

## **Reducing Pupil Exclusions in State-Funded Schools**

31<sup>st</sup> March 2021

### **Scoping Report**

Norfolk County Council (NCC) and the University of East Anglia (UEA) are working together to reduce the number of pupils excluded from state-funded schools in the region. In late 2020 the council applied to and was successful in securing funding and support from the Local Government Association (LGA)'s Behavioural Insights Programme to run a behaviour change trial on this challenge. This brief scoping report describes the broad approach to be taken in this project following a preliminary review of evidence, discussions amongst the project team and initial stakeholder engagement.

### **Project Team**

Norfolk County Council (NCC): Dr Helena Bunn and Dr Sarah Raspin.  
University of East Anglia (UEA): Dr Amrish Patel and Dr Oana Borcan.

### **Problem and Context Summary**

#### Background

The COVID pandemic has caused major disruption to children's lives and education. This has manifested in increased behavioural problems in schools and online learning environments. Fixed-term or permanent exclusion will be the unfortunate outcome for far too many pupils.

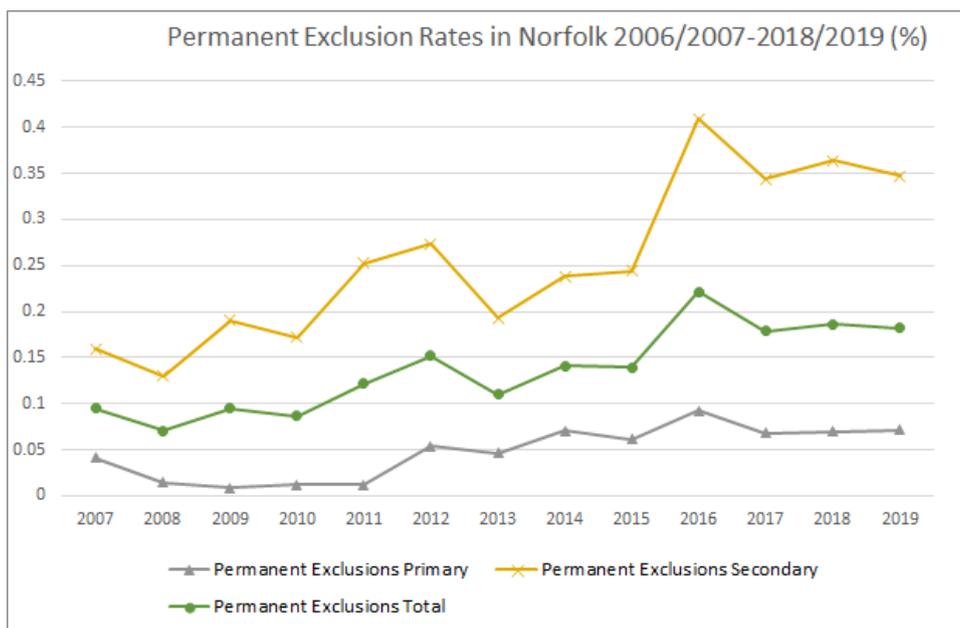
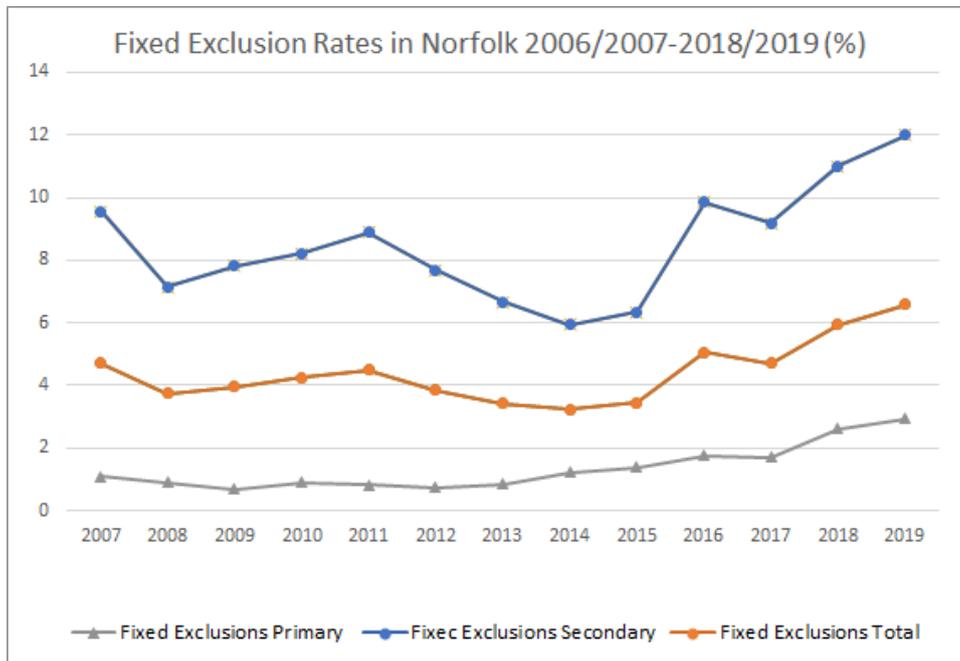
Exclusions have serious long-term consequences for both the excluded child and society as a whole. Excluded children are much less likely to achieve good GCSEs in English and Maths, essential for success in adult life [1] and are at a higher risk of becoming a victim or perpetrator of crime [2].

Estimates suggest that each excluded child will cost the public an average of an additional £370,000 [3] – this reflects the costs of: educating a child out of the mainstream system; lost taxation from lower future earnings; associated benefits payments (excluding housing); higher likelihood of entry into the criminal justice system; higher likelihood of social security involvement; and increased average healthcare costs.

This is a national issue with exclusions rates trending upwards for several years pre-COVID. However, it is most acutely felt in areas with above average exclusion rates, like Norfolk.

In Norfolk, permanent exclusions doubled to 209 between 2008/2009 and 2018/2019 and fixed exclusions increased by 60% to 7558 over the same period [4]. Three-quarters of these exclusions are from secondary schools. The region's permanent exclusion rate is almost double the national average and its fixed term exclusion rate is 22% higher than the national average.

The graphs below illustrate the trends in permanent and fixed exclusion rates (defined as the number of exclusions in an academic year divided by the total number of pupils on roll as at the January census day) in Norfolk, by types of schools.



### Reasons for exclusions

Disruptive behaviour is cited as the official reason for a third of all Norfolk exclusions. Other common officially cited reasons include verbal or physical assaults of other pupils or adults.

Official reasons provide a very limited understanding of the underlying causes of the exclusion. While it is difficult to generalise, statistically, excluded children often have faced prior difficulties in childhood. Excluded children are twice as likely to be in state care, four times more likely to have grown up in poverty, seven times more likely to have a special educational need and 10 times more likely to suffer recognised mental health problems [3].

According to a recent national review of exclusions, a reduced reliance on exclusions would necessitate an increase in staff having “the right tools, capability and capacity [to manage poor behaviour]” [1]. This in turn would imply a more diverse, inclusive and fair classroom, where every child, regardless of their characteristics, needs or the type of school they attend, would receive a high-quality education allowing them to flourish.

Local authorities are uniquely placed to support schools in achieving such an environment.

### Initial stakeholder views

Norfolk offers a range of services for schools that aim to directly (or indirectly) reduce pupil exclusions. Initial engagement with some of these service providers (Inclusion Helpline and Mental Health Support Teams for Schools) and headteachers has given several insights into the problem.

- **Service capacity:** Capacity is currently a major problem. The number of requests for support (from schools) received by the Inclusion Helpline have trebled over the last year. The helpline received 40 calls in two September days, twice the number they typically receive in a full week. Demand from schools for supporting pupils at risk of falling out of education/at risk of permanent exclusion is extraordinary. Similar patterns are reported by other services e.g. backlogs in mental health referrals. Capacity constraints mean that, for example, professionals from the Inclusion Helpline cannot spend enough time with schools to provide adequate internal support (e.g. setting up interval alternative provision).
- **Early prevention:** Far too many schools only contact the NCC services once the situation has escalated, at which point there is very little experts can do to avoid exclusion. Ensuring that the Inclusion Helpline is involved as early as possible is critical to reduce exclusions.
- **School leadership and policies:** The day-to-day pressures of schools mean that many do not prioritise setting and consistently applying inclusion policies. School leadership is critical to prevent exclusions. Some schools only contact the inclusion team on the day of a permanent exclusion (as a box ticking exercise), others sign up for various support services, but then do not use them. Even if headteachers do want to change unhelpful school policies (e.g. zero-tolerance) some do not have authority to do so, e.g. if they are part of a multi-academy trust.
- **Service knowledge:** Many schools are not aware of the relevant services within Norfolk and when to contact which service. This leads to unnecessary referrals to already stretched service teams.
- **Service accessibility and coherence:** There is widespread recognition that information and services need to be more easily accessible to parents of children at risk of exclusion (e.g. available in parents’ mother tongue) and also that different services across Norfolk should be providing more joined-up support (e.g. special educational needs (SEN) teams and inclusion teams, given the large share of exclusions that involve SEN pupils).

### **Overall Approach**

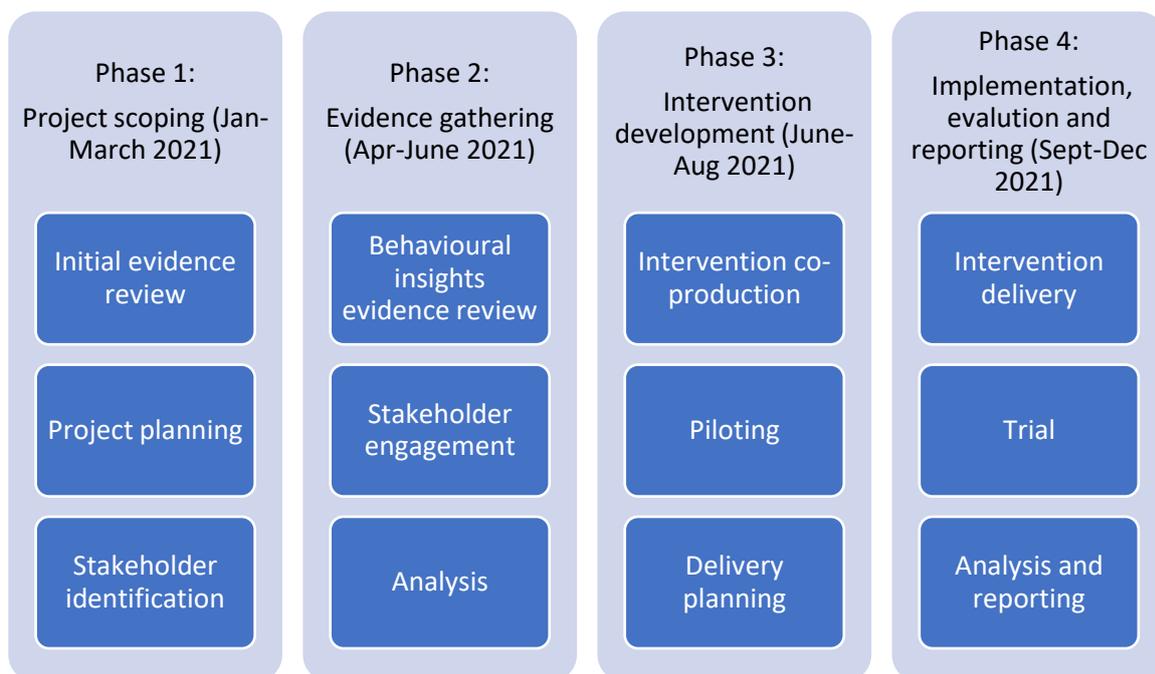
A consensus appears to be emerging amongst stakeholders on the changes that are needed to reduce exclusions in Norfolk (e.g. contacting inclusion services earlier, more joined-up service provision, consistent school policies). Since many of these involve institutional/professional practise changes, we anticipate that our intervention will focus on varying NCC service provision and influencing headteacher and teachers’ behaviour.

While parent and pupil behaviours are also important, the approach we take is clearly more feasible than focusing primarily on parents and pupils.

In the next phase of this project we will gather further evidence to refine our understanding of the changes in behaviour needed by NCC services and schools. Indeed, some of these changes may include how NCC/schools try to influence parent and pupil behaviour. Specifically, we will identify the barriers and enablers of behaviours that would help reduce exclusions (e.g. poor signposted to the Inclusion Helpline).

There is little high-quality existing evidence evaluating interventions aiming to reduce exclusions. We will conduct a randomised controlled trial in Norfolk schools to evaluate the effectiveness of the intervention.

## Project Methodology



Phase 1 work has culminated in this scoping review. Phase 2 begins by examining the academic literature in detail to identify relevant behavioural insights and how they might be operationalised. We will then consult stakeholders (via surveys, interviews and focus groups) to identify gaps in our knowledge and confirm hypotheses that we have formed. Given that children are the ultimate beneficiaries of any interventions, stakeholder engagement (with parents, teachers, headteachers and service providers) is of critical importance. Phase 2 will lead to an updated project plan for the rest of the project.

Based on the evidence gathered from Phases 1 and 2, we shall propose a list of behavioural insight-based interventions, designed to change parent and/or schools' behaviours. Possible interventions may include: Changes in communication about NCC services; variations in services or introduction of new services. We will select and co-produce the final intervention with relevant stakeholders. Working with the relevant service providers, we will pilot and plan the delivery of the service.

We aim to run a behavioural insights trial in Autumn 2021 (i.e. at the start of the new academic year). Schools will be randomly assigned to receive the intervention or not and a

range of different outcomes (see below) will be compared across the schools. The trial data will be analysed and the findings reported.

### **Potentially Relevant Behavioural Insights**

Given our scoping work, we anticipate that some of the relevant behavioural insights underpinning the intervention might be:

- **Saliency/Simplification** - Limited attention and time means that people can struggle to process complex information. In this case, schools struggle to identify which service to contact when. Increasing the saliency of the most relevant information and simplifying the service offer is likely to increase appropriate engagement by schools.
- **Reminders** - It is well documented that reminders can help overcome the intention-action gap. In this context, even if (head)teachers have the intention to contact NCC services or address their inclusion policy, they may not action it due to the time pressures schools are under.
- **Social norms** - NCC service providers mention that a lot of their interaction with schools is “relationship based”. That is, some schools have engaged leadership and work well with NCC services to reduce exclusions, other do not. Communicating social norms amongst better peers is a powerful way to encourage behaviour change in the direction more engagement.

This list will be revised in Phase 2 after a more detailed examination of the academic literature.

### **Evidence Gathering**

We will use a variety of methods (e.g., questionnaires, interviews, focus groups) to gather evidence from stakeholders, chosen to fit the stakeholder group and research objectives.

Services we intend to engage with include: Mental Health Support Teams in Schools (MHSTs); Inclusion Helpline; Educational Psychology and Specialist Support; Virtual School for Special Educational Needs and Disabilities (SEND); School 2 School Support Service and Children and Young People’s Health Services.

Professional roles we will consult include, though they may not be limited to: Headteachers; Special Educational Needs Coordinators (SENCOs); Parents; Inclusion Advisors; SEND Advisers; Educational Psychologists; Specialist Behaviour Support Teachers; Social, Emotional and Mental Health Practitioners; Clinical Leads for Mental Health Support Teams in Schools; and Resilience and Emotional Health Practitioners.

### **Intervention Development**

Based on the evidence gathered on the contextual and behavioural factors determining teacher (and parent/child) behaviour we will design a set of potential interventions informed by the behavioural sciences literature.

The details of potential interventions will be co-produced with key stakeholders (service providers, teachers and parents). We will work with the stakeholders and use the Affordability, Practicability, Effectiveness, Acceptability, Safety, Equity (APEASE) criteria [5] to select the most appropriate intervention to pilot.

### **Impact Evaluation**

## Trial design

The COVID pandemic means that many factors (that may influence pupil exclusions) are changing unpredictably over time. A “before-after” approach to evaluating the impact of our intervention is thus particularly unreliable as the purported effect of the intervention could actually be the effect of changes in other, environmental factors.

To evaluate our intervention more robustly, we aim to conduct a cluster-randomised controlled trial (RCT), where each school is a cluster (i.e. randomisation at school-level). While there may be statistical power benefits to randomising at intra-school level, it would be difficult to do so for at least two reasons: (1) there may only be one person from each school in charge of contacting the NCC inclusion service; and, (2) there would likely to be considerable contamination between treatment and control arms.

We will determine whether there are any particular types of school (e.g. special schools) that should be excluded from the trial via stakeholder engagement once the intervention is finalised.

## Outcome variables

Main outcome: Pupil exclusions (fixed and permanent). Such data is routinely recorded and readily available. Formal exclusion decisions are standardised nationally thus data across the county is comparable. Official reasons for exclusions are also recorded, thus we will be able to identify which kinds of exclusions are more/less likely to be avoided by the intervention.

Secondary outcomes: Being on “report” or “behaviour plans”; use of reduced timetables; service usage; data on teacher/parent beliefs and attitudes; process measures; behavioural measures; educational attainment. Some of these variables are recorded at school level, however they may not be collected as standard.

## Power and sample size

Exclusions are mostly prevalent in secondary schools. In 2018/2019, around 200 of 418 schools in Norfolk had at least two exclusions (either fixed period or permanent; the maximum number was 433 exclusions). The most conservative sample size calculations are based on an RCT design where we have two treatment arms, outcome variables are collected at pupil level, each school is a cluster and we have 100 schools per arm, and we do a cross-sectional analysis after the intervention.

Focusing on the fixed-period exclusions, which display the most variation in the data, based on the conservative approach one would need 200 schools and 13500 pupils per arm (27000 pupils in total, or 135 per school on average) to detect a treatment effect of 15% reduction in the number of fixed-term exclusions per pupil, with 90% power, and assuming a 0.04 intra-cluster correlation coefficient (based on proximate evidence on aggressive behaviour in UK schools [6]).

Power is improved if we collect the same outcome variables for the pre-trial period and we work with difference-in-differences design.

In addition to the main RCT, we shall also take a stratified random sample of schools from each trial arm to study in more detail. In these schools we shall conduct questionnaires and interviews (with teachers, parents and possibly pupils) to: understand the fidelity of the intervention and how it has changed process measures (e.g. school policies); identify any contamination between treatment and control arms; and understand whether the intervention

has changed any behavioural variables (e.g. beliefs and behaviours) that are needed to reduce exclusions.

### Risk and feasibility analysis

Participant recruitment for the trial is not an issue since the intervention is likely to be a variation of NCC service, it can therefore be presented as an offer to schools, from which they can readily opt-out of the service if they wish.

Our power calculation suggested a need for 200 schools (9400 pupils) in the trial. There are sufficiently many state-funded schools in Norfolk to meet this requirement (418 state-funded schools with an average of 329 pupils on the roll in 2018/19: 54 secondaries; 351 primaries; the rest are special schools) and whilst challenging, we hope to achieve the required number.

Participant recruitment may be an issue for the additional questionnaires/interviews with teachers during the trial. If stakeholder engagement suggests this is issue, we will introduce a small lottery incentive to encourage participation.

An effective intervention may increase NCC service demands. However, relevant services are already beginning to increase staff numbers and more effective use of services will likely reduce the number of complex and time-intensive cases, thereby building additional capacity within the team.

The NCC and UEA team are both experienced in applying for ethics for field research, we will thus be able to ensure the ethical approvals are received in good time.

It may be that the impact of the intervention on exclusions occurs with a lag of a few months and would therefore not necessarily be detected before the LGA funding ends. We will continue to collect data for at least the rest of the academic year 2021/22 to better identify the impact of our intervention.

### Alternative planning

The calculation above assumes the availability and participation of 200 schools in the trial.

It is nonetheless important to acknowledge that currently the schools throughout UK are facing a period of significant pressures due to pandemic related pressures, in which schools had to adapt to a variety of new realities, such as online teaching, assuring school meals are provided for those at greatest risk and, more recently to providing and delivering catch up learning programme, whilst supporting and dealing with some of their learners, who may have experienced inconsistent learning routines during the recent national lockdown.

Whilst every effort will be done to engage 200 schools in the trial, there is a real possibility that the final sample will be smaller. This means that, although the study will not achieve the RCT status, there will still be valuable results that will be drawn from the research, albeit bearing a smaller power.

### **Indicative Completion Dates**

<b>Phase</b>	<b>Completion date</b>
Phase 1: Project scoping	March 2021
Phase 2: Evidence gathering	June 2021
Phase 3: Intervention design	September 2021

## Bibliography

[1] Department for Education (2019) *Timpson Review of School Exclusion*.

[2] Home Office (2018) *Serious Violence Strategy*.

[3] Institute for Public Policy Research (2017) *Making the difference: Breaking the link between school exclusion and social exclusion*.

[4] <https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england#dataDownloads-1>

[5] Michie, S., L. Atkins, and R. West (2014) "The APEASE criteria for designing and evaluating interventions," in *The behaviour change wheel: a guide to designing interventions*. London: Silverback Publishing, 2014.

[6] Bonell et. al (2014) "Initiating change locally in bullying and aggression through school environment (INCLUSIVE): study protocol for a cluster randomised controlled trial" *Trials* 15: 381.