



Department for Education Call for evidence: Behaviour management strategies, in school units and managed moves

Written response from The Children and Young People's Mental Health Coalition

August 2021

About the Children and Young People's Mental Health Coalition

The Children and Young People's Mental Health Coalition brings together over 200 organisations to campaign and influence policy, with and on behalf of infants, children and young people, in relation to their mental health and wellbeing. We do not represent any one organisation, approach, or professional group, but come together to provide a strong unified voice speaking out about children and young people's mental health. We are Chaired by Sir Norman Lamb.

Introduction

We welcome this call for evidence from the Department for Education on behaviour in schools. There are well-evidenced links between mental health, behaviour and education and our vision is for an inclusive education system that recognises these fundamental links.

Our members are concerned about how children and young people's behaviour is approached within education settings through the use of 'zero tolerance' and punitive approaches. There is growing evidence that such approaches are detrimental to children and young people's mental health and wellbeing and can create a vicious cycle of escalating distress and punishment for those with pre-existing needs.

We know that behaviour and the aim of a calm and orderly classroom can be promoted in a variety of ways, and we share the ambition to enable and facilitate learning. The Children and Young People's Mental Health Coalition urge the Department to recognise that understanding and addressing the causes of behaviours that challenge is far more likely to achieve sustainable improvement in behaviour. We believe that this approach enables children to learn, securing educational attainment.

This response focuses on behaviour management strategies. To inform our response, we have collected evidence from a diverse group of members. We highlight case studies of good practice throughout this response where positive behaviour strategies and whole school and college approaches are being used successfully to support behaviour. Through such approaches, schools and colleges in these case studies have demonstrated how educational attainment and mental health are inextricably linked.



Summary of recommendations

- The Department for Education should provide further clarity on how children, young people and families will be supported to take part in the call for evidence and the ongoing consultation process on guidance to ensure their voices are heard.
- The Department for Education should undertake and publish an Equality Impact Assessment for this call for evidence on behaviour in schools, and for their wider initiatives and policies focused on behaviour in education, including the assessment on the roll out of Behaviour Hubs.
- The Department for Education should clarify how policy initiatives on behaviour, mental health and SEND are aligned and add value to effectively meet the needs of children and young people with multiple or complex needs. This should include aligning and streamlining guidance on mental health and behaviour.
- The Department for Education should ensure that there is national implementation of a whole school and college approach to mental health and wellbeing, that is well resourced. Trauma-informed approaches should be integrated within such approaches.
- The Department for Education should publish nationally agreed definitions of the different types of restraint approved in education settings. This should be accompanied by guidance on the various risks to children of different forms of restraint, based on up-to-date research evidence, and should explicitly state that restraint should be used as a very last resort.
- The Department for Education should require schools to publish a policy on the use of restrictive interventions, which is accessible to parents. Such policies should explain the different types of restrictive interventions, how they should be recorded and monitored, and how restraint will be used as a last resort.

1. The call for evidence

1.1 The call for evidence asks specific questions about what education settings do to manage behaviour, but it appears that little consideration has been given to how children, young people and families can input. It is crucial that children, young people and families are given a voice in the policies that impact on them most. Listening to the voices of diverse groups is vital, particularly those disproportionately impacted by behaviour policies. We therefore would like further clarity on how children, young people, and parents/carers will be supported to participate in the consultation process meaningfully going forward.

1.2 We would also like to understand whether an Equality Impact Assessment has been undertaken, and if so, how this has informed the development of the call for evidence and how it will inform the Department's ongoing work on behaviour in schools, for example, the Department's initiatives on behaviour hubs and the National Behaviour Survey. Such an assessment is a legal requirement in ensuring that policies do not disproportionately impact on specific groups.

Recommendation: The Department for Education should provide further clarity on how children, young people and families will be supported to take part in the call for evidence and the ongoing consultation process on guidance to ensure their voices are heard.

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2. Alignment between behaviour, mental health and SEND departmental programmes of work

2.1 Whilst the links between behaviour, mental health and attainment are well recognised in wider evidence, this is not clearly represented within Departmental workstreams.

2.2 The focus on behaviour is a key priority for the Government, as seen through the £10 million 'Behaviour Hub' programme and the launch of a new National Behaviour Survey in schools from September. At the same time, the Department for Education is expanding the availability of mental health support in education settings through the roll out of Mental Health Support Teams (MHSTs) and training for a new senior lead for mental health. The expansion of mental health support within schools is a welcome development. The Department is also undertaking work to review SEND provision and policies.

2.3 It is often the same groups of children and young people accessing mental health and SEND provision who are being impacted by punitive behaviour policies. Children and young people may also require access to specialist provision but are unable to, and this can be reflected in their behaviour.

2.4 These initiatives require a more joined up approach to ensure they are supporting one another in the work that they are doing. An example of this can be seen in the work of MHSTs and senior mental health leads, and ensuring they are trained and supported to work with behaviours that challenge and underlying causes.

2.5 MHSTs are not set up in a way that can support schools and colleges with behaviour that challenges. Training for Educational Mental Health Practitioners (EMHPs) is a one-year course that focuses predominantly on early intervention, with little opportunity to deal with more complex needs. What is more, the make-up of staff roles within MHSTs means there is not capacity to support more complex needs within schools and college. As a result, MHSTs are not currently in a position to provide support to children and young people who are displaying behaviours that challenge.

2.6 This has also been recognised within the early evaluation of trailblazer sites, which reported that the 'standard' intervention which EMHPs have been trained to deliver was less suitable and effective for some groups including younger age children, children who were self-harming, children with special educational needs, and vulnerable and disadvantaged children.¹ These are groups of children who will more likely display behaviours that challenge.

2.7 In order to better support schools and colleges with behaviour, more expertise, such as a specialist that understand behaviours that challenge, could be added MHSTs - an existing initiative where funding has already been allocated.

2.8 What is more, departmental advice to schools appears to promote competing narratives on mental health and behaviour. For example, the 'mental health and behaviour in schools' guidance recognises that behaviour can be the result of underlying factors, and states that where there are concerns about behaviour, the school should trigger an assessment to determine these factors.² This guidance also advocates that approaches to behaviour should form part of a whole school approach to mental health and wellbeing.

2.9 This is in direct contrast to the behaviour and discipline in schools guidance which advocates a sanction-based approach where 'poor behaviour' has been identified and no reference is made to the links between mental health and behaviour.³

2.10 Further consideration therefore needs to be given to ensure that departmental initiatives and guidance are aligned so that children and young people are given the support that is needed.

Recommendation: The Department for Education should clarify how policy initiatives on behaviour, mental health and SEND are aligned and add value to effectively meet the needs of children and young people with multiple or complex needs. This should include aligning and streamlining guidance on mental health and behaviour.

3. The links between behaviour, mental health and education

3.1 We know healthy, happy children are better able to learn and achieve in school, and poor behaviour is very often a sign of distress. Schools also not only have the potential to protect pupils from harm and to promote their wellbeing, but they have a statutory duty to do so.⁴

3.2 There is growing evidence that children and young people's mental health is linked to their educational attainment. Studies generally show an association between mental health and school attainment with attention, behavioural factors and low mood being the most important barriers to educational performance. Evidence includes:

- The Children's Society's Good Childhood research has shown that children's happiness with school has significantly declined over recent years, and the Good Childhood Report 2020 highlighted the high levels of 'fear of failure' among 15 year olds in the UK compared to other countries, which is linked to lower life satisfaction.⁵
- An independent study from NatCen on adolescent mental health and educational attainment observed a strong association between mental health difficulties between the ages of 11 and 14 and later educational attainment at age 16.⁶ The study found that children experiencing poor mental health are three times less likely than their peers to pass five GCSE's.
- After accounting for the effects of a range of socioeconomic, school-based and parenting factors known to predict lower attainment, the same study found that young



people with mental health difficulties were still two times as likely to not reach the educational benchmark in England.⁷

- The association between lower attainment and overall mental health difficulties was largely driven by the presence of hyperactivity disorder.⁸ Around 60% of children with a diagnosable mental health problem have conduct disorder, often in combination with another mental health problem such as hyperactivity/inattention or anxiety.⁹
- Mind carried out a year-long inquiry into mental health in education and found that those with recognised mental health needs faced challenges with schoolwork and attendance.¹⁰

3.3 There are also strong links between mental health and behaviours that challenge. Departmental advice recognises that behaviour might be a result of educational, mental health, other needs or vulnerabilities.¹¹ Evidence includes:

- It is estimated that around one-third of children are exposed to traumatic events before they turn 18, and around one in three diagnosed mental health conditions in adulthood are directly related to adverse childhood experiences.¹²
- Behaviours that challenge can often be the result of underlying conditions, unmet emotional needs, difficulties at home, at school or in the community, and exposure to trauma, for example.
- Behaviours that challenge and trauma are associated.¹³ Children and young people who display behaviours that challenge are more likely to have experienced trauma. In some cases, their behaviour is a symptom of trauma.
- Research conducted by the National Foundation for Educational Research noted that senior leaders recognise that behaviour that challenges is often a sign of underlying issues such as pupils experiencing trauma and being unable to self-regulate or communicate their feelings in more appropriate ways.¹⁴
- Most persistent absence in schools is triggered by anxiety about attending, although the underlying causes are varied and multi-faceted. Many of the 916,000 persistent absentees from school have undiagnosed or unsupported SEND/SEMH.¹⁵ Students who are struggling to cope will either mask and become invisible until they can no longer attend, or their stress will manifest in behaviours that challenge.

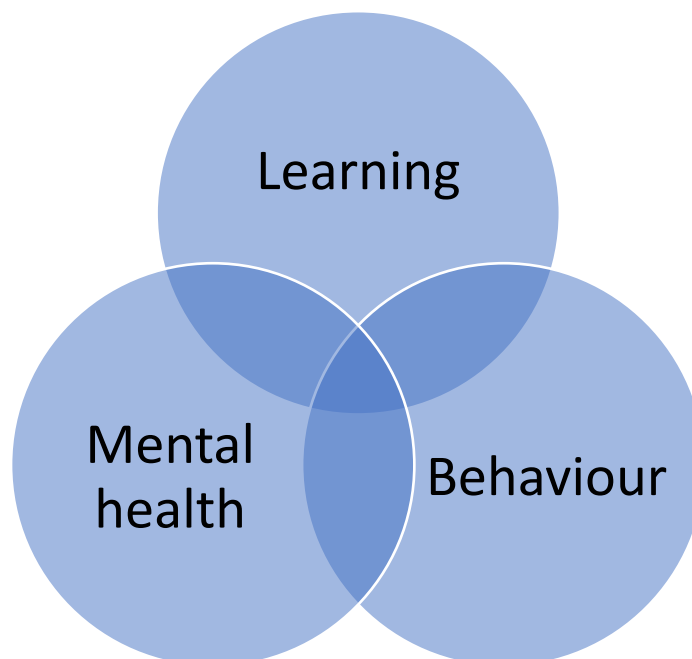


Off the Record Transitions Pilot

This pilot ran during the academic year of 2020-2021 to support young people transitioning from primary to secondary school. It was run at Patchway School by Off the Record (OTR) Bristol. The intervention was aimed at 20 young people who were identified by their primary schools as being likely to struggle with the transition. Most had additional learning needs and many were thought to be likely to become school refusers or to be excluded. The pilot offered young people 1:1 support in the form of CBT, counselling, Pro-Real (virtual therapy) or Occupational Therapy sessions upon their arrival at secondary school. Alongside this the cohort were given the opportunity to attend a variety of group interventions including parkour, boxing, creative sessions and OTR's Resilience Lab; group sessions promoting good wellbeing and stress management. Additionally, parents and carers were offered 1:1 check-ins and the opportunity to attend a parent/carers resilience course alongside the intervention.

18 out of the 20 young people engaged with a 1:1 session, and 19 engaged with the project in some way. All the young people in the cohort remained in school and engaged in their education. Their outcome scales improved dramatically, with 75% showing improved wellbeing. Of the 45% of participants who reported 'low wellbeing' at the start of the project, all of them had moved to either 'average' or 'high' wellbeing scores by the end of the programme. The school reported that they believe that without the programme they would have seen numerous school refusers within this group, particularly during this year with young people having to cope with multiple closures of school due to lockdowns. OTR aim to develop and continue this work moving forwards.

Figure 1: The links between learning, mental health and behaviour





- 3.4 Behaviour and mental health therefore work in tandem with one another, this is demonstrated by Figure 1. By supporting the mental health and the behaviour of children and young people, this will likely lead to improved educational outcomes.

The Diana Award's Anti-Bullying Ambassador programme

The Diana Award's Anti-Bullying Ambassador programme trains young people in schools to take a peer-led and whole-school approach to tackling bullying behaviour. The Diana Award believe that bullying is a behaviour that that be changed with the right awareness and support, so training days build young people's knowledge about what constitutes bullying behaviour and equips them with the skills needed to challenge bullying behaviour.

Young people are best placed to model behaviour for their peers: by training young people themselves on how to create inclusive school cultures and stand up to bullying behaviour, the incidents of bullying behaviour reduce across the school without the need for excessive punitive action.

The Diana Award also have seen that clear, youth-friendly policies surrounding bullying behaviour are key. Without a consistent approach to reporting and intervention that has been created with the input of students, incidents of bullying behaviour can go unchallenged or over-punished. Ensuring that all students, parents and staff buy-in to the culture of anti-bullying and have agreed to a collective anti-bullying policy, while allowing perpetrators the opportunity to change their behaviours, supports schools to successfully reduce these harmful behaviours in their communities.

4. The impact of punitive approaches to behaviour management

4.1 We are concerned about the school wide punitive approach in relation to behaviour and discipline within education settings. The use of 'zero tolerance' behaviour policies have become increasingly common as behaviour management tools within schools and aim to create a strict and clear approach to discipline.¹⁶ We are concerned about the harmful effects of approach will on the mental health and wellbeing of pupils, and often such approaches can exacerbate existing problems such as attendance difficulties.

4.2 The use of zero tolerance and punitive approaches to behaviour management can be demonstrated through the increased use of restrictive interventions within schools. Thousands of young people are subject to some form of restrictive intervention, such as restraint, exclusion, isolation, and seclusion, in schools in England every year for behaviours that challenge.¹⁷

4.3 For example, there has been an increase in the use of both fixed-term and permanent exclusions over recent years, with government data showing that fixed-term exclusions in English schools in the year 2018-19 had reached a 13 year high of 438,300, up 7% on the previous year.¹⁸ Persistent disruptive behaviour is the most common reason for exclusion from school, accounting for approximately one third of all permanent and fixed-term exclusions.¹⁹



4.4 We know that the use of punitive approaches to behaviour disproportionately impact on certain groups of children and young people. Findings from the Timpson Review show that the rate of temporary and permanent exclusion is highest among Black Caribbean and Gypsy/Roma and Traveller pupils, those with Special Educational Needs, and those classified as in need or eligible for free school meals.²⁰

The Corner Man programme

The Off the Record Corner Man programme was funded by Comic Relief and ran for 3 years until September 2021. It was delivered in partnership with Empire Fighting Chance, a local boxing gym, and aimed at engaging predominantly young men from racialised communities from inner city Bristol who would be unlikely to access mental health support (or identify with any service advertising itself as such), but who are statistically more likely to struggle with their wellbeing.

The programme was delivered to 47 young men in 5 cohorts of young people from inner city schools within the Bristol area, each time delivering 12 sessions of boxing and 'self-development' sessions to groups of up to 12 young men at a time. Schools identified young people who were at risk of exclusion or were displaying challenging behaviours such as anger or detachment. The sessions were either delivered at Empire Fighting Chance gym or in the school, however delivery varied a little once COVID hit.

Outcomes showed positive changes across the board in ORS and Warwick Edinburgh Wellbeing scales, but the most marked outcomes were shown in verbal feedback from staff and parent/carers of young people, who identified dramatic changes in their behaviours. In particular they were identifying changes in relation to managing anger both at home and at school. 57% of young people reported it helped with their education while 60% said the course helped them manage their anger. One young person commented:

"My behaviour has improved, and I haven't been in isolation at school since the course",

another explained: *"It helps you control your anger if you get angry quite often and after the sessions maybe you won't get as angry as you used to"* and *"It helped me get into a lot less fights"*.

Meanwhile another said they *had "more respect for teachers"*.

Teachers have reported similar outcomes, saying they are "pleased to see the pupils using techniques they have learnt on the course while in school."

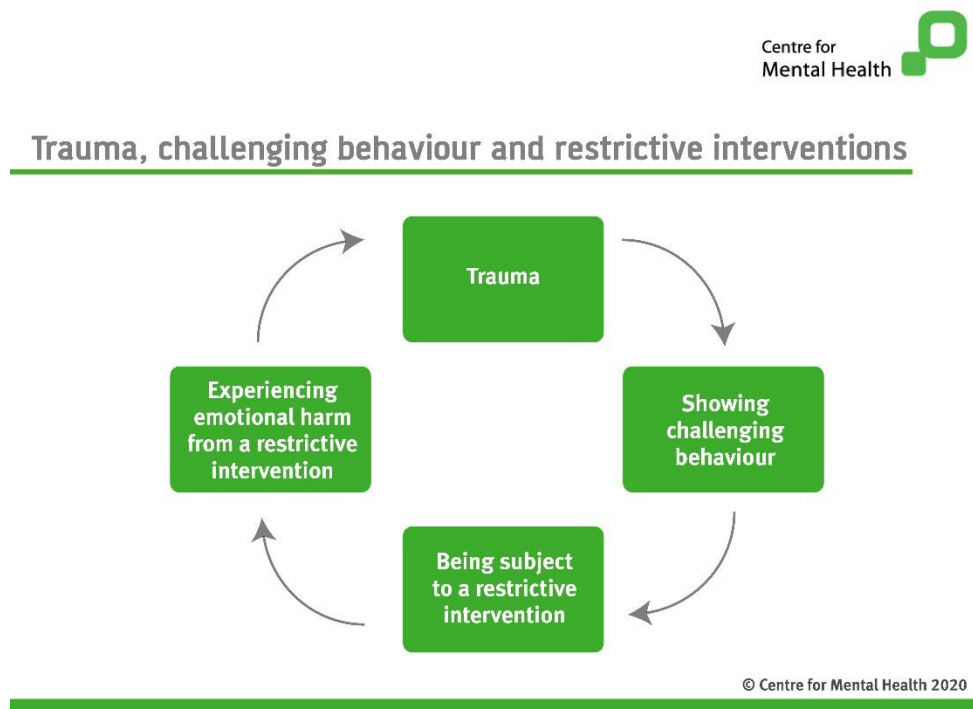
4.5 The use of punitive approaches to behaviour are therefore problematic. Firstly, there is limited evidence that zero tolerance and punitive approaches are effective ways to manage behaviour and yield positive outcomes. The Education Endowment Fund reports that very few robust studies have assessed the impact of zero tolerance policies on pupil outcomes, and no high-quality studies have been completed in English schools.²¹ Other research also indicates that there is little evidence that zero tolerance approaches are a useful tool for supporting

positive behaviour change. This is due in part to the lack of research and evidence and also due to the imprecise nature of the concept.²²

4.6 Secondly, such approaches do not promote the mental health and wellbeing of children and young people as in line with a school's statutory duty. For example, young people who have poor mental health are more likely to be excluded, and exclusion is associated with worsening mental health.²³ Exclusion from school is also associated with numerous poor outcomes, including low attainment and future life chances.²⁴

4.7 The use of restrictive intervention also has the potential to re-traumatise children, and in doing so can drive even more behaviours that challenge. This cycle of trauma, showing challenging behaviour, being subject to restrictive intervention and then experiencing emotional harm is demonstrated in Figure 2.

Figure 2: Trauma, challenging behaviour and restrictive interventions



4.8. Finally, the use of such approaches can often be counterproductive, focused exclusively on presenting behaviour rather than any cause, prevention or alleviation. This is contrary to the current Departmental guidance to schools stating that their role in supporting mental health and wellbeing should be focused on prevention, identification, and accessing early support and specialist support where necessary.²⁵ Instead, zero tolerance and punitive approaches seek to only remove the child or young person, rather than identifying need and providing support. Evidence from member organisation Square Peg also highlights that

parents of children who experience attendance difficulties feel that not enough is being done by schools to identify their child's underlying needs.

5. What needs to change?

5.1 Addressing the mental health and wellbeing of pupils' is crucial in a school's response to behaviour. Evidence suggests that delivery of mental health interventions have been shown to have a positive effect on academic outcomes for children with concerns about behaviour.

5.2 Schools also need to be supported in giving equal priority to mental health and academic achievement – recognising that good mental health facilitates learning. It has been noted that the current system weighs heavily on the side of academic performance, which makes it difficult for schools to find the time to meet the mental health and behavioural needs of pupils.²⁶

Place2Be's mental health services

Place2Be is a children's mental health charity providing mental health support in schools through one-to-one and group counselling using tried and tested methods backed by research.

Place2Be sees a significant impact on rates of fixed term exclusion when supporting children with mental health needs. When analysing their 1-1 counselling service, Place2Be have found that 74% of pupils received fewer fixed term exclusions while they had counselling as part of a whole school approach.

Place2Be have found that one-to-one counselling (as part of a whole school approach) helps children to become more settled, more able to manage their behaviour and to engage in learning. After one-to-one counselling with Place2Be, teachers report that:

- 68% of pupils caused fewer problems in class.
- 62% of pupils' difficulties had less impact on their learning.

5.1 Implementation of whole school and college approaches

5.11 The Department for Education recognises a whole school and college approach as an integral factor in protecting and promoting the mental health and wellbeing of pupils, and this should include the approach to behaviour.²⁷ As such, the principles of a whole school and college approach should shape pastoral work in schools including work on behaviour.

5.12 An evidence review conducted by the Early Intervention Foundation highlights that whole-school interventions implemented as part of whole school approaches to mental health, which embrace change across the school environment as well the curriculum, have been identified as among the most effective means to prevent and respond to behavioural problems, and have been shown to be more likely to result in enduring positive outcomes.²⁸ Research from the Education Endowment Fund reports that among behaviour approaches, those at whole school level more consistently improve attainment outcomes.²⁹



5.13 There is also robust evidence of the impact of a sense of safety, belonging and wellbeing on student performance and engagement. A study on belonging by UCL and the National Education Union highlights practical examples that promote belonging, mental health and help minimise the use of punitive approaches.³⁰ For example, schools that took part in the study who faced major issues with behaviour in the past, recalibrated their school culture to a place where exclusions are now rare. Within these schools, the study found little about sanction-based approaches to behaviour, and much about learning and relational approaches based on valuing individuals.

Compass Buzz³¹

The aim of the Compass Buzz project was to support schools across North Yorkshire to develop a whole-school approach, with the priority placed on improving the resilience and emotional wellbeing of children and young people and empowering school staff to tackle stigma and effectively respond to emotional health and wellbeing needs.

The Compass Buzz offer to schools included: training on a range of early and prevention strategies; school staff were able to success support in relation to concerns about a pupil or student's emotional wellbeing and mental health and receive advice, guidance, and resources; and a confidential text messaging service for young people aged 11-18.

The programme has seen a vast number of examples of how schools have brought mental health awareness to life. Schools have fed back how wellbeing is becoming part of school culture, for example Ofsted reported that one school saw significant improvements in behaviour since working with pupils on developing a much greater understanding of their emotions and their mental health.

5.14 There are 8 key principles of a whole school and college approach, that if implemented can support the mental health and wellbeing of both pupils and school staff.

1. **Leadership and management:** Senior leaders play a crucial role in the implementation of a whole school and college approach. Evidence finds that if senior leaders' model appropriate behaviours and demonstrate positive social awareness and relationships skills, this encourages higher levels of wellbeing.³²
2. **Enabling student voice:** Students should play an active role in their own leaning, the learning of their peers and the development of school communities. Evidence suggests that not only does having a voice and sense of agency boost young people's wellbeing, but it also encourages them to make healthy choices and develop their independence.³³
3. **Staff development and wellbeing:** Supporting the wellbeing of school staff is vital. Research shows an associated between better teacher wellbeing and lower student psychological difficulties. A study conducted by Leeds Becket University shows that when a teacher is stressed or has poor mental health, classroom behaviour is impacted.³⁴

4. **Identifying need and monitoring impact:** Early identification and intervention in schools and colleges can prevent young people's problems from escalating.

The Bethlem and Maudsley School

The Bethlem and Maudsley Hospital School is a local authority special school which provides educational support for children and young people aged 4 to 19 who are the hospitals' patients. The school supports pupils in regaining their self-confidence, self-esteem, and giving them the resilience and tools to be able to cope in their chosen educational or vocational destination.

The school uses the Happiness Line Measure^[1] as a method to find out, on admission, what makes pupils happy in school and what makes them unhappy. As part of the measure, the school seeks to find out what was happening when a pupil was happiest in any school and then to do more of it. This encourages engagement and collaboration with the pupil. Outcomes show that, over an equivalent amount of time, the school has 12% of the level of incidents on the wards.

The school has noted that those with the very lowest level of happiness in previous schools make the fastest academic progress whilst with us. It is suspected that the school's focus on what makes pupils happy plays a part.

5. **Working with parents and carers;** Parents and carers are a major influence on young people's development and success in life, including their education and wellbeing. Research suggests that parent engagement in the educational development of their child improves attainment more than any other single factor.³⁵
6. **Targeted support:** There are groups of children that are more at risk developing mental health problems and may benefit from targeted emotional support in their learning environment. Evidence suggests their needs are supported most effectively when there is universal provision to promote the mental health of all pupils, reinforced by targeted support for those with particular needs.³⁶
7. **Ethos and environment:** A positive ethos and supportive learning environment not only improves pupil's wellbeing, but also boosts learning and attainment. Research reports that the most significant factor for young people – in terms of whether they experience a sense of belonging or exclusion in school – is how they perceive their relationships with their teachers.³⁷ Guidance from the Education Endowment Foundation on how to reduce poor behaviour also states that there is a strong evidence base that teacher-pupil relationships are key to good pupil behaviour and that these relationships can affect pupil effort and academic attainment.³⁸



Baycroft School

Baycroft School is a day community special school for around 180 secondary-aged students who experience learning difficulties, physical, sensory and language challenges, and autism. The school is a *restorative practice* schools, where it is expected that things will go wrong in human behaviours and relationships from time to time, but those involved will always care enough to make things rights and find solutions to move forward with.

The school has implemented a 'Behaviour for Learning' policy which promotes building positive relationships and self-regulation, respect for others and the importance of actively listening to all members of the school community. The policy is based on recognition of the rights and responsibilities of all members of the school community and the importance for all staff of enabling students to respond and conform to clear and consistent classroom routines and expectation. This is interwoven with a culture that both celebrates success and recognises and rectifies mistakes made.

8. **Curriculum, teaching and learning:** The curriculum plays an important role in developing young people's knowledge about health and wellbeing. School and college based programmes of social and emotional learning have the potential to help young people acquire the skills they need to make good academic progress as well as benefit pupil health and wellbeing.

Healthy Minds

The Healthy Minds programme, devised by the charity Bounce Forward, implemented a scheme of lessons which use cognitive behavioural therapies to improve pupils' wellbeing, resilience and motivation. Thirty-four English schools were recruited and randomised as treatment or control. The treatment year group were taught one lesson per week of Healthy Minds from year 7 to year 10 and the control year groups were taught PSHE 'as usual'.

Pupils taught Healthy Minds experienced significant improvements to their health and wellbeing compared to pupils who received their school's usual PSHE. After the 4-year programme, Bounce Forward pupils had higher average self-assessed general health compared to control pupils (a difference of 10 percentiles), and as well as improved physical health, behaviour, relationships, and life satisfaction.¹

5.15 A whole school and college approach is therefore crucial in ensuring every pupil is recognised and valued. Schools can reduce exclusions and the use of other punitive approaches in the longer term by promoting belonging, wellbeing and implementing a whole

¹ Lordan G and McGuire A. Healthy Minds: Health Outcomes Evaluation report and executive summary https://educationendowmentfoundation.org.uk/public/files/Projects/Evaluation_Reports/Healthy_Minds.pdf (2019, accessed 5th July 2021).



school and college approach to mental health. What is more trauma-informed approaches are an integral part of this, alongside positive behavioural support strategies. Trauma-informed approaches seek to minimise the trauma-causing potential of the school environment and contextualise behaviour with an understanding of the trauma that young people may have experienced.

Recommendation: The Department for Education should ensure that there is national implementation of a whole school and college approach to mental health and wellbeing, that is fully resourced. Trauma-informed approaches should be an integrated within such an approach.

St Vincent's Family Project

St Vincent's Family Project works in primary schools in Westminster, providing support to pupils through art or drama therapy. Support is also offered to school staff in supporting the needs of pupils. The service receives regular referrals of children who display with behaviours that challenge, with conduct or behavioural issues making up at least half of referrals. For some, they have been near to exclusion before being referred, and the service have built relationships with schools so that they refer pupils to the service before escalating to punitive responses such as exclusion.

The service has found that using 'play' has supported children and young people with behaviour that challenges. No exclusions have been made following therapy. The therapy also enables the school to get a better understanding of what is going on for the child and how they can be supported. Educationally, the service has often seen children develop a strong interest in arts or drama following the therapy and many continue to use it after the sessions have ended.

For example, Child V was referred for therapy due to their behaviour at school becoming increasingly challenging behaviour. Child V was unable to regulate their feelings and started to receive therapy sessions following lockdown. They enjoy the individual experience of art making and play, where rule-setting and enjoyment of each other's company seems to be helping them to better regulate their feelings and actions when at school. Teacher feedback also indicates that they have re-settled in the classroom.

5.2 Statutory guidance on the use of restrictive intervention

5.21 The use of restrictive intervention includes restraint, exclusion, isolation, and seclusion. Departmental guidance to schools states that members of staff have the power to use 'reasonable force to prevent pupils committing an offence, injuring themselves or others, or damaging property, and to maintain good order and discipline in the classroom.'³⁹

5.22 However, we are concerned that such guidance is failing to protect children and young people from the use and harmful effects of restrictive interventions. A survey conducted by the Challenging Behaviour Foundation on restrictive interventions in education and respite



settings found that of the 204 families who completed the survey: 88% of families reported that their child had experienced physical restraint and 71% reported incidents of seclusion.⁴⁰

5.23 The use of seclusion where a pupil has been withdrawn from the classroom or school situation against their will and the involuntary confinement of a pupil, apart from others, in a place where the pupils must remain alone separate from other pupils, is considered a form of restrictive intervention as reported by the Equality and Human Rights Commission.

5.24 There have been concerns about the use of seclusion in schools through removal rooms and isolation within education settings. Findings from Mind's year-long education inquiry found that over one in four of young people who had been disciplined for their mental health had been placed in isolation.⁴¹ Yet despite the rising use of isolation, research carried out by the University of Sunderland found no evidence that the use of isolation booths improves behaviour, with findings suggesting they make it worse and compound mental health and physical health issues.⁴²

5.25 Guidance to schools on the use of isolation is insufficient in safeguarding children's mental health. Statutory guidance does not limit how long a young person can be kept in an isolation or the number of days they can be sent to an isolation booth in a single term, leading to a variety of practices across schools. There is also no requirement to provide education to a young person while they are in isolation.⁴³ We therefore support calls from Mind to ban the use of isolation as a disciplinary measure.

5.26 It is important to note that rooms away from the mainstream classroom that are available to provide a calmer and more therapeutic environment for children can be a positive part of a school's offer. However, parents and children should be involved in conversations about how and when such rooms can be used appropriately. It is also important that use of these rooms is recorded, and a child does not miss substantial portions of their education as a result.

5.27 Whilst the Department for Education collects and annually publishes national data on exclusions, there is no equivalent data set for restrictive interventions and there is no statutory requirement for schools to monitor the use of restrictive practices such as restraint.⁴⁴

5.28 As a result, there are inconsistent practices across schools on the use of restrictive interventions and uncertainty about what should be included in school policies governing the use of these.⁴⁵ Research from the Equality and Human Rights Commission highlights that a significant proportion of schools want better and more specific guidance on restrictive interventions, and nearly half of schools who took part in their survey agreed that clear, nationally agreed definitions of restraint would help them.⁴⁶

5.29 Clear and consistent guidance therefore needs to be provided to schools as well as special schools and alternative provision on reducing the need for restrictive intervention in schools. This must set out a protective framework for young people and make specific reference to the needs of those experiencing mental health problems. There also needs to be a statutory duty to record and report the use of restrictive interventions and inform parents/carers or the local authority. All guidance must be clear that restraint should be used as a last resort.



Recommendation: The Department for Education should publish nationally agreed definitions of the different types of restraint approved in education settings. This should be accompanied by guidance on the various risks to children of different forms of restraint, based on up-to-date research evidence, and should explicitly state that restraint should be used as a very last resort.

Recommendation: The Department for Education should require schools to publish a policy on the use of restrictive interventions, which is accessible to parents. Such policies should explain the different types of restrictive interventions, how they should be recorded and monitored, and how restraint will be used as a last resort.

Surrey Square Primary school

Surrey Square Primary is a two-form entry primary school, serving an area that includes the Aylesbury estate in Southwark, London.

The Surrey Square mission is simple: Personal and academic excellence: everyone, every day. Leaders and staff believe that children can achieve personal excellence through the teaching and modelling of values. The seven values are: Responsibility, Respect, Enjoyment, Community, Perseverance Compassion and Excellence. These values drive and shape every aspect of school life.

Each value also has an associated set of Personal Excellence Learning Intentions (PELIs). The values can be found everywhere at Surrey Square, enacted in displays throughout the school, in everyday conversations, in information for families and visitors, and on the walls in the lunch hall and playground.

Each half term there is a focus on one of the values. Weekly whole-school assemblies introduce them, followed by half-hour class-based assemblies that use puppets, films, books and smartboard lessons to bring the value alive. Work on the value is also embedded within the subject curriculum. In English, for example, children might learn a range of vocabulary to express degrees of intensity in a particular emotion.

Each child has their own Core Value Journey Book. Children annually assess how well they are doing on each value in discussion with their teacher and record their cumulative progress from Year 1 to Year 6. They set themselves targets and work towards Personal Excellence medals that show what they have achieved.

Systems for recognition and reward are based on the core values. Stickers for each value are awarded, with children asked to describe exactly what they did to earn that particular sticker. There are certificates at celebration assemblies to celebrate good choices, and Special Delivery postcards are sent home to let families know what a child has achieved. Each week a compassion role model will be nominated in each year group and celebrated in the school newsletter.

Policy and practice for behaviour, attendance and anti-bullying are all based on teaching and celebrating the values, with consistent formats used in every class to prompt children to reflect on how they are doing. After a behaviour incident children complete a core value reflection



sheet; meetings to plan provision for children with additional needs include a focus on values, and re-integration meetings following any day's exclusion are all about what values the pupil needs help to develop.

The impact of the school's approach to character development is evident. Reading, writing and Maths outcomes at the end of KS2 are all well above national averages, and behaviour is outstanding. Most importantly, by the time they leave the school, children fully understand and have internalised the seven core values. They go on to the next stage of their education as self-motivated, resilient and compassionate individuals, confident in making their contribution to the school and the wider community.

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