



Business and Children's Policy and Scrutiny Committee

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Title:	The School Inclusion Pilot
Report of:	Nicky Crouch, Director of Family Services
Cabinet Member Portfolio	Young People and Learning
Wards Involved:	All
Policy Context:	City for All – Vibrant Communities
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1. Executive Summary

This report is for information and discussion. It outlines a successful new approach, Piloted by Family Services, to reduce the risk of school exclusion. The new approach has 4 key components:

- The setting up of a School Inclusion Pilot team consisting of specialist family practitioners.
- Training for schools, the Pilot Team, the wider early help service and relevant partners in a “trauma informed” model called ARC (Attachment, Regulation and Competency). The aim is to create a shared language between all parties in understanding the roots of a child’s behaviour.
- Through the leadership of the Pilot Team, developing and embedding a shared practice model that brings together parents, the school and Early Help into a new relationship focused on one family plan. The work carried out with the child is intensive and primarily takes place in the school and home environment.
- For some children, a mentor is provided from voluntary sector partners.

To date all children worked with by the Pilot team have remained in school without any permanent exclusions.

Local schools, enthused by the trauma informed approach have increasingly requested training for all staff, including non-teaching staff. A local “Think Trauma” accreditation framework has been developed and on 21st September, three local schools were awarded “Bronze” status at a celebration event at City Hall.

The work of the Pilot Team has also been shortlisted for under the “Children’s Services” category a Local Government Chronicle national award, the winners of which will be announced at an event in November 2021.

2. Key Matters for the Committee’s Consideration

- The Committee is invited to note and comment on the contents of this report.
- The Committee is invited to comment on strategies through which more schools can be encouraged to become involved in trauma informed approaches.

3. Background

3.1 Introduction

The driver for starting the School Inclusion Pilot was a desire to reduce escalating school exclusions from Westminster schools. The link between school exclusion and youth crime, plus later prison sentences, is not new and is well documented in many studies. The Edinburgh Longitudinal Study of Youth Transitions and Crime, which started in 1998 has highlighted those pupils excluded from school at 12 years are four times as likely as other children to be jailed as adults. Barnardo's report, *Not Present and Not Correct: Understanding and preventing school exclusions* (Evans, 2010) states that "exclusion is widely used as a disciplinary response to misbehaviour by children, triggering a complex response and statutory process that does little to improve behaviour and that children who are excluded are those who need more adult supervision rather than less." Barnardo's also reported that exclusion can be a symptom of other underlying issues in a family, e.g., domestic violence or substance misuse – and that it is often strongly linked to poverty and social disadvantage. Children eligible for free school meals, those with Special Educational Needs and Disabilities (SEND) and pupils from some minority ethnic groups are more likely to be excluded.

Research confirms a continued over-representation of similar cohorts entering the youth justice system. More recently the Timpson Report (2019) states that "it is clear that the variation in how exclusion is used goes beyond the influence of local context, and that there is more that can be done to ensure that exclusion is always used consistently and fairly, and that permanent exclusion is always a last resort, used only where nothing else will do". As a part of our Pilot, it therefore felt vital to develop a shared understanding of a child's behaviour rooted in curiosity, and their individual context, to prevent simplifying behaviour as 'good' or 'bad'.

3.2 Context

Westminster's achievement of "Earned Autonomy" status from the national Troubled Families Programme (recently retitled as Supporting Families) from Spring 2018, included a plan for transformation of the local early help system. As a part of this, we were able to accelerate and test a new approach to preventing school exclusion. The funding enabled the setting up of the dedicated practitioner team, referred to in this paper as the School Inclusion Pilot team, using systemic approaches and building strong relationships with targeted schools to identify children who may benefit from extra support. Funding also paid for significant workforce development including multi-agency and whole-school training led by an ARC (Attachment, Regulation, Competency) Trauma specialist. Over time, the workforce development offer expanded, leading to the development of an informal, multi-agency team of "Trauma Champions" and integration of trauma-informed responses in response to the impact

of the COVID-19 pandemic upon practitioners and school staff as well as children and families.

3.3 Aims of the Pilot

The Pilot aimed to:

- Develop a shared language between school, early help practitioners and other agencies about children's presenting behaviour, informed by trauma informed practice.
- Target children at risk of exclusion in years 4 to 7 as they transitioned from primary to secondary school, as well as a small cohort of children re-integrating back into a mainstream secondary school following off-site placement in alternative provision.
- Strengthen the relationship between parents, children, school, and any involvement with Children's Services.
- Offer one to one mentoring as a part of the intervention where appropriate.

3.4 Composition of the team

All School Inclusion Pilot team practitioners are systemically trained with two members of the team in their final year of a MSc in Systemic Family Therapy:

The Senior Family Practitioner line manages the three early help family practitioners as well as working directly with children.

The Lead Clinical Family Therapist provides consultation and guidance to schools, leading on initial discussions with parents and school staff regarding the appropriateness of the programme for a pupil as well as offering clinical systemic supervision and reflective groups for practitioners, and leading on the family therapy clinic sessions.

Family Practitioners undertake the intensive family work, setting specific weekly goals in consultation with parents and school. Meetings to develop and review the one family plan (which is also an expectation of the national Supporting Families programme), resulting from "team around the family" meetings are chaired by the Family Therapist. The school's input, in conjunction with participation from parents and the identified young person, are seen as integral to the plan.

3.5 The Team's Practice Model

The School Inclusion Pilot team works systemically to reduce the risk of exclusion from school by setting out to work proactively, in equal partnership with parents and teachers. This means the practitioners work to understand the underlying reasons for the child's behaviour and see this as rooted in the 'system' in which they live and the impact of life events.

The approach aims to strengthen relationships and communication between home and school, better connecting the whole network around the young person. Work focuses on supporting families and schools to maintain children's engagement in education. Using a "trauma-informed lens", there is a focus on the team of practitioner, school and family working together to resolve the psycho-social/emotional 'blocks' to learning. A shared view of the "problem" combined with interruption of patterns of interaction which make some difficulties worse, the team helps to plan strategies for more positive outcomes going forward. Establishing a "secure-enough" base for the work and removing blame from any part of the system, create the right conditions for more flexible and creative responses.

4. Outcomes and impact

4.1 Outcomes for children supported

Since its introduction, a total of 63 pupils (and their families) have worked with a practitioner in the Pilot. 32 of the cases are open while 31 have closed. The first cohort came from three primary schools, and two alternative provisions. Over time, the Pilot has worked with pupils from eleven primary schools, and eleven secondary schools. Of the total cohort of 63 children, all have remained in education with no permanent exclusions. In the context of the local agreements between Westminster secondary schools, the school inclusion Pilot has supported four young people in managed moves between schools.

The Pilot has also used its model to successfully support two sustained transitions from the pupil referral units back into mainstream secondary school. A third pupil, excluded from an out of borough school in Year 7, was intensively supported to re-integrate into a Westminster mainstream secondary school in year 9.

Two pupils in the cohort, both with family histories of complex trauma, were transferred via managed moves from mainstream secondary school to the alternative provision. One of these pupils continues to receive intensive support in the school inclusion Pilot.

Progress for each case is tracked over time using a Strengths and Difficulties Questionnaire (SDQ) which is a nationally recognised brief behavioural screening questionnaire. In addition, a locally developed "decagram" is used to assess school, parent and child perceptions of the degree to which 10 different factors with links to risk of exclusion are a strength or concern for each child worked with. This can then be used to identify shared areas of concern and the degree to which these are addressed as direct work takes place.

4.2 Key learning from the Pilot

Interviewing stakeholders in the Pilot, the words “Collaboration” and “Relationships” are frequently mentioned in responses. These words and themes distinguish the Pilot from other approaches to working with schools and vulnerable children. The team has formed strong, collaborative relationships with several schools. These relationships tend to be with consistent team members who have developed nuanced understandings of how each school is organised. This has helped to build trust between the practitioner and the school, and the work with each child and family is owned jointly, with each party clear about their respective roles and regular communication. However, because the whole team actively use their systemic and trauma informed skills under the direction of the clinician, there is a consistency of approach noted, regardless of which team member becomes involved with a school.

The relationship between home and school is pivotal to the work. A key feature of the work in the team is that the practitioner and the clinical lead meet the family for the first time, with school as an active participant in the process. The initial three-way meeting sets out to facilitate open, non-blaming discussion about the perceived difficulties that have led to a child being at risk of exclusion. This creates a shared understanding of the child’s behaviour, which is regularly revisited. Practitioners have noted that this often results in schools developing a different narrative regarding children they are most concerned about. In some cases, prior to referral, there had been limited or no recent communication between school and home, despite high levels of concern. For schools, the family focus provides an added dimension compared to other school-based services who work directly with children in schools without ongoing engagement with parents.

The team can respond swiftly and directly without a process of triage through another service. This means that the valued relationships between practitioner and school can be immediately built and maintained as further referrals are made. While responses can be quick, the team also has the flexibility to work for longer periods with families, sometimes as new needs or problems arise and, importantly, the team can stay with children as they go through transitions.

An additional benefit is that the team have been able to provide “consultation” role, supporting schools with wider groups of children. This includes children who live in other boroughs who sometimes have access to limited services from their home borough. The additional input from the team has included facilitating meetings in school or by discussing potential referrals with the relevant borough’s access team.

There is an emerging theme that schools, who have been a part of the Pilot are identifying children who would benefit from input earlier and adapting their own interventions to find solutions. Peer groups of schools which have participated in the programme are increasingly sharing ideas and resources and collaborating amongst themselves to find new ways to support children and develop their whole school, trauma informed approach. The network of Trauma Champions, with their frequent

meetings and increasing, active involvement of school staff, facilitates this inter-school collaboration.

There is an indication from schools that the Pilot's approach has its optimum impact in the primary years, including supporting primary to secondary school transition, and early secondary aged children. Needs become more complex and entrenched after this point, particularly if children have become subject to a cycle of exclusions or managed moves with limited planning about reintegration. Older children have been more likely to be referred to the team as a 'last chance' which makes the development of shared plans to support home-school relationships more challenging. While there have been exceptions, so far it has been harder to influence large secondary schools to adopt a different "whole school" approach to managing behaviour which is trauma informed. This is particularly important when working proactively and effectively with children vulnerable to exclusion and their families.

4.3 Views of stakeholders

Parents and children have been interviewed about their experience of the service received. They valued the improved communication in the family, and between home and school with one parent saying the practitioner has helped them in "finding the key" to this. Parents described increasing "attunement" to their child's needs and what they were navigating in terms of expectations at home and in school. They valued the support to strengthen their parenting interventions as well as empowerment to apply for additional support such as an Education, Health and Care Plan.

Most of the children who participated in feedback interviews reflected that they had found the work with the practitioner helpful, and their school life had improved. Several said the practitioner had helped them to think differently about how they approached situations, particularly in school. One talked about how he used to "always storm out of the room when annoyed," but was now able to apply "some tips that helped [me] stay in class" using strategies learnt from his practitioner.

Schools' views on the benefits of the ways of working developed through the Pilot have already been noted. One head teacher commented:

"...the Trauma Informed approach works! I hope that we can support others and develop further and grow our practice here. It's progressive thinking by the local authority to be facilitating this approach and I am more than happy to advocate for it to others."

4.4 Wider impacts of the Pilot

While the number of children and schools worked with to date are not yet high enough to have a significant impact upon the whole school community, there is an increasing

focus on the issue of exclusion and how it is managed locally, as well as growing interest in what impact taking a whole school trauma informed approach might have. This is also linked to the recent development of Westminster’s Inclusion Strategy. While the use of exclusion has been skewed by wider impacts of the pandemic and periods of lockdown, it is interesting to note that Westminster’s rates of suspension (number of suspensions as a proportion of the overall school population) in the 2019/20 academic year (5.18) and numbers of suspensions during the same period (645) were both the lowest for over 10 years. Also, Westminster’s “ranking” regarding exclusion rates compared to other local authorities improved from 10th to 6th best performer in inner London from 2018/19 to 2019/20 and from 96th to 25th best performer nationally.

5. Next Steps

The strengthening of relationships with schools, made possible through this Pilot, has helped to identify a cohort of children who were not previously receiving support from services, despite often having complex family needs. The targeted Early Help Service believes that effective working schools is crucial to identifying families who might benefit from co-ordinated work and so will making what has been a “Pilot” a permanent part of the service. We will also look to provide a similar approach through more schools and for more children by incorporating elements of the new practice within the wider Early Help service.

While the role of the team has been instrumental, the trauma informed practice that has underpinned its work will be most effective if the majority of staff who work directly with children understand and adhere to this approach. There has been excellent progress made with this in the three schools recently given Bronze “Think Trauma” awards. Other schools are also interested in this accreditation, and we will seek to involve them in the growing “community of schools” over the next 12 months. This will be supported by a body of skilled practitioners in Family Services, as well as in partner agencies who have developed a sustainable resource to advise and train partners, particularly in schools.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Report Author steve.bywater@rbkc.gov.uk

APPENDICES:

For any supplementary documentation; especially from external stakeholders or documents which do not fit this template.

BACKGROUND PAPERS:

This section is for any background papers used to formulate the report or referred to in the body of the report.