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Factors associated with the school exclusion gap for children with social work involvement: A retrospective cohort study using national administrative data

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Abstract

Children who receive social care services are known to have higher exclusion rates than those without social care involvement. However, there is limited evidence on which groups of children are most at risk of this exclusion gap. This article reports on a retrospective analysis of administrative data from the National Pupil Database in England, covering two age-based cohorts of children ($n=1.2$ million) who took standardized tests in 2019. Children receiving social care services within the previous five years were compared with those with no social care involvement, focusing on rates of exclusion within a 12 month period. Regression models were estimated to examine how the relative likelihood of exclusion was associated with a range of covariates, including demographic characteristics, special educational needs and disabilities, categories of social care need, and various aspects of provision. Results showed that the gap in exclusions was wider for children with multiple episodes of social care involvement, some—but not all—types of special educational needs and disabilities, and for certain

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categories of social care needs. Implications for policy and practice are discussed, particularly with respect to children with behavioural difficulties.

Keywords: child protection; disabilities; education; exclusion; quantitative analysis; safeguarding

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Introduction

School exclusion has been described as ‘a seemingly simple but, in fact, a rather complex intervention in response to the “wicked problem” of behaviour in schools’ (Daniels, Porter and Thompson 2022: 2). Exclusion itself can take many forms. In England, the term usually refers to the formal disciplinary measures used by schools to support their behaviour policy. Government guidance in England currently distinguishes between suspension, where a pupil is temporarily removed from the school for one or more fixed periods (up to a maximum of 45 days per academic year), and permanent exclusion, where a pupil is no longer allowed to attend a school (Department for Education 2022). Government figures show that 252,500 pupils in England had a suspension in 2021–22, equivalent to a rate of 302 for every 10,000 pupils, while the number of permanent exclusions was 6,500 (a rate of 8 per 10,000) (Department for Education 2023). However, these measures co-exist with informal (or at least not formally recorded) ways of addressing behaviour problems, such as a ‘managed move’ to another school (Vulliamy and Webb 2001), as well as other reasons for non-attendance that can mean children miss large periods of their education, such as persistent absence or non-enrolment (Daniels, Porter and Thompson 2022). There is also the question of alternative forms of provision, such as pupil referral units, home schooling, or even illegal schools, which may not offer the same educational opportunities as mainstream provision. Educational exclusion is therefore a broader concept than disciplinary exclusion. The focus of this article is on the latter, and its relationship to other types of specialist provision for children.

There are longstanding concerns that school exclusion not only reflects but may also exacerbate the impact of adverse child experiences and social inequalities (Office of the Children’s Commissioner 2011; Graham et al. 2019; Timpson 2019). Deprivation and poverty are risk factors for exclusion (Paget et al. 2018; Valdebenito et al. 2018) but exclusion can itself lead to negative socio-economic outcomes (Welsh and Little 2018; Madia et al. 2022). Similarly, poor mental health has been found to both contribute to and result from exclusion from school (Tejerina-Arreal

et al. 2020). There are close connections between exclusion, social care involvement, and special educational needs and disabilities (SEND). In England, administrative data about these interventions are collected from schools and children's social care (CSC) services and held in the National Pupil Database (NPD). CSC can mean any kind of child welfare provision, including children's centres, family help, child protection, and out-of-home care. Children who are assessed by social workers as requiring statutory services are designated children in need (CIN). Jay and Gilbert (2021) used the NPD to study the overlap between social care and SEND and found 83 percent of children who had been in care during their school years, and 65 percent of those who received statutory services as CIN, also had special educational needs provision at some point, compared to 37 percent of children who were in neither group. Jay et al. (2023) went on to report large inequalities in school exclusion rates between children who received social care services and those who did not. Special educational needs provision was associated with an even higher risk of exclusion in all groups. Their findings raise concerns about the exclusion gap for children with CSC involvement, in line with evidence of similarly substantial gaps in attainment (Berridge et al. 2020) as well as health and wellbeing trajectories in later life (Sacker et al. 2021).

International literature

The right to an education is guaranteed under Article 28 of the UN Convention on the Rights of the Child, which makes access to education a global concern (UNESCO 2020). In a review of the international literature, Valdebenito et al. (2018) found that approaches to exclusion varied considerably across countries. For example, while some jurisdictions (e.g. USA, Norway, and England) allowed for both suspension and permanent exclusion, others (e.g. Finland) permitted only the former. There is limited data on prevalence but the available figures suggest that the USA and England have higher rates of exclusion compared to other countries (Valdebenito et al. 2018). There are substantial differences within the UK, with permanent exclusions hardly ever used in Scotland (Scottish Government 2022) and at a much lower rate in Wales (Welsh Government 2023) than in England (Department for Education 2023). While behavioural problems are the main predictor of disciplinary exclusion, other strong associations have been found with gender (male), ethnicity (minoritized groups), age (older), socio-economic status (lower), and special educational needs (provision) (Graham et al. 2019). Font, Kennedy and Littleton (2023) examined the link between exclusion and contact from CP services, finding contact to be associated with higher risk of an out-of-school suspension. These findings are broadly aligned with those of Jay et al. (2023) and other reports on the English context

(Office of the Children's Commissioner 2011; Graham et al. 2019) in that they point to social care involvement as signalling a higher risk of school exclusion. This raises the question of whether CSC services are consistently identifying and addressing this risk.

Aims of the study

Although there is robust evidence that children with social care involvement are at greater risk of school exclusion, less is known about whether and how this exclusion gap differs according to children's demographic characteristics, experiences of adversities and vulnerabilities, and aspects of CSC provision. Our study used a secondary analysis of all-England administrative data to examine these questions. The study's aim was to determine the main factors associated with the exclusion gap between children at different stages of CSC involvement and those who had never received CSC services.

Methods

A retrospective longitudinal cohort design was used to study the risk of fixed-term or permanent exclusions amongst children attending state school according to whether they had prior involvement with social care services. A bespoke extract of administrative records for all children attending state schools in the academic year 2018–19 was obtained from the Spring census of the NPD, which includes information on attainment, exclusions, and child characteristics (e.g. gender, age, and ethnicity). The data included all children enrolled in any state-funded school, which accounts for approximately 93 percent of all school-aged children, the remainder either in privately funded education or home education. We examined two age cohorts in the academic year 2018–19: children enrolled in year 7 aged 10/11 ($n=649,250$) who were at Key Stage 2 in the national curriculum, and children enrolled in year 11 aged 15/16 ($n=610,010$) who were at Key Stage 4 in the national curriculum (Department for Education 2024). The data included all children in alternative provision, which accounted for 0.1 percent ($n=350$) of children in year 7 and 0.9 percent ($n=5,480$) of children in Year 11. Alternative provision includes local-authority funded independent schools and special schools which are paid for in conjunction with social services and/or health authorities (Department for Education 2024). We also obtained an extract of CSC administrative data from the CIN Census and Children Looked After (CLA) returns, for all children with a pupil matching reference (PMR), which is an anonymised unique identifier allocated nationally to each child.

The outcome was fixed-term or permanent school exclusion during the academic year 2018–19. We analysed five different groups within each cohort according to the level of involvement with CSC services within the previous five years (2014–19). Information on CSC involvement was obtained by linking the NPD CIN and CLA datasets. The datasets were linked using PMR. Prior CSC involvement was classified on the basis of five mutually exclusive, hierarchical groups: (1) not referred to CSC, (2) referred but received no service, (3) child in need, (4) CP plan, (5) child in care (excluding short-term respite care for children who normally live at home). In this context, receipt of a service is denoted by levels 3–5 and signifies that a child was subject to a multi-agency care plan coordinated by a social worker. Detailed information on the different aspects of CSC provision included in the CIN/CLA data were also included in the study. These included the factors recorded at social work assessments, the number of prior CSC episodes (i.e. total number of referrals made for a single child), whether there was any interaction with social care services in-year (i.e. during year 7 and year 11 respectively), total time receiving CSC services within the last 5 years, CP plan categories of abuse, and placement types for children in care (CIC).

Covariates in the NPD included child characteristics (gender and ethnicity), area-based income deprivation scores from the 2019 Indices of Multiple Deprivation (IMD; [MHCLG 2019](#)) and eligibility for free school meals. Overall IMD score was preferred as it includes different domains of deprivation that are all relevant to children and their families. We derived a variable which jointly combined IMD (ranked in quintiles) with free school meals (Y/N), that is, children were classified according to IMD quintiles and whether or not they were claiming free school meals, in order to capture the potentially compounding disadvantage children may face from both area and family-level deprivation. The NPD also captures different levels of support for special educational needs and disabilities, such as Education, Health and Care Plans (EHCPs), as well as the 'primary type' of SEND provision (e.g. learning, behavioural, physical etc.). The needs leading to social work involvement were represented by twelve demand categories identified in a national study of social work assessments ([Hood et al. 2023](#)). The categories were based on a latent class analysis (LCA) of the factors recorded in all social work assessments carried out in England between 2014 and 2021. They represent common combinations of assessed needs; for example, 'risks outside the home' represents a cluster of concerns including socially unacceptable behaviour, child sexual exploitation, going/being missing, and child mental health (see [Hood et al. 2023](#), for a full description of all the categories). Using the variable derived from the LCA model enabled us to examine the relationship between different categories of assessed need and the likelihood of an exclusion.

First we carried out descriptive analysis of the two cohorts. This included numbers and percentages of pupils within each of the child characteristics (e.g. gender and ethnicity), CSC characteristics (e.g. reason for CSC involvement), and NPD characteristics (e.g. SEND). For the calculation of exclusion rates, the numerator was the total number of children excluded in the academic year 2018–19, and the denominator was the total number of children enrolled in the academic year 2018–19. This enabled us to identify the risk of exclusion across different groups. Characteristics of the KS2 and KS4 cohorts are summarised in the supplementary tables.

We then carried out Poisson regression models to estimate the relative difference in the risk of fixed-term or permanent school exclusion. We estimated regression models for each level of CSC intervention across KS2 and KS4 exclusion outcomes, including all available co-variables relevant to each stage of CSC intervention. All models included gender, ethnicity, IMD/FSM (except for CIC who have usually moved to an area with a different IMD score from that of their family of origin), and SEN covariates; children who had been referred or had higher levels of intervention included factors recorded at assessment; children who had been CIN, placed on a CP plan, or placed in care included covariates for total number of CSC episodes, whether they received a CSC service in year 11, and whether they had received CSC services for longer than one year in the last five years. Further, the latest CP plan category of abuse was included as covariate for children who were currently on a CP plan at the time of their exclusion, and the child's placement type was included as a covariate for CIC.

We included interaction terms in order to check for heterogeneity of association across the multiple covariates. This strategy led to models with relatively large numbers of parameters (i.e. each of the ten IMD/FSM parameters can be interacted with each other characteristic, leading to forty-six interaction terms, for a total of fifty-seven model parameters). We assessed whether any interactions were consistent across the different models (i.e. amongst KS2 and KS4 cohorts), and in the absence of this we specified a more parsimonious model for ease of reporting and interpretation. Rate ratios (RR) and 95% confidence intervals were obtained from the regression models illustrate the association between different variables and the risk of school exclusion. The models utilize listwise deletion, meaning only data for children for which there are no missing values on any of the variables were analysed. The total counts for complete case analysis are included in each of the regression tables, along with RR and confidence intervals.

The purpose of this study was to identify factors associated with the school exclusion gap for children with CSC involvement and to contrast these with the non-CSC population, including any differences in demographic inequalities that are not attributable to variation in the reasons

for children's social care involvement, the intensity of children's social care involvement, or the type of placement in care. For example, when trying to identify gendered inequalities in exclusion rates, it may be reasonable to assume that at least part of the differences between male and female children is mediated through the risks identified in assessments and the gendered nature of these concerns (see Hood et al. 2024). By producing both descriptive statistics that are unadjusted by potential mediating pathways and models that are adjusted according to these potential pathways, the methodological approach aims to help identify areas of further study and of policy importance. We would therefore encourage readers to consider both the unadjusted (descriptive) and adjusted (model) inequalities to better understand the complexity underlying exclusion gaps. In addition, there are likely to be unmeasured mediators and confounders that limit the extent to which causal relationships can be inferred from this study; for example, it should be kept in mind that demographic characteristics are not, in themselves, causes of exclusion—children from minoritized ethnic groups may experience differential interpretations of the motives of their behaviour (Demie 2021) and forms of systemic or institutional racism that contribute to the exclusion gap. These factors are unmeasured and unmodelled, limiting our ability to identify the *mechanisms* that (re-)produce social inequalities, despite our ability to detect the fact that they are being (re-)produced.

All analysis was carried out using Stata version 16.

Ethics and data protection

Ethical review of the study was undertaken by the faculty research ethics committee at Kingston University. Data shared by the Department for Education were stored and processed entirely within the Office for National Statistics Secure Research Service (SRS). All outputs were subject to statistical disclosure control, including suppression of all cell counts below ten and rounding of numbers to the nearest 10.

Findings

Cohort selection

There were 649,250 children enrolled in year 7 and 610,010 children enrolled in Year 11 in the academic year 2018–19. A number of children had missing data across all NPD fields ($n = 5,910$ for KS2 and $n = 61,280$ for KS4). Among the KS2 cohort, 7.4 percent of children had been assessed as CIN during the previous five years, 2.1 percent had been subject to a CP plan, and 1.1 percent had experienced an episode of

care. The KS4 cohort had broadly similar rates of CSC involvement, with figures of 7.5 percent CIN, 1.7 percent CP, and 1.6 percent CLA. SEND provision was recorded for 18 percent of the KS2 cohort and for 15 percent of the KS4 cohort, mainly for SEND support (14.6 and 11.2 percent) with a smaller group in receipt of EHC plans (3.4 and 3.9 percent). The most common type of SEND provision was for children with learning difficulties, which was recorded for 7.6 percent of the KS2 cohort and 6.3 percent of the KS4 cohort, followed by children with behavioural, emotional, and social difficulties (BESD) (3.5 and 3.6 percent). A full breakdown of the characteristics of the KS2 and KS4 cohort, including types of CSC and SEND provision and missing data for gender, ethnicity, and IMD, is provided in the supplementary tables.

Exclusion gap for children with CSC or SEND provision

Rates of exclusion for each cohort are shown in [Table 1](#). Overall, 1.2 percent of children in the KS2 cohort and 5.1 percent of children in the KS4 cohort were excluded at least once during 2018–19. Involvement with CSC services was associated with substantially higher rates of exclusion, even for children who were assessed as not-CIN. In the KS2 cohort, the highest rates were found among children subject to CP plans, 6.2 percent of whom had an exclusion, compared with 0.7 percent of those not referred to CSC. In the KS4 cohort, the highest rates were found among care-experienced children, 17.7 percent of whom had an exclusion compared with 4 percent of those not referred to CSC. Children with SEN provision were generally more likely to be excluded than those with no provision, but the extent of the exclusion gap depended on the type of provision. Children with BESD had by far the highest exclusion rates, reaching 12.2 percent among the KS2 cohort and 23.4 percent among the KS4 cohort. In contrast, children with a physical or sensory disability had exclusion rates of 1.1 and 4.1 percent, respectively—the former being lower than the 4.1 percent exclusion rate for children in KS4 without SEN provision. A further breakdown of exclusion rates by level of CSC involvement can be found in the supplementary tables.

Factors affecting the exclusion gap

[Table 1](#) summarizes the results of multiple regression models, showing the extent to which different factors were associated with the outcome of exclusion from school for the KS2 and KS4 cohorts after adjusting for their shared covariance. Results are stratified within the five main tiers of service provision: not referred to CSC, assessed but no service provided, child in need, child protection plan, and child in care. Some

Table 1. Adjusted regression model showing the effect of co-variables on the risk of school exclusion (KS2 and KS4 cohorts).

	Children in year 7 (KS2)					Children in year 11 (KS4)				
	Not referred to CSC	Referred no service	Child in need	CP plan	Child in care	Not referred to CSC	Referred no service	Child in need	CP plan	Child in care
N cases	541,700	15,760	38,280	12,120	5,290	458,410	13,310	33,900	8,290	5,740
Average exclusion %	0.69	2.96	3.80	6.17	5.14	3.68	11.39	13.28	16.53	15.08
Rate ratio	RR	RR	RR	RR	RR	RR	RR	RR	RR	RR
Gender										
Male	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Female	0.20	0.25	0.27	0.31	0.41	0.37	0.59	0.65	0.76	0.82
Ethnicity										
Asian	0.53	0.30	0.47	0.48	0.61	0.68	0.65	0.64	0.64	0.57
Black	1.03	0.62	0.71	0.86	1.14	1.06	0.91	0.85	1.05	0.87
Mixed	1.16	0.93	1.04	1.20	0.91	1.15	0.99	1.01	1.06	0.99
Other	0.66	0.40	0.55	0.72	0.73	0.72	0.62	0.84	0.67	0.54
White	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
IMD/FSM										
IMD 1 (least dep)/No FSM	Ref	Ref	Ref	Ref		Ref	Ref	Ref	Ref	
IMD 2/No FSM	1.30	1.50	1.15	0.99		1.23	1.16	1.02	1.16	
IMD 3/No FSM	1.77	1.22	1.10	0.76		1.43	1.38	0.97	0.93	
IMD 4/No FSM	2.13	1.12	1.28	1.11		1.66	1.17	1.06	0.99	
IMD 5 (most dep)/No FSM	2.88	1.44	1.46	0.68		2.15	1.36	1.15	1.04	
IMD 1 (least dep)/FSM	3.01	1.14	1.40	0.93		2.29	1.83	1.15	1.02	
IMD 2/FSM	3.60	1.32	1.43	1.01		2.45	1.27	1.25	1.08	
IMD 3/FSM	4.00	1.85	1.61	1.05		2.79	1.48	1.27	0.96	
IMD 4/FSM	4.35	2.18	1.73	1.20		2.98	1.52	1.28	1.15	
IMD 5 (most dep)/FSM	5.53	2.35	2.01	1.59		3.39	1.72	1.29	1.21	
Primary SEND										
None	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref	Ref
Learning	2.13	1.49	1.73	1.45	1.89	1.54	1.19	0.98	0.88	0.93
Behavioural, emotional and social	11.63	6.26	5.86	5.26	6.17	3.51	1.98	1.71	1.46	1.54
Speech, language and communication	2.05	2.01	1.96	1.63	1.75	1.22	1.03	1.07	1.02	1.10

(continued)

Table 1. (continued)

	Children in year 7 (KS2)					Children in year 11 (KS4)				
	Not referred to CSC	Referred no service	Child in need	CP plan	Child in care	Not referred to CSC	Referred no service	Child in need	CP plan	Child in care
Autistic spectrum disorder	3.75	2.24	1.71	1.82	0.54	0.89	0.85	0.68	0.67	0.87
Physical disability/sensory	1.49	0.66	0.98	1.75	2.61	0.88	0.80	0.69	0.55	0.36
Other disability	3.02	2.40	1.80	2.03	3.09	1.72	1.41	1.37	1.54	1.45
Factors recorded at latest assessment										
Domestic abuse and violence		Ref	Ref	Ref	Ref		Ref	Ref	Ref	Ref
Complexities around parental MH		1.49	1.73	1.45	1.89		1.19	0.98	0.88	0.93
Disability		6.26	5.86	5.26	6.17		1.98	1.71	1.46	1.54
Risks outside the home		2.01	1.96	1.63	1.75		1.03	1.07	1.02	1.10
Complex domestic abuse/risks at home		2.24	1.71	1.82	0.54		0.85	0.68	0.67	0.87
Childs mental health		0.66	0.98	1.75	2.61		0.80	0.69	0.55	0.36
Physical abuse		2.40	1.80	2.03	3.09		1.41	1.37	1.54	1.45
Neglect		0.93	1.15	1.00	1.06		0.84	0.98	1.03	0.82
Concerns about another person		1.09	1.33	1.15	1.08		1.21	1.18	1.39	0.95
Sexual abuse		0.53	0.99	0.87	1.85		0.66	0.87	1.14	0.70
Risks in and outside the home		1.07	1.89	1.10	1.72		2.17	1.72	1.41	1.18
Other		0.86	0.96	0.86	1.22		1.04	1.10	1.20	0.83
Total number of CSC episodes (last 5 years)										
1			Ref	Ref	Ref			Ref	Ref	Ref
2			1.23	1.05	1.05			1.20	1.16	1.36
3+			1.38	1.31	1.40			1.42	1.21	1.52
Child received a CSC service in year 11										
No			Ref	Ref	Ref			Ref	Ref	Ref
Yes			1.32	1.19	0.97			1.33	1.25	1.46
Total time receiving CSC services (last 5 years)										
Less than 1 year			Ref	Ref	Ref			Ref	Ref	Ref
More than 1 year			0.92	1.23	2.17			0.83	0.94	0.73

(continued)

Table 1. (continued)

	Children in year 7 (KS2)					Children in year 11 (KS4)				
	Not referred to CSC	Referred no service	Child in need	CP plan	Child in care	Not referred to CSC	Referred no service	Child in need	CP plan	Child in care
Latest CP plan category of abuse										
Emotional abuse				Ref					Ref	
Neglect				1.17					1.04	
Physical abuse				1.17					1.04	
Sexual abuse				0.90					0.96	
Multiple abuse				0.84					0.81	
CLA placement (last placement)										
Foster care					Ref					Ref
Foster care (kin)					0.76					0.99
Children's homes					1.52					1.15
Other residential					1.69					1.48
Placed with parents					1.05					1.13
Independent living					c					1.21
Secure unit/young offender					c					0.80
Other					1.04					0.55

'c' in this table indicates the figures have been suppressed in order to protect confidentiality.

co-variates relate to specific forms of provision but not others, such as category of CP plans or the type of care placement for CIC. RRs are relative to a reference category, marked 'Ref' in Table 1 under each characteristic. Interpretation of the table involves various comparisons. First, there is the baseline difference between the reference category and other categories within the not-referred group. For example, female children in the KS2 cohort (not referred) were 0.2 times as likely to be excluded as male children in the same cohort (not referred). Second, there is the difference between the reference category and other categories for children who were referred to CSC and received different types of provision. For example, female children (KS2) were less likely to be excluded than male children (KS2) for all types of CSC provision; however, the gap reduced at each successive threshold of involvement, with RR ranging from 0.27 for CIN to 0.41 for CIC. Third, there is the comparison between cohorts. For example, there was still a substantial gender exclusion gap among children in the KS4 cohort, albeit lower than the equivalent gap in KS2. For example, female children (not referred) were 0.37 times as likely to be excluded as male children (not referred). Moreover, this gap narrowed considerably at the higher levels of CSC involvement, e.g. RR 0.76 for children on CP plans and RR 0.82 for CIC. In other words, the gender exclusion gap was smaller for those children with CSC involvement, particularly for KS4 and at higher levels of provision.

On the basis of these comparisons, the following observations were made about factors associated with the exclusion gap for children with CSC involvement. Similar patterns obtained for KS2 and KS4 cohorts unless otherwise stated.

- **Ethnicity**—within the non-referred group, children from Asian backgrounds were less likely to be excluded than children from White backgrounds (RR 0.53 in KS2; RR 0.68 in KS4), all else being constant. This gap was greater among children with CSC involvement. Black children in the non-referred group at KS4 were slightly more likely to be excluded than White children (RR 1.03), but less likely to be excluded if they were assessed as CIN (RR 0.71). Children from Mixed backgrounds in the non-referred group were the most likely ethnic group to be excluded (RR 1.16 in KS2; RR 1.15 in KS4).
- **Deprivation**—there was a steep social gradient in school exclusion for those not referred to CSC. For example, children in KS2 who received free school meals (FSM) and lived in one of the 20 percent most deprived neighbourhoods in England were nearly six times more likely to be excluded than children with no FSM living in one of the 20 percent least deprived neighbourhoods (RR 5.53); This gap was higher for KS2 than for KS4 (RR 3.39). The social

gradient was far less steep/not present among the CSC populations, e.g. the equivalent RR for the most deprived group of children on CP plans was 1.59 in KS2 and 1.21 in KS4, lower than for other groups and much lower than the non-referred group. It should be noted that referrals to CSC are already skewed towards children from high deprivation backgrounds. The within-group differences highlight equity of the outcome amongst children who have different levels of contact with CSC, and shows whether the outcome is equitable with the experiences of their peers.

- **Special educational needs and disabilities (SEND)**—the highest SEND exclusion gaps were among children with behavioural, social and emotional difficulties (BESD), who were nearly 12 times more likely to be excluded in KS2 (RR 11.63) and 3.5 times more likely in KS4 (RR 3.51). Again, this gap narrowed among children with CSC involvement and was lowest for children on CP plans, with equivalent RRs of 5.26 in KS2 and 1.46 in KS4. This pattern generally obtained across all SEND types. The only exception was children in KS2 with a physical disability or sensory difficulties, whose exclusion gap was wider for those on CP plans or in care.
- **Assessed needs**—the reasons leading to CSC involvement were compared using demand categories established by [Hood et al. \(2023\)](#) for children receiving a social work assessment. Here the reference category was domestic abuse and violence, which refers to cases where domestic violence is the only factor recorded. In comparison, children whose assessments recorded 'risks outside the home' and received a service as CIN were more likely to be excluded from school (RR 1.66 at KS2; RR 2.1.91 at KS4); similar differences were found children whose assessments recorded 'risks in and outside the home'. Children whose assessments recorded concerns about child mental health and received a service as CIN were also more likely to be excluded from school (RR 1.29 at KS2; RR 1.14 at KS4). The exclusion gap tended to narrow among children on CP plans and in care. One explanation for this might be that the risks for children on CP plans/in care are more similar, that is, *all* children on CP plans and in care are regarded higher risk, both in terms of welfare and exclusion, regardless of their needs/risks recorded at assessment.
- **Characteristics of provision**—the analysis considered various aspects of provision, including the total number of episodes, total time receiving services, the CP plan category of abuse, and the type of care placement. Children with three or more episodes of involvement with CSC were between 1.21 to 1.42 times as likely to be excluded than children with one episode of involvement. This was consistently found across all levels of provision. Children who received services for over a year were less likely to be

excluded than those who received services for less than a year in KS4 (with the exception of CP plans), but CIC in KS2 were 2.17 times as likely to experience exclusion if they had been involved with CSC for over a year. Among children on CP plans, the highest chance of exclusion was among children whose CP plan was for neglect or physical abuse (RR 1.17 in KS2; RR 1.04 in KS4). The lowest chance of exclusion was among CP plans for sexual abuse (RR 0.90 in KS2; RR 0.96 in KS4) or multiple forms of abuse (RR 0.84 in KS2; RR 0.81 in KS4). Among CIC, children in children's homes had a higher chance of being excluded compared with children in a foster placement (RR 1.52 in KS2; RR 1.15 in KS4).

Discussion

The findings show that the size of the exclusion gap between children with and without CSC involvement was associated with the type of social work intervention, SEND provision, and other factors related to exclusion rates. The study's strengths lie in its use of administrative data covering the whole population of children attending schools and receiving CSC services, and its consideration of assessed needs and other aspects of provision. Before considering the implications of findings, some limitations should be noted. First, children experiencing non-disciplinary forms of exclusion, such as non-enrolment or a manged move, were not included in the analysis. These children might have been more likely to receive SEND and/or CSC provision, as well as more likely to be excluded had they enrolled or remained at school (Jay et al. 2022). Actual rates of exclusion for children with CSC involvement may therefore be higher than those reported here. Second, the cohort data only covered children with a recorded PMR. This means some groups, e.g. non-state school educated children, were not included in the analysis. Privately educated and home educated children may be considered less likely to be either excluded or to have social care involvement. Therefore, the actual RR between children who had and did not have CSC involvement could have been higher than those reported here. Furthermore, school-aged children in the social care data whose PMR numbers were not recorded due to administrative error could not be linked to School Census records; however, it is hard to say how this might have affected the results. Third, exclusion was only measured during a one-year observation window, which means that some children, particularly in the higher risk groups receiving CSC/SEND provision, may have been misclassified as not excluded. Fourth, some factors affecting exclusion rates may have time-varying effects, such as the length of time living in poverty. Fifth,

the social care indicators tend to focus on the latest interactions with social care (prior to the exclusions) and therefore do not capture, in full, detail on more complex pathways through the social care system—ie a different needs/risks for those who had multiple assessments, different categories of abuse for those who had multiple CP plans, and different placements for those who had multiple periods of care. We reported on the latest factors recorded at latest CSC assessment and the latest CP plan category of abuse, as we felt that recency would be most relevant in considering involvement with CSC services prior to exclusion. Sixth, the models were not carried within a multi-level framework to adjust for the clustering of children within schools, as the school unique reference number was not available in the data. This is a limitation because children within the same school may be more (or less) likely to be excluded if the threshold for exclusions varies between different schools. Finally, the social care data does not include information on initial contacts with CSC services, some of which may be signposted to other agencies rather than being considered as a referral.

Overall, the results are aligned with other work showing a significantly higher risk of exclusion for children receiving child welfare services, particularly protective interventions (Graham et al. 2019; Jay et al. 2023). Less is known about the impact of CSC involvement on other exclusion gaps, and the findings shed some light on this issue. Most obviously, there was a tendency for the exclusion gap to be narrower for populations with recognised high risk of exclusion among children with CSC involvement, notably for children with SEND provision in relation to behavioural, emotional and social difficulties, as well as between boys and girls, and according to levels of deprivation. These differences were often substantial, and more pronounced among children subject to CP plans and episodes of care. Other research supports the finding that the relative size of the exclusion gap between children with or without CSC involvement was lower for those who had a history of SEND compared to those who did not (Jay et al. 2023). In other words, although children with a combination of SEND and CSC history have a higher risk of exclusion, the relative gap across categories of one factor tends to be smaller when considered within categories of the other factor. Our findings suggest that the same phenomenon is observable when considering gender and deprivation. The results for ethnicity were not conclusive but suggest that CSC involvement was associated with some gaps being wider—noticeably the tendency for Asian children to be *less* likely to be excluded than White children—while other gaps were narrower or disappeared entirely, such as the tendency for Black children to be *more* likely to be excluded. This raises some interesting questions about the way that factors recorded during social work assessments might contribute to our understanding of the mechanisms that (re-)produce exclusion gaps across different social demographics. However, the causal

implications of these findings are yet to be determined, and readers should be cautious interpreting the results; in some instances, exclusion, or past instances of exclusion that increase the likelihood of future instances of exclusion, may precede children's social care involvement. Rather, the findings reinforce the importance of considering the inter-linked relationship between children's social care and rates of exclusion from education.

The emphasis on within-group differences in this study should be kept in mind when considering policy and practice responses to exclusion rates among children with CSC involvement. While inequalities between different children in one group can be relatively smaller, the actual chances of a child being excluded can be much higher depending on the baseline risk of exclusion within the population. For example, we report that CIC aged 16 (KS4) with BESD had a 1.54 times increase in the risk of exclusion compared with CIC aged 16 (KS4) with no SEND, and that children who had no CSC involvement aged 16 (KS4) with BESD had a 3.51 times increase in the risk of exclusion compared with children who had no CSC involvement aged 16 (KS4) with no SEND. However, the baseline probability of being excluded among children who have not been referred to CSC and do not have any special educational needs or disabilities is only around 3.7 percent, while the equivalent probability for CIC is much higher, at 15.1 percent. As such, a 1.54 times increase from 15.1 percent results in a higher overall probability than a 3.51 times increase from 3.7 percent, but one that is more equitable with the experiences of their peers than the other. Equity of treatment regardless of ethnicity, gender, disability, and other individual characteristics, *and* reducing the risk of educational exclusion overall, are both important aims, but require different analytical lenses. The focus in this paper has been on the equity of outcomes among children with different levels of contact with children's social care.

The findings show that behaviour in school, and institutional responses to it, present a major challenge for child welfare services. Arguably it should receive more attention than it does. There are longstanding concerns about the sufficiency of funding and provision for children with SEND (Thomas 2020) as well as the inequitable treatment of children (and parents) from deprived and minoritized groups (Gillborn et al. 2021). The legal framework for providing social care support to children with disabilities in England has been described as 'complex and fragmented' (MacAlister 2022) and is under review by the Law Commission. Thresholds for statutory social care provision are high and driven by safeguarding concerns (Hood et al. 2024). At the same time, children subject to protective interventions are disproportionately exposed to abuse, neglect, trauma, and other forms of childhood adversity, all of which can be expected to have a long-term impact on their behaviour, attendance and learning. Some of these children will have SEND status

conferring formal acknowledgement of (and support with) BESD but others will not. For the latter group, involvement with CSC is associated with an elevated risk of exclusion for behavioural issues that are not acknowledged as SEND but lead to disciplinary measures. This may be relevant to bullying, for example, on which the NPD does not have statistics. Research shows that perpetrators and victims are more likely to have SEND status (Fink et al. 2018) and that victims of bullying are more likely to have CIN status (Hingley et al. 2022). Predictors of bullying behaviour include factors such as family violence and concerns about mental health that are commonly assessed in children receiving child welfare interventions (Álvarez-García, García and Núñez 2015). It is therefore possible that involvement in school disciplinary procedures may in turn trigger a referral to CSC services, contributing to the CSC exclusion gap.

Conclusion

This article has reported on a retrospective analysis of administrative data on school exclusions for two cohorts of children. The findings confirm and extend previous research indicating that children with CSC involvement are far more likely to be subject to an exclusion from school, particularly those children who are in care and experience protective interventions. This CSC exclusion gap was characterised by narrower gaps in relation to gender, deprivation and SEND provision, than the non-CSC population, though this may be, in part, a consequence of the exclusion rate being far higher in general across the CSC population. Parsons (2005) suggests that a reinforcing cycle can be observed in policies on exclusion, in which a culture of punitiveness is used to justify low investment in welfare, leading to inequalities in provision and an increase in 'at risk' children and young people, and in turn greater use of punitive measures. A similar pattern of disinvestment combined with escalating CP and care interventions has been observed in CSC. Consequently, it is possible that punitive responses may be mutually reinforced in cases where education and social care services are jointly involved in safeguarding. Rethinking policy and practice in this area is therefore a critical issue for social workers and educators alike.

Supplementary data

[Supplementary data](#) is available at *British Journal of Social Work* online.

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