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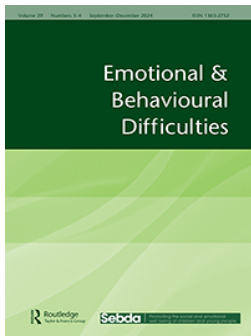
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## Kids ‘at risk’ of school exclusion and youth justice involvement? Or neurodivergent children and families in need of trauma-informed support?

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# Kids ‘at risk’ of school exclusion and youth justice involvement? Or neurodivergent children and families in need of trauma-informed support?

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## ABSTRACT

Neurodivergent children and children with special educational needs and disabilities (SEND) are significantly over-represented in the school-excluded and youth justice populations both internationally and in the UK. Given the wealth of knowledge established about the ‘school to prison pipeline’, it is crucial that we understand why this over-representation exists, and what support can be offered to children and their families to reduce school exclusions and potential youth justice involvement. This paper considers data from the Oakshire Family Support Project, that sought to work with children aged 7–11 identified as ‘at risk’ of school exclusion and potential youth justice involvement. It found that the majority of children were neurodivergent and that family support, containing many features of trauma-informed practice, both acted as a lifeline to children and their families, and significantly reduced school exclusions, improved school attendance, and reduced the likelihood of youth justice involvement in later life. The paper concludes by arguing that trauma-informed family support offers an alternative blueprint to reduce school exclusions and youth justice involvement for neurodivergent children and their families.

## KEYWORDS

School exclusions; neurodivergent children; youth justice; special educational needs and disabilities; trauma-informed family support

## 1. Introduction: setting the context

In recent years there has been a wealth of data (Department for Education 2024; Hughes and Peirse-O’Byrne 2016) highlighting the significant over-representation of children in the UK with special educational needs and disabilities (SEND)<sup>1</sup> and neurodivergent children<sup>2</sup> in both the school-excluded<sup>3</sup> and youth justice populations. There is, however, a scarcity of research exploring both why this is occurring and how we can prevent such disparities. This paper seeks to address this deficit and draws on the available literature by firstly exploring the national and international challenge of school exclusions, followed by considering ‘the school to prison pipeline’. Focus will then turn to the particular challenges surrounding the over-representation of children with special educational needs and neurodivergent children facing school exclusions.<sup>4</sup> It will finally, using empirical data from the Oakshire Family Support Project, consider how to effectively support this group of children as a means of reducing school exclusions and potential youth justice involvement. The findings are based on interviews with practitioners, and families who have engaged with the Project.

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## *School exclusions: a national and international challenge*

How to tackle the challenge of school exclusions remains an ongoing local, national and international challenge for practitioners and policy makers. This is unsurprising, given that school exclusion often acts as a precursor to a range of poor outcomes in later childhood and adulthood, including involvement in the criminal justice system, poor educational outcomes and the subsequent negative impact on employability (Valdebenito et al. 2018). Research from both the UK and USA over the last 20 years have found that school exclusions disproportionately impact children from ethnic minority backgrounds, children living in poverty, children with special educational needs, and boys (Valdebenito et al. 2018). Despite this, Articles 28 and 29 of the United Nations Convention on the Rights of the Child (UNCRC) state that all children have the right to an education that is inclusive, rights based and recognises individual children's needs and cultural backgrounds (UNCRC 1989).

The increasing use of exclusions within performative schools as the main method of managing the 'wicked problem' of behaviour has received intense political scrutiny in Australia and the UK in recent years (Armstrong 2023; Timpson 2019). Focusing on the UK, a student can receive a fixed-term exclusion where they are removed from the school or classroom for up to 45 days per year, or a permanent exclusion where they are not allowed to return to their school. The Department for Education reported that, in 2022/23 (Department for Education 2024) there were 9376 permanent exclusions (up from 6495 in 2021/22), and 786,961 fixed term exclusions (up from 578,280 in 2021/22). The latest data represents the highest recorded figure for permanent and fixed term exclusions, equating to 11 permanent exclusions and 933 fixed term exclusions for every 10,000 pupils (Department for Education 2024).

The Department for Education (2024) reported that the most common reason for permanent and fixed term exclusions was 'persistent disruptive behaviour', accounting for just over a third (39%) of all permanent exclusions. Aside from 'persistent disruptive behaviour', the most common reasons for permanent exclusions were 'physical assault against a pupil' (15%) and 'verbal abuse or threatening behaviour against an adult' (12%).

Mirroring patterns in the US, the UK national data (Department for Education 2024) also reports that boys have more than twice the rate of permanent exclusions compared to girls, and that exclusion rates generally increased as age increases, peaking at age 14. The national data also shows that exclusion rates are almost 5 times higher amongst children eligible for free school meals.

Exclusion rates also vary by ethnicity. Rates of school exclusion are also highest for Black, mixed ethnicity, Gypsy/Roma and Traveller or Irish Heritage children (Department for Education 2024). Strand and Lindorff (2018) found that black and mixed ethnicity children are also more likely to be identified as having SEND and receive an EHCP (Education, Care and Health Plan) from the Local Authority.

Alternatives to school exclusion have been explored across jurisdictions, with the USA predominantly developing 'in-school programmes' to tackle behaviours (Valdebenito et al. 2018); whereas recent Kenyan research has found that working holistically with parents and introducing guidance and counselling for students offers an effective alternative to school exclusion (Wang'ang'a and Ndurumo 2022). Across the UK, approaches to school exclusion vary significantly. For example, Scotland has utilised a 'no school exclusions' policy for several years. In 2020/1, just one child out of Scotland's population of 700,000 children was permanently excluded, compared with 1 in 15,000 in Wales, 1 in 3500 in Northern Ireland and 1 in 2000 in England (Cornish and Brennan 2025). 97.4% of school exclusions across the UK were from England (McCluskey et al. 2019), with other home nations seeking to develop alternatives to exclusion. Changes to practice facilitated the dramatic reduction in Scotland have included a focus on developing nurturing approaches within school, restorative practices, and solution focused approaches (McCluskey et al. 2019). Importantly, McCluskey et al's analysis of Scottish approaches to exclusion suggests that behaviour is viewed as a communication of distress, rather than a challenge that must be managed. Should inclusive approaches within school be insufficient, Scotland adopt a staged approach that includes referrals to outside agencies

for further, targeted support for the child before school exclusion is considered (McCluskey et al. 2019).

### *School exclusions: SEND and neurodivergent children*

The disproportionate exclusion of neurodivergent children and children with SEND from mainstream education is a longstanding, international challenge (Curcic 2009). For example, having children with a disability in some African countries more than doubles the chance of a child not enrolling and increases the risks of a child leaving school education early (Croft 2013). In the USA, a child having a disability has been found to be the most significant predictor for school exclusions (A. L. Sullivan, Van Norman, and Klingbeil 2014). The permanent exclusion rate for children with special educational needs and disabilities (SEND) with an education, health and care (EHC) plan<sup>5</sup> is nearly 3 times higher than children without identified SEND (Department for Education 2024). Indeed, it has been argued that school exclusion has been used as a mechanism for the criminalisation of neurodivergent children (Kent et al. 2023). It has been suggested that this is because children with an EHC Plan have more protections in place to prevent them from being excluded, as compared with children with SEN Support<sup>6</sup> (Office of the Children's Commissioner 2021).

In England and Wales, some of the challenges facing neurodivergent children within education include that they may have long periods of disengagement and/or non-attendance from school; and difficulties understanding the behavioural expectations within a classroom, including verbal directions and class rules (Hughes and Peirse-O'Byrne 2016). The failure to understand such expectations can then be wrongly interpreted by teaching staff as 'bad' or 'disruptive' behaviour, rather than indications of a child struggling to cope and function in the school environment (Hughes and Peirse-O'Byrne 2016; Rainer, Le, and Abdinasir 2023). This can result in neurodivergent children being disproportionately excluded from school. There has been some discussion recently of the harmful impact of schools that seek to enforce and punish breaches of minor rules and it appears that such strict policies may be disproportionately harming children with SEND and neurodivergent children (Rainer, Le, and Abdinasir 2023).

In 2018/19 children with SEND accounted for 44% of all permanent exclusions, and 82% of permanent exclusions in primary schools (Office of the Children's Commissioner, 2021). Parker et al. (2016) examined a group of children excluded from school aged 8–12 and found that there were higher rates of conduct disorder, ADHD and Autism. Often, children's underlying needs are missed within mainstream education, remain undiagnosed and are ultimately not met until they are excluded or receive the support of the Youth Justice Service (Day 2025). When children are excluded from mainstream education in the UK, they are typically sent to an Alternative Provision (AP) which is usually a Pupil Referral Unit. In 2018/19, 81% of children in Alternative Provision had an identified SEND (Office of the Children's Commissioner 2021). However, despite this, there is no routine screening process in place for neurodivergent traits in excluded pupils (Kirby 2021), despite evidence suggesting that this may help identify needs and reduce the risk of permanent exclusion (Lawson et al. 2022).

Although alarming, the above figures are likely to be the tip of the iceberg as they only contain data on 'official' exclusions. The practice of 'off rolling' or 'hidden exclusions' (removing pupils from the school register by placing them in alternative provision or home education) has significantly increased in the UK in recent years (House of Commons Education Committee 2018, 3; Timpson 2019). These periods of instability, disengagement and disruption tended to exacerbate challenging behaviours (Rainer, Le, and Abdinasir 2023). There are 5 times the number of children being educated in schools for excluded pupils than the number officially reported as permanently excluded each year (Gill, Quilter-Pinner, and Swift 2017, 13). In 2013, the Office of the Children's Commissioner found that 1.8% of schools admitted to encouraging parents to take their child out of school and home-educate as a form of hidden exclusion (Office of the Children's Commissioner 2013). By 2017, this figure had increased by 78% (Gill, Quilter-Pinner, and Swift 2017). There is little

doubt that the Covid pandemic has exacerbated these already significant challenges, as research repeatedly finds that neurodivergent children have struggled to return to school post-Covid, leading to more than double the levels of 'persistent absence' than pre-pandemic levels (Hamilton 2024, National Autistic Society 2023). This disproportionately impacts on neurodivergent children, with 30% of all autistic children in the UK identified as 'persistent absentees' (Anderson 2020).

There is also evidence that post-exclusion, children are more likely to be identified as having SEND than a child who has not been excluded. This then gives them access to more support to meet their needs, often because of the involvement of other agencies such as youth justice services. It has, however, been frequently argued that receiving support after exclusion is too late (Day 2025). The Office of the Children's Commissioner reports that this reflects the reported experiences of parents who claim that their child was excluded because of the school failing to understand and meet their child's needs (Office of the Children's Commissioner 2021, 38).

### *The school to prison pipeline*

There is established evidence that school exclusion can accelerate a child towards the criminal justice system (Berridge et al. 2001; McAra and McVie 2010; Ministry of Justice 2012; Sanders, Liebenberg, and Munford 2020; Timpson 2019). Indeed, there is emerging evidence that the 'school to prison pipeline' disproportionately applies to neurodivergent children (Kent et al. 2023). However, despite this, it is acknowledged that understanding causality of offending as a linear relationship between exclusion and criminality oversimplifies what is often a complex interplay between a range of factors (Arnez and Condry 2021; Berridge et al. 2001; Case and Hazel 2020). There is no doubt that the complex interplay of factors in the 'school to prison pipeline' includes understanding why there are disproportionately high numbers of neurodivergent children and children with SEND both excluded from mainstream education and in the youth justice system. The profile of children coming to the attention of criminal justice agencies broadly mirrors the profile of school-excluded children. For example, 66% of children in custody are care-experienced, 30% are disabled, and 45% report that they have health problems (HMIP 2023). This mirrors the school-excluded cohort of children who are disproportionately from ethnic minority backgrounds, have an identified SEND, care-experience and low socio-economic status (Black 2022).

It is important to gain an understanding of how some cognitive and emotional traits associated with particular neurodivergence can directly influence a likelihood of certain challenging behaviours, which have been associated with an increase in the risk of both school exclusion and criminalisation (Hughes 2015). There are also a range of social and environmental factors that can trigger certain behaviours and increase the likelihood of criminalisation. These include vulnerability to peer pressure, educational disengagement, and parenting practices and techniques (Hughes 2015).

### *Mental health and social care: SEND and neurodivergent children*

Child and adolescent mental health services (CAMHS) are in a state of crisis in England and Wales, with recent data revealing that more than a quarter of a million children are waiting more than one year for both assessment and support, and the average wait times from referral to diagnosis for both autism and ADHD are 26 months and 29 months respectively (Office of the Children's Commissioner, 2024). Demand has gone up while funding has stagnated. For example, 20% of the 8–16-year-old population of children in the UK required mental health support in 2023, compared with 12.5% in 2017, whilst the CAMHS workforce continues to face chronic shortages (National Health Service 2023). Research has found that autistic children are at an increased risk of being permanently excluded from school, and those children who had been referred for assessment, but awaiting diagnosis, were at the greatest risk of school exclusion (Chapman 2023).

Many neurodivergent children have also often experienced trauma, abuse and neglect. For example, a recent study examining the pathways of children into custody found that of the 48

children interviewed, 19 had diagnosed/undiagnosed mental ill health, neuro divergence, or SEND, and all of them had experienced trauma/abuse/neglect in early childhood (Day, Bateman, and Pitts 2020). It has been argued that a neurodivergent person's more reactive nervous system, increased risk of victimisation, sensitive sensory profiles and the stress of living in a neurotypical world make neurodivergent people more vulnerable to experiencing trauma (Fenning et al. 2019; Rumball, Happé, and Grey 2020).

### *Youth justice involvement: SEND and neurodivergent children*

While many justice-involved children do not have their neurodivergent conditions or special educational needs identified prior to justice involvement, 80% of children in the youth justice system are identified as having SEND (Department for Education and Ministry of Justice 2022). It is estimated that between 60% and 90% of children in custody have speech, language and communication needs (Hughes and Peirse-O'Byrne 2016) and they experience significant levels of emotional, mental and physical harm once in this environment.

Children in the Youth Justice System in England and Wales often have complex and intersecting needs (Youth Justice Board 2019). There has been an overall reduction of children entering the youth justice system, which can be partly be attributed to the increases in the use of measures to divert children from the YJS. However, a recent report by the Centre for Justice Innovation has highlighted that children with SEND are not benefitting from diversionary support to the same extent as children without identified SEND (Centre for Justice Innovation 2024).

It is therefore estimated that at least one in three adults in the criminal justice system in England and Wales may be neurodivergent (Cruise, Evans, and Pickens 2011), and that this rate is even higher for children with ADHD and speech and language difficulties (Kirby 2021, 10). Equally, it is estimated that the rate of children in custody with a neurodivergent condition is higher than those serving community sentences. For example, 89% of children in an Australian study had at least one neurodevelopmental impairment, 36% of whom had also been diagnosed with FASD (Foetal Alcohol Spectrum Disorder) (Bower et al. 2018). In another Canadian study it was estimated that youths with FASD were at least 19 times more likely to be incarcerated than those without FASD (Popova et al. 2011).

### *Preventing school exclusion and criminal justice involvement: the Oakshire family support project*

The overarching aims of the Oakshire Family Support Project were:

- To improve outcomes for children in the 7- to 11-year-old age group by reducing the number of school exclusions and potential youth justice involvement via direct work with targeted children and families across districts in Oakshire.
- To improve attendance levels for children where attendance is poor (typically less than 90% attendance).
- To support the transition from primary school into senior school.
- To develop a whole family approach when addressing challenging behaviours with a view to improving outcomes for children through the offer of direct support and intervention to prevent.
- Identify and support children at risk of child exploitation.

Identify and support children at risk of youth justice involvement. This paper considers the key findings of a commissioned evaluation of the Oakshire Family Support Project. To help set the context for the interviews we analysed referrals to the Oakshire Family Support Project. Most children referred for support were either diagnosed, awaiting assessment, or



believed they had a neurodivergent condition. Oakshire data revealed that children with identified special educational needs and in receipt of SEN Support or an Education, Health and Care Plan (EHCP) formed 60% of the children referred to the Family Support Project. It is worth noting that this represents children with recognised needs through the formal assessment channels within education. Typically, there is a hidden population of children within mainstream education who may be at risk of school exclusion with unidentified needs (Day 2022). This population of children frequently includes neurodivergent children and children with additional learning needs. Research has established that this group of children often experience isolation, labelling, and exclusion as they navigate their way through education, social care, health and justice settings (Day 2022). Oakshire data also revealed that 78% of permanent exclusions issued were to pupils who either had SEN, were classified as in need or were eligible for free school meals. Eleven per cent of permanent exclusions were to pupils who had all three characteristics. It is therefore important that we understand why this is occurring and also how we can effectively reduce the significant over-representation of neurodivergent children and children with SEND from both the school-excluded and youth justice cohorts. This is particularly important, given the wealth of international research supporting the 'school exclusion to prison pipeline'.

## 2. Methods

This paper is based on interviews with practitioners and families who worked with the Oakshire Family Support Project which sought to identify and work with children (and their families) aged 7–11 'at risk' of school exclusion and potential youth justice involvement.

The study involved semi-structured interviews with 10 practitioners (Project workers and education staff) and 3 families (4 parents and 1 child) involved in the Project. Practitioners were interviewed on the University's Teams platform, lasting between 45 minutes and 1 hour. Interviews with families were face-to-face, lasting between 30 and 90 minutes. Ethical approval was gained from (anonymised) University's Ethics Committee.

### *Participants, recruitment and data collection*

Interviews with the families were arranged through the Project worker, who acted as a gatekeeper. The gatekeeper approached their families, explained the study, verbally ran through the information sheet and sought their agreement to be contacted by the researcher. The researcher discussed potential issues that might impact upon the interviewee(s) with the gatekeeper, including any speech, language or communication needs. Immediately prior to commencing all interviews, the researcher verbally checked that the participant still consented and made it clear that the process was entirely voluntary, reminding them that they are free to withdraw their consent at any point.

An interview schedule containing 'prompts' and 'probes' was used to facilitate a conversation, the pace and direction of which was largely determined by the interviewee. The aim was for the interview exchange to feel like a 'conversation with a purpose' (Burgess 1984, 191) and less like a structured question and answer session.

The interviews focused on:

- Eliciting views on the elements of The Family Support Project that worked particularly well, and those that worked less well.
- Gaining an insight into interviewee's understanding of the challenges faced by children and their families referred to The Family Support Project, and the support they needed to overcome the identified challenges.
- Identify any key recommendations or changes that participants would like to make to the programme in the future.



- Gain an understanding of the process of implementing The Family Support Project, and seek to identify potential obstacles and gaps should the project be rolled out more widely.

All interviews were recorded and deleted immediately after transcription. All interviews were anonymised at the point of transcription.

### *Data analysis*

Adopting inductive reasoning, data analysis of the interviews highlighted several recurring themes. Reflexive thematic analysis was used, whereby themes were identified and coded (Braun and Clarke 2006). Patterns and themes were coded and organised using NVivo. The approach recognises that data is produced as a result of the interaction between interviewer and interviewee (Charmaz and Bryant 2007). It is therefore acknowledged that the nature of the interview, the relationship between the interviewer and interviewee and the setting may all impact the data.

## **3. Findings**

Drawing on the interviews with practitioners and families, the findings have been organised around the a number of key themes : 'naughty kids' or failing schools?; no support for neurodivergent children ... until they are 'at risk' of school exclusion and/or youth justice involvement?; family support work; and trauma-informed family support?

### *'Naughty kids' or failing schools?*

There was a tension regarding the underlying reason for the family support offered by the Project. Parents believed that they were being supported because their child had been failed by mainstream education, rather than the Project's stated aim which was to work with families to reduce the identified risk of their child being excluded from school and possible future youth justice involvement. Therefore, three out of the four parents interviewed were not aware that the Project was working with their children to reduce the identified risk of school exclusion and future youth justice involvement, even after several months of working together:

But it was never mentioned. Do you know what? It's funny you've said that. Somebody has only said that to me within the last couple of days and it was somebody I know who works in the school and said, was he, like you've just said, at risk of being expelled. No, why would you say that? And they said because that's usually what the Project does. And I was like, no, no, not at all. (Parent 1)

This appears to be because practitioners did not inform families why they had been referred to the Project, and families assumed that it was to provide generic support. For example, upon discovering that the Project was based at the Youth Offending Service, two parents discussed their initial reactions:

And I thought, what? My boy's not like that. And she explained that to me because I felt a bit embarrassed. When we first met her and we'd done all the things and me, and you were talking, Young Offenders, and I was really upset about it. And then I mentioned it to \*\*\*\*, and she said it comes under the umbrellas of Young Offenders, and it prevents children going into secondary school with problems. So, we're just nipping it in the bud now, but I can understand that nipping in the bud now, but \*\*\*\*s not that sort of child.' (Parent 3)

So, I thought, oh, he's going to be put on this list as... He's going to be labelled as the naughty kid, and it's going to be following through that he's going to have a probation officer, and he hasn't even done anything wrong. And it just worried me that he would then be seen as a naughty kid that needed to be maintained instead of somebody that's struggling, that needs supported. (Parent 4)

The Project Workers agreed that positioning the work within the Youth Offending Team acted as a barrier to working with families as they felt it was unnecessarily labelling their child:

If you're saying you're under the youth offending, you're labelling them. And parents will know it's ... I think they know they're under the youth offending service. It's all over our system that they're under YOS, even though they've come through the SEND and Inclusion Hub. (Project Worker 2)

Just one parent was aware that the project's remit was to prevent school exclusion, and they felt that this was a result of the school failing to recognise or meet their child's needs, rather than their own challenging behaviour:

And it was like they were saying, we don't understand why he's still acting out. We don't know what else we can do with him. If this carries on, we can't manage him. So, it might be that this isn't the right school for him. (Parent 1)

Although the remit of the Project was to identify and support children aged 7–11 at risk of school exclusion and potential youth justice involvement, their families did not recognise this as the primary reason for support. Rather, they felt that their children's challenging behaviours were often because of the failure of mainstream education to meet their needs. The focus on children's behaviours, and the Project's associations with exclusion and youth offending acted as potential barriers to engagement.

### ***No support for neurodivergent children ... Until they are 'at risk' of school exclusion and/or youth justice involvement***

A recurring theme within the interviews was a sense of frustration amongst practitioners that the Project was plugging a gap in services for neurodivergent children and their families, and that this support was only provided when the children had reached crisis point and were identified as at risk of school exclusion and/or youth justice involvement.

A parent commented:

I know it sounds bad but I'm so glad that (the) youth offending (team) have actually come in our lives because I feel like I'm getting some support for my son and I'm actually getting somewhere (Parent 3).

The locally collected quantitative data revealed that 60% of children referred to the Family Support Project had an *identified* special educational need or disability. Supporting the national data showing a high prevalence of children in the official exclusion statistics with SEND, the Project workers found that the profile of many of the children they supported were neurodivergent and/or had Special Educational or Additional Needs:

A lot of the children have got additional needs. Like all of the children I'm probably working with have either already got a diagnosis, or under assessment to be diagnosed for different things. So, a lot of that, all of them have got that. So, either ADHD, autism, got under paediatrics, under CAMHS. So, there's a range of different extra needs that they've all got as well. (Project Worker 1)

And what I mean by that is we get referred through, and we've gone, we've done the assessment, and, actually, there's no problems in the home, no problems with families. Actually, it is an autistic support need within school, but there's a waiting list for autism outreach. So that's why it comes to us. (Project Worker 3)

There was a perception that there were high numbers of neurodivergent children referred to the project and now 'at risk' of school exclusion due to the lack of support from other services, external to mainstream education, such as Autism Outreach and CAMHS:

They're not providing services to meet those children's needs. Look at CAMHS, mental health, getting to CAMHS, to even contact CAMHS is a nightmare. They're not doing the work they need to. I've just come off a meeting for a young girl, exactly the same. Nobody has heard from the worker for four or five weeks. Can't get hold of her. But they're supposed to be putting in anger management work for this young person. We're getting nowhere because we can't hold of them. (Project Worker 1)

Autism services, we've got no autism services apart from Autism Outreach. We've got millions probably out there, children with autism. Schools can't cope sometimes, because there's so many children in there, they can't provide one-to-one or that support that that child needs. (Project Worker 4)

Where a child had been referred to another agency such as Autism Support or CAMHS, the long waiting lists, high thresholds, and lack of resources meant that children's underlying needs were missed within a range of settings including education, and schools therefore focused on 'managing' symptomatic behaviours, placing children at risk of exclusion and contributing to low levels of attendance:

There's a lack of time, the waiting lists or the thresholds that they're dealing with, they're not picking up families or children ... then it's becoming a behaviour rather than the actual reasons why they're behaving like they are. Because a lot of the time, I find that the behaviours are an underlying unmet need somewhere, that's been coming out as a behaviour. (Project Worker 2)

The failure to assess children in primary school and meet their needs was picked up as a source of frustration for Secondary School Inclusion Staff, and led to the involvement of the Project in the following case example:

And when I sat down with her primary school back in September last year to transfer her safeguarding file, I said, well, is there any SEN needs? No, it's just poor behaviour. But when we've actually got an educational psychologist to come and do the assessments, done everything, going back to what I'm saying, it's not behaviour. (School Pastoral Staff)

### *The value of family support workers*

The families spoke extensively about the value they attached to the support provided by the Project Workers. The support given to families aligned closely with a generic 'family support' model. In the weeks and months prior to receiving support from the Oakshire Family Support Project, parents described experiencing distressing levels of stress and pressure:

'It's terrible. I've never felt, and I don't show it much because ... It's killing me. Because he's very different to me.' (Parent 1)

As such, families were often desperate for any help on offer, and found the support of The Project to be invaluable, often because other support agencies worked in silos that focused solely on the child or their condition in a particular setting:

And again, we all understand that most of it is ultimately down to me and mom, the decisions and everything else. But it's still nice that there's been that, yes, it just feels more like it's a support for the family rather than just, right, this is what [our child] needs at school. (Parent 2)

The Family Support practitioners viewed their role as falling within the broad scope of family support:

I don't go to school and just work with that child at school and resolve the problems there because it's a whole bigger picture. So I'll have parents phoning me, I'll have CAMHS phoning me, I'll have schools phoning me. I'll have to phone paediatrics. It's everything that you're dealing with. Some parents won't have a job and they're struggling to find work. So, you might have to do some work or signposting there. All different things. (Practitioner 1)

We're a service that works with 7 to 11-year-olds and also older children in the family. We're very much like a family support. People understand what family support is. We're family support workers at the end of the day. We'll never get away from that. (Practitioner 5)

This was reflected in the huge breadth and depth of work completed both with and on behalf of families. Parents and practitioners reported a range of work and support in place for children:

*'She's done equine therapy, jump ... trampolining.'* (Parent 1)

So, for [our child] . . . he needed a five-minute pass or a pass to get out of class because he was being bullied. She helped set that up, liaised with the school to get the pass to get him out of class when he felt unsafe. (Parent 3)

We do what we have to. I've done Minecraft stuff, Harry Potter stuff, all range of stuff that gets their attention. We might do some one-to-one work together, so like around friendships, and the scenarios. Give them some scenarios, talk about that. Everything, you name it, we do it. (Project worker 3)

A significant element of the Family Support Work completed by practitioners was acting as an advocate for the families with education, health and social care agencies:

And [the child] was quite challenging to the head teacher, because she was saying, how come you haven't done this, that and the other? And he attended the meeting, and you could tell he was defensive and was really trying to bat everything back, but [the parent] was absolutely right in doing it. (Secondary School Inclusion Staff)

Parents valued the role of the Family Support Worker as advocate as they struggled to navigate the complex networks and bureaucracy involved in seeking support for children with special educational needs. Equally they acknowledged that the voice of the parent was often not heard, and having a practitioner to advocate for them often added a layer of credibility to their pleas for support, as it came from a 'professional':

But I'm not sure we would, I'm not sure we'd have this, the EHCP and stuff if we haven't have had [the support worker] involved because we wouldn't have been having the meetings at the school regular. So, there would have been no one to tell us we could get this or that when somebody says, I don't think you'll get it, we wouldn't have had somebody saying actually that doesn't matter what they think. You're still entitled to go for it. And that's where it's massive, (Parent 2)

One parent felt that she had her concerns repeatedly ignored by school, and that the involvement of The Family Support Project meant that those concerns were finally taken seriously:

So, \*\*\*\*\* spoke to them and said, these are the areas of concern where . . . And it was . . . Because I feel like the school, the headmaster . . . I felt like he fobbed me off . . . Whereas having \*\*\*\*\* go in, as kind of an outsider, saying the same things. So, she gave support in that way to open up things that I felt like I wasn't being listened to before. (Parent 4)

### **Trauma-informed family support?**

The features of the Family Support Project that the families found to be most effective in helping them and their neurodivergent children closely align with the key elements of trauma-informed practice. Firstly, the consistency of support offered by The Project workers gave them the opportunity to build a relationship with the children and families:

*There's nothing much she can improve on. I think what she's done is she's come in gently into the family and she's become a friend and keep that kind of rapport, and we can trust her to do whatever work she decides to do in the future. We're very happy for her to do it because she's good at what she does, isn't she? (Parent 2)*

The flexibility of the project was recognised by both the Project workers and partnership agencies as one of the main strengths:

'I think the main strength is their flexibility. They can really give a family what it needs. Whereas with some services, obviously, they have referral criteria, but with some services this is what's on offer.' (Educational Psychologist)

One of the features of this flexibility was that children and their families benefitted from individualised, tailored support:

'It is bespoke to each family. It's what the family wants rather than, this is a generic and this is what we're rolling out. And schools know that as well.' (Project Worker 1)

One of the most significant features of the flexibility of the Project is that the work is not time limited, another important element of a trauma-informed approach:

I know a lot of schools and families have been glad as well. It's not just 12 weeks and you're not going to fix an issue and think it's okay in 12 weeks, because that isn't real life. Some services have been closing the families when you've still got issues. They've done all the work but you've still got issues outstanding that haven't been addressed. (Project Worker 4)

The Family Support Project also focused on a child and family's 'positives' rather than deficits, which is often the focus of other interventions:

So they're able to flip it around in a way that doesn't alienate the school, but it does make them think, well, actually, I haven't written down anything that's positive. We do that with referral forms. I'll send them back and say, thank you very much. It seems really difficult and sad for this little boy at the moment. Could you just let me know what he's good at and what he really likes doing and send it back and just let that hang that as well. (Project Worker 5)

This approach was at odds with many other statutory services which, often as a result of operating within the risk assessment model, focus on deficits identified following a risk assessment that need to be corrected (Haines and Case 2015). Many of the strengths of the Project (not time limited, focusing on strengths, individualised support, flexible) are key tenets of trauma-informed models of practice, suggesting that trauma-informed approaches may offer a potential blueprint for providing support to neurodivergent and SEND children and their families, and offer an alternative mechanism by which to reduce school exclusions and/or potential youth justice involvement.

## Discussion and conclusion – school exclusion, SEND, neurodivergence and trauma-informed approaches

The findings of this paper, national data and the literature (e.g. Department for Education 2024; Kent et al. 2023; Office of the Children's Commissioner 2021) all establish a strong link between Children with SEND, including those who are neurodivergent, and school exclusions (both hidden and official exclusions). The Family Support Project offered a tailored, individual support service for children and their families who often felt burned out from advocating for their child's needs with mainstream education (Freeman 2019; Mikolajczak, Gross, and Roskam 2021). Crucially, it also offers a potential alternative model by which to support children (and their families) 'at risk' of school exclusion and/or youth justice involvement.

Many of the successful elements of this support can also be found in trauma-informed approaches. Researchers have identified a range of key tenets of trauma-informed approaches including building a relationship of trust, safety, consistency, collaboration, mutual respect, strengths and empowerment (Harris and Fallot 2001; Substance Abuse and Mental Health Services Administration 2014). These tenets align closely with the strengths of the Family Support Project which have been identified as building relationships of trust, working together collaboratively with families, focusing on strengths, and empowering children and families to advocate for their needs in education settings. The Project was also not time limited, allowing for consistent and needs-led support to be offered throughout, creating a sense of safety for families and children that the support would only reach a conclusion when they felt comfortable with this.

The Project also improved school attendance and reduced the identified risks around school exclusion and youth justice involvement. For example, the Project's own tracker data found that 55% of children were not attending/excluded from school at the start of the Project, compared with just 12% not attending/excluded from school 8 months after completion on the Project. There is a growing interest in the benefits of implementing trauma-informed approaches within school settings (Chafouleas et al. 2016), yet it is also acknowledged that implementation requires a clear blueprint that must navigate a range of complexities such as school resources, family privacy, and external intersecting and multi-tiered support services (Chafouleas et al. 2016). Much less is known about how trauma-informed family support could offer an alternative approach to punitive

approaches currently utilised within mainstream education. The Family Support Project appears to have navigated such complexities well, by offering targeted support to children with poor attendance or identified as 'at risk' of school exclusion.

Both official UK Government data and the academic literature have found that children with SEND and neurodivergence are excluded from mainstream education at significantly higher rates than other groups of children (Day 2022; Department for Education 2024). It is apparent that trauma-informed family support may help reduce the numbers of neurodivergent children excluded from mainstream education. There are, however, a number of other benefits of offering trauma-informed support to neurodivergent children and their families. There is a growing recognition within research that experiences such as exclusion and isolation in education can leave children with additional needs and neurodivergent children and their families traumatised and in need of extra support (McCafferty 2022). Further, research supports that neurodivergent children in particular can often experience trauma at a higher rate and more intensely than neurotypical children (Spratt et al. 2012). Grant and Wethers (2024) suggest that neurodivergence should be viewed as a trauma response:

Neurodivergence as a trauma response means trying to navigate a world that is inherently rejecting the way you think, process, learn and experience . . . .Being told you are less than, lacking, odd, something is wrong with you, not good enough and/or need to be 'worked on', 'fixed' or 'cured' can – and often does – create trauma for the neurodivergent child. (Grant and Wethers 2024, 112).

This may offer a potential explanation of why there is a significant overlap between trauma symptoms and some of the symptoms of neurodivergent conditions such as autism and ADHD (Dell'osso, Dalle Luche, and Carmassi 2015; Haruvi-Lamdan et al. 2020).

The Family Support Project offers a blueprint for supporting children and families with additional needs (including neurodivergent children) as they navigate their way through the, often traumatising, world of mainstream education. Understanding the experiences of children with additional needs and neurodivergent children as a trauma response offers a potential lens through which to frame the literature supporting that children with additional needs (including neurodivergent children) are more likely than neurotypical children to have been traumatised by their interactions with education, social care and health settings; and that neurodivergent children feel the emotional and physical pains of trauma more intensely (Grant and Wethers 2024).

The benefits of trauma-informed approaches are well established within a range of settings including social care (Levenson 2017; Wall, Higgins, and Hunter 2016); substance use (Bartholow and Huffman 2023; Goodman 2017); mental health (Butler, Critelli, and Rinfrette 2011; Isobel et al. 2021); and domestic abuse services (C. M. Sullivan et al. 2018; Wilson, Fauci, and Goodman 2015). Much less is known about the benefits of trauma-informed family support within mainstream education settings for children (and their families) with additional learning needs and neurodivergent children. Even less is known about whether it could be an effective support model to reduce school exclusions and youth justice involvement for neurodivergent children. Although further research is needed into this area, these findings suggest that trauma-informed practice offers an important and exciting model of support for this much neglected cohort of children and their families.

## Notes

1. Within the UK education context, in England the term SEND (special educational needs and disabilities) and in Wales the term ALD (Additional Learning Needs and Disabilities) are used, and both essentially describe children who may require additional assistance in education because of an identified special/additional educational need and/or disability. A UK legal definition of special educational needs and disability was given in The Children and Families Act 2014 as 'A child or young person has SEND if they have a learning difficulty or disability which calls for special educational provision to be made for him or her' (Council for Disabled Children 2016).

2. Neurodivergence covers conditions including attention deficit hyperactivity disorder (ADHD), autism spectrum disorders (ASD), foetal alcohol spectrum disorder (FASD), developmental language disorders (DLD), Dyspraxia, Dyslexia, intellectual disability and communication disorders (Hughes 2015).
3. Within the UK context the term 'school exclusions' tends to be used, whereas 'school suspensions' is used in other jurisdictions, such as the USA. We will be using the term 'school exclusions' but will consider it as an umbrella term to cover both.
4. It is important to note at the outset that not all neurodivergent children will have SEND, neither will all children with SEND be neurodivergent. It is acknowledged, however, that there is a significant overlap between the two groups (Day 2022).
5. An Education, Health and Care Plan (EHCP) is Education, Health and Care Plan (EHCP) is a UK-based legal document for an individual child or young person aged 0 to 25 years with special educational needs and disabilities (SEND), which sets out a description of their educational, health and social care needs and the provision that must be implemented in order to help them achieve key life outcomes.
6. SEN Support is provided for children who do not meet the threshold for an EHCP. SEN Support is the system by which schools should assess the needs of children, and then provide appropriate support.

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No potential conflict of interest was reported by the author(s).

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## Ethical statement

All identifying features of the local authority area, and the project have been anonymised to ensure confidentiality for participants.

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