The enablers and barriers to successful managed moves: The voice of children, caregivers and professionals

Principal Investigator and Author: Sarah Martin-Denham
University of Sunderland, School of Education
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Executive summary

In Autumn 2018, the University of Sunderland was commissioned by Together for Children (TfC) to ‘investigate the factors that impact upon the social and emotional wellbeing of children and young people from 3-16 years in Sunderland City, which may lead to exclusion from school’. During the research, a core theme related to negative experiences of the managed move process emerged. The literature review provided is a synthesis of current and well-established academic research concerning the history and process of managed moves. It also includes a discussion of relationships, effective communication, personalised support, belonging and connectedness, and the importance of these for the social and emotional development of children and young people. The literature review and primary research also provide the theoretical foundation for a suggested managed moves model for adoption in the city of Sunderland (appendix 1).

Research aim

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

Research objectives

- To elicit the perceptions and experiences of multiple stakeholders, including those who the protocol of managed moves aimed to support, that is, those who were deemed to be on the verge of school exclusion.

- To produce a report with supporting evidence to inform strategic provision planning and training for education professionals within the local area of Sunderland.

- To create a model that exemplifies good practice in managed moves.

174 individuals participated in the research through face to face semi-structured interviews, which discussed the barriers and enablers to mainstream schooling. Of the total sample, 49 referred to the managed move process. This included 20 children and young people (7 of whom also formed an advisory group), 12 caregivers of excluded children, 11 special educational needs co-ordinators (SENCOs), two health professionals, and two secondary and primary school headteachers. Their responses form the basis of this report.

This research found that the managed move process did not work for these children; some had multiple moves, each one failing, leaving a long-term impact on their self worth. The findings signify that a formalised transition structure, underpinned by person-centred approaches and thorough knowledge of, and empathy for, the child’s learning and social, emotional, and mental health needs, is crucial. The development of enduring relationships with teachers and peers is fundamental to creating a sense of belonging within the receiving school. There also needs to be consideration that managed moves are not appropriate for all children; some will inevitably fail due to the unsuitability and ethos of the new placement school.

This research suggests that in flexible behaviour systems are a further barrier to the children succeeding in their new school. The caregivers and children felt that there was a lack of leniency for challenging and misunderstood behaviours during the transition period. Many of the children are moving to mainstream education following placement in alternative provision or a pupil referral unit, which requires a period of adjustment. Many of the caregivers believed their children had unidentified learning and emotional needs. Unidentified needs may be a contributing factor that leads to non-viable mainstream school placements and could explain why managed moves are requested in the first instance. The failure of managed moves affirms the need for a timely assessment and identification of a child’s holistic needs across education and health services, to ensure any underlying needs are identified. This would enable schools to have a better understanding of the child’s multifaceted needs and strengths, to allow for an evidence-based response in provision and practice. The research indicates that there is a training need in the local area to ensure that evidence-based approaches in meeting the varied abilities and needs of children with special educational needs and disabilities (SEND) are embedded across all schools and age phases of learning.

The recommendations provided are both local and national, with a focus on protecting the wellbeing of children and young people during a managed move. For ease of reading, the term ‘children’ will be used to refer to all children and young people.
**Recommendations**

**Recommendation 1:** The local authority to adopt the managed move model in appendix 1, with careful consideration of the appropriateness of this approach for individual children. The model should be incorporated into protocol documentation and cascaded during training with schools. The managed move model should be monitored for impact to see if it increases the number of successful managed moves with a pilot group of children and schools.

**Recommendation 2:** Local training for senior leaders in education to make explicit the legal position for the use of managed moves. One of the recommendations of this training would be to clarify that managed moves cannot be used where a child has additional needs or a disability that the school is unable to cater for.

**Recommendation 3:** Further training for schools on the particular needs of children with SEMH and/or learning needs to ensure effective and timely evidence-based learning and teaching approaches. The training needs to be evaluated for impact by the SENCO and senior leadership teams.

**Recommendation 4:** Early assessment and identification of any underlying special educational needs and/or disabilities before negotiating the managed move. All children need a transition plan, SEN support plan, and, where required, an application for an EHC needs assessment. These must be agreed in partnership with the child and caregivers, including reasonable adjustments to support wellbeing, learning and behaviour.

**Recommendation 5:** To implement a monitoring system alongside school exclusions data records to analyse the following:

- The number of managed moves each child has attempted; the number of successes and a narrative outlining the reasons for any failed placement. The records should include the length of time the child was in the school before the termination of the placement.
- The long-term outcomes of children who have experienced managed moves.

**National Recommendations**

- To create a national system of recording managed moves, to capture: the number attempted by individual children, how many succeed, how many fail, the length of time they sustained the placement and a narrative account of why they failed. This evidence will support if there is a need for a thorough review of the managed move process.
- Due to the stigma of ‘pupil referral units’ and ‘alternative provision’ the terminology should be reviewed with a consideration of the name ‘school’ or similar regardless of the designation.
- To invest in further research of the long-term academic and wellbeing outcomes of managed moves, to evidence that this system is an appropriate alternative to school exclusion.

Sarah Martin-Denham
March 2020
Sarah Martin-Denham: 
Principal Investigator, 
Project Director and Author

Sarah is a Senior Fellow of the Higher Education Academy, a Vice-Chancellor Teaching Fellow, Chair of an independent SENCO network and a Convenor of an Interdisciplinary Research Network for developing knowledge, understanding and approaches for supporting children who are experiencing adverse childhood experiences. She has extensive knowledge of learning and teaching in the North East of England in a variety of settings ranging from Early Years to Higher Education. Sarah has successfully developed and led four programmes and research projects in the School of Education at the University of Sunderland and is the Programme Leader for the National Award for Special Educational Needs Coordination. Through her work with children and families over the last twenty years and her neurodiverse abilities, she has developed a particular interest in special educational needs and disabilities.

Publications:


**Special thanks**

I would like to thank everyone who participated in the research, for giving up your time and being honest. Special thanks to the advisory group of children for coming for lunch and sharing your thoughts and views on managed moves, and what we can do better. You are all inspirational, and I wish you happiness and for your dreams to come true.

I would like to express my appreciation to Jacob Donaghue and Noah Chisholm. You have been a great source of moral support during the project, and without you, it would not have been possible.

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**Glossary of acronyms**

- **ADHD** Attention Deficit Hyperactivity Disorder
- **ARP** Additionally Resourced Provision
- **CAMHS** Child and Adolescent Mental Health Service
- **CSIE** Centre for Studies on Inclusive Education
- **DCSF** Department of School and Families
- **DfE** Department for Education
- **DfES** Department for Education and Skills
- **ECHR** European Convention on Human Rights
- **EHCP** Education Health and Care Plan
- **FEX** Fixed-period Exclusion from School
- **LA** Local Authority
- **LEA** Local Education Authority
- **NHS** National Health Service
- **PEX** Permanent Exclusion from School
- **SEN** Special Educational Needs
- **SENCO** Special Educational Needs Coordinator
- **SEND** Special Educational Needs and Disabilities
- **TfC** Together for Children
Glossary of terms

**ADHD:** Attention deficit hyperactivity disorder is a lifelong difficulty with indicators that include persistent inattention, lack of concentration, hyperactivity and impulsivity.

**ARP:** Alternative Resourced Provisions are situated within schools and receive additional funding to meet the additional needs of pupils with SEND.

**CAMHS:** Child and Adolescent Mental Health Services assess and treat children and young people with emotional, behavioural or mental health difficulties. The support offered ranges from basic pastoral care, such as identifying mental health problems, to specialist ‘Tier 4’ CAMHS for children with severe mental health difficulties.

**EHCP:** An EHC plan details the education, health and social care support that should be provided to a child or young person who has SEND.

**Fixed-Period Exclusion:** Fixed-period exclusions refer to when pupils who are excluded from school for a set period of time. It can involve a part of the school day and does not have to be for a continuous period. A pupil may be excluded for one or more fixed periods up to a maximum of 45 school days per academic year.

**Permanent Exclusion:** Permanent exclusions refer to pupils who are excluded from school and are not allowed to return. Excluding a pupil permanently should only be done in response to a serious breach, or persistent breaches, of a school’s behaviour policy, and where allowing the pupil to remain in school would seriously harm the education or welfare of the pupil or others in the school.

**Pupil Referral Unit (PRU):** Any school established and maintained by a Local Authority under section 19 (2) of the Education Act 1996. PRUs are specially organised to provide education for pupils who would otherwise not receive suitable education because of illness, exclusion or any other reason.

**SEN:** A child has Special Educational Needs if they have a learning difficulty or disability that requires special educational provision to be made.

**SENCO:** A qualified teacher in a school or maintained nursery school who has responsibility for coordinating SEN provision.
1. Literature review
1. Literature review

1.1 The historical context of managed moves

Managed moves are believed to be the most common alternative to school exclusion in the UK (Gazeley et al., 2015; Mills and Thomson, 2018; Craggs and Kelly, 2018). They have been defined in previous government guidance as enabling a child to have a fresh start in a new school, when senior leaders believe their current school place is no longer viable due to their negative behaviours (DCSF, 2008). More recently, Flitcroft and Kelly (2016) suggested that managed moves were introduced as an opportunity for a new beginning, to give children on the edge of school exclusion the chance to form new and positive relationships, escape previous reputations and to experiment with new behaviour. The process was intended to be a voluntary arrangement between all parties, including the child, caregivers and the admission authority for the new school (DfES, 2008; DfE, 2017a). However, research by the Office of the Children’s Commissioner (2019) found that some families felt they were pressured into agreeing to a managed move because the school told them that the alternative, ‘a permanent exclusion’, would go on the child’s school record.

1.2. Fixed and permanent exclusions

The Education Act (1986) introduced ‘fixed period’ and ‘permanent exclusions’ as disciplinary sanctions that prevent a child from attending school. The exclusion guidance in the Act states that exclusions should only be used as a last resort. This received further support from DfES (2004a), who called for schools to be creative and resourceful in finding alternatives. In subsequent guidance by the DfES (2008), alternative approaches were suggested in the following order: a) restorative justice, b) mediation, c) internal exclusion and d) managed moves. Interestingly, in more recent documents, most of these approaches have not been included (DCSF, 2010; DfE, 2011a; DfE, 2015).

The school exclusion guidance from DfE (2017a) clarifies that any decision of a school to exclude must be legal, and in reference to the Equality Act (2010) and the European Convention on Human Rights (ECHR) (2010), which was made domestic law as part of the Human Rights Act 1998. Furthermore, the decision to exclude a pupil must be reasonable and fair, with schools ensuring they do not discriminate against a child based on protected characteristics such as disability (Equality Act, 2010). The Act sets out legal duties for organisations, including schools, to make reasonable adjustments, including the provision of auxiliary aids and services, to prevent the child from being at a substantial disadvantage. Importantly, this should be anticipatory; schools need to prepare in advance the adjustments for children meeting the definition of disability (DfE, 2015).

1.3. Managed moves and behaviour

A breakdown in the relationship between the child and their teachers is often reported as the main reason for requesting a managed move (Muir, 2013; Craig, 2015; Bagley and Hallam, 2016). They are commonly used where a child displays behavioural difficulties linked to special educational needs (SEN) and/or social, emotional, mental health (SEMH) needs that the school finds too difficult to manage (Chadwick, 2013; Craig, 2015; Hoyle, 2016; Atkinson, 2017).

The Education and Inspections Act 2006, section 89 (1) states that maintained schools must set out measures in their behaviour policy which aim to:

- Promote good behaviour, self-discipline and respect
- Prevent bullying
- Ensure that pupils complete assigned work and which
- Regulate the conduct of pupils.
The DfE (2017b) guidance adds that teachers can discipline pupils if they misbehave, break a school rule or fail to follow a reasonable instruction. It adds that a punishment must be proportionate, as dictated by section 91 of the Education and Inspections Act 2006. The penalty must be reasonable and in all circumstances, account must be taken of the pupils’ age and any special educational needs or disability they may have. The punishment must be given by a member of the school staff, on the school premises, and it must not breach any other legislation (such as disability, special educational needs, race, other equalities, and human rights). It is the role of schools to identify if a child has a disability and they must take steps to find out if the child meets the definition (Martin-Denham and Watts, 2019) if they present with ‘a physical or mental impairment that has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities’ (Equality Act, 2010, section 6).

Mills and Thomson (2018) cite the following reasons why managed moves may not be suitable for all children:

- Not all children can have their needs met in mainstream education
- Some children cannot cope with the mainstream environment
- Not all children can cope with the pressures of academic attainment in mainstream education

1.4. The managed moves process

In 2004, the then Department for Children, Schools and Families held a series of workshops across 118 local education areas (LEAs), with the purpose of evaluating the managed move process and school exclusions. In summary, they raised concerns over the practice of managed moves, proposing they did not address underlying issues the children had but instead passed the problem onto other schools. Later, DfES (2008, p. 10) stated that it ‘may’ be helpful to have a ‘full support package’ and a ‘protocol’ in place to support children, though they did not specify what this should include and it was not made a statutory duty.

Since 2008, there has been concern over the number of fixed and permanent exclusions and the increased use of managed moves despite their frequent failure (Gazeley, 2010). Messeter and Soni (2017) raised the concern that managed moves were practised across England without close monitoring by government and without analysis of the experiences of those who know the process. Ofsted (2010) have also reported that the lack of accountability or regulation has meant that children become lost in the system during the managed move process. Later, Ofsted (2019) called for the Department for Education to gather data about managed moves in the same way it does for school exclusions. They added that no single accountable body has a clear picture of the number of children who have been ‘managed moved’ to different schools; how long for, for what reason and with what effectiveness. Despite this, there continues to be no national regulation or monitoring, though local authorities (LAs) do provide locally agreed protocols for the managed move process.

Chadwick (2013) found variability in managed move protocols across LAs, noting the following themes relevant to this study:

- No reference to obtaining the views of the child or caregivers when considering a managed move
- No reference to a key adult or advocate during the process
- No consideration of the pupils’ strengths
The stress of the managed move process on the family

Family members of children experience stress from the start of the move until a successful transition (Chadwick, 2013; Muir, 2013; Bagley and Hallam, 2016; Messeter and Soni, 2017). Their stress is primarily due to feeling disempowered and overwhelmed by the process (Muir, 2013; Chadwick, 2013). Bagley and Hallam (2015) agree, arguing that some caregivers perceive managed moves as giving licence to schools to move children they feel are a ‘problem’ rather than working with them. They also found that the managed move process takes too long to negotiate and that the move causes stress for the child and family. Some caregivers have had to leave employment to care for their child, which has dire consequences on household finances (Munn et al., 2000). The positive aspects of managed moves have been associated with tailored support, care and commitment from the receiving school (Vincent et al., 2007), person centered approaches, and listening to the views of children and families during the process (Chadwick, 2013; Bagley and Hallam, 2015).

Enablers to successful managed moves

Research has suggested that open lines of communication with a personalised support plan facilitate a successful managed move process (Chadwick, 2013; Bagley and Hallam, 2015; Flitcroft and Kelly, 2016). In their research, Mills and Thompson (2018) found that schools employed a range of support systems to aid reintegration (see Figure 1).

1.5. Relationships

In 1969, Bowlby emphasised the importance of responsive relationships between children and key adults to enable the creation of positive relationships in later life. To thrive, children need emotional containment and interpersonal support in the form of reliable, stable, attentive, friendly and empathetic significant others (Holmes, 2001; Cairns, 2002; Gerhardt, 2004). Through these protective factors, children can engage with learning, as they feel safe and secure due to relationships founded on genuine care and empathy (Rogers, 1983). With managed moves, Muir (2013) emphasised the importance of positive relationships at the receiving school for successful reintegration, to ensure the child felt supported, included, welcome and secure. These protective factors are particularly important in supporting children to adapt during a managed move from alternative provision to mainstream education (Michael and Frederickson, 2013; Thomas, 2015). Overall, the creation of new positive relationships, with improved progress and learning, greater emotional wellbeing and central to positive outcomes for children following a managed move (Messeter and Soni, 2017). Research by Goodman and Burton (2010), Carter (2015) and Driver Youth Trust (2015) has also highlighted that one of the critical issues with managed moves is how able teachers and support staff are to effectively support children, particularly those with SEMH needs.

Other barriers to successful reintegration include the negative connotations around the fact the child is on a ‘managed move’, which often stigmatises them and blights a fair chance of the new placement being successful (Messeter and Soni, 2017). Recent research by Flitcroft and Kelly (2016) revealed that forming new and productive relationships in school is particularly challenging for children presenting with social, emotional and behavioural difficulties. For example Craig (2015) suggests that a child’s emotional wellbeing fluctuates with their feelings of social connectedness, as leaving friends can cause sadness until they create a new network in the following school.

**Figure 1.** Support systems used by schools to aid reintegration following an Alternative Provision (AP) placement
1.6. Belonging and connectedness

For decades psychologists have tried to define the complex and multi-faceted term ‘belonging’ (Cartmell and Bond, 2015). There is agreement that a sense of belonging is of particular importance during the changing priorities and expectations of adolescents (Migden et al., 2019). Baumeister and Leary (1995, p. 497) examined current literature relating to belonging and defined the term as ‘a need to form and maintain strong, stable interpersonal relationships’. They concluded that ‘belongingness is a need rather than a want’. This definition is close to that of Maslow (1943), who identified that having a sense of belonging is fundamental to wellbeing and healthy development. In his hierarchy of needs theory, Maslow identified a sense of belonging as the third most fundamental, need arguing that the need to belong must be satisfied before other needs can be fulfilled. Maslow (1954; 1970) and Baumeister and Leary (1990) shared the view that children and adults have a basic psychological need to feel a sense of belonging to a social group. Collectively, they suggest that an internal need to foster and maintain relationships is characterised by approval and intimacy, to enable the forming of close social bonds. Multiple studies have indicated that a positive sense of belonging is associated with good mental health and hopefulness about the future (Ryzin et al., 2009; Kidger et al., 2012; Marraccini and Brier, 2017), resulting in a powerful effect on children’s emotional, motivational and academic functioning (Craggs and Kelly, 2018). Maslow (1943, p.381) claimed that when individuals did not belong and had unmet learning needs, they would ‘hunger for affectionate relationships’. He suggested that these children would ‘strive with great intensity to achieve this goal. He will want to attain such a place more than anything else in the world’. The most recent Government guidance (DfE, 2016, p. 8) on supporting mental health and behaviour in schools identifies a sense of belonging as a protective factor in building resilience within children. It adds that ‘schools should be a safe and affirming place for children, where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems’. To create a sense of belonging, children need to feel cared about and accepted into the community (Cutrona, 1982; Smedley, 2011). It is only through this strong sense of social connectedness, stemming from the need to belong, that children will experience a sense of relatedness (Barber and Schluterman, 2008). Osterman (2000), Furrer and Skinner (2003), and the Centers for Disease Control and Prevention (2009) share that there is an association between classroom belonging and support. They highlight that positive interactions with the teacher and peers are associated with school belonging. It is through trusting relationships that children learn to ‘trust in oneself and others’ and to ‘provide oneself as being trustworthy’ (Erikson, 1968, pp. 128-129). Antrop-Gonzalez (2006) agreed, emphasising the importance of promoting a sense of belonging for pupils, and advocating schools as caring communities and sanctuaries for children. Rovai (2002) provided a broad and holistic definition of connectedness, suggesting it was a feeling of belonging and the creation of bonding relationships. Two types of connectedness are identified in research:

1. Through satisfaction with interpersonal relationships and various social groups, known as social connectedness (Cutrona, 1982; Rovai, 2002) and

2. Through connectedness with the institution, through feelings of belonging and acceptance with organisations and programs (Sidelinger and Booth-Butterfield, 2010)

In the context of this report, children with SEND are less likely to have a sense of belonging than their non-SEN peers. This varies further depending upon their type of need. For example, Dimitrellou and Hurry (2018) found those with hyperactivity are more likely to have a lesser sense of belonging than those with learning difficulties. The active involvement of children with special educational needs in decisions that affect them has been found to have a positive effect on their sense of belonging (Martin-Denham and Watts, 2019). Person-centred approaches are at the heart of legislation and policy for provision and practice...
for children with SEN (Children and Families Act, 2014; DfE, 2015, p.19). This includes that local authorities (LAs) must have regard to ‘the views, wishes and feelings of the child or young person, and the child’s parents’. To be engaged in school, children need to feel respected and valued, to feel an affiliation with the organisation (Finn, 1989). If this positive sense of belonging is not achieved, then they are more likely to exhibit low academic attainment, low attendance, risky behaviours and school refusal (Voelkl, 1997).

Social connectedness is associated with positive life outcomes, which include increased emotional well-being (Cutrona, 1982), less substance misuse and better health (Blum et al., 2002), and decreased risk of violent or defiant behaviour (McNeely and Falci, 2004). Historic research also shows that if a person perceives a lack of social connectedness, it can result in depression, social anxiety, and jealousy (Leary, 1990), and a perception that surroundings are threatening and unfriendly (Swann, 1990). Connectedness at school is inexplicably linked to improved academic engagement, motivation and outcomes (Freeman et al., 2007; Abdelnoor, 2007). It can be defined as ‘feeling close to, part of and happy at school; feel that teachers care about students and treat them fairly; get along with teachers and other students and feel safe at school (Libbey, 2007, p. 52). Demanent and Van Houtte (2012) supported this view, adding that children who experienced connectedness were less likely to engage in truancy and display inappropriate behaviours.

Social identity theory explains how people develop personal identities and their perceptions of others (Tajfel and Turner, 1979; Abrams et al., 2002). Hogg and Abrams (1998) believe that when identifying within a group, individuals will naturally compare themselves to others. They add that it is these social comparisons that develop group identities. If a child does not ‘fit’ into these identities, then they are considered to be an out-group (Tajfel and Turner, 1979), which leads to children experiencing a lack of connectedness. Furthermore, when a child identifies with a particular group, they will actively seek participation and approval (Brewer, 1999). Social identity theory may explain why Craig (2015), in a study of four students, found that managed moves left young people feeling isolated, vulnerable and insecure.

1.7. Inclusion

‘Inclusion in not a matter of where you are geographically, but of where you feel you belong. There are many children, and especially adolescents, identified as having SEN who never feel that they belong in a large mainstream school’ (Warnock, 2005).

The Centre for Studies on Inclusive Education (CSIE, 2011) agrees with Warnock (2005) that inclusion is not about where the child is taught, but around a need to change the cultures and practices of educational establishments. Cole (2005) shares that what matters most to caregivers is that their children are cared for, treated with dignity and that teachers are willing to try different approaches. Research by Harris et al. (2006) found that children on managed moves had difficulties accessing the curriculum, which the authors felt contributed to their lack of sense of worth and acceptance in a learning community (Harris et al., 2006). This can cause challenging behaviours, which further prevent the child from being able to access the learning (DfEE, 1999; Pomeroy, 2000; Yuen et al., 2004). Warnock (2005) herself referred to her disastrous legacy of integration, adding that for inclusion, there needs to be, for some children with SEND, distinct provision, which best meets their individual needs. Likewise, Crowther (2011) suggested that inclusion is no longer seen to be about the location but quality and outcomes.

1.8. Behaviour policies

In England, there are definitive links between schools, disciplinary processes and social inequalities (Munn and Lloyd, 2005; Daniels and Cole, 2010; Gazeley, 2010). The reality is that children who reach the point of permanent exclusion are likely to have experienced multiple disciplinary sanctions and preventative strategies that have had
no impact on their behaviour (Gazeley et al., 2015). Panskeep (1998) suggests that without clear and consistent boundaries and internal support, children with fear and anxiety may be in a constant state of hyper-arousal (vigilance and paranoia) and inhibited hypo-arousal (numbness, avoidance and depression). Indeed, literature has suggested that the most effective policies provide consistent, predictable, clear boundaries that support children in developing a ‘secure base’ and allow them to build self support strategies to manage anxiety and fear (Cashdan, 1988; Macleod, 2004).

1.9. Biological/medical perspectives

Historically, special educational needs and disabilities have been entwined with medical terminologies such as ‘condition’, ‘impairment’, ‘disorder’, and ‘syndrome’, suggesting that the focus is identifying a difficulty or flaw within the child (Martin-Denham and Watts, 2019). This biological perspective does not consider the broader environment, quality first teaching, or reasonable adjustment, but identifies the child’s natural make-up as the source of the problem (Thomas and Loxley, 2007; Glazzard et al., 2015). The medical model views the challenges the child has as needing to be cured or fixed by medical and other professionals, following assessment and diagnosis (Avramidis and Norwich, 2012; Glazzard et al. 2015). Examples include prescribing Ritalin for a child with a diagnosis of ADHD, often alongside a behaviour support plan, which will include targets to show improvement in the child’s behaviour (Martin-Denham and Watts, 2019). This places the onus on the child to correct what others view as problematic responses to the environment or experiences. A perceived benefit of having a label that meets the definition of disability is that this establishes a legal right, through the Equality Act 2010, to access reasonable adjustments to prevent substantial disadvantage. Norwich (2009) has identified that the labelling of children does have negative aspects associated with stigma and lower expectations from teachers in terms of their abilities.

1.10. Sociological perspectives

Sociological perspectives challenge biological views and suggest that ‘disability’ is due to oppression and an exclusionary society, rather than arising from the biology of the child (Avramidis and Norwich, 2012). Thus, those viewing disability from sociological perspectives believe that disability is socially created through physical, social, cultural, political and economic barriers, that have disabling effects. This view is in direct contrast to the biological model (diagnosis, needs, intervention, cure) and focuses instead on equality, participation, person-centred approaches, social justice and collective belonging.

This literature review has discussed key themes to support the readability of the remaining sections. The next section shares the methodological approaches used to answer the following research aims and objectives:

Research aim

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

Objectives

- To elicit the perceptions and experiences of multiple stakeholders, including those who the protocol of managed moves aimed to support.

- To produce a report, with supporting evidence, to inform strategic provision planning and training for education professionals within the local area of Sunderland.
2. Methods
2. Methods

This section presents the methodological approach for this research. It will share how the study was carried out, the researcher’s philosophical perspective, the methodology adopted, sample characteristics and recruitment, and the methods used to collect and analyse data. It will also include the ethical procedures upheld to preserve and protect the rights of all participants.

2.1. Paradigm

Paradigm is a term used to describe a researcher’s philosophical perspective or worldview when carrying out a particular piece of research (Mackenzie and Knipe, 2006). Epistemology, ontology, methodology and axiology are the four components of a paradigm that, when combined, link the research philosophy and the practice of research (Newby, 2014). It is essential to disclose the underlying philosophical perspective of the researcher, as it is a prerequisite to data collection methods, analysis and interpretation (Kivunja and Kuini, 2017). The philosophical perspective for this research aligns to an interpretivist paradigm, in that reality is subjective and differs from person to person (Guba and Lincoln, 1994). The researcher aimed to discover the effectiveness of managed moves through participants’ views based on their experiences. Interpretivists predominantly use qualitative methods (Silverman, 2000; Willis, 2007; Nind and Todd, 2011), which are described below.

2.2. Methodology

The qualitative approach chosen was interpretative phenomenological analysis (IPA). The aim was to provide a detailed examination of personal lived experiences of the participants (Smith and Osborn, 2008). This methodology was most relevant, as it examines in detail each participant experience in turn before making generalisations. The role of the author was to understand the experiences of participants and develop a phenomenological interpretation, as in Figures 2 and 3. This approach is characterised by:

- Emphasis on the phenomenon as a single idea or concept
- Focus on broad philosophical assumptions
- Data collection, typically through interviews
- Data analysis that moves from narrow units to broad themes and
- Culminates in a description of the essence of the phenomenon (Cresswell, 2013)

![Figure 2: Phenomenological interpretation](image)
2.3. Methods

Data collection for this research involved a multi-method approach with a combination of 1:1, 1:2 semi-structured interviews and a children’s advisory group, held between September 2018 and June 2019. Open-ended questions supported the natural flow of conversation, where respondents were able to express feelings while allowing the researchers to explore salient points relating to the research aims (O’Leary, 2004). For children and young people, interviews were referred to as ‘conversations’ to create a relaxed approach and to put the children at ease. All interviews were recorded using a Dictaphone and transcribed verbatim with the omission of personal identifiable information.

The interim findings were shared with an advisory group of seven children to clarify that nothing had been missed or misinterpreted (Maykut and Morehouse, 1994). The children were not chosen by the research team but responded to an open invitation from two schools to be part of the group. The children who elected to take part were also part of the core interview sample. There were also opportunities for them to examine and contribute to the coded themes and sections of the analysis, an approach advocated by Xerri (2018). The children were able to validate their views, to correct any misconceptions and to provide additional information, a process promoted by Creswell and Miller (2000), Lewis (2009), and Plinick and Swift (2011). The approach not only ensures participant voices are heard but also improves the credibility of the research, as the participants act as ‘reviewers’ (Harden et al., 2004; Lewis, 2009; Tracy, 2010). This triangulation of data also allows for making a study more comprehensive, as it encourages reflexive analysis of the data overall (Pope and Mays, 2008).

2.4. Participants

Individuals who had experienced managed moves on either a professional or personal level were invited to participate. The children were all accessing alternative provision at the time of the study. Only one child was reported to be on the SEN register at the time of the managed move. Participants included children, their caregivers, education professionals (e.g. headteachers and SENCOs), health professionals and broader support services (those employed by the National Health Service and local authority officers). Table 1 presents the final sample size and individual participant groups.

<table>
<thead>
<tr>
<th>Participant Group</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Key Stage (KS)2/3</td>
<td>3</td>
</tr>
<tr>
<td>Children in KS4</td>
<td>10</td>
</tr>
<tr>
<td>Caregivers KS2/3</td>
<td>2</td>
</tr>
<tr>
<td>Caregivers KS4</td>
<td>10</td>
</tr>
<tr>
<td>SENCOs</td>
<td>11</td>
</tr>
<tr>
<td>Health professionals</td>
<td>2</td>
</tr>
<tr>
<td>Primary headteachers</td>
<td>2</td>
</tr>
<tr>
<td>Secondary headteachers</td>
<td>2</td>
</tr>
<tr>
<td>Advisory group</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
</tr>
</tbody>
</table>
2.5. Participant recruitment

Two types of purposeful sampling were used to recruit participants. Purposeful sampling is defined as: the identification and selection of individuals that are experienced in or are knowledgeable of the subject of interest (Palinkas et al., 2015). The alternative provision schools were approached as they were responsible for the education and care of children with school exclusion or, in the case of key stage 1, at risk of school exclusion. It is these schools where most of the children who experienced managed moves were taught. Due to the low number of children with a successful managed move, it was deemed unethical to interview them in their mainstream contexts, as this would increase the chances of identifying them in the research. Snowball sampling was used when recruiting children and their caregivers. The principal investigator liaised with the gatekeepers of the schools, as they had access to the caregivers and the children who had experienced managed moves. This approach complied with ethical procedures but also ensured that the sample reflected the local population with a range of experiences and characteristics (see appendix 2).

2.6. Ethics and procedures

Ethical approval for the research was obtained from the University of Sunderland Ethics Committee in March 2018 (ref. 001546). The research team adhered to NSPCC (2012) and Save the Children (2017) guidelines on the safe interviewing of children. The subsequent sections refer to the research ethics procedures followed for each participant group.

2.6.1. Process for interviewing professionals

Professionals within schools were made aware of the rationale for the research via a letter from Together for Children (TfC). This included: a follow-up email and, where requested, a telephone conversation to clarify the aim, objectives and process for the research. Professionals who worked outside of school settings or TfC’s jurisdiction were contacted directly by the principal investigator. Information sheets and consent forms were sent before any interviews took place, and consent was checked and clarified prior to the commencement of the interview.

2.6.2. Process for interviewing caregivers

To explain the purpose of the research, letters were sent home by the alternative provision schools in Sunderland. These were followed up with a phone conversation from a familiar member of the school team to talk through the research aims, objectives and process, and to discuss participation and voluntary consent. Contact details for the principal investigator were provided, and five caregivers requested additional information. All caregivers were given the choice of where they would like the interview to take place and were invited to bring a friend, family member or to have a member of the school staff present. Most caregivers were interviewed at their child’s school except for two participants, who requested it took place at the University of Sunderland. At the start of each interview, consent was reaffirmed and participant rights were made explicit, including the right to withdraw. No incentives were given to take part, though participants were able to claim travel costs. The interviews with caregivers ranged from 20 to 90 minutes. At the end of their interview, further consent was requested for a conversation to take place with their child.

2.6.3. Process for conversations with children

After securing gatekeepers’ permission, the school staff approached the children on behalf of the research team. The schools used their knowledge of individual children to determine if they should be approached to take part, as they knew their life stories and whether participation would have a negative impact on them. If the gatekeeper and caregivers consented for a child to take part but the child declined, they were not then encouraged to participate (Martin-Denham and Watts, 2019). One child was not
included in the discussion (they consented, but their caregiver declined consent). Social worker consent was sought and gained for all children who wished to take part but who had ‘looked after’ designations.

In addition to the consent gained by the teachers, the principal investigator reaffirmed consent using a comic strip and a child-appropriate consent form with the children, to ensure they understood the purpose of the research and how their responses would be reported. It was made clear to the children that the principal investigator would be the person reporting the findings in a report and future publications. A time-lapse between initial and reaffirmed consent was built in to allow the children to reflect on their decision. Emojis were used alongside ‘not sure’, ‘yes’ or ‘no’, for those who were unable to identify without visual representation (Martin-Denham and Watts, 2019). During the research, consent was treated as an ongoing process; the researcher ensured children knew they could stop at any time by pointing to the ‘stop sign’ or verbalising their wish for the next question or the interview to end.

The conversations with the children were face to face in their education setting with a member of the school staff and/or caregiver present as a ‘safe adult’. NSPCC (2012) and Save the Children (2017) guidelines were adhered to throughout the conversations. Children in key stage one were asked the questions by their teachers, due to their young age, and the responses were given to the research team. Adaptations to the questions were made to allow for varying cognitive abilities of individual children, with guidance from the school staff. Conversations with the children ranged from 20-45 minutes.

2.7. Analysis strategy

Qualitative content analysis with an inductive process was used to analyse interview transcripts using nVivo 12 (a qualitative data analysis programme). Qualitative content analysis is a process in which interview transcripts are condensed into smaller units of text to allow for the identification of emerging themes that describe the phenomenon of interest (Smith and Osborn, 2008). This is achieved by categorising units of meaning (sentences/phrases) and further condensing these into codes (Graneheim and Lundman, 2004). Codes that share an underlying meaning or some commonalities are combined into subthemes. The particular type of analysis used in the research was latent analysis, whereby the underlying meaning of what was disclosed by participants was analysed as opposed to description only, in keeping with interpretative phenomenological analysis. This also allowed the author to generate sub-themes and themes to determine what was being said (Graneheim and Lundman, 2004).

Participant groups were coded sequentially, using a coding list generated in nVivo from the first group analysed as a point of reference (the headteachers). This was to limit cognitive load and maintain reliability when analysing across groups due to the size of the study (Morse and Richards, 2002). It should be noted that the approach undertaken was still inductive, as codes could emerge from the data and were added to the coding list. The language and subject content of the children, caregivers and professionals varied. In response to this, each participant set was stored in its own nVivo folder. For example, KS2 and KS3 children, or KS2-3 caregivers.
2.8. Research limitations

The principal investigator carried out all the conversations with the children; an interview schedule was adhered to. 20% of the transcriptions were reviewed for accuracy and 50% of the coding in nVivo was also quality assured. As stated, the research focus is on the interpretation of the participant's lived experiences. It is acknowledged that the author is reflecting on their own meaning-making in relation to the research data as well as that of the participants. However, by adopting an inductive approach, themes could emerge from the data using careful and structured means of analysis to keep descriptions as true to participants' as possible. In acknowledging that the author could have different interpretations to others, the advisory group of seven children was convened to ensure the interpreted meaning of their views could be checked against the interviews.

Finally, the research does not include any children or caregiver who had experience of a successful managed move.

2.9. Trustworthiness

In qualitative research, the principles of validity, reliability and generalisability, must be adhered to in order to maintain a level of trustworthiness in the research. These concepts are more commonly referred to in quantitative research. However, they are acceptable for studies using content analysis (Long and Johnson, 2000). To strive for trustworthiness, the research had to be carried out fairly and the outcome had to be a true reflection of the participants' perceived experiences (Ely, 1991). Eisenhart (2006, p. 573) clarifies that ‘the trustworthiness of the research depends on the evidence that the researcher was, in fact, there and did directly participate in the scenes of action’. The author of the research conducted 41 (84%) of the 49 interviews directly, and reviewed the transcripts of the remaining participants.
3. Analysis
3. Analysis

The data gathered from the interviews, conversations and the children’s advisory group were analysed for themes that related to the managed move process. This allowed consideration of the aims and objectives of this research, namely:

- To elicit the perceptions and experiences of multiple stakeholders, including those who the protocol of managed moves aimed to support, that is, those who were deemed to be on the verge of school exclusion.

- To produce a report, with supporting evidence, to inform strategic provision planning and training for education professionals within the local area of Sunderland.

- To create a model that exemplifies good practice in managed moves

The themes are presented per participant group where appropriate, and are followed by a discussion of the findings and excerpts from the data. Where a reference relates to key stage 2 or 3, this is indicated, as all other quotes relate to children in key stage 4. The quotes from adult participants are grouped by caregiver or professional.

3.1. Children’s views on the managed moves process: Key stages 2-4

Children were asked ‘can you tell me about any managed moves you had?’ The three children in KS2/3 who discussed experiencing a managed move made nine responses about their experiences, and of these, 7 referred explicitly to why they felt the managed move failed. Similarly, the ten children in KS4 who discussed managed moves made 49 references in total, the majority of which (31) related to the same theme. The responses related to behavioural, belonging or learning factors that the children perceived caused their managed move to fail.

![Figure: 5. Children’s perception of why the managed move failed: key stages (KS): 2-4](image)
3.1.1. Children’s views on why the managed move failed (behavioural factors): Key stage 2-4

Figure 5 and Table 2 present the children’s perceptions of why their managed move failed. They believed it was mostly due to reasons aligned to behavioural and belonging factors. During the analysis of the behavioural factors, it appeared that managed moves were terminated for minor misdemeanours ‘you don’t get very many chances. I was actually quite good in that school... I got a point for laughing, so that is why I was kicked out’.

Table 3 shows the 18 responses, of which seven related to perceived inflexible behaviour policies as the reason why the managed move placements were terminated by the school ‘I was meant to have 6 behaviour points, I had 10’. One child expressed the view that there was no accounting for the fact that they have just come from alternative provision ‘going from being naughty, to a behaviour school, back to a normal school in 12 weeks, how do they expect me to only get six behaviour points’.

Children described four examples that could be seen to be unfair termination of managed moves. The following example could indicate there is a stigma resulting in potentially harsher sanctions for them compared to the general school population: ‘they said they saw me check my time on my phone... she said I had to give her my phone, I said I didn’t have it, so I got sent home. I didn’t have my phone, but I still failed it’.

Seven responses related to the children acknowledging responsibility for the failure of the new placement, accepting their behaviour was unreasonable ‘I shouted ‘fuck’ across the room, they told me to “get out” I said “no” and walked out of the school’ and ‘another child told me to fuck off, saying he was going to do me, the teacher sent him out, then she started screaming at me so I flipped the table, I said sorry and picked it up straight away. The next day they asked me what I was doing in school, they told me it had failed’. In this example, the child reported that their mother had told the new school that he was unable to cope with shouting due to sensory sensitivities. This could indicate that the teachers were not effectively trained or briefed to meet his individual needs or that there was a lapse in communication.

It needs to be considered as part of the managed move process if the child could or does have difficulties that meet the definition of a disability: ‘a physical or mental impairment, which has a long-term and substantial adverse effect on their ability to carry out normal day to day activities’ (Equality Act, 2010). As an anticipatory duty, schools are required to prepare in advance of a child arriving on the managed move, by agreeing on reasonable adjustments that need to be applied in these instances (DfE, 2015). The final comment is further evidence of the need to understand the reasons for a child’s behaviour as the child felt the impact of a bereavement in his life meant he struggled to cope in a mainstream school environment ‘I had a death, as you can understand I didn’t bother with school. I felt like I coped but I went into school, just cried my eyes out, I just blew up at a member of staff. He was shouting ‘go to your classroom’ they didn’t understand what was going on in my head’.

Table 2. Children’s perception of why the managed move failed: KS2-4

<table>
<thead>
<tr>
<th>Theme</th>
<th>KS2/3 children</th>
<th>KS4 children</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural</td>
<td>3 (43%)</td>
<td>15 (48%)</td>
<td>18 (47%)</td>
</tr>
<tr>
<td>Belonging</td>
<td>3 (43%)</td>
<td>8 (26%)</td>
<td>11 (29%)</td>
</tr>
<tr>
<td>Process</td>
<td></td>
<td>6 (19%)</td>
<td>6 (16%)</td>
</tr>
<tr>
<td>Learning</td>
<td>1 (14%)</td>
<td>1 (3%)</td>
<td>2 (5%)</td>
</tr>
<tr>
<td>Unclear why</td>
<td>1 (14%)</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
</tr>
<tr>
<td>Total</td>
<td>7 (100%)</td>
<td>31 (100%)</td>
<td>38 (100%)</td>
</tr>
</tbody>
</table>
### Table 3. Children’s Views: Why the managed move failed (behavioural factors – all comments)

<table>
<thead>
<tr>
<th>Subthemes</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inflexibility in behaviour policy (all KS4)</strong></td>
<td>• ‘The teacher would give points for loads of different reasons; talking, not doing enough work, not doing your homework’</td>
</tr>
<tr>
<td></td>
<td>• ‘Going from being naughty, to a behaviour school, back to a normal school in 12 weeks, how do they expect me to only get 6 behaviour points’</td>
</tr>
<tr>
<td></td>
<td>• ‘I got too many behaviour points (2nd attempt at managed move)’</td>
</tr>
<tr>
<td></td>
<td>• ‘I had apparently done something wrong but I didn’t know what, they wouldn’t tell me, so they put me in isolation…So I kicked off, which was stupid really. That isn’t why it failed though, I just got too many points’</td>
</tr>
<tr>
<td></td>
<td>• ‘I was meant to have 6 behaviour points. I had 10’</td>
</tr>
<tr>
<td></td>
<td>• ‘They wanted a minimum number of behaviour points; we want this much attendance’</td>
</tr>
<tr>
<td></td>
<td>• ‘I was always disappointed when I got behaviour points. I tried not to but I did… I still did my work’</td>
</tr>
<tr>
<td><strong>Acceptance of their inappropriate behaviours</strong></td>
<td>• ‘I didn’t listen’ (KS2/3)</td>
</tr>
<tr>
<td></td>
<td>• ‘I shouted ‘fuck’ across the room, she told me to “get out” I said “no” and walked out of the school’ (KS2/3)</td>
</tr>
<tr>
<td></td>
<td>• ‘It was going alright. I dunno what happened, I started being really naughty (KS2/3)’</td>
</tr>
<tr>
<td></td>
<td>• ‘I just got back into my old routine’ (KS4)</td>
</tr>
<tr>
<td></td>
<td>• I got another managed move back to my first school. I thought I had sorted myself out, but nothing had changed’ (KS4)</td>
</tr>
<tr>
<td></td>
<td>• ‘I got too comfortable, I thought I would be allowed to stay, I was in isolation twice in one day and they said they were terminating my placement’ (KS4)</td>
</tr>
<tr>
<td><strong>Unfair termination of managed move</strong></td>
<td>• ‘She thought I had written my name on the wall, but I hadn’t. I wouldn’t write my name on a wall. So, she said, “You can go downstairs and get the cleaning stuff and scrub the whole wall” So I said “No”. She told my mum to come and pick me up’ (KS4)</td>
</tr>
<tr>
<td></td>
<td>• ‘I had a death, as you can understand, I didn’t bother with school. I felt like I coped but I went into school, just cried my eyes out, I just blew up at a member of staff. He was shouting ‘go to your classroom’ they didn’t understand what was going on in my head’ (KS4)</td>
</tr>
</tbody>
</table>
3.1.2. Children’s views on why the managed move failed (belonging factors): Key stages 2-4

The findings support the idea that children have a basic psychological need for a sense of belonging in a social group, and this increases as the child progresses with age (Maslow, 1943, 1954, 1970). Some of the reasons for failed managed moves appear to be due to the child seeking a sense of belonging, by forming and maintaining strong interpersonal relationships and seeking approval from peers, which often appear as negative behaviours, as discussed by Baumeister and Leary (1995). Examples would be ‘we got caught smoking’ and ‘I got in with the wrong crowd’. The move failed for the behaviour of smoking, but the child may have been smoking with others to be accepted as part of a new social group and to feel connected with others already established in school (Craig, 2015).

The findings support other established research by Cutrona (1982), Smedley (2011) and Craig (2015), indicating that there can be a stigma associated with a child who is on a managed move from an alternative provision to a mainstream context. This means that they do not feel they belong and don’t feel accepted ‘I didn’t want to tell them how I was feeling ’cos I was new. I was the new naughty boy, so everyone thought I was bad and stuff. I didn’t really talk to anybody’. This suggests that this child felt the staff would have already decided that he would not behave appropriately. Other children reported missing their old school and friendships. ‘I missed my old school’ and ‘I got caught smoking, the head said if I lie and say I didn’t smoke, he would send me back, which is where I wanted to be, with my friends, so that is why I said that; saying that made me say it’. The comments suggest that the stigma of ‘the managed move child’ can be a blight on the move being successful, as all children who participated in the research did not have a successful transfer, a finding echoed in the review by Messeter and Soni (2017).
Table 4. Children’s views: Why the managed move failed (belonging factors - all comments)

<table>
<thead>
<tr>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inflexibility in behaviour policy (all KS4)</strong></td>
</tr>
<tr>
<td>• ‘A teacher walking past heard me swear at my friends, she had a go at me. Three weeks later, I got told off for it and they cancelled my managed move’ (KS4)</td>
</tr>
<tr>
<td>• ‘I got in with the wrong crowd’ (KS4)</td>
</tr>
<tr>
<td>• ‘I was in science and there was a milky fluid, I said it looked like cum. The teacher gave me a behaviour point. The next day, I was told my MM had failed because of what happened’ (KS4)</td>
</tr>
<tr>
<td>• ‘We got caught smoking’ (KS4)</td>
</tr>
<tr>
<td>• ‘I was cheeky, it was fun and naughty, other children would tell me to do silly things... I didn’t want to do them because I was on a move, but I knew if I didn’t then I wouldn’t fit in’ (KS4)</td>
</tr>
<tr>
<td><strong>Stigma</strong></td>
</tr>
<tr>
<td>• There were students much worse behaved than me, it is just the fact that I am not permanently in that school, that I didn’t stay’ (KS4)</td>
</tr>
<tr>
<td>• ‘You don’t get very many chances. I was actually quite good in that school’ (KS4)</td>
</tr>
<tr>
<td><strong>Longing for previous school</strong></td>
</tr>
<tr>
<td>• ‘I missed my old school’ (KS2/3)</td>
</tr>
<tr>
<td><strong>Bullying</strong></td>
</tr>
<tr>
<td>• ‘It was the people in the room. Not the teachers in that school. They called me [full version of name] I don’t like that name. Someone else being called it is fine but not me’ (KS2/3)</td>
</tr>
</tbody>
</table>
3.1.3. Children’s views on why the managed move failed (process factors): Key stage 4

The data indicated other reasons why the managed move failed, relating to processes in the receiving school. The data analysis of key stage 4 children suggested that the child required a period of adjustment during the transition process to learn about the systems and processes in their new school. ‘They expect you to know everything’ additionally, children often start mid-term. There were reports of variability on how children are welcomed (or not) into the new provision with one child reporting: ‘when I arrived, I met the isolation staff, they said “this is where you will be sitting”, that was basically it, everyday... I was put straight into isolation, I just had to sit there and do nothing, not talk and not move’. Other children said they were allowed in the classrooms but had reduced sanction points compared to the rest of the class, increasing the risk of them failing. Two children described that managed moves were not limited in terms of how many attempts you could be given ‘I was in my first school a year and a half, then managed move to a second, that failed, then a third, that failed, then another then here’. This child felt there were negative consequences for their mental health, well-being and academic attainment, supporting research that multiple failed managed moves are more likely to have repercussions on mental health, wellbeing and educational attainment (Brown, 2007 and Michail, 2012).

Another issue identified regarded the ‘trial period’ of twelve weeks. In this time, the children perceive they must ‘prove’ themselves to earn a permanent place in the school. Some children did not seem to understand the reason the placement was terminated ‘both times I have failed it has been the day before the meeting at the end of the 12 weeks... they both went back to something that happened a while before, suddenly pulled me up and started having a go about it. I think it is money related. It’s ironic that it was both times the day before the meeting’. These findings support Ofsted’s (2019) recommendation that there is a need for accountability in terms of how long the child remains in the school and the reason the placement fails.
3.1.4. Children’s views on why the managed move failed (learning factors): Key stages 2-4

Table 6 shows the two responses from the children, who remarked that the reason for not succeeding on the managed move was being unable to access the learning. ‘They were giving me work that was too hard for me; they wouldn’t make it easy so I just sat and refused to do anything’. This supports earlier concerns raised by the DfE (2004b) that for a managed move to be successful, there needs to be a full support package in place. Consideration needed to be given to how well the transition to a new school was led, planned for and documented, ensuring that person-centred support plans to enable the child to participate, progress and learn were in place (Vincent et al., 2007). Where the school felt the child ‘may have an SEN’ there needs to be deliberation as to whether an application for an education, health and care plan is required (DfE, 2015). All of these suggestions need to be underpinned by staff training to ensure they have the confidence, knowledge, understanding and empathy to effectively support children with a range of learning and SEMH needs before their transition to the receiving school (Carter, 2015; Driver Youth Trust, 2015).

Table 6. Children’s views: Why the managed move failed (learning factors)

<table>
<thead>
<tr>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lack of differentiation and knowledge of prior learning</strong></td>
</tr>
<tr>
<td>• ‘They used to ask me questions that I didn’t know the answer to; they would embarrass me in front of everyone, I would feel really bad’ (KS4)</td>
</tr>
</tbody>
</table>

In addition to the data presented above, one child was unsure as to why their managed move failed, and another was unclear as to the reason ‘shit, it just failed’.

3.1.5. Children’s views on what could improve the managed move process: Key stage 4

Table 7 shows that some of the children felt schools needed to be more lenient in terms of allocating behaviour sanctions, ‘I did want to stay in that school. And it’s annoying when you try. That was what annoyed me so much about that school, I tried for all the weeks I was there to be good. It was working. But it was just that one thing that happened and that was it’. The children recommended that they could be given a look around the school when there are no other children there to put them at ease, to allow them to familiarise themselves with the new building and to meet some members of staff. Two children suggested being given emotional support, whether from a member of staff they have a good relationship with or being paired with another child. These suggestions support the findings of Muir (2013), who evidenced the importance of positive relationships at the receiving school, so that the child felt supported, included, welcome and secure. This is particularly relevant for children moving from alternative provision to mainstream school and for those with SEMH needs (Michael and Fredrickson, 2013; Thomas, 2015; Flitcroft and Kelly 2016).
### Table 7. Children’s views: What could improve managed moves? (all comments)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What could be improved?</td>
<td>Leniency</td>
</tr>
<tr>
<td></td>
<td>• ‘They need to be more lenient’</td>
</tr>
<tr>
<td>Transition with support</td>
<td>‘I got chucked straight in. In the second school, I went in for a look whilst everyone else was there. So that was hectic. Then the next week I started... I got nothing that the other children wouldn’t have had’</td>
</tr>
<tr>
<td>What works well?</td>
<td>Support</td>
</tr>
<tr>
<td></td>
<td>• ‘Two teachers had hearts of gold; they helped me all the time; it was just the deputy head. I couldn’t stand him’</td>
</tr>
<tr>
<td></td>
<td>• ‘They paired me with someone’</td>
</tr>
<tr>
<td></td>
<td>Listening to the child</td>
</tr>
<tr>
<td></td>
<td>• ‘If you didn’t want help you could say no, not like my other school... I was in a smaller group, but it wasn’t all children with problems’</td>
</tr>
</tbody>
</table>

#### 3.1.6. Advisory groups of children and their views on how to improve the managed move process

Following the interviews, one advisory group meeting was held with a group of seven children with previous school exclusions to discuss key themes arising from the data analysis. The children ranged from 9-16 years old. Each was currently attending local alternative provision or a pupil referral unit, and was invited to be part of the group following a request from their headteachers (open to all children). The coded themes and participant comments that related to managed moves were shared with the children at the advisory group meeting. They were then asked to share their thoughts on the managed move process and how, if at all, they felt it could be improved, as outlined in Table 8. A key theme that arose from the discussion concerned having ‘time’ to decide if the school was right for them and having time to readjust to the new environment and form relationships.

The children did not mention any improvements to learning and teaching that they believed were needed, but instead related to refining transition processes and creating a sense of belonging through developing relationships. This supports the findings of Chadwick (2013) and Thomas (2015), who suggested that children need to create new relationships with staff and peers to develop a sense of belonging. Phased reintroduction to school and additional support was also discussed as an enabling factor for a successful move, a view shared by Mills and Thomson (2018). One of the children implied that they felt stigmatised by being on a managed move, so they felt they were not experiencing a fresh start – the
premise of the managed move system. All seven children in the advisory group held the perception that the main issue with managed moves was the low expectations of them when they arrived because of the difficulties in their first school. They said they were told it would be a fresh start, but it felt like some staff were waiting for them to fail. Following the discussion, the advisory groups agreed that to improve the managed move process, children should slowly transition into the new school with a reduced timetable and a key worker.

Table 8. Children’s advisory group comments on improving the managed move process (all comments)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subthemes</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How to improve the managed move process</strong></td>
<td><strong>Transition</strong></td>
<td></td>
</tr>
<tr>
<td>• ‘To have time to settle and get along with people’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ‘To have someone from your last school to go with you that you respect’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ‘To start slowly, maybe half days at first’</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ‘To visit to the school to see if it is the right school for you’</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Friendships</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ‘To have time to make new friendships and to know what help you will need’</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Teachers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• ‘If the teachers didn’t have an opinion of us because of what we did in a different school’</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.2. Caregivers’ views on managed moves: Key stages 2-4

The caregivers were asked ‘Can you tell me your experiences/views of managed moves?’ Twelve caregivers with children in KS2 to KS4 shared their experiences of the managed move process. The two KS2-3 caregivers commented:

‘He never settled there. He started in September and was already on a managed move by the January’

‘...Then you’ve got to the managed move to a second mainstream secondary and he was doing all right there. Then he went off the rails and same again, too late for me to do anything’

These comments could be interpreted as the caregivers feeling that their child never settled in mainstream education.

3.2.1. Caregivers’ views on why the managed move failed (behavioural factors): Key stage 4

The ten caregivers with children in key stage 4 made 62 references to their experiences surrounding managed moves, including the reasons for failure, the impact of failure and reasons for agreeing to a managed move. Ten comments that specifically discussed why the managed move failed were placed into the following groups: behavioural, belonging and learning factors.

<table>
<thead>
<tr>
<th>Participant group</th>
<th>Behavioural</th>
<th>Belonging</th>
<th>Learning</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>KS4 caregivers</td>
<td>6 (60%)</td>
<td>2 (20%)</td>
<td>2 (20%)</td>
<td>10 (100%)</td>
</tr>
</tbody>
</table>

The main reason the caregivers perceived the managed move failed was due to behavioural factors and a lack of leniency in the receiving school ‘other kids in the school do these things but they don’t fail’ and ‘how can you expect him to go from that to being an angel? Surely, there will be allowances. I was thinking: please, someone listen, we are setting him up to fail’. This could indicate that there needs to be improved training to identify and respond to children on the edge of school exclusion. Only one caregiver suggested that the failed placement was the child’s fault ‘he lasted about six weeks; it was a 12 week managed move. He only had to behave for 12 weeks, and he couldn’t. It was always to do with his shouting out. Being a gobshite, answering back. Doing what gets the teacher’s backs up’.
Table 10. Caregivers’ views on why the managed move failed (behavioural factors - all comments)

### Subthemes

#### Lack of appropriate leniency

- ‘Apparently, he shouted out in class and on a managed move you can’t. I said “Mind, he has been expelled, he has come from alternative provision, you are saying if he gets more than three behaviour points, then you will kick him out? How can you expect him to go from that to being an angel? Surely, there will be allowances”. I was thinking, please, someone listen, we are setting him up to fail. Just one person got me; he was fair. He had 12 before they kicked him out. But the points were for little things, like being told to be quiet. I was so ashamed at the time. No one wants to hear; they just run a mile. One teacher, I, identified that they were after him. I did bring it to their attention, but nothing was done about it’

- ‘Other kids in the managed move school do these things, but they don’t fail’

- ‘Lots of the kids have them ... They fail on something really petty, like being silly in class, then they go back to the first school. I think it is the headteacher showing it is the kid with the problem, not the head’

#### Lack of understanding of the child’s needs/views

- ‘He was asked for an honest opinion, he gave one, but it didn’t go down well. It is a religious school and he doesn’t believe in God’

- ‘My child being unable to cope with shouting. It makes him feel dizzy and triggers him. He told me he would ask teachers not to shout at him, but they would say he was being cheeky.’

- ‘I informed the school and health services. He failed his move because, while the teacher was marking papers not teaching the class, a boy in his class started trying to incite him to fight with him. The boy got sent out, but at the end of the lesson, the teacher asked my child to stay back. The teacher started shouting at my child, though he asked her to stop shouting, she began to shout louder. He became so distressed when she would not stop shouting at him that he flipped a table and burst into tears’

#### Acceptance of the child’s bad behaviour

- He lasted for about six weeks. It was a 12 week managed move. He only had to behave for 12 weeks, and he couldn’t. It was always to do with his shouting out. Being a gobshite, answering back. Doing what gets the teacher’s backs up’
3.2.2. Caregivers’ views on why the managed move failed: (learning factors): Key stage 4

Table 11 presents the KS4 caregivers’ perceptions of the learning factors that led to the failure of the managed move. ‘My eldest child went on a managed move, but the root of the problem was not recognised or supported. How is anything going to change? That is exactly what happened with his managed move. He came back because it wasn’t working. But he wasn’t diagnosed, and he had nothing in place for his dyslexia’. This could indicate that the graduated response of assess, plan, do and review was either not in place or effective, as his problems were not identified (DfE, 2015a). Again, there needs to be a consideration as to whether children have SEND due to their learning and SEMH needs (Equality Act, 2010; DfE, 2015). One possible reason for the lack of identification could be due to training issues in the schools as raised by Carter (2015), Driver Youth Trust (2015), DfE (2015), and Martin-Denham and Watts (2019).

Table 11. Caregivers’ views on why the managed move failed (learning factors - all comments)

<table>
<thead>
<tr>
<th>Subthemes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of assessment or identification of SEN</td>
</tr>
<tr>
<td>• ‘My eldest child went on a managed move, but the root of the problem was not recognised or supported. How is anything going to change? That is exactly what happened with his managed move. He came back because it wasn’t working. But he wasn’t diagnosed, and he had nothing in place for his dyslexia’</td>
</tr>
<tr>
<td>Low self esteem</td>
</tr>
<tr>
<td>• ‘I just think it stems from the primary school setting, where his confidence was shattered. He has very low self-esteem. He’s got no confidence in himself. If you ask him what he can do, he will say nothing. If you ask him to write, he’ll say he can’t, and he says he can’t read’</td>
</tr>
</tbody>
</table>


3.2.3. Caregivers’ views on why the managed move failed (belonging factors): Key stage 4

In terms of belonging factors, two caregivers recalled victimisation from other children as reasons for the managed move failing. Comments included: ‘the second week he was bullied continuously. Some of the children had friends in his old school, so they knew about him’ and ‘it went well for a few weeks, but as soon as the other children realised he was different, it started again. Then he came home and had a meltdown. We decided to pull the plug. We thought: this isn’t going to work. We didn’t want him to suffer anymore’. These perceptions suggest that there is a need for schools to closely monitor children on managed moves to ensure they are being adequately supported.

Table 12. Caregivers’ views on why the managed move failed (belonging factors)

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bullying</td>
<td>‘It went well for a few weeks, but as soon as the other children realised he was different, it started again. Then he came home and had a meltdown. We decided to pull the plug. We thought: this isn’t going to work. We didn’t want him to suffer anymore’</td>
</tr>
<tr>
<td></td>
<td>‘The second week in he was bullied continuously. Some of the children had friends in his old school, so they knew about him’.</td>
</tr>
</tbody>
</table>
3.2.4. Caregivers’ views on the wider impact of failed managed moves on the child and family: Key stage 4

The four comments share the view that a failed managed move can have a detrimental effect of on both the child and the family. These comments demonstrate the impact of a failed placement on a child’s well-being and lack of Connectedness. The responses show feelings of segregation, vulnerability and insecurity (Craig, 2015). The descriptions also illustrate the level of stress that a failed managed move had, not just on the child but also the family, as they are left to care for the child when they are not in formal schooling, as found by Chadwick (2013), Muir (2013), and Bagley and Hallam (2015).

Table 13. Caregivers’ views on the wider impact of failing a managed move (all comments)

<table>
<thead>
<tr>
<th>Subtheme</th>
<th>Impact on Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• ‘He was devastated when he came back here’</td>
</tr>
<tr>
<td></td>
<td>• ‘I’ll never forgive that school. I had no phone call’</td>
</tr>
<tr>
<td></td>
<td>• ‘My son came home. His dad went to look for him two hours later. He found him in</td>
</tr>
<tr>
<td></td>
<td>bed, fully dressed, shoes and backpack still on. He slept for two hours, crying</td>
</tr>
<tr>
<td></td>
<td>when he woke up. When I found out what happened, I was disgusted. No one listens.</td>
</tr>
<tr>
<td></td>
<td>You are just nothing’</td>
</tr>
<tr>
<td></td>
<td>• ‘I was desperate and agreeing with the staff at his managed move school. The</td>
</tr>
<tr>
<td></td>
<td>parents at this point, we are on our knees’</td>
</tr>
</tbody>
</table>
3.2.5. Caregivers’ views on why they requested managed moves: Key stage 4

Two caregivers referred to this theme; their responses were ‘we were totally failed by them. I told them he couldn’t stay and that I wanted a managed move. That they weren’t meeting his needs’ and ‘in the end I said “let’s try a managed move” because somewhere has to be better than here for him’. These comments suggest that the caregivers recognised that the child needed support in mainstream, but felt it was not forthcoming.

3.2.6. Caregivers’ views on the positives of managed moves: Key stage 4

Two caregivers referred to this theme. Their responses were ‘we did get more support from the second school’ and ‘in the end, the managed move school realised what I had said all along, that he was dyslexic. They did a test’. These descriptions are positive in that the caregivers acknowledge how the receiving secondary school made efforts to support their child by providing support and, in one case, identifying a learning difference.

3.3. Professionals’ views on managed moves

This section shares and discusses the opinions of 15 professionals on the managed move protocol. This included eleven Special Educational Needs Co-ordinators (SENCOs), four headteachers and two health professionals. It is important to note that managed moves became an emerging theme after the interviews with primary and secondary headteachers about the core factors leading to a rise in SEMH and school exclusion in the City of Sunderland. This explains the low discussion rate from headteachers on this theme. The headteachers, SENCOS and health professionals were asked ‘What do you feel are the enablers and barriers to managed moves?’

3.4. Professionals’ views on the enablers to managed moves

The analysis of the SENCOS’ responses relating to factors contributing to a successful managed move indicated a link to the themes of belonging, behaviour, process and learning. This had been teased out of the analysis of the various data from children. Analysis of the interviews with headteachers also provided data for the ‘belonging’ and ‘behavioural’ themes. Health and support professionals only made comments relating to the ‘belonging’ theme. Only the SENCOS commented on all four themes. This data is presented in Figure 6 and Table 14.

![Diagram](image-url)
Table 14. Professionals’ views on the enablers to successful managed moves

<table>
<thead>
<tr>
<th>Theme</th>
<th>SENCOs (n=11)</th>
<th>Health and support (n=2)</th>
<th>Headteachers (n=2)</th>
<th>All professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural</td>
<td>5 (45%)</td>
<td>2 (100%)</td>
<td>1 (50%)</td>
<td>7 (47%)</td>
</tr>
<tr>
<td>Belonging</td>
<td>2 (18%)</td>
<td>-</td>
<td>1 (50%)</td>
<td>4 (27%)</td>
</tr>
<tr>
<td>Process</td>
<td>3 (27%)</td>
<td>-</td>
<td>-</td>
<td>3 (20%)</td>
</tr>
<tr>
<td>Learning</td>
<td>1 (9%)</td>
<td>-</td>
<td>-</td>
<td>1 (7%)</td>
</tr>
<tr>
<td>Total</td>
<td>11 (100%)</td>
<td>2 (100%)</td>
<td>2 (100%)</td>
<td>15 (100%)</td>
</tr>
</tbody>
</table>

3.4.1. Professionals’ views on the enablers to managed moves (belonging factors)

It appeared that ‘creating a sense of belonging’ was the most prominent factor reported to achieve a successful managed move from the perspective of SENCOs and health and support professionals. The data indicated the importance of positive relationships from either the child’s previous or receiving school ‘they have someone in their new school they can speak to’ (SENCO) and ‘we’ve put additional support around the child going back; they go out to see them two or three times a week in the first week, then twice weekly to keep an eye on them’ (Headteacher).

Some respondents commented on how the success is due to removing the child from problematic friendships and providing a new environment ‘he just seemed to settle. I don’t know whether it was removing him from learners he was involved with. It was smooth, but that doesn’t happen very often’ (SENCO) a ‘fresh start’, ‘we have had children excluded and tried them at another school. It has worked well’ (Headteacher) and the child ‘changing their mindset’ (SENCO) ‘when children buy-in”(SENCO). One comment highlighted the stigma of children returning to mainstream from an alternative provision ‘we have thought that being integrated into mainstream secondary following finishing primary in alternative provision wouldn’t work. But it is a complete change, with a whole new environment with different staff completely, but for some of them changing that mindset has been amazing’ (SENCO). These comments echo the views of Warnock (2005) and CSIE (2011), that inclusion is about cultures and practices of schools rather than geographical location.
### Subthemes

#### Additional support

- ‘They have someone in their new school they can speak to’ (SENCO)
- ‘We are a small secondary and 95% of our moves in do work’ (SENCO)
- ‘We’ve started to put in additional support around the child going back, they go out [to see the child] two or three times in the first week, then twice weekly just to keep an eye on them’ (Headteacher)

#### A fresh start

- ‘Some of them we have thought that being integrated into mainstream secondary following finishing primary in alternative provision wouldn’t work. But it is a complete change with a whole new environment, with different staff completely, but for some of them changing that mindset has been amazing’ (SENCO)
- ‘When children buy-in’ (SENCO)
- ‘We have had children excluded and tried them at another school, and it has worked well’ (Headteacher)

#### Removing from a peer group

- ‘He seems to have managed really well, just seemed to settle. I don’t know whether it was removing him from learners he was involved with, it was smooth, but that doesn’t happen very often’ (SENCO)

### 3.4.2. Professionals’ views on the enablers to managed moves (behavioural factors)

As can be seen in Table 16, the SENCOs advocate giving the child time to settle into the provision. This is in accordance with the views of the caregivers and children on leniency in the use of behaviour sanctions ‘sticking with it and giving a little bit of leeway, supervising enough and pulling back when he’s not doing what we expected him to do’ (SENCO). The headteachers discussed enablers in terms of support of teaching assistants and the need for funding alongside person-centred approaches involving the wider school team. The two headteachers commented on managing behaviour and challenges around funding to support individual needs. The final comment from the headteacher indicates the time investment required to provide person-centred approaches.
3.4.3. Professionals’ views on the enablers to managed moves (process factors)

The responses by three SENCOs showed that the graduated response of: assess, plan, do and review appears to be adhered to, and that steps were taken to prepare for each child’s transition to the receiving school. The comments are significant, as they suggest that the placement is planned for in advance, so that needs can be prepared for, in accordance with statutory duties (Equality Act, 2010; DfE, 2015).

Table 17. SENCOs’ views on enablers of the managed move process (process factors - all comments)

Subtheme

• ‘We start with a reintegration meeting with the parent and child; we talk about what’s gone wrong and if anything needs to be put immediately into place’ (SENCO)

• ‘We do a transition with them, so they support before the child goes to their new school’ (SENCO)

• ‘A diagnosis and onto an EHCP’ (SENCO)
One SENCO reported that the key to a successful managed move was continuity in terms of teaching approaches between the two provisions ‘moving to bespoke provision, the children that go onto specialist provision say it has worked well. They teach in a similar way, and the staff are very good at listening. It has meant they have gone on to do their GCSEs and go on to college’

3.4.4. Professionals’ views on the enablers to managed moves: (learning factors)

The one SENCO who reflected on enablers to managed moves felt it was due to utilising his passion for football to gain buy-in from the child.

‘We sent a child to the football academy. It was a huge success, he really bought into football in the afternoon. It supported him to behave in the morning. The children that go onto specialist provision say it has worked well. They teach in a similar way, and the staff are very good at listening. It has meant they have gone on to do their GCSEs and go on to college’ (SENCO)

3.5. Professionals’ views on the challenges to successful managed moves

This section shares the perceived challenges to managed moves from the perspective of SENCOs, health and support staff, and headteachers. It begins by sharing the percentage of professionals who had views on the barriers to achieving a successful managed move. An additional theme was parents as a challenge to the managed move being successful. This has therefore been added into the analysis.

Figure: 7. Professional views on the barriers to the managed move process
3.5.1. Professionals’ views on the challenges to successful managed moves (process factors)

Although headteachers were not asked specifically about managed moves, eight made comments about the process. Table 19 highlights that the main barrier to a successful managed move was when schools cannot meet the child’s needs ‘it just moves the problem on’ (SENCO). These comments corroborate early concerns raised by the DfES (2004b), that the practice of managed moves is problematic, as it moves the problem on to other schools rather than establishing and responding to the underlying reason. The responses from health and support services support this view ‘some schools don’t like that I will ask them to assess the child properly’ (Health and support services).

Some responses share concerns that not all schools are willing to engage in taking a child on a managed move. As one headteacher explained: ‘even now we have put in extra support, the schools are just not interested. They don’t want that child in their books. In the worst schools, they will fail within days’ (Headteacher). This could be seen to support the views of some of the caregivers and children, that there is a stigma around children on a managed move. This comment from the headteacher could indicate a reason why managed moves fail; the receiving school not being invested in the child succeeding.

Table 18. Professionals’ views on the barriers to the managed move process

<table>
<thead>
<tr>
<th>Theme</th>
<th>SENCos (n=12)</th>
<th>Health and support (n=5)</th>
<th>Headteachers (n=8)</th>
<th>All professionals (n=25)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td>3 (25%)</td>
<td>4 (80%)</td>
<td>7 (88%)</td>
<td>14 (56%)</td>
</tr>
<tr>
<td>Behavioural</td>
<td>2 (17%)</td>
<td>1 (20%)</td>
<td>-</td>
<td>3 (12%)</td>
</tr>
<tr>
<td>Learning</td>
<td>2 (17%)</td>
<td>-</td>
<td>1 (13%)</td>
<td>3 (12%)</td>
</tr>
<tr>
<td>Parenting</td>
<td>3 (25%)</td>
<td>-</td>
<td>-</td>
<td>3 (12%)</td>
</tr>
<tr>
<td>Belonging</td>
<td>2 (17%)</td>
<td>-</td>
<td>-</td>
<td>2 (8%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12 (100%)</strong></td>
<td><strong>5 (100%)</strong></td>
<td><strong>8 (100%)</strong></td>
<td><strong>25 (100%)</strong></td>
</tr>
</tbody>
</table>
Subthemes

Schools unable to meet the child’s needs

• ‘The school doesn’t want the child back, but they haven’t got grounds for permanent exclusion, they don’t want to change to meet their needs’ (Headteacher)

• ‘You’ve been to two primary schools and two secondary schools, that throw in a managed move and exclude them anyway; it’s no wonder they have trust issues and attachment issues’ (Headteacher)

• ‘Schools are trying to find a quick solution, and they are doing it without informing the Local Authority. To get respite. I think that is what they are actually doing sometimes’ (Health and support)

• ‘We’ve just taken on a child who had a managed move from another school. He was permanently excluded, and his presentation in school is ten times better than some other children we are working with. We have children whose needs are far greater. We try to work and support, we are totally committed to inclusion, and it’s interesting to see the tolerance in different schools’ (Headteacher)

• ‘Many children have gone through a managed move or two. I disagree with two; you are failing the child twice’ (Health and support)

• ‘To prevent a permanent exclusion’ (SENCO)

• I disagree that an attendance target from a new school will help a child who struggles to go to school’ (Health and support)

Not all schools will take children on a managed move

• ‘We need a fairer route for every school to take a turn (at taking a child on a managed move)’ (Headteacher)

• ‘Funding and places for them to go... We had a child who was promised a place, given a date to start and an induction, and because there was a permanent exclusion, then he didn’t get the place. So, he went totally off the rails and we had to do a managed move to another school for him because the relationship just broke down... We went for a managed move with another school, rather than the permanent exclusion’ (Headteacher)

Lack of identification of underlying needs

• ‘Some schools don’t like that I will ask them to assess the child properly’ (Health and support)

Caregivers feeling pressured

• ‘We work with other schools on managed moves, and actually, one thing that might be interesting is the number of families who move. Parents under pressure for attendance or behaviour, the parents move, and they start over somewhere else. We have a lot of mobile children. That mobility needs to be looked at quite carefully’ (Headteacher)
3.5.2. Professionals’ views on the challenges to successful managed moves (behavioural factors)

The most cited obstacle to successful managed moves concerns the behaviours of the child arising from any disabilities they may have. The health professional stated ‘this child cannot change their behaviour because they are very anxious and they have underlying reasons, it is not that they don’t want to come to your school; they don’t want to go to any school’. This supports the views of Mills and Thomson (2018), who suggested that not all children can have their needs met in mainstream education and, as a result, they are unable to cope with that environment.

Table 20. Professionals’ views on the barriers to the managed move process (behavioural factors)

<table>
<thead>
<tr>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviours arising from disabilities</td>
</tr>
<tr>
<td>‘I feel it’s failed because of an SEN, particularly children with ADHD, because of their disruptive nature and behaviours in class’ (SENCO)</td>
</tr>
<tr>
<td>Lack of funding</td>
</tr>
<tr>
<td>‘We accepted a child on a managed move after exclusions at another school into our year four. His family would like another managed move. But he’s going to face the same obstacles in another school. We have so much in place for him and his behaviour. CAMHS, Early Help. We feel that by moving him, he will not have that support. We have put a lot in even though it is unfunded’ (SENCO)</td>
</tr>
</tbody>
</table>

3.5.3. Professionals’ views on the challenges to successful managed moves (learning factors)

Additional views expressed by professionals raise issues surrounding the ability to fund support for children during the managed move, at a time when the child is potentially given unrealistic expectations ‘it’s flawed because the children are put under far more pressure than the children currently in that school. The targets are more extreme (learning and attendance), it’s harsh, it’s unfair, it’s unjust’ (Headteacher).

Table 21. Professionals’ views on the barriers to the managed move process (learning factors)

<table>
<thead>
<tr>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning</td>
</tr>
<tr>
<td>‘The support we can provide is limited as we are a small school’ (SENCO)</td>
</tr>
<tr>
<td>‘I think a lot of mainstream schools don’t have the teaching assistants (TAs) to support, so strategies aren’t being put in because they can’t. Sometimes they put in no support at all, including no SEN support for children on the SEN register’ (SENCO)</td>
</tr>
</tbody>
</table>
3.5.4. Professionals’ views on the challenges to successful managed moves (caregiver factors)

Three SENCOs felt that some of the challenges stem from the caregivers in terms of the acceptance of their child’s SEN and the impact of home factors.

<table>
<thead>
<tr>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregivers</td>
</tr>
<tr>
<td>‘Parents unable to acknowledge their child’s difficulties’ (SENCO)</td>
</tr>
<tr>
<td>‘There was a conflict between school and the parents where they didn’t want us to support him in a certain way. We know that the issues are still there and it’s quite sad. We just got a report recently where he is still displaying the same behaviour’ (SENCO)</td>
</tr>
<tr>
<td>‘They’ve come on a managed move, to see how they settle. They are doing really well, but the issues are still there around their home background and the family separation’ (SENCO)</td>
</tr>
</tbody>
</table>

3.5.5. Professionals’ views on the challenges to successful managed moves (belonging factors)

The two comments by the SENCOs share the importance of the child having a sense of belonging but also the challenges some children have when changing schools. This echoes the DfE (2016) guidance on supporting mental health and behaviour, which acknowledges a sense of belonging as a protective factor, where children can trust and talk openly about their difficulties. Yet, for some children with a traumatic history, this is not always feasible.

<table>
<thead>
<tr>
<th>Subtheme</th>
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</thead>
<tbody>
<tr>
<td>‘The child had some attachment issues. They felt unsure in their surroundings and about where they belonged. Ultimately the child lashed out at the new school and sent another child to the hospital, so that was cancelled’</td>
</tr>
<tr>
<td>‘Sometimes they have been rejected by their new school. They feel rejected by us because we have put them somewhere else and then more rejection when they get sent back again. It is another failure’</td>
</tr>
</tbody>
</table>
4. The proposed managed move model
4. The proposed managed move model

Following analysis of the data and literature review, the following model has been created to illustrate the enablers to successful managed moves for all children (Figure 8). This is a sequential model in that it begins with the receiving school identifying a suitable member of staff (potentially the SENCO or pastoral lead) to be an advocate for the child and their caregivers. The role of the advocate is to support the transition process by securing positive and enduring relationships with staff and peers.

Once the advocate is established, they will take the lead on gathering information from the child’s current school on their holistic development, strengths, interests and needs. This will include the family history and all internal and external data on the child, including attainment, attendance, reasonable adjustments, interventions, SEN support/EHC plans and reviews over a period of time. Information on any diagnosed needs/assessments or concerns need to be made available alongside the record of behaviour sanctions and rewards.

Once the school has the chronology of the child, a site visit can then be arranged using the information from the previous school to enable the advocate to plan the visit, ensuring any necessary adaptations are in place. For some children, a visit after school hours may be more appropriate. This should be discussed with the child and caregiver. The caregiver should accompany the child, so they can also begin to forge positive relationships with staff, familiarise themselves with the surroundings, and find out the expectations of the school and curriculum offer. Following the visit, the child needs to be given adequate time to decide if the placement is right for them. If the child and/or caregiver does not ‘buy into’ the move at this point, the managed move is less likely to be a success.

If the child and caregivers agree to the managed move, the process of planning the intricate details of the transition should begin with the advocate, child and their caregiver. This must include a bespoke package of learning, pastoral and behavioural support, which is agreed and signed off by the child, caregivers, advocate and then senior leaders. The transition plan needs to consider if the child needs a phased integration or reduced timetable, depending on their views, wishes and needs. One of the main reasons that managed moves fail is due to inflexibility in behaviour policies. The child and caregivers need to understand in advance of the transfer what the specific expectations of behaviour are and what a child will receive sanctions for (and the limit and consequences of reaching this). Flexibility and leniency must be adopted, given that children are moving from smaller classes with greater levels of support into larger mainstream classrooms. This will include a discussion of the need for the implementation of the graduated approach, or an application for an EHCP needs assessment where appropriate. The SENCO will then seek internal and external assessment as the graduated approach, and to support any application for an EHC needs assessment. As part of this, a communication strategy needs to be agreed to determine how best to contact the caregivers during the planning and transition phase. The support plans will be agreed and signed off by senior leaders.

The next stage is training, to support all staff to understand the importance of enabling children on managed moves to participate, learn and progress, through developing a sense of belonging and creating positive relationships. Staff all need to be familiar with the child’s support plan and, where relevant, an outline of the circumstances leading to the managed move.
The next stage in the model is for the child to have a peer or learning mentor to ensure they have a point of contact during the 12-week trial period. At this point, the placement would begin. For some children a phased return may be appropriate. Daily and weekly updates must be shared with the child and caregivers to ensure they are kept up to date, and so any early intervention for behaviour points can be openly discussed and responded to. The updates are an opportunity for the school to respond to concerns from the child and caregiver regarding the level of work and need for additional differentiation, learning and pastoral support. This early debrief is a crucial part of the process, as it prevents any sense of unfair treatment and allows for reconciliation.

The advocate needs to monitor the placement and check that the support plan is being adhered to and, where appropriate, agree any modifications with all parties.

Figure 8: The proposed managed moves model

1. In school advocate to build positive relationships between child, caregiver and school staff.
2. Advocate gathers information from previous school.
3. Advocate invites child and caregiver to a site visit.
4. Advocate, child and caregiver create a bespoke package of learning, pastoral and behavioural support (with leniency), and discuss graduated approach to SEN.
5. Identification and implementation of staff training needed to address stigma and support successful transition.
6. Advocate, senior leaders, child and caregiver meet to agree proposed support package.
7. Advocate meets with the child to identify a suitable peer or staff mentor.
8. Advocate provides daily updates to child and caregivers, moving to weekly updates where appropriate, to share successes and to address arising concerns.

Advocate agrees and communicates any modification to support plans with school team.

Whole staff briefing to disseminate the support package, pupil passport and SEN support/EHC plan.

Sense of belonging in a managed move.
5. Concluding remarks
5. Concluding remarks

This research has explored factors that are believed to contribute to failed managed moves from the perspectives of children, caregivers and professionals. It has provided some evidence that successful managed moves rely on the building of positive relationships with the child and their caregiver. The importance of early communication of any arising issues is emphasised as a support to a successful placement. The reality is that, for these children, the managed move system did not work, and some children had multiple failed placements. There needs to be extensive planning, alongside comprehensive knowledge and understanding of the individual child’s strengths, interests and holistic needs, in partnership and with buy-in from the child, their family and the school. The voices of the 20 children in this research illustrated that a well-considered transition plan and time to adjust with a familiar adult supporting them would improve the managed move process. Children and professionals also advocate additional support and the child having someone they can speak to alongside regular check-ins to monitor wellbeing and progress.

The evidence from this research could suggest that in some cases, the ceasing of some managed moves is not rational, reasonable, fair or proportionate in terms of the Education and Inspections Act (2006) and the ECHR (2010). Instead, it could be argued they were due to inflexible behaviour policies, processes and a lack of understanding of individual needs and circumstances, as suggested by Panskeep (1998).

The leading enabler to a successful managed move from the children and caregivers was leniency in behaviour sanctions. This would give the child time to adjust from moving between schools and to understand the new systems and processes. The children did not seem to know why they are getting so many behaviour points, what behaviours constitute points being allocated, and reasons for the placement terminating. Throughout the research, it became apparent that children are seeking a sense of belonging, but some know they are stigmatised due to the fact that they are involved in a managed move; they expect it to fail. The perception from some of the children and caregivers was that the expectations of their behaviour was higher than for others in the school. This all has negative consequences for the children being able to develop a sense of belonging in the school community.

The caregivers and professionals shared that an effective managed move process includes reintegration meetings, assessment of any underlying needs, transition and support plans. However, it seems that some schools will not accept children on a managed move, and some that do, do not have a good understanding of children’s bespoke needs, despite caregivers’ perceptions that this information was shared. For learning and progress to occur, there needs to be access to the curriculum and quality first teaching by teachers experienced in meeting the needs of children with SEND. This can only be achieved through an ongoing package of professional learning for those responsible for the education and care of children. Children who have experienced managed moves are unlikely to have been accessing lessons in their previous school. Some may have been out of school for some time, so the curriculum offer will need to reflect their prior learning. These factors all have implications for their ability to transition into a new school and their ability to participate and learn.

The impact of a failed managed move on the children was palpable during the conversations. The notion of a ‘fresh start’ appears not to be felt by those who have lived the experience of having a managed move, for a range of reasons. The effects can be long-lasting and, for one child in particular, the caregiver felt it was traumatic. If managed moves are to become a realistic alternative to exclusion, there need to be improvements in the processes to ensure they consider the views, wishes and aspirations of children and their families. The suggested managed move model (Fig. 5) should be included in the LA protocol and shared with Academy Trusts as an approach to supporting children and families engaging in the process.
6. Research limitations and reflections
6. Research limitations and reflections

The study adopted a qualitative approach, and it could be argued, that although it is the most extensive primary study on the topic of managed moves to date, it is of a relatively small size. It also has a greater focus on the lived experiences of children and their caregivers for whom a managed move was unsuccessful and did not include any children who successfully transitioned. In combination with the subjective, qualitative nature of the analysis, it could also be suggested that the potential for replication and subsequent generalisation is limited. However, by adopting a phenomenological- based methodology, the research has identified detailed accounts of experiences surrounding a managed move process across a limited range of cohorts. The study identified the homogeneity of experience, as all children interviewed had undergone a managed move that had failed, with some participants experiencing up to three managed moves. By analysing data from the participant groups’ perspectives, the author was able to critically reflect on the current processes and the effect of a managed move experienced by children, caregivers and professionals to create an alternate model for implementation across local government, to prevent further managed moves from failing.

Qualitative content analysis was selected as the appropriate means to condense and analyse raw data into themes, to better understand the enablers and barriers of managed moves. Content analysis is both a quantitative and a qualitative form of analysis, as there is some level of ‘word quantification’ involved (Graneheim and Lundman, 2004). For this reason, it could be argued that the quantification of data creates baseline metrics and the opportunity for others to compare findings regionally, should the research be adopted and taken forward.

The children who participated were all reflecting on previous managed move(s) and were now placed (seemingly contently) in alternative provision specifically for children with SEMH needs. It is a commonly held belief that due to factors relating to their age, children and young people’s memory recall of past events are not as accurate or reliable than those recalled by adults (Oates and Shrimpton, 1991). However, to subscribe to this view would undermine all research involving children’s views. Additionally, in reviews of children’s memory, researchers have found that while children can fabricate information and are more easily manipulated than adults, children under certain conditions can recall past events accurately (Gordon, Baker-Ward and Orstein, 2001).

For future research, it would be important to explore what the determining factors were that enabled a successful managed move, and to examine the long term outcomes on children to find evidence of whether managed moves should continue as an alternative to school exclusion. Also, further research on managed moves should investigate:

- If the model proposed in this report increases the number of successful managed moves
- How many children over the last three years took part in managed move(s) and how many of these were successful or not successful
- How many children receive multiple managed moves and what was the justification for each move
- What are teachers’ perceptions in the receiving school of a child on a managed move, and what are the perceived barriers and enablers to it being successful
- From a sample of children who have had successful managed moves, what made them effective
7. Recommendations
Recommendations

The recommendations are directly related to the data analysis of the interviews and literature reviews.

**Recommendation 1:** The local authority to adopt the managed move model in appendix 1, with careful consideration of the appropriateness of this approach for individual children. The model should be incorporated into protocol documentation and cascaded during training with schools. The managed move model should be monitored for impact to see if it increases the number of successful managed moves with a pilot group of children and schools.

**Recommendation 2:** Local training for senior leaders in education to make explicit the legal position for the use of managed moves. One of the recommendat ions of this training would be to clarify that managed moves cannot be used where a child has additional needs or a disability that the school is unable to cater for.

**Recommendation 3:** Further training for schools on the particular needs of children with SEMH and/or learning needs, to ensure effective and timely evidence-based learning and teaching approaches. The training needs to be evaluated for impact by the SENCO and senior leadership teams.

**Recommendation 4:** Early assessment and identification of any underlying special educational needs and/or disabilities before negotiating the managed move. All children need a transition plan, SEN support plan and, where required, an application for an EHC needs assessment. These must be agreed in partnership with the child and caregivers, including reasonable adjustments to support wellbeing, learning and behaviour.

**Recommendation 5:** To implement a monitoring system alongside school exclusions data records to analyse the following:

- The number of managed moves each child has attempted; the number of successes; and a narrative outlining the reasons for any failed placement. The records should include the length of time the child was in the school before the termination of the placement.

- The long-term outcomes for children who have experienced managed moves.

**National Recommendations**

- To create a national system of recording managed moves, to capture the number attempted by individual children, how many succeed, how many fail, the length of time they sustained the placement and a narrative account of why they failed. This evidence will support if there is a need for a thorough review of the managed move process.

- Due to the stigma of ‘pupil referral units’ and ‘alternative provision’, the terminology should be reviewed with a consideration of the name ‘school’ or similar, regardless of the designation.

- To invest in further research, to investigate the long-term academic and wellbeing outcomes of managed moves, to evidence that the system is an appropriate alternative to school exclusion.
8. References
8. References


DfES (2004a) Removing Barriers to Achievement. Nottingham: DfES.

DfES (2004b) Overview of workshops on preventing, managing and funding school exclusions. London: DfES.


9. Appendix
Appendix 1: A model for successful managed moves

1. In school advocate to build positive relationships between child, caregiver and school staff.

2. Advocate gathers information from previous school.

3. Advocate invites child and caregiver to a site visit.

4. Advocate, child and caregiver create a bespoke package of learning, pastoral and behavioural support (with leniency), and discuss graduated approach to SEN.

Future communication strategy agreed.

5. Identification and implementation of staff training needed to address stigma and support successful transition.

Whole staff briefing to disseminate the support package, pupil passport and SEN support/EHC plan.

6. Advocate, senior leaders, child and caregiver meet to agree proposed support package.

7. Advocate meets with the child to identify a suitable peer or staff mentor.

Placement commences

8. Advocate provides daily updates to child and caregivers, moving to weekly updates where appropriate, to share successes and to address arising concerns.

Advocate agrees and communicates any modification to support plans with school team

Sense of belonging in a managed move
Appendix 2: Participant demographics

Children

- Age and gender: 8-16 years - identifying as male or female
- Children with SEND and some whose needs were yet to be assessed/diagnosed
- Children who had experienced managed moves
- Children who currently attend a range of provisions including mainstream and/or Alternative Provision

Caregivers

- Who have children from 8-16 years of age who had experienced edge who had experienced managed move(s)
- From a range of socio-economic backgrounds
- Foster carers

Headteachers

- From special measures to outstanding Ofsted rating
- Experience of managed moves
- A range of years experience of headship

SENCOs

- Across key stages 1-4
- A range of experience (new to the role, with the NASENCO award, experienced SENCOs)
- Academy Trusts, maintained, free schools

Health and support services

- From NHS trusts, charity and support services
- With statutory and non-statutory roles
- With different levels of experience and qualifications