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Abstract The study presents data drawn from semi-structured interviews with five young people permanently excluded from schools in North East England. The research aimed to investigate the risk factors that lead to the children using illegal drugs, to determine the drivers and implications for drug misuse and the carrying of knives into school. The research also hoped to elicit from the young people the solutions that could have prevented their exclusion from school. The interviews were analysed using interpretative phenomenological analysis to understand how a homogenous sample made sense of their lived experiences (Smith, 2004; Smith et al., 2009). The findings highlight the importance of prompt identification and support for children with learning and subsequent mental health needs, as the evidence suggests they lead to perceived negative behaviours by teachers. The research provides further evidence that behaviour sanctions in mainstream schools, such as detention and isolation booths, do not improve behaviour, but make it worse. Original to this research is the finding that children are consuming drugs before school to cope with their inability to access the learning, to aid their concentration and to medicate themselves to reduce the likelihood of being sanctioned by teachers.

Keywords: school exclusion, special educational needs, drug misuse, knives, qualitative research

Introduction

Dong and Krohn (2020) raised concerns that few studies have examined the impact of school exclusion on subsequent negative behaviours, including crime and drug use.

Considering this, this research utilises data gathered during a two-year project investigating the impact of school exclusion on the mental health and wellbeing of children, undertaken in the North East of England (Martin-Denham, 2020a; 2020b; 2020c). This article focuses on five of the interviews with young people from the original study who were excluded from school, consumed street drugs and/or were caught in possession of a knife in school.

School exclusions

School exclusion in the UK refers to a 'disciplinary sanction that prevents pupils from attending school for either a fixed-period or permanently' (Gazeley, 2010, p. 451). The Education Act (1986) first introduced the terms 'fixed-period' and 'permanent' exclusions, which enabled the removing a child from school when they were deemed to be persistently or severely deviating from the school's behaviour policy (DfE, 2017a). Various Acts, rights and regulations make explicit that a decision to exclude a child must be lawful, rational, proportionate and fair (European Court of Human Rights, 2010; Education Act, 2002; Education Act 2011).

The number of permanent exclusions was on a downward trend since 1995-1996 but has been rising since 2012-2013 (DfE, 2018). The most recent 2018/19 data from DfE (2020) is similar to the previous year, in that the rate of permanent exclusions has remained the same, but the rate of fixed-period exclusions has risen from 410,800 to 438,300. The increase in school exclusions has received national attention, with the report into alternative provision (House of Commons Education Committee, 2018) prompting the Timpson Review (DfE, 2019). Findings by Martin-Denham et al. (2017) brought to attention the prevalence of both fixed-period and permanent exclusions in years 5, 6, 9 and 10 in the lead-up to national assessments, coupled with increased social, emotional and mental health difficulties in these school years. This view was supported by Education Datalab (2018) who illustrated spikes in pupil moves in year 10, the year prior to GCSE examinations, reflecting concerns regarding national assessments, and the impact of these on schools retaining children with low attainment. (House of Commons Education Committee, 2018).

The relationship between school exclusion and drug misuse

The correlation between school exclusion, and outcomes such as the onset of drug misuse and anti-social behaviour, has been widely recognised in England (DfEE, 1997; Home Office, 2004; Martin-Denham, 2020b) and the UK (Stationery Office, 1998; Lloyd, 1998; Miller and Plant, 1999). It is understood that many factors can influence a child's consumption of tobacco, alcohol, or drugs, including 'early life experiences, family relationships and circumstances, and parental attitudes and behaviour' (Advisory Council on the Misuse of Drugs, 2006, p. 5). McCrystal et al. (2007) added that, not only was there an increased risk of drug misuse, but also marginalisation from society as adults. NHS Digital (2019) ran an online multiple-choice survey of 13,554 children asking a core set of questions relating to smoking, drinking and drug use. They found that children predominantly obtained drugs from friends outside of school, with the main purpose of getting high.

The National Crime Agency (2020) uses the term 'county lines' to describe the coercion and exploitation of children from gangs to sell drugs. They add that there are increased levels of weapon related crimes and increased levels of violence. Whilst there is limited research on the impact of drug misuse on the wider family, some studies have reported that there is a detrimental impact of drug addiction on not only the child, but on the family unit, as it causes devastation and has been linked to poorer parental mental health (Martin-Denham, 2020a; 2020b; 2020c).

School exclusion and use of weapons

DfE (2017b) advise that carrying a weapon is classified as threatening behaviour against an adult, or against a pupil. There is growing national concern about the use of serious violence in England and Wales (Smith, 2019), including rising numbers of young people carrying knives (Office for National Statistics, 2019a). The Home Office (2019) reported that in England and Wales over 17,500 boys aged 14 carry a knife or weapon, and a third of those who are armed have also had others use weapons against them. The consequence of this is illustrated by sentencing statistics showing that there were around 500 knife or offensive weapon offences committed by 10-17-year olds that resulted in caution or sentencing (Ministry of Justice, 2019). They added that, although this is 31% less than the year ending March 2009, the numbers remain higher than five years ago.

The House of Commons (2018, p.13) shares the view that 'it would be reasonable for schools to take a zero-tolerance approach to drugs or weapons', but not for minor infractions including uniform violations. The Timpson Review (DfE, 2019) asked that headteachers use their judgement when knives or other weapons are brought into school, requesting they consider the 'full circumstances and facts in reaching their decisions' (p. 103). Ofsted (2019) raised concerns regarding the appropriateness of the criminalisation of young people who carried knives, and whether it was a criminal offence if the child perceived that they were at risk of harm.

Barriers to mainstream schooling

A growing body of evidence exists in the UK and England (Social Exclusion Unit, 1998; Daniels et al., 2003; Martin-Denham, 2020a) which suggests that young people excluded from school are at an increased risk of poor educational outcomes. The international debate on how best to support children with diverse abilities to remain in mainstream education is ongoing (Blatchford and Webster, 2018; Martin-Denham, 2020a; 2020b; 2020c). They agree there are many factors in school that affect children's ability to learn, such as the availability of support staff, and the number of children in the class. Ofsted (2010) and Martin-Denham (2020b) highlighted an additional barrier; a lack of prompt access to relevant expertise within education, as a diagnosis from health services was often a prerequisite. This view is shared by DfE (2017c) and Johnson et al. (2017), who suggested that barriers to providing effective support included resource issues, and the availability of teaching assistants and external professionals.

A further barrier to mainstream schooling is school exclusions, which by its very nature means that learning time is lost, as children are not in school accessing teaching, which may result in lower achievement levels (Smith, 2009; Dong and Krohn, 2020; Martin-Denham, 2020a). The longer children are excluded, or the more frequently they are excluded, the greater the difficulty of catching up with lost learning, and the lower the likelihood of reintegration into mainstream education (Duncan and McCrystal, 2002; Martin-Denham, 2020c).

Teacher-student relationships

Several studies have explored the relationship between positive teacher-student relationships and good academic-related outcomes (Furrer et al., 2014; Nind et al., 2012; Jalali and Morgan, 2018; Martin-Denham, 2020c). Emotionally supportive teachers in classrooms give the children increased autonomy in improving their outcomes (Ruzek et al. 2016), acting as a protective factor when they are encountering difficulties within school (Meehan et al., 2003; Martin-Denham and Watts, 2019; Martin-Denham, 2020b). However, many studies note that children feel negatively perceived by teachers, and they feel that this is often due to their past behaviours in school (O'Connor et al., 2011; Nind et al., 2012; Sheffield and Morgan, 2017; Cosma and Soni, 2019; Martin-Denham, 2020a; 2020b; 2020c), resulting in entrenched behaviours from children, and reactions from staff (Lopes et al., 2012).

Belonging

'Belonging' is a complex term which psychologists have, over the years, found hard to define (Cartmell and Bond, 2015). Following a review of literature, an accepted definition was provided by Baumeister and Leary (1995, p. 496), which stated: 'a need to form and maintain strong, stable interpersonal relationships, belongingness is a need rather than a want'. They explained that belongingness is fundamental to wellbeing and healthy development. This is not a new idea, as Maslow (1943) in his hierarchy of needs described how the need to belong had to be satisfied before other needs could be fulfilled. Furthermore, Baumeister and Leary (1995) agreed that children have a basic psychological need to feel a sense of belonging to a social group. Other studies have suggested that a positive sense of belonging has associations with good mental health, being hopeful about the future (Kidger et al., 2012; Marraccini and Brier, 2017), and importantly, it has a powerful effect on children's emotional, motivational and academic functioning (Craggs and Kelly, 2018). To achieve a sense of belonging, children need to feel cared about and accepted into a community (Cutrona, 1982; Antrop-Gonzalez 2006; Smedley, 2011; Martin-Denham, 2020c).

The study design

As typical in interpretive research, qualitative data collection methods were used to capture participant views (Silverman, 2000; Willis, 2007; Nind et al., 2012). The data from the interviews with the children were suitable for IPA as they included rich detail, with novel stories and language (Riley et al., 2017; Riley et al., 2018; Spiers et al., 2017; Spiers et al., 2018; Spiers and Riley, 2019; Smith et al., 2009). The children interpreted their experiences and told their stories in a way that made sense to them in their own words (King et al., 2019). A two-stage process or double hermeneutic was used, in which the participant makes sense of their world, and the researcher, in an active role, attempts to authentically make sense of their experiences (Colaizzi, 1978; Giorgi, 1985; Smith and Eatough, 2007; van Manen, 2014) by examining their complex attitudes and emotions (Harding, 2019). The researcher was therefore able to gain an in-depth understanding of the five young people's lived experiences of school exclusions and/or drug misuse and the carrying of weapons, (Smith and Osborn, 2008; Smith et al., 2009; Flick, 2018) to provide further insight into topics where little is currently understood (Tompkins and Eatough, 2012).

Sample

A small purposive sample was chosen to adhere to the approach of IPA (Collins and Nicholson, 2002; Smith, 2004). Participants were recruited through schools that provided placements for children who had been permanently excluded from school (Martin-Denham, 2020a; 2020b; 2020c). The convenience sampling ensured that children would have experienced the phenomenon being explored, meeting the criteria to take part (Smith and Eatough, 2007; Flick, 2018):

- (a) The child received fixed-period and/or permanent school exclusions
- (b) The child consumed street drugs and or carried weapons into school

Participants were all male, aged between 14-16 years, and were taught in alternative provision or a pupil referral unit following multiple school exclusions. Further information on the children can be found in Table 1 and in Figure 1.

Table 1: Sample characteristics

Name	Gender	Age	Exclusion	Isolated in booths at school	Carried weapons	Drug use	SEND	Police Involved
Noah	Male	14	PeX - 2 FeX - Multiple MM - 0	Yes	None	None but availability discussed	SEN support SEMH Awaiting ADHD diagnosis	No
Luca	Male	15	PeX - 2 FeX - Multiple MM - 1 Failed	Yes	Knife	Green	Born 21 weeks gestation SEMH (suspected depression and sensory difficulties)	Yes (criminal record)
Zak	Male	16	PeX - 1 FeX - 0 MM - 0	No	Knife	None	SEMH	Yes
Ben	Male	15	PeX - 2 FeX - Multiple MM - 0	Yes	None	Green, ecstasy, MDMA, whizz, pills	(Awaiting ADHD diagnosis)	No
Carlos	Male	16	PeX - 0 FeX - Multiple MM - 1	Yes	Knife (suspected)	Green, pills, coke, whizz, alcohol, smoking	SEMH	No

Data collection methods

As recommended by Smith and Osborn (2003), face-to-face and two-to-one semi-structured interviews were used, as the children chose a safe adult to accompany them. The interviews ranged from 20-40 minutes in length and took place between September 2018 and June 2019. To support the natural flow of conversation, open-ended questions were used, so that the children could express their feelings Martin-Denham, S. (2021) *The varying alternatives to school exclusion: Interviews with headteachers in England*. [Submitted: Emotional and Behavioural Difficulties] the researchers could explore salient points relating to the research aims (O'Leary, 2004). Two of the participants became emotional (tearful) when recounting their experiences of school exclusion and were supported by their trusted adult and the researcher. They all wanted to share their stories and, despite being upset, said they wanted to continue the interviews. This approach is encouraged by the phenomenological method, with the researcher taking a neutral, non-directive stance, focusing on the meaning that participants unearth from their experiences (Seidman, 2012), while recognising the participants as the primary experts (Alexander and Clare, 2004). In using this approach, the researcher secured detailed descriptions of the children's experiences, feelings, perceptions and understanding of the phenomenon (Vagle, 2014). A Dictaphone was used to record all interviews and they were subsequently transcribed verbatim, with the omission of personally identifiable information.

The conduct of the study

This research gained ethical approval from the University of Sunderland Ethics Committee and was conducted under the British Educational Research Association guidelines (BERA, 2018). Informed consent was obtained voluntarily from gatekeepers, caregivers and their children before any research was undertaken. In accordance with the Information Commissioner's Office (2019), the children were provided with information sheets (in the form of a comic strip) and consent forms which included the procedure for processing their data, retention periods for the data and privacy information regarding who it would be shared with. Their right to withdraw, including time frames, were made explicit, as suggested in the BERA (2018) guidelines. A letter outlining the research project was sent to the children's caregivers, and this was followed up with a phone call and meeting to gain consent to interview the children (Martin-Denham, 2020a; 2020b; 2020c).

Limitations of the study

A limitation of the research is that the findings were the interpretation of participants' views (Smith et al., 1999), meaning the analytical account produced is the joint reflection of both participant and researcher (Osborn and Smith, 1998; Smith et al., 1997). Clearly, no two analysts would interpret the

data the same way, which can raise questions of validity and reliability (Golsworthy and Coyle, 2001).

Process of analysis

The participants' names and other identifying details were changed to protect anonymity. In accordance with the principles of IPA (Smith and Osborn, 2003), the data were analysed in four broad stages:

- Detailed listening to and readings of the transcripts to obtain a holistic perspective and to document initial thoughts in note form
- Initial emergent themes from each interview were identified and organised into clusters
- Refining and condensing data to create superordinate themes and examining for connections and similarities across emergent themes
- Creating a narrative account of the interplay between the interpretations of the researcher and the participants' experiences in their own words

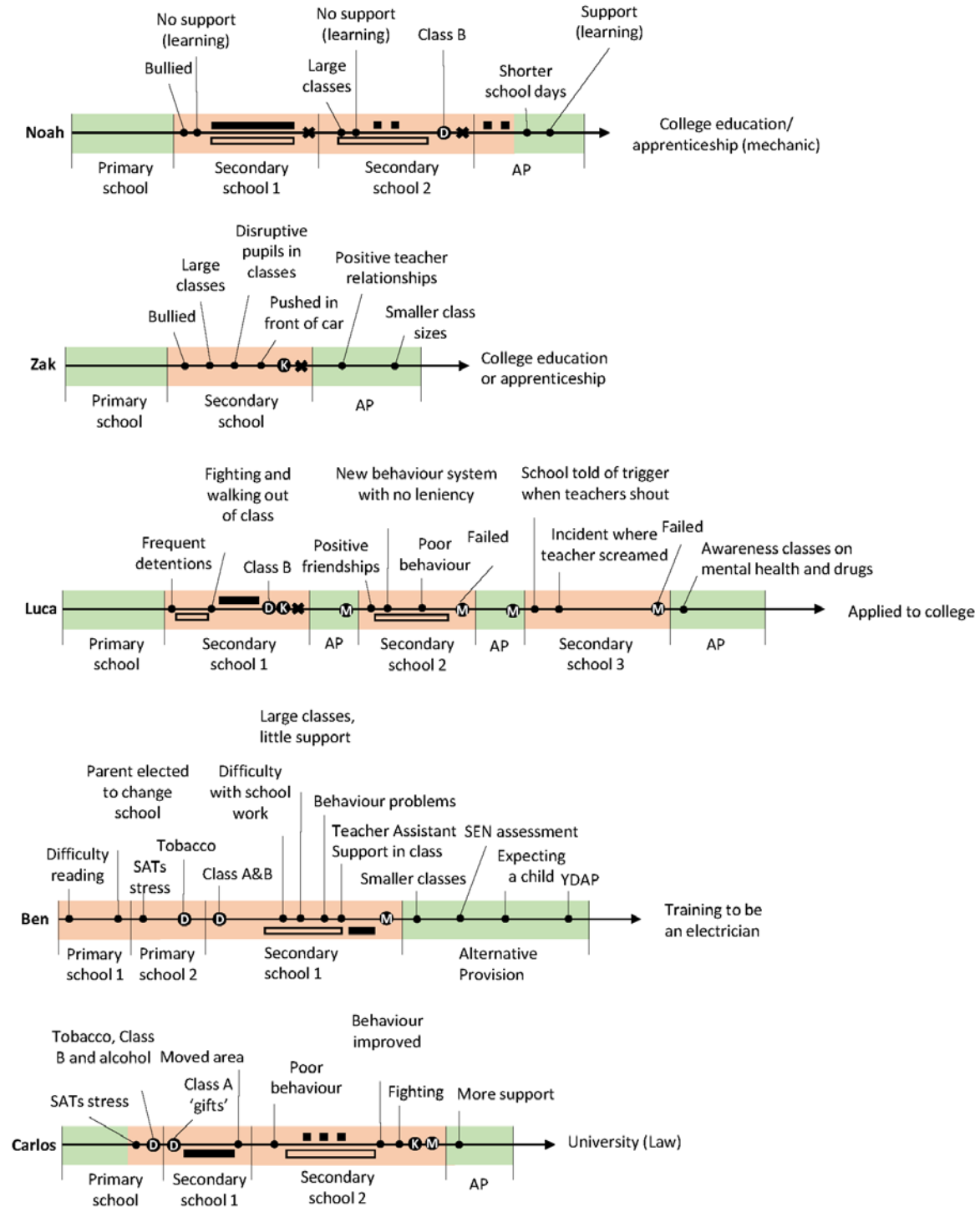
During the exploratory themes phase, each transcript was read multiple times to ensure the interpretation was part of the original account rather than the researcher's interpretation (Smith and Osborn, 2003). The themes were then carefully labelled once the overall name was determined. The researcher then revisited the themed transcripts to check accuracy, to identify any misconceptions, and to compare and combine key superordinate themes across the five transcripts.

Results

The study aimed to investigate the risk factors that lead to a young person misusing drugs, and to determine the drivers and implications for drug misuse and the carrying of weapons. The research also hoped to elicit from the young people the solutions that could have prevented their exclusion from school. Based on the results of the research, conclusions can be drawn under three broad subordinate themes:

- Drivers, supply and implications of drug use
- Drivers and implications of carrying a knife
- Solutions to reducing fixed-period and permanent exclusion

To present the children's journey through education, a series of graphical timelines or theographs (NHS England and the Health and Social Care Information Centre, 2013) were created, which also included key information about the five children in the study (see Figure 1).



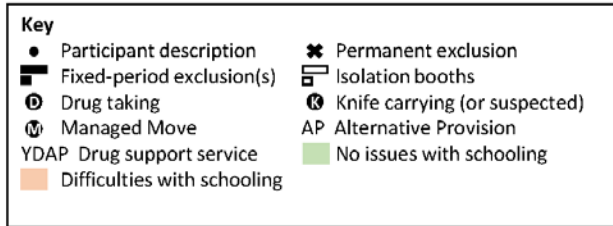


Figure 1: Theographs of participants' journeys through education

Drivers, supply and implications of drug use

Drivers for drug misuse

Most of the children said that a driver for taking drugs was to help them cope with and get through the school day without being disciplined. Noah explained that some children smoke 'green' (cannabis) before school to help them concentrate in lessons: 'People smoking it before they go in, before they go in, they get stoned. Because it makes them concentrate more. You can always tell when you're stoned like because if you are always like moving about and then you'll be sat there doing nothing'. Luca agreed that he smoked green to make school easier, 'I've done it before school, I would just be able to sit in my lesson'. Ben seemingly took drugs before school to avoid being bothered by being told off, though it also prevented him from learning: 'Because then if you get wrong off the teachers you would just laugh at them. You can't help but laugh. I just can't help but laugh even if nothing was funny, I would just laugh at myself and put my head down on the table'. In contrast to these views, Carlos maintained that he smoked drugs simply because he wanted to, he enjoyed the feeling. These comments indicate that smoking cannabis can be used as a coping mechanism when children know they are unable to meet the behaviour expectations set out by their school. It is a form of self-medication to allow them, in most cases, to conform to school requirements to sit still, listen and complete their work.

Carlos explained that, like others, he started taking drugs as he saw older children partaking:

'Younger people would get involved because the older people were taking it. The younger people would start hanging around with them and then they would take it. That happened to me. I was in Year 7 and I was messing up. So, I was 'cool', so I started hanging around with Year 10s and 11s. That was how I got into it and that is how most people get into it'.

Ben and Luca talked about how they enjoyed taking drugs. Luca, who only consumed green, described

how some children would take it because they were showing off, but personally he felt it was because he enjoyed it: 'Either because they're showing off or because when you smoke green it's so good. And you like it but really it's just like you just do it'. Like Luca, Carlos described it as experimenting, and to be seen by others in a particular way: 'Sometimes it is just experimenting. You want to try it and see what it feels like. Sometimes it is to look cool and big'. Ben, who took a range of class C to class A drugs, also enjoyed taking drugs, but described it as just 'a hobby', and made it clear that he did not take them anymore.

Supply of drugs

All the children said they could easily get hold of drugs from a range of sources, including other children, and dealers who were older teenagers and adults. Ben described how getting access to drugs was easy, initially he got a dealer's number from his friends and then mostly got it free: 'It was easy, because people say, 'how did you get the money for it?' But the way they do it is they buy it in bulk. They would save up and buy 40 pills for £250. They would sell them till they made the money back and then the ones that were left we would take them. That is what I used to do'. Luca paid for drugs from dealers after school: 'Just dealers. On a night they would go home get changed and go out with their friends. Then they'd meet them. They would just keep some for the next morning. Like a fiver or a tenner'. Noah also agreed that buying drugs was easy, and Carlos got his supply from 'older teenagers, or people in their twenties, or sometimes off other children'.

Implications of taking drugs

Although none of the children used the term 'addiction', they did use the terms 'needing', regarding their desire to take drugs. Ben, who was the most prolific drug taker in the group, had been 'clean' for a few weeks since he recognised the detrimental affect drug taking can have on life: 'The drugs that most children are taking now they can kill you, if you get a dodgy batch'. The only other deterrent seemed to be police involvement and families finding out. Luca took a knife into school to make a drug-taking device but got caught, but he seemed more worried about the school and police finding out about the drugs than being found with the knife: 'I didn't want them to know we were smoking drugs. They were going to get the police involved, so I said that I was scared someone was going to jump me. But that just made it even worse'.

Solutions to drug misuse

Of the children who consumed more than one type of street drug, they all agreed that from taking cannabis (class B), it escalated into higher class drug misuse (class A). Carlos explained: 'Year 6 I started weed and drinking and smoking. Then in Year 7 it turned to pills and other things. Coke, whizz. That carried on mostly'. Ben followed a similar pattern: 'I started smoking in Year 5 (tobacco). The green was Year 6. From Year 7-8 I started doing all the pills (MDMA)'. In the analysis of the interviews, the main barrier to taking drugs was finding the funds to buy them as Ben described: 'I only did it a few times before school. Now and again if I had some on me. Depends how much I could afford. I would have a bucket or a joint on the way to school'. Both Ben and Luca described how they did not take drugs anymore, largely due to the fact they wanted to stop, also mentioning parental support and drug education from their pupil referral unit. Luca explained:

'One of the good things about this school, and what other schools don't do, is that they do awareness about alcohol and drugs and mental health. Other schools are just pushing so much on academic subjects that they don't teach you things that you need to know. In my year there has been 6 people permanently excluded. They all got excluded when they started taking drugs. Their behavioural changed. If we were educated on that in Year 7 when it gets to Year 9 and people start experimenting maybe, we wouldn't have started'.

Ben managed to become clean by slowly cutting down the frequency of drug taking until he stopped 'I cut down to now and then. I was having one just every week. If I can do it once a week, then why not two weeks. Then I just stopped'.

Drivers and implications of carrying a knife

Some of the children in the research were also accused of or admitted to taking a knife into school. Carlos was clear that he was wrongly accused and wasn't searched: 'I had a fight and then the person I had a fight with made up a story that I had a knife. All his mates backed him up. They didn't search me... Just to get me kicked out'. Luca and Zak talked openly about taking the knife into school. For Zak, it was for self-defence, following years of intolerable bullying.

'I got sick of the bullying. It went on for like 3 or 4 years. So, when I nearly got hit by the car I decided enough. I'm not gonna die just because someone thinks I should. And one child pushed me into the middle of the road, I almost got hit by a car. So, I decided I had had enough. So, I took a knife'.

Zak explained that he made no attempt to use the knife, and despite a known history of being bullied, he was immediately permanently excluded: 'They tried stuff, but it didn't work at all. The person that did the most bullying, they moved him to a different school. But within a few weeks he was right back at school. Even moved to different classes. I would have been fine'. Zak was clearly frustrated by the years of being bullied and thought when he was pushed in front of the car that he was going to die.

In Lucas' case, he took a knife to school to make a bong to smoke drugs before school. He explained that he had no intention to use it other than to make the smoking device 'I took a knife into school, when I say that it makes me sound like a proper psychopath. But I'd taken it in because I'd used it to make a bucket, a bong, before school'. Like Zak, he was immediately permanently excluded for the possession of a knife.

Solutions to reduce fixed-period and permanent exclusions

All the children felt that having understanding teachers was fundamental to allowing them to remain in education. They all reflected on how approaches in alternative provision enabled them to engage in learning. Carlos reflected on the attributes of his current teachers: 'Canny... most of them. Most of them are proper sound. They get, that you aren't going to be good all the time. That you aren't going to be perfect, but they help you with that'. Similarly, Ben described how they talked to him and were not too busy to give him the time he needed. Likewise, Zak described his teachers as, 'Kind, helpful but strict if they have to be'. Noah also shared that they got more help and understanding in alternative provision: 'The teachers they understand more compared to mainstream. What they do is just kick you out of mainstream instead of speaking to you, instead of getting to know what's wrong. They listen more than any other place that I've been cos I've been to two schools. They just didn't listen. They just excluded'. Ben felt that in his new provision, he could talk to his teachers as they weren't too busy with the other children: 'It would be an hour and a half later before I got seen. So, I would just sit there and do no work. Then I would get wrong for doing no work and saying I was stuck'.

The main challenge to remaining in mainstream schooling was the inability of the children to meet the expected standards of behaviour, and coping with the ensuing consequences. Many of the children gained more behaviour points through inflexible systems in schools that resulted in them being placed in isolation booths, detention and ultimately, fixed-period or permanent school exclusion. Ben found being sent to isolation booths unbearable, reacting with refusal which led to numerous detentions:

'It was a tiny little box with a chair in with a little wooden desk and wood down the middle. I wouldn't go in it. I went in a few times but not for something daft I would rather get kicked out; I would say no. I would sit down, and they would get the headteacher. They would say they are taking me, and I would say I'm not going. So, they would have to phone my mum to send me home'.

Likewise, Carlos had negative memories of isolation: 'We always used to say that it was called 'The Bridge' because it made you want to jump off a bridge'. A main issue with isolation booths was the lack of support with learning when placed there, as Luca described: 'The teachers would change every lesson. The isolation tutor would be in on a morning and different teachers in during the day. They'd barely have a conversation with you though. If you ask them about work, they might help you'. Noah also felt that a lack of support meant he would be seen to be misbehaving and sent to isolation as a punishment. He felt they were deliberately targeting him so he would miss his favourite lesson Physical Education: 'Because I like PE, they would put me in isolation for the first two lessons which were P.E'.

Luca talked about the ineffective sanction of detention: 'I had hundreds of detentions at that school and still kept getting them. You just sit there and write the school rules out. I think detention is the worst. If you've got your lessons and no break time'. The children were able to talk about the causes of their behaviours in school with two citing stress in year 6 caused by impending SATS tests, class sizes being too large to get the support with learning that they needed, and bullying from other children that led to them being unable to concentrate in lessons. Noah felt that shorter school days could have helped them remain in mainstream school: 'Well, I do think that we could start later. And finish earlier. Because they give you a break, where in mainstream they just force you to do work all day. And if you don't do the work then they put you in isolation. And it's horrible like'. Luca agreed that formal learning on a morning and activity-based learning on an afternoon were an approach that help him engage in schooling: 'I liked it better in Year 10 because I preferred the activities in the afternoon'. For Zak smaller class sizes were of utmost importance for him to learn, 'Smaller classes so you aren't feeling crowded, the teachers get round to helping you instead of just helping someone else'. In support, Ben reflected on his current alternative provision placement and said that what was helping him was that 'there aren't a million people in the class'.

Only Ben acknowledged that it was his behaviours that caused the teachers the problems, though it seems likely these were caused by his inability to independently complete his schoolwork in some

Lessons:

'I could manage the Maths. I couldn't do Geography, couldn't do religion. Good at History. I'd go for a wander and then I would come back. For shouting, torturing people, hitting pens off their head. Hitting them with rulers, just for a laugh. But if they did it to me, they wouldn't get wrong. But I would get sent out of class. Then if I came back and did it again, I would be sent to isolation. Then I wouldn't go to isolation so I would get kicked out'.

Discussion

This study has provided an insight into the lived experiences of five children who received school exclusions, coupled with drug misuse, and in some cases, carrying knives. The research aimed to investigate the risk factors that lead to a young person misusing drugs and to determine the drivers and implications for drug misuse and the carrying of weapons. The research also hoped to elicit, from the young people, the solutions that could have prevented their exclusion from school. The analysis of the children interviews has provided a valuable insight into the relationship between difficulties accessing learning, relationships with teachers and drug and knife misuse.

The learning from this research is that there are multi-dimensional factors that compound children's ability to access, enjoy and remain in mainstream schooling. The findings echo those of other research suggesting that children need to build relationships through understanding and compassion from their class teachers about their difficulties with learning. These beneficial approaches are underpinned by robust assessment and identification of underlying learning and mental health needs and strengths (Martin-Denham,2020; 2020b; 2020c). Furthermore, the study supports research on the importance of being listened to and heard by teachers as fundamental to feeling a sense of belonging; children need to feel cared for and accepted into the school community (Cutrona, 1982; Antrop-Gonzalez 2006; Smedley, 2011; Martin- Denham 2020c). It is evident that success in mainstream education requires teachers to act as a protective factor, a prompt provider of learning and pastoral support (Meehan et al., 2003; Martin-Denham and Watts, 2019; Martin-Denham 2020a; 2020b; 2020c).

All but one child recalled an unproblematic primary school education, with learning difficulties and noncompliance becoming apparent in the early years of secondary schooling. These findings reinforce those of Martin-Denham (2020c) who suggested that transition planning from primary school would benefit from a formalised and collaborative process with the child and caregivers. There is no doubt that, for these children, the behaviour systems and processes of behaviour points, detention and isolation booths in secondary school were detrimental to accessing meaningful education. There needs to be a

move away from apportioning blame for substance misuse to parenting and homelife, and towards the consideration of school-related factors such as inflexible, overzealous and ineffective behaviour sanctions such as detentions, isolation booths and school exclusions, caused in part by an unsuitable and inaccessible curriculum coupled with unidentified needs. The addition of other factors such as large class sizes, inflexible behaviour sanctions, and non-supportive sanctions, meant that the reasons for children's behaviours were not understood or responded to in an effective manner. Once difficulties in school are coupled with drug misuse and knife carrying, the inevitable school exclusions begin. Figure 1. illustrates the journeys taken by these children, the turning point being a permanent exclusion from secondary mainstream school, and securing a place in alternative provision where smaller class sizes, opportunities for talk, and support for learning needs, results in engagement in learning and future aspirations being realised and shared.

Most disturbingly, most of the children shared that they were consuming drugs to self-medicate, to cope with school, to help them concentrate, keep out of trouble and to get through the school day. The children stated school related factors as a key reason to take drugs, unlike the Advisory Council on the Misuse of Drug (2006) report which instead stated familial and parenting as deterministic factors. The findings also provide new insight when compared to the NHS (2018) who did not report 'coping in school factors' as reasons for drug misuse. A reason for this could be that the survey did not include school related factors specifically. The NHS (2018) findings also suggested that drugs were predominantly acquired from friends, contrasting this research where adolescents and dealers were identified as the main suppliers of drugs. Until the cycle of supply is dealt with, children are going to be targeted by dealers at a young age to generate income. The evidence shows that young children are influenced by older children and that children can quickly progress from class B to A drugs use when they see their friends and siblings using. The theographs in Figure 1 illustrates that drug misuse correlates with a lack of in school support for learning. As the participants' difficulties at school increase, so does their drug misuse or simply their experimentation and enjoyment. During analysis, it became clear that there is a necessity for preventative engagement with children and young people within the primary phase of education, to prevent the escalation and embedding of drug misuse in secondary school. Currently, it seems that drug education peaks in year 8 and 9 rather than in the primary phase of education (NHS,

2018). It would seem sensible for drug education to be introduced in the upper primary phase of education by class teachers, followed by youth workers in secondary school, due to the problematic relationship children can have with some teachers. Community support and opportunities for children to engage in alternative activities outside could go some way to preventing the draw towards drug misuse. The drive to use street and illegal drugs needs to be replaced with something else, a better and safer way to self-regulate so the desire and drive to take drugs is diminished. This study indicates teachers were not aware of the warning signs regarding child drug-use, therefore it is recommended that all school staff should receive training to identify these signs, so that swift support can be implemented.

In this study, the reasons the children gave for possession of a knife in school were varied. The schools all took a zero-tolerance approach to the carrying of weapons, as suggested by the House of Commons, 2018). It appears that judgement to permanently exclude is based on the full circumstances as recommended by the Timpson Review (2019). However, this was not the case for the child who had a history of bullying, as they were excluded, seemingly without regard for mitigating factors. This study supports the need for headteachers to explore why the children are in possession of weapons, as it is likely there will be other causes.

Concluding remarks

The research provides critical messages for policy makers, organisations and professionals involved in the care and education of children and young people. There needs to be prompt identification and assessment of the multi-faceted and holistic needs of children, so that they can access learning, and remain in education. Training for education professionals is essential so that they can identify, understand and effectively respond to the behaviours children can present with, including indicators of victimisation, so they can intervene and create inclusive and accessible learning environments.

The Government needs to consider the role of education, health, care, youth work and the voluntary sector in drug misuse prevention. One certainty that arises from this research is that any intervention from services and school-based programmes need to begin in the primary phase of education, and be embedded across compulsory education years. Future research should be led nationally, incorporating at the heart, children and caregivers' views to inform the prevention programmes, including who should lead the training and the content. The reality expressed by the participants is that the supply of drugs is plentiful, therefore drugs will continue to reach children in schools. We need to learn from children and

their communities on how to prevent or limit children being drawn into situations involving drug use in the first instance. It is recommended that the 'NHS smoking, drinking and drug use among young people in England' data capture should incorporate school-related drivers as a reason for drug consumption. The re-design would allow for the capture of broader risk factors that lead to drug misuse.

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