEOPLE WITH EMOTIONAL HEALTH AND WELLBEING CONCERNS:



THE DIFFERENT TYPES OF SUPPORT AVAILABLE CAN BE BEST UNDERSTOOD THROUGH THE CAMHS TIERED MODEL OF SERVICE:



The process seems simple enough but Latif’s story is one that is an example of the different challenges young people and their families face in receiving specialist support.

Meet Latif, a young man enrolled on one of our programmes in South London when he was in Year 7. He was identified by his school as one of the most ‘at-risk’ of exclusion in his year group. Latif is a young man that has a crazy passion for football, spending a lot of time watching compilations of his favourite players on Youtube and then spending hours in his garden or in the playground trying to emulate ‘Neymar’s reverse elastico’ or the ‘Ronaldo chop’ or his personal favourite the ‘rainbow flick’ into an around the world – to anyone that has tried these skills you will know that they are incredibly difficult to execute from a technical standpoint and require great degrees of patience, resilience and skill. It was our first interaction with this young man and we saw how much he could achieve when he felt motivated and safe in a space.

I tell this story as it represents an alternative view to the manner in which some of his teachers and pastoral support staff saw him. He was identified as a boy that has behavioural issues that required support – to this end, he was enrolled onto the FBB programme and given 1:1 support by our Therapeutic Wellbeing Practitioner (TWP). Early on, our TWP (a Psychotherapist) spoke with the schools pastoral teams to ask if Latif had been assessed for SEND & ASD as it was noticeable that he was struggling to access learning in group contexts and had real difficulties with disciplinary authority – this was taking place alongside a series of disciplinary moves by the school which saw Latif constantly end up in internal exclusion rooms (weirdly named ‘inclusion rooms’) – this saw him lose a lot of learning time and his relationship with school suffer as a result. This led to Latif withdrawing from school and truanting lessons which led him to end up in internal exclusion for 3 full days a week over the course of a year.

The school’s pastoral team informed our staff that Latif had no history of SEND and that they did not feel that he or his family would welcome or benefit from a CAMHS referral.

Latif’s story is a story of potentially undetected SEND that is categorised as problematic behaviour to be ‘disciplined’ rather than a young person that is communicating potential struggles through this behaviour and thus one that may require specific support.

When the issue becomes one of behaviour management it means that the conversations on supporting the young person transform into conversations of discipline and control – a potentially toxic combination in this context as evidenced by Latif’s persistent truanting and his regular internal and external fixed term exclusions. It was no surprise that Latif would end up in the FBB room while he is truanting, often just coming in and sitting silently.

The reasons given for the lack of referral are indicative of wider issues facing vulnerable young people:

“This behaviour is normal and can be ‘fixed’ through discipline & higher behavioural standards”.

Latif is a young man of African descent, in our conversations with the school, our psychotherapist was quite clear in her recommendations that the current model of discipline was pushing Latif away and was the reason for his withdrawal and that following observations, data analysis and conversations with his mother and his teachers, she was sure that there was unidentified needs. The school’s response was one that is unfortunately commonplace >>>

>>> in educational settings – the idea that this behaviour was ‘normal’ in young men and his inability to concentrate, his hyper behaviour and struggles with ‘authority’ as especially normal in young men from African or Caribbean backgrounds as they transition from Primary to Secondary School. They stressed that they ‘had seen this before’ and the school’s behaviour policy was developed with these young men in mind and was the main reason why they did not make a referral immediately.

Early help assessments did not always take place as soon as there were signs of risk to a child, to ascertain the child’s needs and coordinate support for them and their family. This meant that some young people were forced to struggle longterm. Many young people with emotional difficulties do not receive effective support when transitioning from primary to secondary school and this is the case with Latif. Support staff perceived that this risk-taking behaviour was a deliberate choice by Latif. This perception overshadowed his vulnerabilities. In this case, we can see that Latif was in fact treated as a young person that was choosing to misbehave rather than a young person that needed support (NSPCC Case Reviews).



This pathologization of certain behaviours onto certain bodies is an issue we must ensure does not become the norm in education but it is also one way of understanding why black boys are four times more likely to receive a permanent exclusion than the school population as a whole and were twice as likely to receive a fixed-period exclusion. Too often behaviours are 'deemed' normal for some students (while not for others) and this leads to situations where the learning needs of a young person are not met and they end up in a vicious cycle of informal exclusionary practices such as being sent home or into inclusion rooms which then serve to impact on their academic achievement negatively.

“He does not meet the high-needs threshold”.

While there are clearly issues related to race and gender that impact a school's willingness to refer a young person due to what is an extremely high threshold and processes set up to ensure that 'resource is not wasted.' Schools are disincentivised to make referrals for young people unless they are absolutely sure they will meet the threshold and that they will want to access the support. This has led to inclusion/SENCO teams making extremely tough decisions regarding whether a young person 'qualifies' for high needs support. A report by the Office of the Children's Commissioner (2017) showed that:

- Of all students referred to CAMHS in 2015, only 14 percent were able to immediately access the service.
- Meanwhile, 28 percent of those referred were not allocated a service at all – in some areas, this figure was as high as 75 percent.
- The lack of referrals to child and adolescent mental health services (CAMHS) are driving increasing numbers of students to make what look like suicide attempts, just so they can be treated for their mental illness.

This is a huge problem as it comes at a time when schools are facing real-term cost pressures, a shortage of teachers and the knock-on effect of cuts to wider children's services (estimated to be a 20% cut in real terms, per child by 2020) (EPI REPORT).

In response to an NAHT survey, 83% of respondents said their school received no funding from health and social care to support students with EHCPs, and 30% said they did not receive any services from health and social care for their students.

The report goes on to say because demand far exceeds availability, it tends to be only the most severely unwell who enter the system, and it is fast becoming seen as a ‘last resort’ option for schools. This is all too evident in Latif’s case and was one of the reasons that the school did not put him forward. This is much larger than Latif and the impact of all the issues set out above is that, according to the ISOS survey by the end of 2018–19, local authorities had a total deficit of around £470m on their high needs block.

“Black families do not engage in therapy/mental health support”.

For many young people, especially those that identify as ‘black’ there exists an extremely negative pathway to care. This assumption is one that may seem outdated and ridiculous but is one that represents a mainstream belief. Our view at FBB is like the example given with Latif and his mastery of football skills, young people will engage with interventions that are linked to their individual passions and interests, makes them feel safe and is delivered in a ‘child-centred manner.’ Our work at FBB in working within the communities that we serve to train culturally competent role models as practitioners and TWP’s is one strategy to boost engagement from different community groups – as the TIP report by Power the Fight (2020) discusses:

→ Marginalised groups often deeply distrust organisations and institutions due to consistent experiences of structural harm through inequality in healthcare, education and criminal justice systems.

→ For black people in particular, trusting relationships with professionals rely greatly on representation and cultural competency, with young people and families much more likely to speak with practitioners or share or understand their ethnic or cultural background.

Unfortunately, ethnicity plays a significant role in determining how young people receive mental health care; A study (Chui et al, Inequalities in referral pathways for young people accessing secondary mental health services in south east London, 2020) showed that Black African individuals were more likely than White British individuals to be referred from secondary health or social/criminal justice services compared to general practice or from education. It also shows that those referred to CAMHS from secondary health services were significantly more likely to be referred to inpatient than outpatient services compared to those referred from GP.

Firstly this pattern is indicative of huge barriers for young black students >>>

>>> in accessing primary care that their white counterparts do not. As well as this, the lack of trust in the system is evident in the data – for many black boys and their families – their first engagement with ‘care’ is one that typically comes from secondary sources – usually youth justice and social services – two institutions in our society that have a questionable relationship with marginalised groups. As well as this, the fact that the majority are referred by these disciplinary institutions, which rendered them more likely to be referred to inpatient services only serves to build the stigma around therapeutic support and encourage further distrust and a lack of engagement.

This inequity of resource allocation which ends up is all too evident in Latif’s story – the school’s refusal to refer him led our TWP lead to make a social service referral following a conversation with Latif where some disclosures on his home life were made. The Social Services referral proved to be the safety net as a few weeks later, against the backdrop of a difficult living situation, a tough disciplinary approach by the school which essentially excluded him from his lessons and other young people for an average of 2 to 3 days per week, Latif was involved in a minor crime. Police were involved and Latif was absorbed by the Youth Justice system. A tale all too common for some young people. What transpired after made clear the need for culturally competent pastoral teams, early intervention and more funding in place for both high needs and lower needs young people:

- Social services were able to provide the police with the context that was provided by our TWP – difficult home conditions and suspected undetected learning & mental health needs.

Latif was eventually screened and it transpired that:

- His primary school had informed the Secondary School of potential issues but this was not passed on to the right person.

- Latif was diagnosed with ADHD and Global Development Delay.

- Mother disclosed that he was born premature and had significant health issues in his early life.

- Latif was also diagnosed with ASD.

Latif’s story is indicative of several inequities in the current care system for young people in education. Firstly, it is evident that the current system for accessing appropriate mental health treatment is inflexible and rigid; >>>

>>> it requires young people to fit into services instead of services responding to need, and some, like Latif, fall through the gaps. Secondly, it showcases the importance of early intervention and communication across providers of youth services – Latif’s story showcases several opportunities for interventions that were missed. Thirdly, it showcases the importance of cultural competence in delivering services to young people – they help circumvent long-standing assumptions and engage with families of young people in a manner that can allay fears, demystify the care space and ensure families and young people feel safe and secure when they in front of institutions they are typically suspicious of.



What is more, there is clear evidence that early intervention and specialist support can go a long long way in supporting vulnerable students:

→ A report from Barclays Wealth (2011), *Early Interventions: An Economic Approach to Charitable Giving* states that: ‘Specialist counselling in schools can help to tackle child behavioural problems. One approach shows that 71% of young people improve their behaviour in a year, and the long-term savings are likely to be in the region of £3 for every £1 invested’.

→ There is evidence to suggest that targeted school-based interventions have led to improvements in wellbeing and mental health, yielding reduced levels of school exclusion by 31% and improved pupil attainment (Banerjee et al., 2014).

→ Up to 90% of teachers reported that counselling had a positive impact upon concentration, willingness to participate in class and increased motivation for young people to attend school and study (Barclays Wealth 2011).

The need to address this issue immediately is even more pronounced when we consider the devastating impact of Covid-19 on students’ mental health. An ONS poll showed that more than half of those surveyed said they felt their mental health had deteriorated since the start of the pandemic, though only a fifth had sought support (ONS, 2020). As a society, will we take heed of the lessons this pandemic has taught us about the importance of keeping young people in school? How can we make sure no young person becomes an empty chair?

Joe Watfa, Head of Policy

SOURCES

Assets.publishing.service.gov.uk. 2021. *Alternative Provision Market Analysis* [online] Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752548/Alternative_Provision_Market_Analysis.pdf> [Accessed 25 February 2021].

Banerjee, R., Weare, K. and Farr, W., 2013. Working with ‘Social and Emotional Aspects of Learning’ (SEAL): associations with school ethos, pupil social experiences, attendance, and attainment. *British Educational Research Journal*, 40(4), pp.718–742.

Broglia, E., Millings, A. and Barkham, M., 2017. Challenges to addressing student mental health in embedded counselling services: a survey of UK higher and further education institutions. *British Journal of Guidance & Counselling*, 46(4), pp.441–455.

Chui, Z., Gazard, B., MacCrimmon, S., Harwood, H., Downs, J., Bakolis, I., Polling, C., Rhead, R. and Hatch, S., 2020. Inequalities in referral pathways for young people accessing secondary mental health services in south east London. *European Child & Adolescent Psychiatry*,.

DFE, 2019. Permanent and Fixed Exclusions in England [online] Available at: <<https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england>> [Accessed 25 February 2021].

DFE, 2018, Alternative Provision Market Analysis [online] Assets. publishing.service.gov.uk. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/752548/Alternative_Provision_Market_Analysis.pdf> [Accessed 25 February 2021].

Institute, E., 2019. High Needs Funding: An overview of the key issues – Education Policy Institute. [online] Education Policy Institute. Available at: <https://epi.org.uk/publications-and-research/high-needs-funding-overview/#_ftn10> [Accessed 25 February 2021].

NSPCC, 2021. [online] Learning.nspcc.org.uk. Available at: <https://learning.nspcc.org.uk/media/1355/learning-from-case-reviews_teenagers.pdf> [Accessed 25 February 2021].

OFSTED, 2021. Ofsted Annual Report 2018/19: education, children’s services and skills. [online] GOV.UK. Available at: <<https://www.gov.uk/government/publications/ofsted-annual-report-201819-education-childrens-services-and-skills>> [Accessed 25 February 2021].

ONS, 2021. Coronavirus and higher education students – Office for National Statistics. [online] Ons.gov.uk. Available at: <<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/coronavirusandhighereducationstudents/england20novemberto25november2020>> [Accessed 25 February 2021].

Bacp.co.uk. 2015. School counselling for all. [online] Available at: <<https://www.bacp.co.uk/media/2127/bacp-school-based-counselling-for-all-briefing-dec15.pdf>> [Accessed 25 February 2021].