

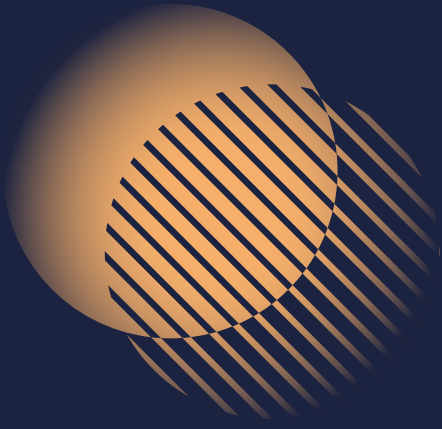


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Executive Summary

An investigation into the perceived enablers and barriers to mainstream schooling: The voices of children excluded from school, their caregivers and professionals

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Commissioned by Together for Children, Sunderland

March 2020

Executive summary

The University of Sunderland was approached by Together for Children in the Autumn of 2018 to 'investigate the factors that impact upon social and emotional wellbeing of children and young people from 3-16 years in Sunderland City which may lead to exclusion from school'. The purpose was to provide a research-informed review of mainstream schooling in the City, through a detailed examination of the personal lived experiences of children and their caregivers who experienced exclusion from school. The research also elicited the perceptions and experiences of other stakeholders across health, education and support services on the enablers and barriers to mainstream education for children vulnerable to school exclusion.

In total, there were 174 participants interviewed for this piece of research. This included 55 children, 41 of their caregivers, 69 education professionals including head teachers from nursery to secondary age phase and 14 Special Educational Needs Co-ordinators (SENCOs) and class teachers. The sample also included nine health and support professionals and three separate advisory groups that consisted of 12 children, five professionals from health/support services and five education professionals.

This is the most substantial piece of primary research carried out to date on the enablers and barriers to mainstream schooling for those at risk of school exclusion in England. It would not have been possible without the commission from Together for Children (TfC) who must be commended for their ambition to improve the lives and schooling experiences of children across the City.

What is evident from this research is that when the caregivers sent their child to school, they did not foresee the difficulties that lay ahead. The reality is that for some of the children in this study, the mainstream model of schooling didn't work. They reported barriers to accessing the curriculum and participating in learning due to a multitude of factors outside of their control, including academic expectations and

curriculum, large class sizes and unidentified learning and health needs. They also shared experiences of failed relationships with teachers and a need more holistic support than was available. Some participants suggested that inflexible behaviour sanctions, including being placed in isolation booths where predominantly, no teaching or learning occurred, were a barrier to mainstream school.

The overarching aim

To investigate the factors that impact upon social and emotional wellbeing of children and young people from 3-16 years in Sunderland Local Authority which may lead to exclusion from school.

Objectives

- To elicit the perceptions and experiences of excluded children, their caregivers and professionals of the barriers and enablers to mainstream schooling
- To determine if it is possible for children at risk of school exclusion to feel and be included while attending mainstream school.
- To evaluate the effectiveness of national policy in supporting children to remain in mainstream school
- To produce a report with supporting evidence to inform provision planning and training for education professionals within the local area of Sunderland

Recommendations

The recommendations in this report intend to enable the local area to develop expertise and capacity in schools to allow children to thrive emotionally and socially. The implementation of the recommendations will require a shared commitment to implementing the findings of this research. The first two recommendations were decided collaboratively by the advisory group of 12 children in KS2-4 who had experienced exclusion from school.

Recommendation 1: We think isolation booths should be removed from all schools as they do not work and do not improve behaviour but make it worse.

Recommendation 2: We need smaller class sizes in mainstream schools, 30 in a class is too noisy, there is too much distraction and teachers cannot give us the help we need, this will help us learn.

The following recommendations are from the interviews, conversations and advisory group comments.

Recommendation 3: Governing bodies must work with senior leaders and SENCOs to embed alternative approaches to isolation booths that are based on child-centred approaches. This needs to include training, so there is a clear understanding of the need to apply the graduated approach of assess, plan, do and review (DfE, 2015a) to identify, understand and respond to children's needs through evidence-based practices.

Recommendation 4: Schools should access training to reinforce their reasonable adjustment duties as legally required by the Equality Act, 2010 and obligations within the Children and Families Act, 2014. These need to be made explicit in school policies such as SEND, safeguarding, equality, behaviour/discipline, positive handling, mental health and looked after and previously looked after children.

Recommendation 5: Schools should access training on alternative and child-centred approaches to restraining children, for example, Studio 3's Managing Challenging Behaviour course (MCB) accredited by the British Institute of Learning Disabilities. This needs to include the impact of traumatic adverse childhood experiences (ACEs) on children's mental health and wellbeing.

Recommendation 6: For stakeholders in key stage 2, secondary education and TfC to explore the adoption of a vocational education and training model for children who have aspirations outside of academic routes and/or who find the current curriculum stressful and unmanageable. With agreement from the caregiver and child, there should be consideration of continuing the primary education model into years 7 and 8 for those children who have been identified as needing an alternative route within secondary mainstream education.

Recommendation 7: Review of health services pathways, including the introduction of a health and support services triage service in Sunderland for children across the child and adolescent years. This would ensure that a decision is made by a health professional of which pathway is most suitable for the child or young person (paediatric disability service, community CAMHS or CYPS) or other support services. This will need to include a review of the procedures for responding to caregiver concerns at the two-year progress check.

Recommendation 8: To immediately revoke the child and adolescent mental health service CAMHS special circumstances list so that all children can access timely support.

Recommendation 9: Children on the edge of or allocated a fixed-period or permanent exclusion should be referred to health services to determine any underlying genetic, learning disabilities or neurodiversity causes.

Recommendation 10: To provide training to health visitors to ensure there is consistency in how the teams recognise and respond to the caregivers' voice when they share concerns about their child's development and/or behaviours.

Recommendation 11: To create a crisis response team as part of the CYPS service to be available to schools from 8 am until 5 pm to allow for issues arising before, during and after school.

Recommendation 12: Further consideration needs to be given across the health services of the consequences applied when a child either fails to attend an appointment, including when a child is unable to communicate during the meeting. The paediatric disability consultants should lead this as they were commended for their procedures and practices.

National recommendation: Department for Education (DfE) must take steps to address the use of isolation booths in schools. They should review guidance on the use of this method of sanction and commission case studies of alternative child-centred approaches.

I am grateful to all the participants who have taken part in this research and openly shared their experiences. I thank you for your time and your stories, you have been honest and sincere and this will allow the local area to move forward with research-informed evidence. I would particularly like to thank the children and caregivers; being able to hear from you directly has been fundamental to this research. You are all brave, inspirational and I wholeheartedly wish you the best life.

Sarah Martin-Denham
March 2020

