

CHILDREN AND YOUNG PEOPLE'S LEARNING SCRUTINY PANEL

10th October 2022

Meeting the needs of children and young people Inclusion and Special Educational Needs and or Disabilities

Caroline Cannon: Strategic Lead for Inclusion and Specialist Support Services

SUMMARY

1. The purpose of the paper is to:
 - a. provide an update on the impact of COVID and how this is being managed by schools and
 - b. the impact of the 0-25 Inclusion and Outreach model following the first six months of service delivery

INTRODUCTION

2. National research suggests an emerging consensus that the social and emotional disruption caused by the pandemic and the subsequent school closures is highly likely to have had a significant impact on children and young people, particularly those with additional vulnerabilities. This includes an increase in learners experiencing emotional dysregulation, anxiety and other mental health issues. This can often manifest itself as behaviour that challenges and as a result, transition back to school settings for many of these children has been a concern.
3. Through our research with schools, settings, children, young people and their families we can see both locally and nationally, this has led to a growing number of children at risk of exclusion as well as a significant increase in requests for an Education, Health and Care Assessment and a greater number of children requiring additional support to return to the classroom. It is believed that this is a direct result of COVID.
4. Our research linked to the impact of COVID for children and young people included an analysis of key data as well as:
 - (a) Speaking with children, young people during:
 - their Education, Health and Care Assessment and Annual Review
 - meetings with the Inclusion Officers
 - meetings during other key assessments
 - Young Persons Conference
 - (b) Speaking with families during
 - key assessment meetings
 - Drop in Clinics
 - Other key meetings
 - (c) Speaking with schools and settings through

- key inclusion meetings
- key assessment meetings
- surveys
- multi agency meetings
- 1;1 meetings

5. In January 2022, the Inclusion and Specialist Support Service introduced a new 0-25 Inclusion and Outreach model to provide greater support and early intervention for children and young people.
6. When the new 0-25 Inclusion and Outreach model was launched in January 2022 it was alongside the emergence of the new Omicron variant. Schools were still learning the impact of the pandemic and national lockdown measures on pupils. At this point in time schools were no longer being advised to educate children in bubbles as had been recommended during the previous academic year and from February 2022 were no longer recommended to use face coverings in education settings.
7. The purpose of the new service was to respond to the emerging impact of COVID. The new service was developed following an analysis of demand for statutory services in particular areas of need alongside feedback from schools and families about their experiences linked to the impact of COVID which highlighted the need for early intervention and support at the earliest of stages.
8. Through the new model we increased capacity and resources available to promote inclusion and support, further developed the quality and range of alternative provision options and identified special educational needs and support at the earliest point.
9. It was agreed that the new model would be reviewed in July 2022 and further changes would be made based on the feedback received alongside an analysis of our impact data.

EVIDENCE/DISCUSSION

10. As mentioned above we gathered key information from schools and settings to address the impact of COVID on children and young people.
11. Schools have worked with the LA and continue to work with the LA to identify the needs of children and young people as a result of COVID and have put in place:
 - (a) Training and support
 - (b) The new Inclusion Model and have provided feedback on the new model
12. As part of training and support the Educational Psychology Service has provided support to schools throughout COVID. This included advice and strategies on managing home learning during lockdown, on maintaining social connections, and on

ways of enhancing physical and emotional wellbeing which has worked in harmony with the introduction of the Inclusion and Outreach model.

13. One of the key projects delivered by the Educational Psychology Service was the National Wellbeing for Education which was funded by the DfE. Phases 1 and 2 of the national Wellbeing for Education (WfE) project were delivered in partnership between Middlesbrough Educational Psychology Service and Headstart during 2021 and 2022. As part of the project, a wide range of wellbeing-related training and support on specific themes. Some of the themes during the Phase 2 delivery were drawn up based on priorities and feedback from Middlesbrough Schools. Training covered themes such as:

- Loss and bereavement
- Therapeutic listening
- PERMA model of wellbeing
- Low mood and anxiety
- Facing Covid
- Mindfulness
- Behaviour that challenges
- Positive psychology
- Emotion coaching
- Sleep issues in children and young people
- Circles of adults (group problem-solving)
- Emotionally-based school avoidance (EBSA)

14. A network for mental health leads in schools was set up by Headstart as part of the national Wellbeing for Education project; this network continues to thrive.

15. As lockdown came to an end, resources on coping with the transition back to school were also curated by the Educational Psychology Service who continued to have regular contact with schools about the type of support they needed.

16. Additional capacity was also added to the Exclusions Team to provide challenge and support to schools where a child was at risk of permanent exclusion. Support was also provided to review key policies within schools linked to Behaviour.

Inclusion Model

17. As mentioned above the new Inclusion Model was implemented in January 2022. This model provides support for children, young people, schools and settings. The model was further reviewed in July 2022.

18. Below is a table which outlines our triage referral data received to the Inclusion Model. All referrals for the delivery of a direct service for children (including outreach, specialist teacher support and a place in alternative provision) come through a triage referral process. The data collection is for the referrals received during the 6 months between January 2022 – June 2022.

| Age Range | Number of Referrals |
|------------------|----------------------------|
| Early Years | 119 |
| Primary | 84 |
| Secondary | 78 |
| Post 16 | 0 |
| Total | 281 |

19. Alongside the formal triage referrals, Inclusion Officers also continue to work with schools at the earliest point to provide information, advice, guidance and support.

Type of Support Provided

20. The type and nature of the support provided by the service is tailored to meet the needs of individual children. However, the interventions can be broadly categorised into those below.

| Intervention | Number of children |
|--|---------------------------|
| Outreach | 204 |
| Specialist Teacher Observation and Advice | 77 |
| Information, Advice and Guidance (including multi-agency support and coordination) | 373 |
| Alternative Provision | 61 |
| Longer Term SEND Pathway (EHCP Assessment) | 24 |

21. Where it is needed, settings have also been supported via the local authority Inclusion Development Fund for Early Years or the High Needs Budget to ensure that they can continue to meet the needs of learners with SEND.

Triage System

22. Referrals to the 0-25 Inclusion and Outreach Service are presented at a multi-agency triage panel.

23. At the panel there is representation from the follow services:

- Education Psychology
- Inclusion and Outreach staff
- Social Care
- Early Help
- Health (e.g. school nursing and speech and language therapy)
- Youth Offending Services
- Cleveland Police
- Sensory Teaching Service

24. The panel is highly regarded by its members as an opportunity to ensure multi-agency collaboration around vulnerable learners and those at risk of exclusion. Children's cases

are discussed so that information from a variety of sources can be considered before decisions are made. Additional referrals for services to become involved are also considered and partnership working is planned to ensure the greatest impact for families.

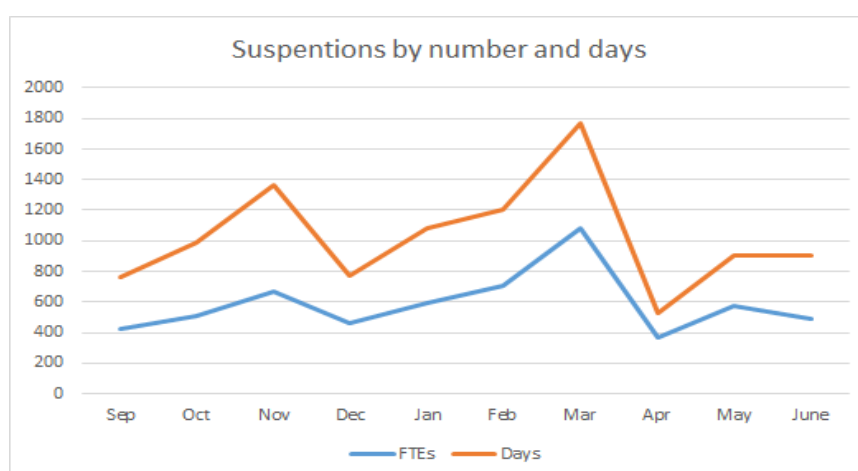
EVALUATION OF IMPACT

25. For every referral to Inclusion and Outreach services, schools are asked to complete a baseline assessment of risk regarding each child. This assessment looks at questions in key areas to determine the likelihood of exclusion to the likelihood of the child requiring an EHCP. This assessment is completed again at 6 months to determine impact following intervention in each of the areas. Alongside this, data for fixed term exclusions and attendance is also analysed to look at reductions and improvements in the figures.

Fixed term exclusions

26. Fixed term exclusions can also be used as one of the indicative measures of impact of the service. The work of the teams is focussing on ensuring that children have their needs met in school, or through a more appropriate provision, more effectively and are less likely to be excluded as a result.

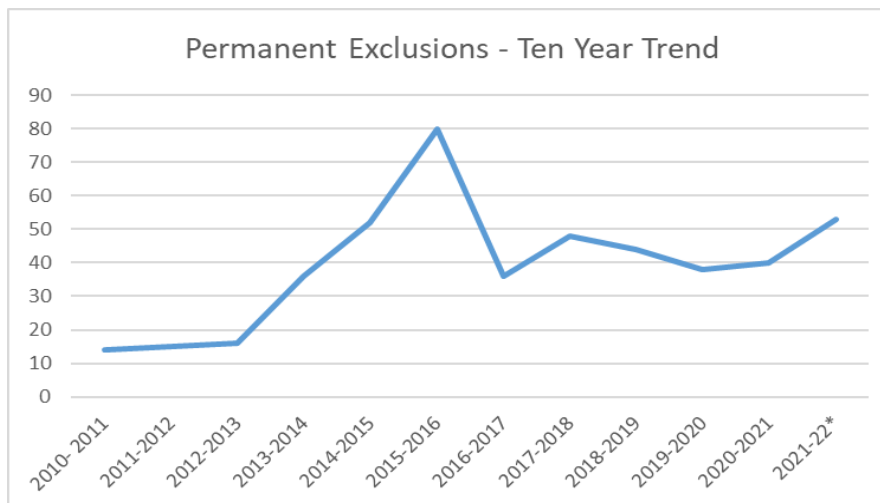
27. The graph below shows the number of Fixed Term Exclusions and the total number of days lost to exclusion over the academic year. The drop in December and Easter is a result of school holidays. Taking out those two months, there is an overall tailing off of fixed term exclusions from March to June. Some of this may be attributable to Year 11 leavers finishing school for study leave. However, because Year 11 fixed term exclusions only account for a small percentage of the total cohort it cannot be wholly attributed to this and it is reasonable to propose that the work of the team may also be having an impact on this albeit small.



28. There is also case study evidence that suggests the work of the service in partnership with schools is having a positive impact for individual children in reducing fixed term exclusions. (See Appendix 1 Case Study 2: Fixed Term Exclusion)

Permanent Exclusions

29. The data in the graph below shows the ten-year data for permanent exclusions in Middlesbrough.



30. Overall, there has been a significant increase in permanent exclusions this academic year when compared to previous years. The number of permanent exclusions in Middlesbrough during the 2021-22 academic year to date is **52**. These exclusions were from secondary schools; there have not been any children excluded from a primary school.
31. There is no local or national data published which would allow us to make comparisons against regional or statistical neighbours for this academic year. However, national research and third sector publications suggest that there is a national trend towards increased permanent exclusion and risk of exclusion in schools following the return to education after Covid-19 lockdown measures.
32. Of the 52 children who were excluded there were three secondary age children who were referred for outreach services but who unfortunately still went on to be permanently excluded.
33. On top of the 52 exclusions detailed above, another 25 exclusions were rescinded. This is 25 children who did not end up permanently excluded; this is a result of direct intervention and multi-agency partnership working between the local authority and the school at the point of exclusion.
34. Using a small sample of 11 children who were referred to the service during the first month of operation and who have just reached their 6-month timescale. We can see that
- (a) A 48% reduction in the risk of fixed term exclusion
 - (b) A 48% reduction in the risk of permanent exclusion

35. Without the 0-25 Inclusion and Outreach model the overall exclusion rate in Middlesbrough could have been significantly higher.
36. Not all the children referred to the Outreach and Inclusion service are at risk of permanent or fixed term exclusion. A number of children are supported by staff in the service to have their needs met in their current setting. This includes work to up-skill existing teaching and support teams in schools, the co-ordination of personalised strategies to meet the needs of the child and the mobilisation of multi-agency teams to ensure the child's education, health and care needs are fully assessed and provided for.
37. The work to promote inclusion has also focussed to ensure a successful and smooth transition between primary and secondary school.
38. Of the children who have worked with the service this year, 24 have gone on to have an education, health and care needs assessment and have received an EHCP and are now either in a more appropriate specialist provision to meet their needs or are expecting a move to a new provider imminently.

Feedback on Training and Support for Schools

39. Feedback on the Phase 1 and 2 National Wellbeing for Education project was highly positive. 92% of those who attended Phase 1 of the WfE training said that they would use what they had learnt. 100% of those who attended one or more aspects of Phase 2 training said that they would use/share/cascade the content of the training. The WfE training modules have now been embedded in the Educational Psychology Service's ongoing traded offer to schools.

Impact Statements and Evaluations

40. We asked school for their comments about how the model is working and what we can do to further improve the new model. They identified some areas for improvement including making changes to the referral form and the processes for accessing support quickly. Another change that we have made is having our Secondary Inclusion Team spending more time based in schools to provide support and intervention as required. Below are some comments from schools capturing during the July review of the model.

- *“Positive working relationships”*
- *“Communication is good, helpful and honest”*
- *“Outreach practitioners and inclusion officers being a presence in school and attending meetings reassures family that the LA are there and listening”*
- *“Panel idea is great – multi-agency working to agree on next steps”*

41. Schools have also had positive comments to share regarding the impact that the support is having for them:

- *"Many thanks to you both for any help, advice, support and thank you for your support in making sure this child has a positive experience of school in Middlesbrough. Your staff have been highly professional and kind."*

42. All of the work of the Outreach and Inclusion services is coproduced with families, children and young people. When asked about their experiences families said:

- *We are really happy with the arrangement and the positive feedback.*
- *It is supportive and encouraging to receive a call with good news.*
- *This is making home life less difficult, it's making a difference to our family.*

43. When asked about their experiences, children and young people said:

"I am really proud and happy with myself and want to try and carry this one until the end of term" (Child A has been given 16 pride points in one day for good behaviour and completed a full page of writing in English which she was highly praised for)

"I really like the outreach sessions because I have somebody that I can talk to who understands how I feel. I get really excited for the meetings on a Friday and ...I don't want the meetings to end because they are helping a lot"

"Thank you for the Anxiety grounding techniques booklet. I have been filling it out and using the techniques when I feel anxious"

"I like having somebody to talk to who listens and I likes getting targets given because I try hard to achieve them"

CONCLUSIONS

44. We can see that COVID continues to have an impact on our children and young people. This will be closely monitored, and we will work with our schools and settings to put in place required support as needs are identified.

45. There is emerging data, case study and impact evidence to suggest that the Inclusion Model is having a positive impact for children, families and schools. Schools are working with the Inclusion Team to support early identification of need to ensure the child or young person receives the support that is required at the earliest of stages.

NEXT STEPS

46. To continue to monitor the impact of COVID through speaking with children, young people, families, schools and settings and put in place required support.

47. To continue to review the model and ensure that changes required to the model are implemented to meet the emerging needs of our children and young people

AUTHOR: Caroline Cannon: Strategic Lead for Inclusion and Specialist Support Services

Appendix 1: Case Studies

Below are several case studies from the Inclusion and Outreach Service which shows the impact of the support and intervention provided by the new model.

Case Study 1 – Multi-agency Safeguarding

Referral made to multi-agency triage panel for child at risk of exclusion.

School requesting support for external AP placement.

Multi-agency team at triage panel provided new information to support decision making.

Social Care, Police, Youth Offending and Health Services = new pieces of the jigsaw
Information changed the decision making of the panel. Moving to an external AP would have increased the risk and instead the focus was on maintaining stability and consistency and ensuring safeguarding first

Impact

Permanent exclusion avoided

Bespoke package of 1:1 tuition put in place which met the needs of the child but also offered a level of consistency and oversight to ensure effective safeguarding and management of risk for the child.

Case Study 2: Fixed Term Exclusion

Joint identification of need between school and inclusion team for a child at risk of exclusion due to persistent disruption and refusal to follow instructions.

Fixed Term exclusions

Outreach and Inclusion

School arranged a short term intervention plan using internal resources
Worked jointly over a period of 6 weeks to identify needs and build relationships with school and inclusion staff
Work focused on child and family wishes
Referral to neuropathway completed

Impact

Child reintegrated back in mainstream lessons in school.
Plans have been coproduced with family at each stage
No further fixed term exclusions
Child is now more positive about learning
There are positive relationships in place with staff and a plan to continue to support nee

Case Study 3 – Preventing Exclusion via AP Pathway

Child referred who was presenting in school with challenging behavior

Risk of PeX, high level of vulnerability in the community, concerns around anti-social behaviour

Outreach and Inclusion

Supported school with coordination across CAMHS, The Link, Youth Offending and Early Help
Completed a piece of work around the voice of the child
Offered liaison between school and home to support the plans
Identified appropriate AP provision in partnership with school and family

Impact

Support package in place across agencies that is better meeting needs
Alternative Provision secured as part of the package of support
Positive feedback from family (they feel safer in the community) and child feels “brighter” about managing their emotional needs

Case study 4 – Building Inclusive Capacity in Early Years

Referred to multi-agency Inclusion Triage by Speech & Language Therapy aged 2

Attended Portage – Home visit followed by group sessions.
Family work completed to identify needs and appropriate strategies/resources. Support network established with other parents.

Support identified for child to attend parent’s choice of mainstream nursery
Inclusion Development Funding provided to increase staff ratios to further enhance support to promote progress.
Service continued to demonstrate strategies and interventions to upskill mainstream workforce.

Following the graduated approach above, identified that a more specialist provision was appropriate and parents were supported to look at assessment nursery. Child allocated a place in specialist assessment nursery.

Child’s progress is regularly monitored through reviews.

Case study 5 – Enhanced Transition Support

Child in Year 6 Discussed with Inclusion Officer towards the end of Year 6 due to emotion based school avoidance.

Inclusion Officer spoke to parents and held multi-agency meeting in school including child, parent, primary school, secondary school and stronger families support worker.
Identified a mentor from secondary school.
Co-produced a small step plan to support child to return to school, focusing on secondary school rather than primary school due to the time of year.
Held regular review meetings to monitor and review progress, discuss concerns and plan next steps.

Child is successfully engaging with all parties and has started to attend primary school as well as enjoying regular transition visits to secondary school. Child reports feeling good about the upcoming secondary school move.

Case Study 6 – EHCP Pathway

School already identified need and in process of referring for EHC assessment.
Need was for support and advice to promote inclusion/ meet needs and ensure child is on the right longer term pathway.

Outreach and Inclusion

Supported school to secure exceptional high needs funding
Education Psychologist brought in for additional advice and guidance
Multi-disciplinary team approach taken to help coordinate support
Therapeutic intervention
Internal provision as respite to meet needs on an interim basis

Impact

Permanent exclusion avoided
Child's needs met on an interim basis until a specialist option could be secured
The partnership working supported the identification of this and a smooth transition to the new provision
Child is reporting being happier at school and his family are more settled as they are no longer worried about his behaviour leading to an exclusion.