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ORIGINAL ARTICLE

Martin-Denham, S. (2024) 'Nana, don't bother buying us new shoes, 'cos I'll not be there two minutes': Evaluating the effectiveness of assessment hubs in re-integrating children at risk of school exclusion into mainstream school

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Abstract

This mixed-methods study sought to determine the effectiveness of assessment hubs in re-integrating children at risk of school exclusion into mainstream school. First, the assessment hubs provided attendance and exclusion data for 39 children who attended the hubs (KS2, $n=11$ and KS3, $n=28$) between January 2020 and January 2022. Second, 23 semi-structured interviews adopting a hermeneutic phenomenological approach were conducted with caregivers of children who attended a hub. Third, three theographs depicting children's schooling were created. Quantitative data showed that 2/11 KS2 and 10/28 KS3 children successfully reintegrated into mainstream secondary school after attending an assessment hub. The remaining children were in alternative provision, either permanently or awaiting an EHC plan for specialist provision. Three themes were developed through thematic analysis of the interviews: a perfect storm; it's not rocket science; and hang on. The caregivers needed confidence in the ability of mainstream secondary schools to provide the right support at the right time in the right environment. The study found that the assessment hubs were effective in building positive relationships and supporting caregivers to understand reasons for their children's behaviours. In some cases, the assessment hubs effectively secured the most appropriate provision to meet children's needs. Most of the children needed to remain in AP permanently or await an EHC needs assessment to secure a place in specialist provision.

KEYWORDS

assessment hub, education, mixed-methods, school exclusion, special educational needs and disability

Key points

- Living with and supporting a child on the edge of, or who has been excluded from school, can be detrimental to the mental health of not only the child but the wider family. Caregiver's experiences of exclusion as a complex journey of difficulties reflected by a continuum of coping.
- Delayed assessment to identify SEND further contributed to children's ill mental health, increasing challenging behaviour.

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- A time-limited placement with access to an educational psychologist had the positive effect of identifying SEND and identifying potential causes of underlying behaviours and learning difficulties.
- Most of the children needed to remain in AP permanently or await an EHC needs assessment to secure a place in specialist provision as it was felt their needs were unable to be met by mainstream school.

INTRODUCTION

The Education Act, 2011 is the main statute which sets out what a school should do when excluding a child. Exclusion is formally sending a child home from school for disciplinary reasons. There are two types of exclusion: suspension (fixed period) and permanent exclusion (Education Act, 2011). A suspension is when a child is removed temporarily from school. A child can only be suspended for up to 45 school days in one school year, even if they've changed schools. A permanent exclusion means a child can no longer attend that school (DfE, 2024a).

The detrimental effects of school exclusion have been widely researched (Daniels, 2011; Madia et al., 2022), with studies identifying specific difficulties reintegrating children and young people (hereafter referred to as “children”) into secondary school (Martin-Denham, 2020a, 2020b, 2020c, 2023; Parsons & Howlett, 2000), increased risk of poor educational outcomes (Social Exclusion Unit, 1998; Office of the Children's Commissioner, 2017), and short- and long-term mental health and wellbeing difficulties for both the children and their wider family (Martin-Denham, 2023; Obsuth et al., 2023).

The Department for Education (DfE, 2024a) statutory guidance on school exclusions advises headteachers to use suspension and permanent exclusion as a last resort. Osler and Vincent (2003), Dupper, Theriot and Craun (2009), and Gazeley (2010) concluded that headteachers did not believe school exclusion transformed behaviour. Over half of the 46 headteachers interviewed by Martin-Denham (2021) believed school exclusion served no function other than to punish and inconvenience carers, deter other children from misbehaving, or purposely fast-track them to alternative provision (AP).

Martin-Denham (2020a) explored school exclusion with 174 participants, including: 55 children and young people, 41 caregivers and 78 health and education professionals. They described risk and protective factors for school exclusion, including a lack of SEND assessment, identification and response through evidence-based provision and practice. The study recommended the development of assessment hubs to assess and identify potential causes of children's behaviours, such as learning difficulties, speech, language and communication needs or mental health difficulties. The first hub opened in January 2020 for 11–14 year olds in Key Stage (KS) 3, and the second in February 2021 for 8–11 year olds in KS2-3.

The assessment hubs are based on the site of an alternative provision school in the Northeast of England. Assessment hubs are accessed via a referral process to the Vulnerable Pupils Panel, which commissions alternative education provision in the local area. If accepted, the children attend the hub full time for a minimum of 2 to a maximum of 8 weeks. During this time, the child is assessed by a range of professionals, including an educational psychologist, teaching staff, behaviour support and mental health workers, and interventions are implemented, including counselling. At the end of the placement, in partnership with home and school, a support plan is created by the hub staff to support re-integration into their mainstream school or an alternative education placement. The reintegration period is 2–4 weeks, led and supported by the assessment hub staff.

In 2023, Her Majesty's (HM) Government published the Special Educational Needs and Disabilities (SEND) and AP Green Paper (SEND Review: Right support, right place, right time) which sets out a three-tier AP system:

Focusing on targeted early support within mainstream school, time-limited intensive placements in an alternative provision setting, and longer-term placements to support return to mainstream or a sustainable post-16 destination

(p. 11).

The hub model aligns closely with the Tier 2 model for AP set out in the SEND and AP plan, ‘Short-term placements in AP schools to assess and address pupil's needs with the expectation of their return to mainstream school’ (HM Government, 2023, p. 25).

Rates of school exclusion

Between 2018/2019 and 2019/2020, the permanent exclusions (rate) decreased from 0.10 to 0.06, according to the statistical first release publication (DfE, 2021). During the same period, the suspension rate decreased from 5.36 to 3.76, though the data includes periods of school closures caused by the COVID-19 pandemic. According to DfE (2021), 34.5% of permanent exclusions and 33.5% of suspensions were due to persistent disruptive behaviour. DfE (2022a) reported a 0.06 to 0.05 decrease in permanent exclusions in 2020/2021, while suspension

rates increased from 3.76 to 4.25 in the Spring term of 2020/2021. Nationally, in the year 2022–2023 reported suspension and permanent exclusion rates have risen significantly (DfE, 2024a) with suspension increased from 787,000 from 578,300 in the previous year and permanent exclusions rising from 6500 to 9400, higher than pre-pandemic figures.

Power and Taylor (2018) argue that school exclusion rates exceed school census statistics. These illegal exclusions include children being sent off-site for disabilities the school was unable to support; placing children in isolation booths; or being sent home with no statutory education (Martin-Denham, 2020a). Research by Martin-Denham (2020b) highlighted caregivers are too unsure of processes and systems to question the authority of the excluding school (Martin-Denham, 2020b).

Early identification

The value of early identification has been prevalent in several reviews: Bercow Report (Department of Children Schools and Families (DSCF), 2008); Lamb Inquiry (DCSF, 2009); Salt Review (DCSF, 2010); OFSTED SEND Review (OFSTED, 2010); Timpson Review (DfE, 2019a) and the SEND Review (HM Government, 2022). Horridge (2019) stated the importance of needs being visibly and accurately described and documented. Likewise, early identification of SEND is critical if special educational provision is to be timely, effective and evidence-based (Martin-Denham, 2020a, 2020b, 2022, 2023).

Ofsted (2021) interviewed 44 caregivers and found disparities in identifying SEND. The HM Government (2022) SEND review revealed that effective practice was rare and that children's experiences and outcomes are poor. They highlighted that Integrated Care Boards must improve service coordination to integrate physical and mental health care to facilitate early identification and transition for children with SEND. In addition, they proposed to legislate new national SEND standards to mandate consistent processes for deciding how needs are identified, when assessments should take place, who should be involved, and how evidence and information will be recorded and monitored. Sinclair and Zaidi (2023) also reported significant inconsistencies across local authorities, increasing the challenges caused by late or misidentification from services resulting in a loss of parental confidence in the SEND system. Other research indicates that mainstream schools are meeting their Equality Act (2010) duties in providing reasonable adjustments to prevent substantial disadvantage (Martin-Denham et al., 2017; Martin-Denham, 2020a, 2020b, 2020c, 2022). This research highlighted the need for training for the education workforce to ensure they know, understand and apply legal duties for

children with SEND as the findings suggested this was not consistently the case.

The role and impact of alternative provision

The adverse effect on educational attainment for those not re-entering education following exclusion is well documented (Balfanz et al., 2015; Martin-Denham, 2020c; Noltmeyer & Ward, 2015; Peguero & Bracy, 2015). Dong and Krohn (2020) reported that being excluded from school has implications for academic outcomes, due to the challenge of catching up with lost schooling. Alternative provision (AP) offers a different environment to mainstream school giving children the time and space to reinvent themselves (Ofsted, 2022).

Statutory guidance from the Department for Education (DfE, 2013, p. 3) describe AP as:

Education arranged by local authorities for pupils who, because of exclusion, illness or other reasons, would not otherwise receive suitable education; education arranged by schools for pupils on a fixed period exclusion; and pupils being directed by schools to off-site provision to improve their behaviour.

During the 1990s, New Labour, the Government of the UK from 1997 to 2010 under prime ministers Tony Blair and Gordon Brown, increased access to AP by introducing targets to reduce exclusion (Ogg & Kaill, 2010). The early indicators were that the policy decreased exclusions between 1998/1999 and 2011/2012 (Menzies & Baars, 2015). Currently, schools are incentivised to permanently exclude, since LAs fund placements for those with a permanent exclusion (DfE, 2018a). However, concerns were raised that teenagers were being sent to AP to improve the examination results of mainstream schools (Martin-Denham, 2020b; McShane, 2020; Morgan-Bentley, 2018; Ofsted, 2018). Both Education Datalab (2017) and Ofsted (2018) have suggested exclusion of children increases when a school converts to academy status. Of equal concern was a report by the Children's Commissioner for England (2019), highlighting academies had a higher number of referrals for children to be home-educated than maintained schools. In response, the revised Ofsted inspection framework (2019a) states that schools found to be off-rolling will receive an inadequate judgement for leadership.

Children accessing AP

The number of primary-age children referred to AP has continued to rise over the last 5 years from 5575 (2017/18) to 7000 (2020/2021) (Ofsted, 2022), AP census data for secondary age pupils is not available. (They reported

that approximately 7095 primary-age children are in unregistered, state-funded independent AP schools. In the academic year 2023–2024 there was a 20% increase in the number of children in state-funded AP to 15,900 compared to the previous year (DfE, 2024b).

The DfE (2018b) provides four categories of children who access AP: (1) for one off incidents, such as violence, bringing a banned substance into school, being new to a local area or waiting to reintegrate into a mainstream school. (2) for those who need an alternative curriculum or learning environment, rather than because they have been excluded from school. (3) for vulnerable children who may have experienced neglect or abuse at home or have mental health difficulties. (4) for children with low attendance due to a range of factors such as family adversities, care system and involvement with the criminal justice system. Unsurprisingly, children in AP are six times more likely to have identified SEND needs (81%) compared to those in mainstream school (14%) (DfE, 2019b) with over-representation of some ethnic groups. For example, in the state-maintained AP sector 3.3% are Black-Caribbean, 4% are White and Black Caribbean and 1.2% are Gypsy Roma, compared to 1.1%, 1.5% and 0.3% in mainstream schools.

The quality of AP

In 2011, OFSTED found serious shortcomings in AP provision, with lower-than-expected achievement. The following year, Taylor (2012) recommended prompt assessment and identification of individual needs, reintegration plans for the child to return to mainstream school, and a broad curriculum. Since then, Ofsted (2016), the Timpson Review (DfE, 2019a) and IntegratED (2022) have also raised concerns about the variable quality of AP across England, citing inconsistencies in performance and practices leading to a poor-to-zero chance of receiving a good education. Ofsted (2019b) reported that almost one in five AP schools and one in eight in mainstream schools require improvement. They also noted that AP schools have more unqualified teachers compared to mainstream schools (17% versus 8%).

METHODS

Design

This mixed-methods study sought to determine the effectiveness of assessment hubs in re-integrating children at risk of school exclusion into mainstream school. The methodology adopted was interpretative-oriented phenomenology, which forms knowledge through interpretation and social construction (Morton, 2006). Phenomenology is an area of study in psychology that attempts to analyse participants' subjective experiences

from their point of view via their written or spoken words (Ladkin, 2005). Interpretivism is similarly subjective and developed through participation (Heron & Reason, 1997). An interpretive theoretical framework was adopted to align with the phenomenological position and understand the human experience. This methodological position was that multiple realities exist for researchers and participants (Harrison et al., 2017).

Since the 1990s, mixed-methods approaches have gained popularity in the social sciences and educational research (Shan, 2022). Historically, combining quantitative (seen as positivist) and qualitative (more constructivist/interpretive) methods was seen as incompatible (Kelle, 2006). However, as outlined by Terry (2010), counting in thematic analysis can be useful in showing the strength or consistency of a theme.

The effectiveness of the assessment hubs was measured both on the number of children who successfully returned to mainstream school (from analysis of attendance and school exclusion data) and thematic analysis of the experiences of interviews with 23 caregivers of children who attended one of the hubs. Despite their unique insight and views due to their lived experiences, there is little research on caregivers' reflections on living with and supporting a child who has experienced school exclusion (Martin-Denham, 2020a, 2020b, 2020c, 2023; McDonald & Thomas, 2003; Parker et al., 2016). Reintegration literature from a caregivers' perspective is scarce (Embeita, 2019; Gordon, 2001; McDonald & Thomas, 2003; Smith, 2009).

Procedure

A purposive sampling method was used to recruit 23 caregivers (KS2, $n=6$ and KS3, $n=17$) of children on the edge of school exclusion, who accessed assessment hubs. They participated in semi-structured 1:1 telephone interviews. The AP link school contacted all caregivers who met the selection criteria by phone. They explained the purpose of the research using the information sheet as a prompt. Those who agreed to take part provided consent for their contact details to be shared with the research team, who then contacted the caregiver to organise the interview, sent the information sheet and consent form and gained verbal consent. There was no limit on the number of caregivers who could be interviewed. Due to the recent ending of Covid-19 restrictions, caregivers could choose a telephone or an in-person interview. All caregivers chose a phone interview. Interviews averaged 30 min and 11 s.

The assessment hubs provided quantitative attendance and school exclusion data for 39 children (KS2, $n=11$ and KS3, $n=28$) who attended between January 2020 and January 2022. The gatekeeper invited all parents of the children who attended the hubs between 2020 and 2022 to take part ($n=39$). Twenty-three caregivers

consented to take part in semi-structured telephone interviews (six out of 11 at KS2 and 17 out of 28 at KS3). Twenty-three semi-structured telephone interviews were held with caregivers. The criteria for an interview were as follows: they had a child who was at risk of, or who had been previously suspended and/or permanently excluded from school, and their child attended one of the assessment hubs.

The objectives were to:

- Gain insight into the lifeworld of caregivers' experiences of school exclusion
- Identify the characteristics of children at elevated risk of school exclusion
- Determine the effectiveness of assessment hubs in re-integrating children at risk of school exclusion into mainstream school
- Determine if caregivers felt assessment hubs positively affected their children's behaviours and reduced their risk of school exclusion

Ethics

The University of Sunderland Ethics Committee approved the study. Following British Educational Research Association (BERA, 2018) guidelines, the research design and process included gatekeeper and participant consent. As per the Information Commissioner's Office (2019) guidance, participants were provided with an information sheet and consent form, and informed of their right to withdraw, the procedure for processing their data, data retention periods and who the information would be shared with. Every caregiver with a child who attended a hub was invited to take part and to have someone accompany them during the telephone interview. All caregivers chose to be interviewed by phone due to the recent Covid 19 pandemic. The principal researcher emphasised to participants that they had a right to withdraw at any time, adhering to the research ethics principle of ongoing consent, and they were given the opportunity to withdraw their data from the study after the interview. All caregivers, whether they became audibly distressed or not were signposted to a range of mental health support services. Prior to and following the interview check-ins were done on the caregiver's wellbeing and support needs.

Data analysis

The assessment hubs: Quantitative analysis

The attendance and exclusions data for the 39 children were transferred securely from the assessment hubs to Microsoft Office OneDrive. Descriptive statistics were used to analyse and report the data.

Demographics: Quantitative data

Of the 11 KS2 children, two were White British, eight identified as male and three as female. One child was in year 3, five were in year 4, two were in year 5 and three were in year 6.

Of the 28 KS3 children, 27 were White British and one was Indian. Eighteen identified as male, nine as female and one as 'other'. Four of the children were in year 7 upon entry to the assessment hub; 17 were in year 8 and seven were in year 9.

KS2: Before the hub

All 11 children from the KS2 sample were in mainstream school before their attendance at the hub. Ten were designated SEN support and one had no SEN status. One of the children had a diagnosis of autism. The remaining 10 had no SEND diagnosis. There was no available exclusion data for most of the children, although there was one known permanent exclusion.

KS2: During the hub

The children spent, on average, 126.39 days at the hub. None received an exclusion. The child with autism was not given any new diagnoses. Three children received new diagnoses; two with autism and one with attention deficit hyperactivity disorder (ADHD). One was undergoing an autism assessment and their SEN support category was changed from N (No support) to K (SEN support).

KS2: After the hub

Of the 11 children:

- The outcome for four children was unknown
- Two were unable to manage in mainstream and were moved to AP to await an EHC needs assessment for mainstream school with support
- Two successfully transitioned to mainstream secondary schools
- One returned briefly to mainstream school before moving to special provision with an EHCP
- Two were moved to AP to await an EHC assessment with placement in special provision

KS3: Before the hub

All 28 children from the KS3 sample were in mainstream school before their attendance at the hub. Twenty-six were designated SEN support and two had no SEN

status. Three had been diagnosed with autism, while the remaining 25 had no SEND diagnosis. Table 1 shows the permanent exclusion and suspension history for the 28 children.

Four of the 28 pupils had a permanent exclusion before entering the assessment hub. Two children had received no suspensions prior to their permanent exclusion, one had five suspensions and the other two suspensions.

KS3: During the hub

The children spent, on average, 193.73 days at the hub. None received an exclusion. The three children with a diagnosis of autism were given no new diagnoses. Of the 26 children who attended the hub with no diagnoses, one was diagnosed with autism, two with ADHD and two with dyslexia. One child secured an EHCP. The two children with no prior SEN support remained in this category.

KS3: After the hub

Eighteen returned to mainstream school, 10 did not. Of those who returned to mainstream school:

- Ten were successful
- Six moved to an alternative mainstream school
- One became homeschooled
- One moved to AP

Of the 10 who did not initially return to mainstream school:

- Eight were moved to AP
- Two were placed in returners provision within mainstream but later became homeschooled (unable to thrive in mainstream school).

After leaving the hub, the 28 children received an average of 1.57 suspensions, compared to 3.82 suspensions before entering the hub. However, the latter value was taken from a longer time span. No permanent exclusions

TABLE 1 Number of suspensions in the KS3 sample before entering the assessment hub.

Number of suspensions	Number of children
0	5
1–2	9
3–5	7
6–10	6
11+	1 ^a

^a19 suspensions prior to entering the assessment hub.

or managed moves had been recorded for these children at the time of analysis.

Qualitative data analysis

Demographics

One of the KS3 interviews included both the mother and father. Twenty-one participants self-identified as female and two as male. All but one participant identified as White British. Twelve of the caregivers were in employment and 11 were unemployed. Six had children in KS2 and 17 had children in KS3.

Of the 23 caregivers, 15 were birth parents, while the remaining eight were other forms of caregiver. The latter consisted of grandparents with residence orders or guardianship, residential care workers, foster carers and a collective carer.

Tables 2 and 3 provide caregiver reported diagnoses pre- and during the hub attendance, current risk of exclusion, school and SEN status.

Analytic approach

Reflexive thematic analysis was used as a ‘flexible, straightforward and accessible’ method (MacLeod, 2011, p. 146) and an accepted phenomenological approach (Guest et al., 2012; Joffe & Yardley, 2004). As shown in Table 4, a six-step inductive process, similar to the method outlined by Braun and Clarke (2006) was adopted to read, code and understand the data. Thematic analysis is not one fixed approach to qualitative analysis but an umbrella term for a range of flexible approaches (Clarke & Braun, 2018; Madill & Gough, 2008). It should be flexible and encourage creativity (Braun & Clarke, 2020). The reflexive approach was appropriate as it values subjective, aware, situated and questioning researchers (Braun & Clarke, 2019). Tables 5, 6 and 11 and the theographs, Figures 2–4 are shaded green or red to illustrate positive (green) and negative (red) incidents, experiences or opportunities in the child's life.

The reflexive nature of thematic analysis allowed movements between phases during interpretation (Terry et al., 2017). In response to the ability to have a flexible approach, three illustrative theographs were also created to provide a visual representation of critical events as recalled by the caregivers.

Quality assurance

A detailed electronic and paper audit trail was maintained throughout the process. This included NVivo coded files for each of the five phases, and various versions of Tables and Figures to illustrate the decisions made during coding

TABLE 2 Caregiver reported; diagnoses, exclusion history, current risk of exclusion, school and SEN status (KS2)

Age	Exclusion history	Pre-hub diagnoses	During hub diagnoses	Reduction in exclusion risk	Reintegration status	Current SEN status
8	None	None	None	Unsure	Upcoming	SEN support
9	Suspensions	Autism	SEMH	Yes	Ongoing	EHC plan granted
10	Suspensions	Autism, sensory processing disorder, hearing impairment	None	No, regular suspensions	Unsuccessful (transferred to AP)	EHC application ongoing
10	None	Referred for Autism assessments	None	Yes/needs specialist provision	Unsuccessful (awaiting specialist provision)	EHC plan granted
9	Suspensions	None	Referred for Autism assessment	Yes	Upcoming	EHC application ongoing
10	Suspensions	SEMH	Referred for ADD/ADHD/Autism assessment	Yes	Upcoming	SEN support

and reassembling the data into themes (Barbour, 2001). Time was taken to ensure key concepts weren't overlooked, with continuous recoding of the data (Castleberry & Nolen, 2018). Reflexive conversations were held with a member of the research team to ensure rigour and in-depth analysis of the data corpus.

The process of thematic analysis

Phase 1. Familiarisation with the data

To re-familiarise with the interviews, each recording was listened to and the transcriptions read. This process was essential to engage deeply with the data. Figure 1 shares the paper notes written as part of this phase.

Development of theographs

Alongside these initial notes, theographs were created from key events and milestones reported by three randomly selected caregivers (Figures 2–4). Theographs were created as follows:

1. Reading and re-reading the original data, and listening to the audio files
2. Creating a spreadsheet with year, setting and positive and negative events (Tables 4–6)
3. Colour coding the events and experiences: red for negative and green for positive, to create theographs 1–3 (Figures 2–4, Tables 5, 6 and 11)

Phase 2. Generating initial codes

The 22 interview transcripts were uploaded into NVivo 12 for initial coding and collation of explicit meaning (semantic) and conceptual implicit meaning (latent) (Braun & Clarke, 2022). This process led to descriptive codes within

the themes of 'mainstream school', 'assessment hubs' 'living through Covid-19', 'service experiences' and 'life now'. For phases 2 and 3 of the analysis, the frequency of codes and candidate themes are shared (Tables 7 and 8). Braun and Clarke opposed the use of frequency counting to report themes (2013), though advocate frequency counting if it is not the standalone approach (Braun & Clarke, 2019; Clarke et al., 2019). Tambling (2021) advocate the use of frequency counting if it provides information on the density and distribution of codes across the dataset. As shown in Table 7, all interviewees shared challenges their child experienced in accessing mainstream school, the impact of school exclusion on their current lives and their views on assessment hubs.

Phase 3. Generating initial themes

Using the codes generated from phase 2, initial broad candidate themes were explored (Braun & Clarke, 2006). This phase involved in-depth reflection as the data extracts were re-read and reflected upon, allowing new themes to be identified (Table 8). As part of re-analysis, some quotes were further broken down as the extracts included multiple concepts, creating an increase in references from 563 (phase 2) to 864 (phase 3). All candidate themes were renamed to capture patterns of shared meaning united by a central idea or concept (Braun & Clarke, 2013, 2014). Table 8 shows that the theme 'it's not rocket science' was identified as a conceptual way to identify what children needed to thrive in school. Figure 5 shares the initial subthemes.

Phase 4. Reviewing themes

Reflection and review were achieved by re-engaging with the coded extracts and the dataset as a whole (Braun & Clarke, 2022). This process revealed that some codes, such as diagnosis of need, were too broad. After re-examining the codes and data extracts, Covid-19

TABLE 3 Caregiver reported diagnoses, exclusion history, current risk of exclusion, school and SEN status (KS3).

Age	Exclusion history	Pre-hub diagnoses	During hub diagnoses	Reduction in exclusion risk	Reintegration status	Current SEN status
13	None	None	None	No, low attendance	Unsuccessful (not in school)	Not on SEN register
13	Permanent exclusion suspensions	SEMH	None	Yes	Partially successful (hub on site of mainstream school)	SEN support
13	None	Referred for ADHD assessment	Cognition and learning	No, unable to cope with attending school	Unsuccessful (homeschooling)	SEN support
14	Suspension	Autism	None	No	Failed (awaiting specialist provision)	EHC needs assessment rejected appeal underway
14	Suspensions	None	Cognition and Learning Referred for PDA/SEMH	Yes	Partially successful (part time timetable at mainstream school)	SEN support Request for EHC needs assessment underway
14	None	Gender dysphoria	Dyslexia	No, unable to cope with attending school	Unsuccessful (homeschooling)	Not known
14	Permanent exclusion Suspensions	Referred for ADHD assessment	None	Yes	Unsuccessful (homeschooling)	Not on SEN register
13	Suspensions	Learning disability Epilepsy	None	No	Unsuccessful (awaiting move to AP)	EHC needs assessment underway
13	None	None	Autism	No	Unsuccessful (homeschooling)	EHC application underway
12	Suspension	Health difficulties Hearing impairment	Referred for ADD/Autism assessment	Yes, with EHC plan and support	Unsuccessful (awaiting move to AP)	SEN support EHC plan application underway
13	Permanent exclusions	None	None	Yes	Successful	EHC application underway
12	Suspension	Autism	None	Yes	Successful	EHC application underway
14	Suspension	None	Dyslexia	Yes	Successful	Not on SEN register
13	Permanent exclusion	None	None	Yes	Successful	Not on SEN register
14	Permanent exclusion Suspensions	None	Referred for ADHD assessment and Foetal Alcohol Syndrome	Yes	Unsuccessful (transferred to AP)	EHC application underway
11	Permanent exclusion	Referred for Autism assessment	Referred for SEMH assessment	Yes	Successful	SEN support

TABLE 4 Phases of thematic analysis.

Phase	Description of the process
1. Familiarisation with the data	Listening to the audio, transcription, reading and re-reading the data, noting ideas
2. Generating initial codes	Coding interesting features across the data corpus, collating data relevant to each code
3. Generating initial themes	Collating codes into potential themes, gathering data relevant to each candidate theme
4. Reviewing themes	Checking the themes work in relation to the coded extracts and the data corpus, generating a thematic map of the analysis
5. Refining, defining and naming themes	Ongoing analysis to refine themes and the overall story the analysis tells; generating clear definitions for each theme
6. Producing the report	Final analysis, selection of vivid and compelling extract examples, final analysis of extracts, relating to the research question and literature

Note: Adapted from Braun & Clarke, 2006.

TABLE 5 Key associated with the theograph 1 (Figure 2).

Year of schooling	#	Description of event
Years 1–6	1	No concerns identified during primary school
Year 7	2	Child attends a prestigious football academy, with aspirations to become a professional footballer
Year 8	3	Child struggles with large class sizes, noise, crowds and classroom to classroom transitions
Year 9	4	Covid-19 Lockdown, caregivers found it hard to engage child with homeschooling
Year 10	5	Child struggled to re-engage socially post Covid-19. Child has poor mental health, gives up football
	6	Child is referred to an assessment hub
	7	Low attendance at the attendance hub for the first 6–12 weeks
	8	Child talks to assessment hub staff and shares support needs. Child thrives, socialises and engages in learning
	9	Counsellor at the hub suspects autism. EHC needs assessment submitted by the assessment hub as the 12-week placement ends
	10	Educational psychologist recommends specialist provision due to panic attacks and anxiety
	11	Counsellor from assessment hub offers to continue to support the child upon return to mainstream
	12	Mainstream school denies the request of assessment hub support, offers their own counsellor, child is unable to get an appointment
	13	Part-time timetable implemented in mainstream school, unsuccessful. School informs parents they are unable to meet the child's needs. Child feels unable to attend school
	14	EHC needs assessment denied by LA
	15	Decision not to carry out an EHC needs assessment appealed
	16	Child homeschooled due to lack of specialist school place
	17	Awaiting place in specialist provision

needed to be represented in various codes within ‘a perfect storm’ including homelife, school and services. The theme ‘on thin ice’ was separated into other themes. Figure 6 demonstrates that no new themes were developed.

Phase 5. Refining, defining and naming themes

This phase aims to ‘identify the “essence” of what each theme is about’ (Braun & Clarke, 2006, p. 92). Here, it became apparent that the theme ‘blessings in disguise’ overlapped with

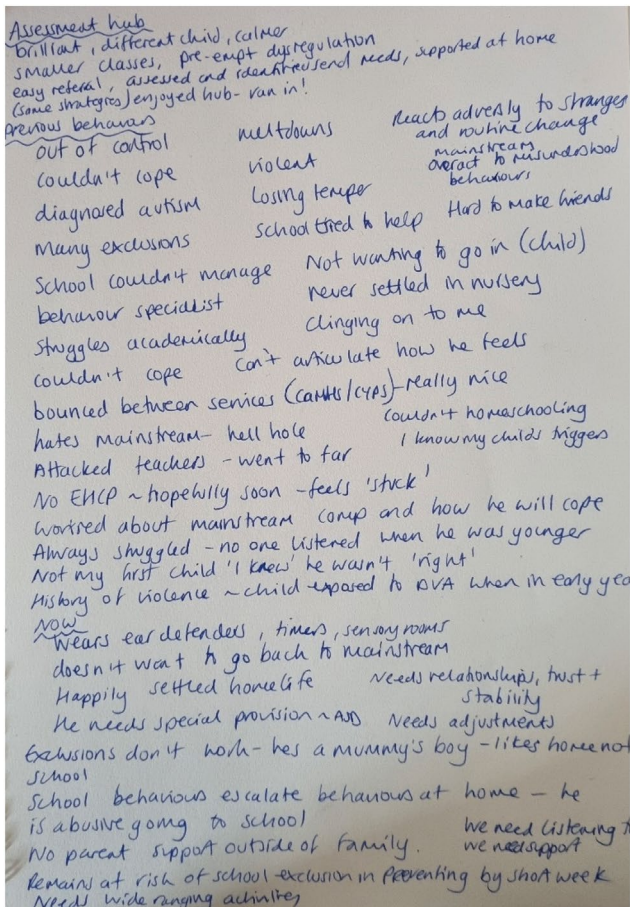


FIGURE 1 Initial notes.

the themes 'it's not rocket science' and 'fish out of water', with 'hang on in there'. Recoding took place to allow the removal of these themes as shown in Tables 9 and 10 presents a thematic map of themes and characteristics.

RESULTS

This article reports three themes: 'a perfect storm,' 'it's not rocket science' and 'hang on in there.'

A perfect storm

The caregiver's comments identified critical factors that singularly or combined contributed to their child's inability to access mainstream school. The following sub-themes were identified: Having SEND, school factors and home factors.

Having SEND

According to caregivers, having SEND often led to challenging, violent and aggressive behaviours (CCVAB) in school,

more punishments, worse achievement and increased likelihood of school exclusion. The findings support earlier research by Martin-Denham (2021b, 2022) that found caregivers are led to believe that their child will only be given SEN support when there is a diagnosis; *'I know what's the matter with him, all the teachers and everything know, but we need it in writing, CYPS have said'*. Often, the caregivers would express relief that there was an underlying reason for the behaviours that led to the exclusion from school:

Last month she got diagnosed with autism, so all this time she's got a bit of autism. She's always had trouble going to school, but they've realised now she can't be around big groups, and that's been her problem.

And

We're waiting for ADHD, and they've done some tests on alcohol foetal syndrome [sic] because I drank heavily during my pregnancy because his dad was a bully. I slowed down when I realised I was pregnant, but by then the damage was already done.

Having a life limiting condition or multiple suspensions placed children at further disadvantage as they were unable to meet expected attainment levels. One caregiver asserted the view that her child's SEMH challenges were a result of health interventions and unavoidable missed schooling. Another felt her child was 'behind' due to being shy and anxious. Anxiety about attending mainstream school was common, 'he used to wake up on a morning crying sometimes. He'd have really bad anxiety about going to school. He'd kick off in the house, leave the school. He'd literally walk into school, he'd be there ten minutes, blow up and they'd just send him home.'

Caregivers reported lengthy wait times for assessment and identification of SEND in the National Health Service, as exemplified in theograph 3, Table 11, Figure 4. Some recalled being 'bounced' between CAMHS and CYPS suggesting pressure on the services. Many conveyed concerns over the impact of delayed assessment and identification of SEND in health services on their child's mental health:

I've had her in CAMHS twice since she was in junior school. Then the doctor referred to CYPS, CYPS rejected the doctor's referral, so I had to do a parental referral. Through the assessment hub she got the psychological assessment at hospital. They've put a referral back into CYPS, they rejected the referral again, so I'm going to have to do another parental one and fight me way through. She's suffering with her mental health at the minute. She tries to self-harm and things like that.

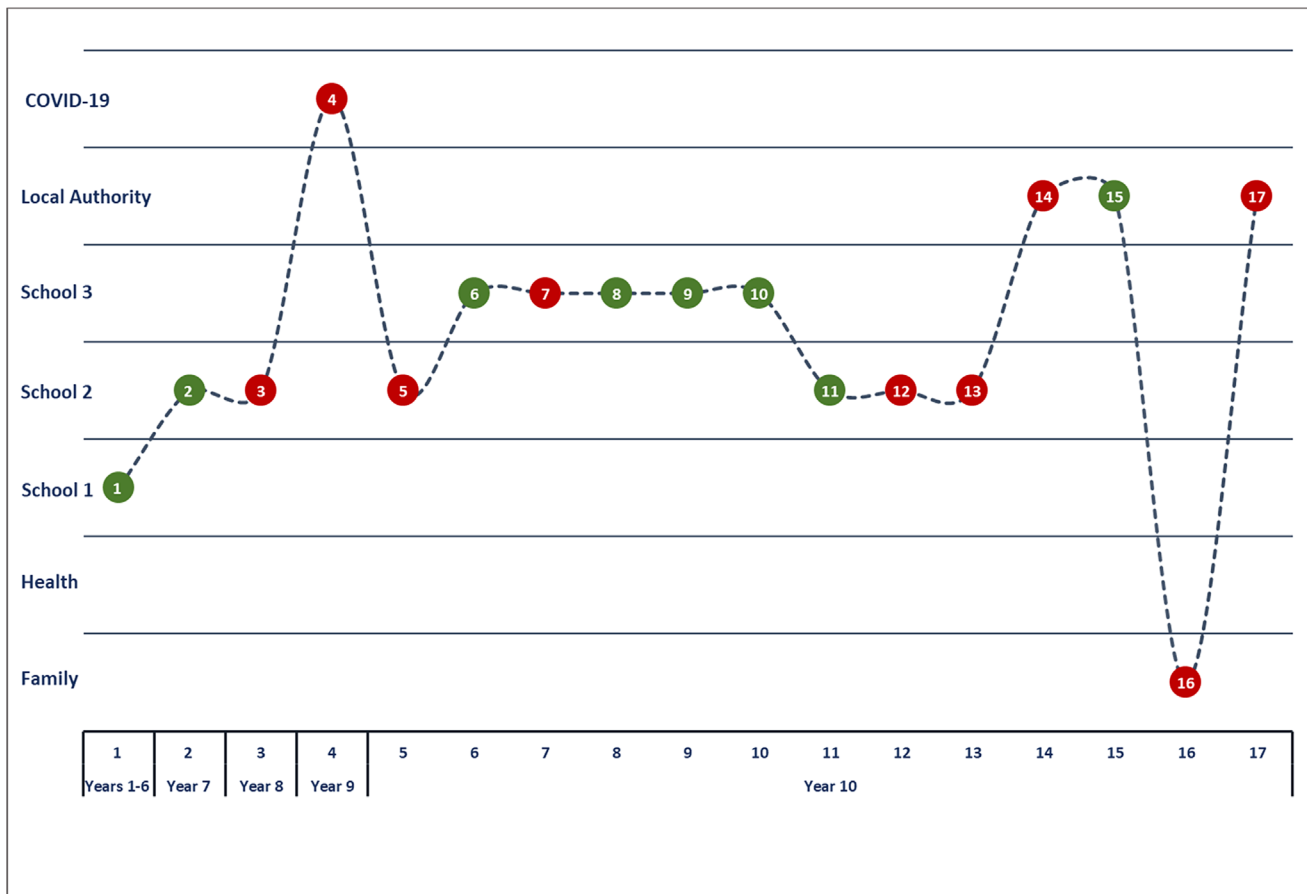


FIGURE 2 Theograph 1 illustrating caregiver 5's description of their child's experiences through school.

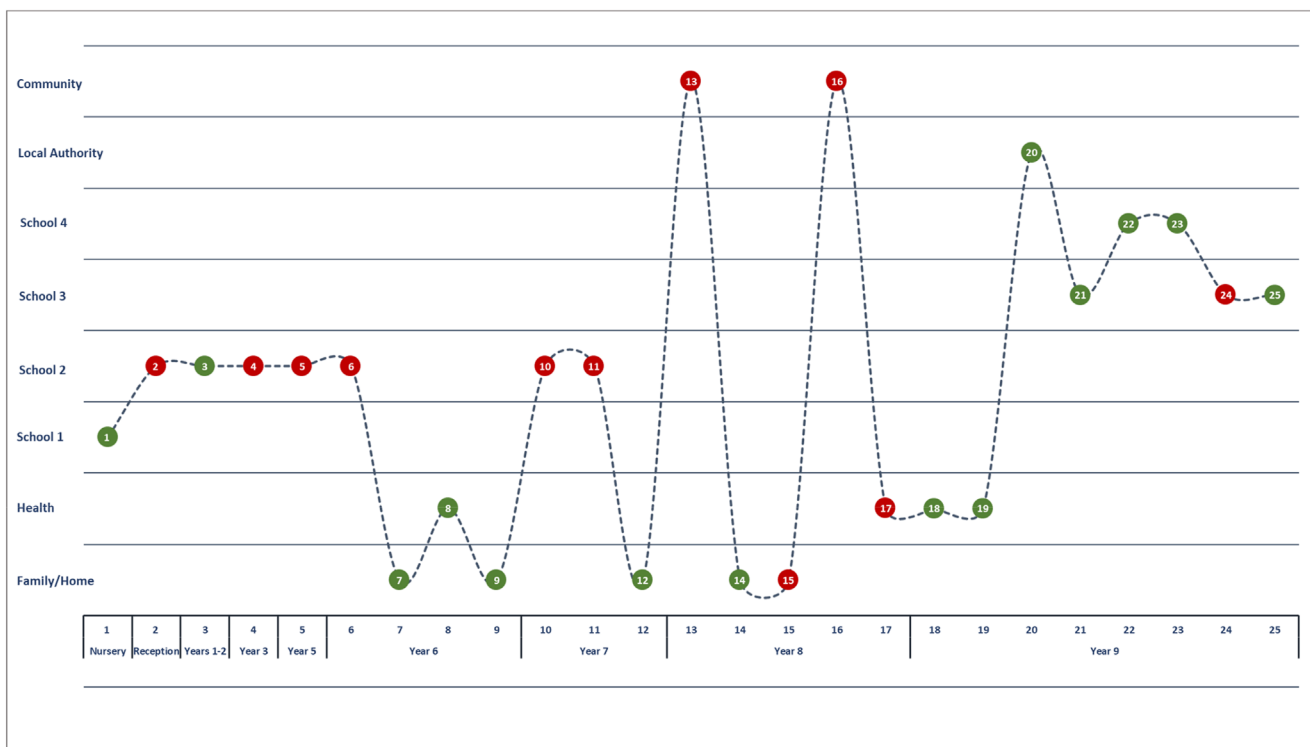


FIGURE 3 Theograph 2 illustrating caregiver 7's description of their child's experiences through school KS3.

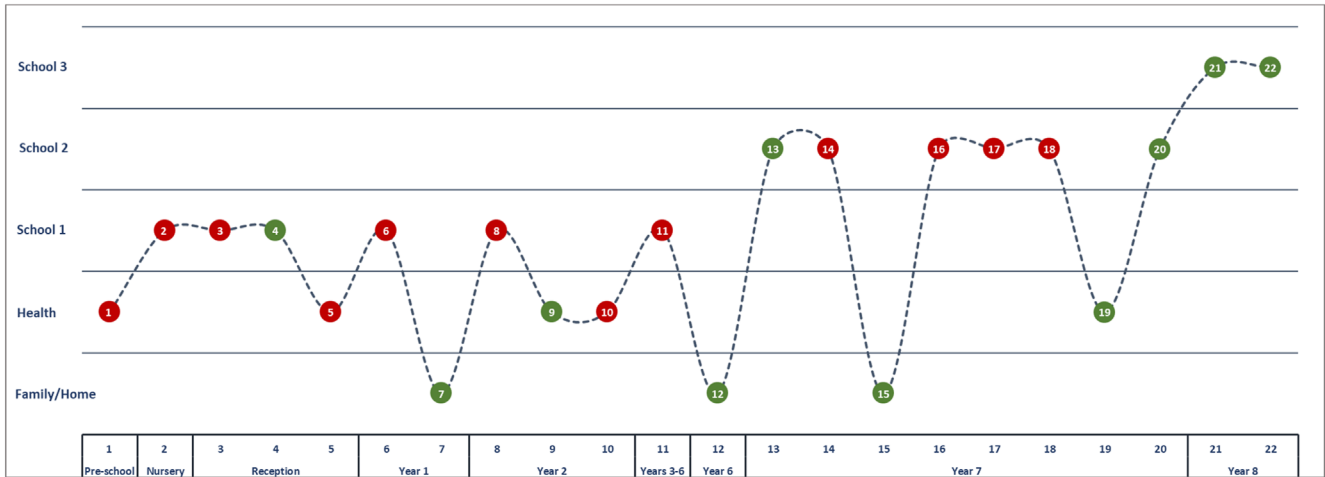


FIGURE 4 Theograph 3 illustrating caregiver 14's description of their child's experiences through school.

TABLE 6 Key associated with theograph 2 (Figure 3).

Year of schooling	#	Description of event
Nursery	1	Exceeding expectations in early years
Reception	2	Child has a negative relationship with teacher
Years 1–2	3	Child has positive relationships with teachers
Year 3	4	Child struggles to maintain friendships at school. Unable to cope in large groups or follow instructions/rules
Year 5	5	Child receives a suspension. Caregiver frequently asked to remove child from school
Year 6	6	Caregiver frequently summoned to school. Teaching assistant support discontinued
	7	Caregiver homeschools for the first term
	8	Autism diagnosed in May
	9	Mainstream secondary school place secured
Year 7	10	No transition information shared between primary and secondary school
	11	No transitional support between primary and secondary school. Problems persist
	12	Child thrives during Covid-19 Lockdown and homeschooling
Year 8	13	Caregiver retrieves the child from the community due to adverse reaction to street drug usage
	14	Covid-19 Lockdowns continued, thrived with homeschooling
	15	Caregiver finds bongos (drug devices) in child's bedroom
	16	Child reported for stealing alcohol and valuables in the community
	17	Child experiences an eating disorder and self-harms
Year 9	18	Child engages with counselling in mainstream school, counsellor leaves due to illness. Positive relationship with Early Help worker
	19	Child engages with Youth Drug and Alcohol Project (YDAP)
	20	Family group conference to address substance misuse. Child no longer given money, to prevent them purchasing alcohol and drugs
	21	School and caregiver agree to an assessment hub placement
	22	Child has a positive experience at the assessment hub
	23	Educational Psychologist assesses child at the hub, comprehension score 7–8 years lower than expected level
	24	Child returns to mainstream school, repeatedly sent home for uniform violations, has low attendance
	25	Mainstream school SENCO begins application for an EHC needs assessment

Caregivers revealed CCVAB towards teachers and other children, that they attributed to unidentified SEND. Many could articulate their child's barriers to schooling,

including: a dislike for being around other children, aggression if others enter personal space, sensory difficulties related to noise and busy school environments; 'he's

TABLE 7 Frequency of codes in phase 2.

Candidate theme	Codes	Number of interviews	Number of references
Mainstream school	12	22	195
Life now	12	22	146
Assessment hubs	8	22	147
Service experiences	6	18	41
Living through Covid-19	4	17	34
Total	42	N/A	563

hit teachers. He's smashed up the room when he's been stressed. He's hit other children when there's been disagreements.' One caregiver expressed concern that her child was sanctioned for self-regulating behaviours, 'he would be given detentions for swinging on his chair. He's got a sensory need and if he doesn't swing on his chair he chews constantly.'

School factors

Ineffective sanctions, bullying and unsupported transitions were cited as school-related factors that increased the risk of school exclusion. Many caregivers believed that the use of sanctions such as detentions, isolation and school exclusion were ineffective in understanding the causes of or modifying behaviours. One caregiver shared that her son had 15 detentions and had refused to attend any. She couldn't understand why the school didn't call her and her child in to find out why. Caregivers of children in secondary school were particularly confused by points-based sanction systems, believing they were setting children with SEND up to fail; 'he was just getting punished constantly. He was getting punished for fidgeting, not doing homework, led to detentions, and then in his eyes he refused detentions because that meant more schooling. It just escalated.' Some talked about the consequences of refusing to attend detentions; sanctioned with being placed in an isolation booth for varying periods of time. Caregivers felt punitive sanctions contributed to their child not wanting to go to school. One commented, 'they used to put him in isolation for five days. Then he'd be back in school a week after, then there'd be another five days. He was always in isolation.' Since then, the child does not want to return to school, she quoted them as saying, 'Nana, don't bother buying us new shoes 'cos I'll not be there two minutes'.

Some caregivers cited bullying as significant factors contributing to difficulties at school. A few said they had moved their child from one school to another in the hope they would feel safer. The reasons for being bullied ranged from not living with a birth parent, physical features or having SEND. 'Because he is a big lad, and they were calling him names, and he was stopping off a lot, but he was vomiting a lot. So, I don't know if he had a nervous stomach about going to school or what.'

Caregivers of secondary age children felt that the lack of support with the transition from primary to secondary school contributed to their child's difficulties. Some hadn't been offered induction days or pre-visits before starting at their new school; 'They just put them straight in and expect them to get on with it and when they didn't get on with it or they struggle, they're kicked out of class or they're getting sent home and they're just tarnished as bad kids.'

Home factors

Involvement with social care, Covid-19, parental ill health, bereavement and loss and exposure to domestic abuse were cited as home-related factors that increased the risk of school exclusion.

Eight of the 22 caregivers were not the child's biological parents. They shared the impact of neglect and abuse on the child, including self-harming behaviours:

'I went "Can I have a look at your wrists?" She says "No, what do you wanna look at me wrists for?" I went "Oh I just wanna have a quick look." She showed me and it was slashed all the way up her arm. I thought, how did she get the razors? She was taking them out of the pencil sharpeners.'

Covid-19 restrictions negatively affected the homelife of many children, particularly those with kinship care arrangements. One caregiver shared that her sister was put into her care the week before lockdown, 'So there was quite a lot going on in her mind because she'd left my mum and then lockdown had happened.' Others talked about the pressures brought about by home-schooling during Covid-19. Some felt ill-equipped to home-school due to the child's SEND, particularly those with other children or who were maintaining employment. Due to behaviours arising from SEND, some caregivers reported their child was excluded from online learning; 'at one point they banned them from calls for making silly noises and disrupting, shouting out names and things.' Another had to inform the school they were unable to home-school due to the impact on homelife, 'I'm not f'ing doing this. I'm not f'ing doing that. You

cannot make us...’ It was a battleground in the house for a while. Then I explained to the school, ‘I’m not going to force the issue.’

It's not rocket science

This theme identifies what it was about the assessment hubs, services and schools that had a positive impact on the children who accessed them, with the following sub-themes: the right assessments, the right environment and the right support.

The right assessments

Caregivers talked about how the staff in the assessment hubs were able to assess and identify possible underlying causes for behaviours and learning difficulties. Of

importance to the caregivers was how the hub would lead on the EHC needs assessment process.

Several caregivers were awaiting an EHC statutory assessment decision and felt in limbo until they received the outcome. Some mainstream schools appeared reluctant to apply for an EHC needs assessment, despite the evidence suggesting it was needed. The caregivers felt strongly that an EHC plan was the only way their child was going to be afforded the support they needed in mainstream school. Many felt that without an EHC plan their child would most certainly be excluded from school.

Some caregivers shared that dyslexia was diagnosed by educational psychologists at the hub. Others, on the advice of the hub, referred their child for health assessments for ADHD and autism.

‘I think they should have more of the hubs, so a lot of misunderstood kids are not getting kicked out of schools for bad behaviour. I think a lot of them do have problems like ADHD, autism and it's not diagnosed. I wish my child could have stayed there longer. I think he would have learned more there, and the work was up to his speed. Whereas now, he's gone back into mainstream, and I don't think he can mentally cope with mainstream. It's too busy, the work's not his level.’

They hadn't expected this to be the case due to the stigma of AP. Some were cautious about their child attending a hub but soon realised it was in their best interests; ‘he soon settled in, and he realised that it was

TABLE 8 Frequency of codes in phase 3.

Candidate theme	Codes	Number of interviews	Number of references
It's not rocket science	13	22	189
Hang on in there	4	22	100
A perfect storm	16	21	192
Fish out of water	3	21	109
Blessings in disguise	7	19	39
On thin ice	6	18	55
Total	49	N/A	684

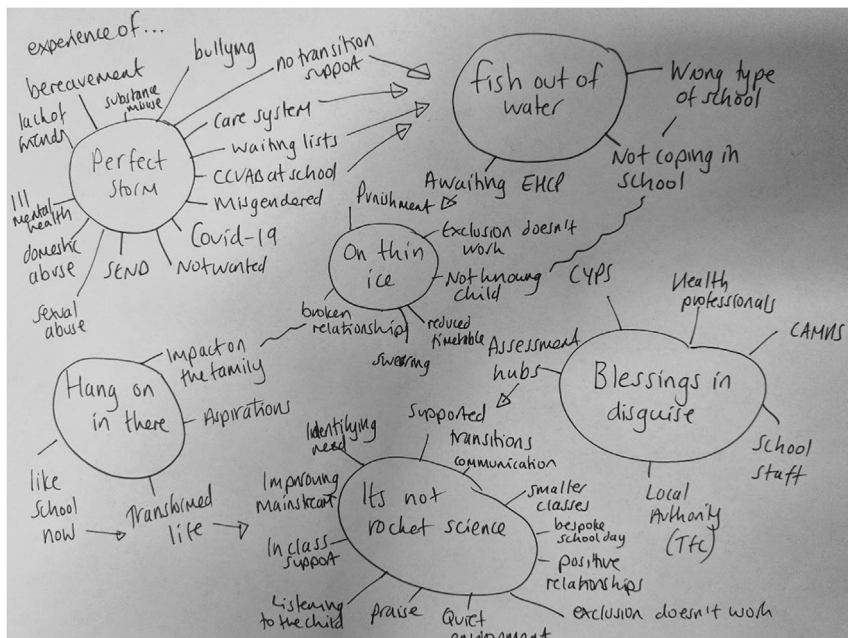


FIGURE 5 Visual representation of phase 3.



FIGURE 6 Visual representation of phase 4.

in his best interests. The communication, the help, the support that we got was just really top class.’ Some caregivers initially felt a sense of failure but realised it was the best environment to unpick reasons for behaviours. One caregiver described how their initial apprehension was due to what they had heard about AP; *‘these types of schools [were] for naughty kids, and they got away with everything. I just heard it was full of, basically, naughty, horrible kids. I was like, ‘Well, he’s not really a naughty, horrible kid, he’s just got emotional problems.’*

Caregivers valued how the hub supported mainstream schools to understand and respond to their child’s needs. One caregiver, whose child successfully reintegrated back to mainstream school following 12 weeks at the hub, said:

‘They admitted to us that they didn’t really have everything in place until he’d been to the hub, and what they’d learned from it, and what the information the hub had shared with them. They noticed a huge improvement in him. They knew that (school name) had helped him in a really good way.’

The right environment

The assessment hub environment with small class sizes was identified by most caregivers as important in allowing staff to notice intricacies in behaviours; ‘you’ve got to sort of pre-empt what he’s going to do, because he does facial expressions, and in mainstream, it totally gets missed.’ Many also felt that due to small class sizes and the ratio of teachers to children, their child opened up to teachers at the hub, interacting and engaging in

learning. One caregiver specified the challenges her son had with large class sizes; ‘he doesn’t like loud noises. He hates loud music, banging, hates it, so when he was in a class full of 30 people, he couldn’t concentrate. He used to get really agitated and things, so then he’d kick off and explode. It got really bad.’ The importance of class size was identified as a barrier to the children successfully reintegrating into mainstream school. They felt that one of the reasons their child attended the hub was the environment it provided and the opportunity for 1:1 emotional and academic support.

Not all children who attended the hubs were recommended for return to mainstream school. Most caregivers shared that the staff had advised them of alternatives that would be in the child’s best interests. Reasons included: mental health challenges arising from SEND, not coping with large classes or noisy environments, communication and interaction difficulties associated with SEND, learning difficulties and ill-equipped teachers in mainstream school.

‘I just want him in a specialist setting where they’ll understand autism and they’ll understand he’s not like all the other children. He can’t just go and fasten his shoelaces, he can’t just join in with the group, and realise he needs the extra bit of help. Actually, get to know him.’

The right support

The power of enduring relationships was identified as fundamental to the child forming trusting relationships with hub staff. All the caregivers commended the hub

for their unwavering support, listening to what the child needed. They recounted how the hub spent time talking to their child, providing reassurance and comfort; ‘they would come out and would sit outside with her and talk to her, then they'd eventually get her in.’

‘I just think they had time for her. Where primary school, the teachers have got a lot of other kids, haven't they, and you get dumped in and I just think in there they just went down to her level. They just spoke to her like she was a friend so that she would try and open up. They have the sensory room where you'd go in if you needed time out and she would sit in there sometimes as well.’

The hubs were commended for the transition support prior to and returning to schooling, be that mainstream, specialist or alternative. The significance of supported transitions to the hub was noted by all caregivers; ‘when

she went for the three-day transition period, she got walked around the school and she did like PE and things like that, and she was all up for it.’ The right support provided by the hubs impacted positively on homelife as they implemented their recommended approaches. Caregivers were supported through positive weekly phone calls/text messages and celebrations of their child's achievements.

‘You could daily give them an update on the night before. Sometimes stuff that was happening in the house had an impact on whether they went to the hub. You could speak to the staff and just give them a heads-up, they were able to tailor how they treated him or how they started the day, linked to knowing what had happened the night before.’

Social workers, support workers from Early Help were also significant in seeking the right support. One caregiver shared that her social worker ‘was only ever a phone call away.’ Early Help were commended for recommending the hub, arranging transport to ease pressures on the household or to prevent the child becoming distressed with independent travel. Caregivers stressed their lack of confidence in the ability of mainstream schools to follow support plans provided by the hubs, and some felt the reason re-integration to mainstream was unsuccessful was due to them not implementing the hub's advice.

TABLE 9 Refining, defining and naming themes.

Theme	Subtheme	Change made
A perfect storm	Low attainment	Merged with ‘Impact of SEND’
	Covid-19	Merged with ‘Wait times – health’ and moved into ‘Having SEND’
	School	Renamed ‘School factors’
	Punishments that don't work	Renamed ‘Ineffective sanctions’
Blessings in disguise	Community	Merged with ‘Home factors’
	All codes	Reallocated to ‘It's not rocket science’
Fish out of water	All codes	Reallocated to ‘Hang on in there’
Hang on in there	Needs specialist provision	Moved to ‘It's not rocket science’ – ‘The right environment’
	Awaiting an EHC plan	Moved to ‘It's not rocket science’ – ‘The right assessments’
	Exclusion doesn't work	Merged with ‘Impact on the family’
It's not rocket science	The right approach	Merged with ‘The right support’

Hang on in there

This theme shares the impact of living with a child on the edge of or excluded from school and the repercussions for the family. Subthemes were identified as: ‘impact on the family’ and ‘transformation.’

Impact of exclusion on the family

Some highlighted concern over exclusions as their children prefer to be at home than at school, giving them a perverse incentive to misbehave.

‘To be perfectly honest, excluding doesn't work for anybody. The only people who get punished

TABLE 10 Thematic map: Themes and characteristics.

Theme	Characteristics
A perfect storm	A combination of factors, including: adversity at home, identified or unidentified SEND, long waiting times for access to health services, ineffective sanctions and unsupported transitions in school, increase the risk of school exclusion
It's not rocket science	Positive relationships, the right assessments and identification of SEND, the right environment and the right support decrease the risk of school exclusion
Hang on in there	Exclusion from school de-stabilises a family emotionally and financially. An assessment hub approach enabled families to regain their lives and thrive

TABLE 11 Key associated with theograph 3 (Figure 4).

Year of schooling	#	Description of event
Pre-school	1	Cancer diagnosis before the age of 3
Nursery	2	Low school attendance due to cancer treatment
Reception	3	Began reception class halfway through school year
	4	Learning difficulties identified, child placed on SEN register.
	5	Partial deafness, organ and nerve ending damage diagnosed due to cancer treatment
Year 1	6	Teacher expresses concerns about child's concentration
	7	Caregiver tells the school she suspects her child has autism/cognition and learning needs
Year 2	8	School express concerns about child's concentration
	9	Child referred to CAMHS
Years 3–6	10	CAMHS have no concerns, discharge
	11	Caregiver raises concerns again regarding child's cognition and learning and lack of support despite being on the SEN register
Year 6	12	Covid-19 Lockdowns continued, thrived with homeschooling
Year 7	13	Child given an ABA (Applied Behaviour Analysis) plan
	14	Child is withheld from attending after school activities or breaktimes outside as part of ABA plan
	15	Child's behaviour at home is good, adheres to routines
	16	Given a suspension for an argument with a teacher
	17	Child frequently placed in isolation and detention, multiple suspensions
	18	Teacher confiscates child's pencil that another child has thrown; child responds that it isn't justified, teacher says she feels intimidated
	19	Referred to CYPS, there is a long wait, but caregiver is satisfied with their support, autism and ADHD diagnosis upcoming
Year 8	20	Placement at an assessment hub agreed for September
	21	Positive behaviour at the assessment hub, engaging in lessons and accessing group therapy
	22	EHC needs assessment requested for support to return to his earlier mainstream school

Abbreviations: CAMHS, Child and Adolescent Mental Health Service; CYPS, Children and Young Peoples Service.

with a child excluded from school is an actual parent, because in fostering, I'm there regardless, because I'm her full-time carer. She just stays in the house and does nothing because she'll refuse to do schoolwork. If she fancies a

day off, she'll kick-off. Get excluded. The only people who really have hassle with an exclusion is a working parent.'

The impact of living with a child on the edge of or who has been excluded from school was evident. All caregivers disclosed the impact of having a child encounter difficulty at school on their mental health and ability to work. One caregiver felt stressed at the thought of continuously getting called to the school; 'money's tight. I'm scared in case I lose my job and then I have to start claiming benefits all over again.' There was a sense of unfairness at being called to collect your child when they have not put agreed support in place.

'We were out for my wife's birthday before I went to work. We were having some lunch and had to stop, leave the lunch and travel to school to go and pick him up, because all the things weren't in place. They didn't have the staff there, they didn't have the support there for him, so it was just a case of, "Right, there you go, here he is".'

Some caregivers divulged the impact on them and their child of receiving a diagnosis of SEND. Trying to take in the information and then explain it to your child could be overwhelming, 'To get told that your son has a diagnosis of autism, you need to cope with it as a parent, and then at some point you're going to have to sit down and explain it with your son, it's a massive ordeal.'

Transformation

Most caregivers emphasised the transformational impact of assessment hubs on not only their child's life but the whole family. Many emphasised the view that the hub was 'amazing' and that it gave their child an education they had not been able to access for some time; 'Like I say, it's practically saved him. He loves it, absolutely loves it. He wants to come to school. His whole demeanour has changed' and 'that hub has been my saviour. They've been my saviour.' Others also described positive changes to the child's behaviour and mental health since attending the hub, to the extent it was being commented upon by family members.

The children would talk positively about their experience of the hub to their caregivers; 'he talked about the people; he talked about the excitement going every day.' Many felt the hub had prevented their child from being permanently excluded from school, 'I would highly recommend the hub because, he could sometimes be angry with them, but they were quite good and they did improve his behaviour. It was getting to a stage where he was nearly thrown out of school permanently.' And, 'if the hub wasn't there, my son would have probably been permanently excluded. I know that for a final fact.'

One caregiver explained that her child was only able to manage 2h in mainstream school. During the hours their child was in school, they remained at home, knowing the phone was about to ring to collect them. Two years on, following time at the assessment hub, he has re-integrated into mainstream school.

‘He wanted to stay because the people he knew were in the mainstream school and he was getting more uptight about going in a special school because it was getting mentioned. Since he went back there, it's like just totally changed him and he's proved that he can do it, mainstream school. It's absolutely, it means a lot to me.’

The only criticism of the assessment hubs was the time-limited nature of the intervention. Most caregivers wanted their child to remain in the hub or at the attached AP school, with all the benefits and support that brings.

DISCUSSION

This study set out to determine the effectiveness of assessment hubs in re-integrating children at risk of school exclusion into mainstream school. The discussion is based on the four research objectives.

The findings of this study support the conclusions of McDonald and Thomas (2003), Smith (2009), Martin-Denham (2020a, 2020b, 2020c, 2022, 2023) and Parker et al. (2016), that living with and supporting a child on the edge of, or who has been excluded from school, is detrimental to the mental health of not only the child but the wider family. As reported elsewhere, caregivers gave overwhelmingly negative accounts of their children's experiences of mainstream school (Brede et al., 2017; Martin-Denham, 2020a). The strain permeated all aspects of family life; financially, due to an inability to focus on or maintain employment, and on emotional wellbeing (Martin-Denham, 2020c, 2022, 2023). These results are similar to those reported by Parker et al. (2016), who described a caregiver's experiences of exclusion as a complex journey of difficulties reflected by a continuum of coping. The findings are also particularly relevant to the present study, as the Northeast has some of the highest levels of deprivation in England, and was the region with the second highest proportion of lower-layer super output areas (LLSAs, divisions of small areas in England) found in the top 10% of most deprived areas in England in 2019, only behind the North West (ONS, 2019).

The study has also highlighted that delayed assessment to identify SEND further contributed to children's mental ill health, increasing challenging behaviour. Prior studies also raised the issue of long waiting times for appointments or not been deemed eligible for support (Anderson et al., 2017;

Golding, 2010; Iskra et al., 2018; Martin-Denham, 2020b). Caregivers believed their child would only get SEN support for disabilities if there was a diagnosis, supporting earlier research by Martin-Denham (2021b, 2022).

Theographs 2 and 3 show that unidentified SEND, coupled with a lack of support with learning and transitions, exposure to bullying, detention and isolation increase the risk of school exclusion. Children with challenging, violent and aggressive behaviours were more likely to receive sanctions in school (Martin-Denham, 2020c). This finding broadly supports research by Janosz et al. (2008) and Mrug and Windle (2010) that violence, whether perpetrated, experienced or witnessed, has an adverse effect on children's emotional wellbeing. It is possible that the more sanctions received, the lower the attendance, impacting achievement, increasing the inevitable outcome of exclusion.

The descriptive statistics gave a picture of the typical diagnoses and frequency of exclusion experienced by children before, during and after assessment hub attendance. Only 2/11 KS2 and 10/28 KS3 children successfully reintegrated into mainstream secondary school. Most children remained in AP either permanently or to await an EHC plan for a place in specialist provision.

The interviews with caregivers indicated that, for some, a time-limited placement in an assessment hub was beneficial in preventing exclusion from school. However, there were concerns about whether this advantage would be carried through to re-integration into mainstream school. The caregivers believed that mainstream schools not following support plans provided by the hubs contributed to the breakdown of placements. Mental health challenges arising from SEND impacted the children's ability to cope in large classes or noisy environments. Furthermore, communication and interaction difficulties associated with SEND, learning difficulties and ill-equipped teachers in mainstream school were all factors that led to the decision that, for some children mainstream provision was not in the child's best interests.

The assessment hubs effectively built positive and trusting relationships with caregivers and children, supporting them to re-engage with schooling. According to many in the field, building relationships is key to re-engaging children with school (Gilmore, 2012; Martin-Denham, 2023; McCluskey et al., 2011; Pirrie et al., 2011; Sproston et al., 2017). Hubs offered strategies to enhance homelife with positive weekly phone calls/text messages and celebrations of their child's achievements. This was a welcome new experience for the caregivers.

Small class sizes, a high ratio of teachers to children and 1:1 emotional and academic support were significant factors in why the children thrived in the assessment hub environment. Access to an educational psychologist had the positive effect of identifying SEND and identifying potential causes of underlying behaviours and learning difficulties. Assessing and identifying behaviours and applying for an EHC needs assessment increased caregivers' confidence that mainstream schools would be forced to

meet their child's needs. The hubs had a transformational impact not only on their child's life but on the whole family, decreasing the toll on mental health. The only criticism of the assessment hubs was the time-limited nature of the intervention. Most caregivers wanted their child to remain in the hub or at the attached AP school, with all the benefits and support that brings.

The assessment hubs were able to provide a bespoke offer, suited to the needs of individual children. Solutions to preventing school exclusion included quality training for the teaching workforce, legal obligations, recognising indicators of SEND and developing knowledge and understanding of evidence-based approaches. The theographs illustrated that from the caregiver's perspective the mainstream secondary schools were not equipping teachers with the knowledge and understanding needed to provide SEN support or reasonable adjustments, a right afforded through the Equality Act, 2010. Without early identification, individual needs are not made visible, cannot be understood nor met (Horridge, 2019; Martin-Denham, 2020a, 2020b, , 2022, 2023).

The ambition in the SEND and AP plan to introduce national standards is welcomed. To have mainstream schools that provide quality first teaching and evidence-based SEN support will require extensive funding to create a consistent highly trained workforce that is well resourced and able to discharge their legal duties for all children. Early intervention is critical to supporting families in the initial stages of adversity before children become detrimentally and irreparably affected by their experiences.

CONCLUSION

The research findings suggest that in some cases the assessment hubs effectively secured the most appropriate provision to meet children's needs. Most of the children needed to remain in AP permanently or await an EHC needs assessment to secure a place in specialist provision. This study has highlighted that children are not consistently getting the right support, at the right place at the right time. As proposed in the SEND and AP Plan, leaders need to learn from and adopt good practice. However, this cannot be achieved on goodwill alone. The education system needs significant national investment to restore confidence in the system and to enable children to achieve their full potential.

LIMITATIONS

Given the small sample size, the findings may not be generalisable to studies in other local areas. The caregivers shared their experiences of two assessment hubs in one local area in the Northeast of England. The assessment hubs were provided under the leadership of a headteacher, and such leadership and quality of AP may vary in other areas in England.

When conducting interviews, the researcher becomes the research instrument. Therefore, their 'biases, angers, fears and enthusiasms influence questioning style and how what is heard is interpreted' (Rubin and Rubin, 2004, p.12). This is recognised as a limitation of the research, although the lead researcher who conducted these interviews did exercise self-reflexivity during data collection and data analysis, to reduce the bias that her personal values and beliefs may have presented. The assessment hubs were developed based on a recommendation in a previous publication Martin-Denham, 2020a) which brings into question bias in the interpretation of the data. Engaging in reflexivity was of fundamental importance and being continuously aware of potential bias (Xerri, 2018). The bias could not be eliminated but instead allowed reflection on the importance of safeguarding from influence during the analysis and interpretation of findings (Maxwell, 2005).

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CONFLICT OF INTEREST STATEMENT

The author declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

DATA AVAILABILITY STATEMENT

The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

Ethics approval was gained from the University of Sunderland Ethics Committee (reference Number 011016).

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