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Cynulliad Cenedlaethol Cymru
Y Pwyllgor Plant, Pobl Ifanc ac Addysg
Ymchwiliad i Addysg Heblaw yn yr Ysgol
EOTAS 05
Ymateb gan: Samariaid Cymru

National Assembly for Wales
Children, Young People and Education Committee
Inquiry into Education Otherwise than at School
EOTAS 05
Response from: Samaritans Cymru

Samaritans Cymru welcome this inquiry into Education Otherwise than at School. Samaritans Cymru exists to reduce the number of people who die by suicide. Whilst the causes of suicide are complex, there are many risk factors which increase the risk of suicidal ideation and completed suicide and high-risk groups who are more likely to be subject to these risk factors. At Samaritans Cymru, we believe effective suicide prevention must be based on prevention and early intervention so we can minimize the amount of people who reach crisis point at the other end of the scale. We must embed a public health approach to suicide by placing a primary focus on prevention rather than cure alone. Investment in prevention and early intervention can reduce human, social and economic costs. In Wales, suicide is a major public health issue, but significantly, it is also a major inequality issue.

At Samaritans Cymru, we focus on a number of high priority policy areas, including children and young people. Suicide is the biggest killer of young people (15-24) in the United Kingdom. In the UK, suicide rates increased for all groups of young people in 2018. (15-19 / 20-24 / 25-29) - suicide rates among men aged 20-24 had been decreasing, but this year there was a significant increase of 30%.

In Wales, based on the Office for National Statistics (ONS) figures for Wales, suicide rates for 10-24-year olds (based on three-year aggregates), are currently at their highest since 2003-2005. (Please see Annex 1 - *Age-specific suicide rates for broad age groups (with 95% confidence intervals): persons, Wales 1981-2017 registrations)*

Alongside our work on socioeconomic disadvantage and suicidal behaviour, in August 2019 we launched a new policy report on exclusion from education (*Exclusion from school in Wales: the hidden cost*). Following a seminar in 2019, attended by representatives from schools, local government, the health service, third sector organisations, universities and Welsh Commissioners, we launched this report in order to address the risk

of suicide among young people who have been excluded from school in Wales.

Given the strong link between EOTAS and school exclusion and managed moves, we would like to highlight *Exclusion from school in Wales: the hidden cost and* recommend that the committee access the report (PDF 1.1MB).

Young people in EOTAS, particularly Pupil Referral Units (PRUs), are often acknowledged to be the most vulnerable learners. EOTAS provision is often a result of exclusion and our report found that those children and young people who had experienced exclusion were already faced with a number of inequalities.

Exclusion is far more than the act of removing a child from school. Exclusion from school is linked to a much wider set of recurring inequalities, circumstances and consequences, including socioeconomic disadvantage, loneliness and social isolation, poor mental health, the criminal justice system and Additional Learning Needs (ALN).

- Exclusion from school can result in loneliness and social isolation. We know that this is connected to a lack of belongingness for children and young people. This is the human emotional need to be an accepted member of a group or community.[1] Loneliness and isolation can have a serious impact on physical and mental health and are a risk factor for suicidal behaviour and suicide[2]; loneliness and isolation are the second most common concern expressed in contacts from males and the fourth from females on our helpline across the UK and ROI.

- Research shows that exclusion from school is more common among boys, secondary school pupils, and those living in socio-economically deprived circumstances. Poor general health and learning disability among children and poor parental mental health were also associated with exclusion. There were consistently high levels of

[1] (2017) *Dying from Inequality: Summary Report*, Samaritans
[2] Stravynski A, Boyer R. Loneliness in relation to suicide ideation and parasuicide: a population-wide study. Suicide Life Threat Behav. 2001;31(1):32-40.

psychological distress among those who had experienced exclusion at baseline and follow up.[3]

- Based on surveys during six inspections by the HM Chief Inspector of Prisons for England and Wales in 2017/18, 89% of children reported exclusion from school before they came into detention, 74% reported previous truancy, and 41% said they were 14 or younger when they last attended school. [4]

- A large UK study on exclusion from school found that exclusion was more common among children of lower socio-economic status, boys, and those with language difficulties, lower educational attainment or special educational needs. Family characteristics, such as poor parental mental health and engagement with education, also predicted exclusion. It also found that children who were subsequently excluded were more likely to have a clinically impairing mental health condition or a social communication problem, as well as involvement in bullying as a perpetrator or victim, and poor teacher-pupil relationships.[5]

- In the 2014 Thematic review of deaths of children and young people through probable suicide for Wales, the narrative review found that many of them had not been in education, employment or training (NEET) when they died and as such received little or no support from services. It also identified that many had specific educational needs or had restricted educational achievement.[6]

Our roundtable discussion which informed *Exclusion from school in Wales: the hidden cost,* noted that Pupils with Additional Learning Needs (ALN) experience high rates of exclusion compared to their peers and are

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[3] Ford, TJ; Parker, C; Salim, J; et al, *The Relationship between Exclusion from School and Mental Health: A Secondary Analysis of The British Child and Adolescent Mental Health Surveys 2004 & 2007*, University of Exeter, 2017

[4] (2018) *HM Chief Inspector of Prisons annual report: 2017-18,* Ministry of Justice and HM Inspectorate of Prisons,

[5] (2017) Ford, TJ; Paget, A; Parker, C; et al, Which children and young people are excluded from school? Findings from a large British birth cohort study, the Avon Longitudinal Study of Parents and Children (ALSPAC), University of Exeter

[6] John, A; Heatman, B; Humphreys, C; Price, L *Thematic review of deaths of children and young people through probable suicide for Wales 2006-2012*, Public Health Wales NHS Trust, 2014

significantly overrepresented in rates in Wales. Approximately one in five learners in maintained schools in Wales have ALN.[7]

Participants noted that there can be a significant lack of understanding and awareness of those with ALN in schools and Pupil Referral Units (PRUS) which can lead to consequences including exclusion because staff cannot adequately deal with pupils exhibiting challenging or difficult behaviour. Participants discussed how the behaviour of those with ALN should always be viewed as the result of the support they receive – or critically, do not receive. This discussion also raised notable concern for children and young people who are 'on the cusp' – some are yet to be diagnosed or classified with ALN and therefore have an unclear future with a set of consequences which can include exclusion.

Those participants who work within the ALN sector stated that Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) feature most frequently in those with behavioural issues. It was felt that these disorders account for the main cohort of pupils who tend to go undiagnosed. However, this discussion also noted that funding tends to go into assessment and diagnosis rather than support, particularly at a community level. Teaching staff noted that some classrooms have 50% of learners with ALN and consequently, looking to diagnosis as the priority is not the right approach. Diagnosis in itself, without leading to effective support, was felt to be of limited value to the child or young person.

A more prominent feature of this discussion was the likely lack of opportunities for those with ALN. Organisations stated that there needed to be positive support for inclusive policies and actions to reduce exclusions.

We would encourage the committee to consider the recommendations in *Exclusion from school in Wales: the hidden cost, in* particularly number one which focuses on Adverse Childhood Experiences (ACES). We believe the ACEs agenda in Wales holds a great deal of potential for strengthening suicide prevention in Wales, but we need to take action as a collective voice and make sure the vision of the agenda is translated into action.

> ***Recommendation 1: We must recognise and promote understanding of the direct link between exclusion, inequality and Adverse Childhood Experiences***

[7] (2016) Dauncey, M *Additional Learning Needs (ALN) in Wales: Research briefing*, National Assembly for Wales Research Service

Exclusion from school is a major inequality issue. As this report demonstrates, children and young people are more likely to experience exclusion from school if they are experiencing social inequalities such as poverty, disability and/or exposure to ACES. The adverse effects of exclusion are often the very same factors which predicate exclusion in the first place, along with loneliness and social isolation, risk of homelessness and declining mental health. Exclusion is often therefore part of a self-perpetuating cycle in which inequality is entrenched.

Welsh Government, educational leaders and staff, the health and social care sector and wider support agencies should recognise this link between exclusion and inequality. In order to develop ways of tackling and reducing exclusion, we must understand the prevalence of exclusion, the complexities of its causes, the methods through which it is carried out and its impact on individual young people and the wider policy aspirations for Wales.

School exclusion through whatever means is majorly linked to disadvantage. Addressing it also represents an opportunity to intervene in the cycle of ACEs. Avoiding exclusion should be understood as part of a wider ambition to intervene in cycles of disadvantage at a formative stage in a young person's life. Intervention to reduce ACEs can have a major effect on health, poverty and exclusion in Wales and must be developed and promoted through public and professional awareness. Schools, local health services, local authorities, public services and the wider public sector must invest and work to reduce ACEs, their impact on individuals and, most significantly, understand the benefits of intervening in the cycle of ACEs. [8]

[8] *Exclusion from school in Wales: the hidden cost* / Samaritans Cymru (2019))

Back to contents page

ANNEX 1: Age-specific suicide rates for broad age groups (with 95% confidence intervals): persons, Wales, 1981 to 2017 registrations [1,2,3,4,5,6]

	10–24				25–44				45–64				65–74				75 and over			
Period	**Deaths**	**Rate**	**LCL**	**UCL**	**Deaths**	**Rate**	**LCL**	**UCL**	**Deaths**	**Rate**	**LCL**	**UCL**	**Deaths**	**Rate**	**LCL**	**UCL**	**Deaths**	**Rate**	**LCL**	**UCL**
1981-1983	90	4.6	3.7	5.6	244	11.4	9.9	12.8	368	19.1	17.2	21.1	152	18.9	15.9	21.9	78	15.1	11.9	18.8
1982-1984	95	4.8	3.9	5.9	272	12.6	11.1	14.1	366	19.0	17.1	21.0	154	19.4	16.4	22.5	78	14.7	11.6	18.3
1983-1985	90	4.6	3.7	5.7	253	11.6	10.2	13.1	356	18.6	16.6	20.5	129	16.4	13.5	19.2	81	14.9	11.8	18.5
1984-1986	85	4.5	3.6	5.5	268	12.2	10.7	13.6	364	19.1	17.1	21.0	122	15.3	12.6	18.1	76	13.6	10.7	17.1
1985-1987	98	5.2	4.3	6.4	278	12.4	11.0	13.9	350	18.5	16.6	20.4	124	15.3	12.6	18.0	84	14.7	11.8	18.2
1986-1988	108	5.9	4.8	7.0	320	14.0	12.5	15.6	316	16.7	14.9	18.6	140	17.1	14.2	19.9	85	14.6	11.7	18.1
1987-1989	108	6.0	4.9	7.2	300	13.0	11.5	14.4	283	14.9	13.2	16.7	137	16.5	13.8	19.3	81	13.6	10.8	16.9
1988-1990	100	5.7	4.6	6.8	304	13.0	11.5	14.4	263	13.8	12.1	15.5	136	16.3	13.5	19.0	80	13.2	10.4	16.4
1989-1991	106	6.1	5.0	7.3	295	12.5	11.1	13.9	286	14.9	13.2	16.7	125	14.8	12.2	17.4	69	11.2	8.7	14.1
1990-1992	117	6.9	5.6	8.1	356	15.1	13.5	16.6	298	15.4	13.7	17.2	119	14.0	11.5	16.5	74	11.8	9.3	14.8
1991-1993	132	7.8	6.5	9.2	351	14.9	13.3	16.4	300	15.3	13.6	17.0	106	12.4	10.0	14.7	68	10.8	8.4	13.7
1992-1994	130	7.8	6.5	9.2	368	15.6	14.0	17.2	286	14.4	12.7	16.0	102	11.8	9.5	14.1	71	11.2	8.8	14.1
1993-1995	130	7.9	6.5	9.3	383	16.3	14.6	17.9	259	12.8	11.3	14.4	96	11.2	9.0	13.6	69	10.8	8.4	13.6
1994-1996	129	7.9	6.5	9.3	404	17.1	15.5	18.8	234	11.5	10.0	12.9	87	10.2	8.2	12.6	74	11.3	8.9	14.2
1995-1997	136	8.4	7.0	9.8	407	17.2	15.5	18.9	215	10.4	9.0	11.8	68	8.1	6.3	10.3	70	10.4	8.1	13.2
1996-1998	144	8.9	7.5	10.4	374	15.8	14.2	17.4	231	11.1	9.7	12.5	67	8.1	6.3	10.3	72	10.5	8.2	13.2
1997-1999	144	8.9	7.5	10.4	404	17.1	15.4	18.8	241	11.4	10.0	12.9	75	9.2	7.3	11.6	76	10.9	8.6	13.6
1998-2000	147	9.1	7.6	10.5	411	17.5	15.8	19.1	257	12.1	10.6	13.5	82	10.2	8.1	12.7	75	10.6	8.3	13.3
1999-2001	135	8.2	6.8	9.6	422	18.0	16.3	19.8	259	12.0	10.6	13.5	79	9.9	7.8	12.4	70	9.8	7.6	12.4
2000-2002	127	7.6	6.3	9.0	406	17.4	15.7	19.1	268	12.3	10.8	13.8	68	8.6	6.6	10.8	68	9.4	7.3	11.9
2001-2003	138	8.2	6.8	9.6	410	17.7	16.0	19.4	279	12.7	11.2	14.1	63	7.9	6.1	10.1	61	8.4	6.4	10.7
2002-2004	135	7.9	6.6	9.2	404	17.5	15.8	19.2	293	13.1	11.6	14.6	69	8.6	6.7	10.9	68	9.3	7.2	11.7
2003-2005	124	7.2	5.9	8.4	371	16.1	14.4	17.7	306	13.5	12.0	15.1	69	8.5	6.6	10.8	64	8.7	6.7	11.1
2004-2006	92	5.3	4.3	6.5	345	14.9	13.3	16.5	316	13.8	12.3	15.3	78	9.6	7.6	11.9	69	9.3	7.2	11.7
2005-2007	79	4.5	3.6	5.6	338	14.6	13.0	16.2	299	12.9	11.4	14.4	74	9.0	7.1	11.3	70	9.3	7.3	11.8
2006-2008	87	4.9	4.0	6.1	345	14.9	13.3	16.5	284	12.1	10.7	13.5	74	8.9	7.0	11.1	67	8.8	6.9	11.2
2007-2009	87	4.9	3.9	6.1	334	14.5	12.9	16.0	254	10.7	9.4	12.0	71	8.3	6.5	10.5	69	9.0	7.0	11.4
2008-2010	89	5.0	4.0	6.2	311	13.5	12.0	15.0	277	11.5	10.2	12.9	63	7.2	5.6	9.2	73	9.5	7.4	11.9
2009-2011	95	5.4	4.4	6.6	331	14.5	13.0	16.1	319	13.2	11.7	14.6	68	7.6	5.9	9.7	74	9.5	7.4	11.9
2010-2012	94	5.3	4.3	6.5	358	15.8	14.2	17.5	356	14.6	13.1	16.1	70	7.6	5.9	9.6	85	10.7	8.6	13.3
2011-2013	107	6.1	5.0	7.3	396	17.7	15.9	19.4	399	16.4	14.8	18.0	86	9.0	7.2	11.2	80	10.0	7.9	12.4
2012-2014	85	4.9	3.9	6.1	360	16.2	14.5	17.8	360	14.8	13.3	16.3	92	9.3	7.5	11.4	77	9.4	7.5	11.8
2013-2015	89	5.2	4.2	6.4	360	16.2	14.6	17.9	372	15.2	13.7	16.8	95	9.4	7.6	11.5	74	9.0	7.0	11.2
2014-2016	98	5.8	4.7	7.0	336	15.2	13.5	16.8	328	13.4	11.9	14.8	95	9.2	7.4	11.2	62	7.4	5.7	9.5
2015-2017	122	7.3	6.0	8.5	370	16.7	15.0	18.4	379	15.4	13.8	16.9	92	8.7	7.0	10.7	69	8.1	6.3	10.3

Footnotes

[1] The National Statistics definition of suicide is given in the 'Guidance' tab.

[2] Figures are for persons aged 10 years and over.

[3] Age-specific suicide rate per 100,000 population.

[4] The lower and upper confidence limits have been provided. These form a confidence interval, which is a measure of the statistical precision of an estimate and shows the range of uncertainty around the estimated figure. Calculations based on small numbers of events are often subject to random fluctuations. As a general rule, if the confidence interval around one figure overlaps with the interval around another, we cannot say with certainty that there is more than a chance difference between the two figures.

[5] Deaths of non-residents are excluded.

[6] Figures are for deaths registered, rather than deaths occurring in each calendar year. Due to the length of time it takes to complete a coroner's inquest, it can take months or even years for a suicide to be registered. More details can be found in the 'Suicides in the UK' bulletin:
www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/previousReleases

Source: Office for National Statistics