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New Community Schools and pupils with social, emotional and behavioural difficulties'

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NEW COMMUNITY SCHOOLS AND PUPILS WITH SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES

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SYNOPSIS

This article examines the role that New Community Schools (NCS) could play in working more effectively with pupils with social, emotional and behavioural difficulties (SEBD). It uses a small study of parents whose children had SEBD and attended a NCS to investigate how services were co-ordinated, how parents were communicated with and any difficulties they experienced. It shows that, although parents had modest expectations, these were often not met because there was no overall co-ordination of services and professionals did not always engage productively with parents. It is argued that NCS could represent the catalyst to promote the structural changes necessary to improve services for children with SEBD but a lack of commitment to continuing funding may militate against this.

INTRODUCTION

Schools are envisaged as playing a key role in the current UK governments' policies to promote social inclusion among children and young people in particular and in tackling social exclusion in general. The Social Inclusion Strategy for Scotland stresses that: 'the Government is investing heavily in programmes to promote inclusion among school-age children, including New Community Schools, Early Intervention Schemes, Alternatives to Exclusion from School and Family Literacy' (Scottish Office, 1999a: 7). Furthermore it is recognised that schools on their own cannot solve the problems associated with social exclusion. The long-term objective is to develop ways of working '*which integrate programmes not just within Government, but at all levels of action right down to local neighbourhoods and communities*' (Scottish Office, 1999b: 1). Thus schools are expected to work with other agencies both to prevent social exclusion taking place and to help reintegrate those who have been socially excluded into mainstream society.

New Community Schools (NCS) are an important Scottish initiative in this area that are designed to:

> Focus on the individual child, his or her family and the community. The aim is to meet each child's needs in the round; the key is integrated provision of services – teachers, social workers, community education workers, health professionals and others working together as a single team (Scottish Office, 1999c: 2).

They have the following essential characteristics:

- A focus on the needs of all pupils at the school.
- Engagement with pupils.
- Engagement with wider community.
- Integrated provision of school education, social work and health education and promotion services.
- Integrated management.
- Arrangements for the delivery of these services according to a set of integrated objectives and measurable outcomes.

- Commitment and leadership.
- Multi-disciplinary training and staff development (Scottish Office, 1998, 7).

Semmens (2001, 71) argues that the NCS approach is a very practical response to 'at risk' students because '*schools are usually located in accessible places, and services can be delivered either at school or through school acting as the referral agency*'. In addition, the strength of this way of working is that no one agency is expected to deal with the complex range of difficulties such students face. The multi-agency approach offers '*joint consideration of individual children's needs and joint action to address these*' (Scottish Office, 1998, 4). The NCS approach is very much part of the government's modernising agenda where accountability is paramount and the delivery of public services are expected to meet the needs of the citizens and not the convenience of public service providers (Riddell and Tett, 2001). The NCS approach also recognises the need to work co-operatively to tackle social and educational exclusion by exploring and overcoming the professional and institutional boundaries of service providers.

There was no overall 'model' of NCS promoted by the Scottish Office in the initial pilots based in each Scottish Local Authority. Some were based around a single school, others around a nursery and a few primary schools, whilst others were clustered around a Secondary school and local feeder primaries. How NCS projects operated also differed greatly. Some authorities chose to use NCS funding to restructure Children and Families Services (Stirling Council, 2001 and City of Edinburgh Council, 2001), others used the funding to identify and deliver services to meet the essential characteristics of NCS and to meet their own priorities (Prestonpans NCS, 2001; Dumfries NCS, 2001). The Scottish Office encouraged this flexibility of approach because it sought approaches that were:

> Radical and designed to secure a step change in the attainment of children. Key to this will be integrated working focussing on the needs of pupils at the school. Successful pilots will therefore be innovative; bringing together a number of services focused on the needs of the child and engaging with families. (Scottish Office, 1998, 1)

NCS AND PUPILS WITH SOCIAL AND EMOTIONAL BEHAVIOURAL DIFFICULTIES

NCS initiatives aim to work with socially excluded children and young people who suffer from a number of difficulties including poverty, poor housing and health and low educational attainment. One category of person particularly at risk is those with social, emotional and behavioural difficulties (SEBD). There is no clear definition of SEBD and Cooper (1993, 3) describes '*an array of manifestations in which the student engages in attention seeking behaviour which causes disturbance in the classroom or challenges the authority of the school*'. Interpretation of the students' needs and behaviour will vary depending on teachers' understanding of the issues and current policy. Many staff lack understanding and knowledge of those with SEBD.

They view such students as an individual with a difficulty rather than seeing the education system as unable to meet their complex needs (Poulou and Norwich, 2002). Parffrey, (1994, 108) has pointed out:

> Naughty children are bad news in a market economy. No one wants them. They are bad for the image of the school, they are bad for the league (performance) tables, they are difficult and time consuming, and they upset and stress the teachers.

The Standards in Scotland's Schools etc. Act 2000 states that there is a "presumption of inclusion" and that "school education for any child of school age, shall be provided

in a school other than a special school" (Scottish Executive, 2000b, 8). Therefore, it is seen as better for the child to be educated at their local school and within the body of their own community as this may prevent social exclusion later in life. Schools are expected to have a continuum of supports for young people experiencing difficulties. The Scottish Executive have made recommendations such as 'schools having a positive ethos' and 'engagement of parents in their child's learning' (Scottish Executive, 2000a) and 'staged intervention to support children' and 'schools should develop agreed systems for shared responsibility' (Scottish Executive, 2001b). In the light of this it appears that NCS might offer an important opportunity to work more effectively with children with SEBD who are amongst the most socially excluded groups in our society.

In order to examine these possibilities one NCS school cluster was used as a case study area. This case study is located in one of the smallest authorities in Scotland. It covers a local Secondary school, ten feeder primary schools (four with nursery classes) and a nursery school. The project comprises an Integration Manager, administrative assistant and officers from Health Promotion, Social Work and Community Education and is overseen by a Steering Group. The project also works with a range of voluntary organisations to provide support for pupils within a mainstream setting.

METHODOLOGY

Semi-structured interviews with fifteen parents were carried out by one of the authors of this paper to gain a 'snapshot' of the difficulties faced by families. The sample was chosen to include a range of experiences from those who are regarded as 'low tariff', that is they require minimal support or relatively short-term intervention, to 'high tariff', young people with severe and complex difficulties that require long term intervention with a large number of professionals involved. The following criteria for inclusion in the study were set:

- Children in transition from either Nursery to Primary, Primary to Secondary or Mainstream school to specialist provision.

- The child or young person was involved with two or more specialists e.g. Educational Psychologist, Occupational Therapist, Child & Family Mental Health.

- Child was referred to School Liaison Group (Secondary school).

- Child was referred to specialist services by school head (Primary school).

By using these criteria it meant that the child or young person selected had 'exhausted' the range of supports that the school could give, and that their difficulties were complex enough to require a multi-agency approach to meeting the child's needs. One category of young person not included in this study was those for whom there were child protection concerns, because it was felt children and families involved in this process would not wish further intrusion in their lives.

The interview schedule was constructed using open-ended questions that were designed to elicit the following information:

- Child's date of birth and place in family;

- nature of child's difficulty and who noticed it;

- what specialists the family had been referred to, how long this process took and how involved were the family in this process;

- how were families kept informed and whom could they contact if difficulties arose.

Initial contact was made via a number of colleagues who had direct contact with the family either as School Head Teacher, Social Worker, or Outreach Teacher. The purpose of the study and the structure was explained to the parent/carer. No one refused to be interviewed and many used the opportunity to discuss their child's difficulties. All of the interviews, which lasted approximately $1^1/_2$ hours, took place in the participants' own homes at times to suit them. Two interviews took place with both parents present, whilst the remainder took place with mother or main carer only.

THE FINDINGS

The age of the children in the study ranged from five to sixteen years. There was one child in transition from nursery to primary school, six children in transition from primary to secondary, one young person in transition from secondary to work and seven young people in transition to 'special education'. Only two members of the study were girls. The study does not reflect a balance of ages or sexes for a number of reasons. Firstly, only one nursery child was included in the research because the Nursery Heads felt that some children with SEBD were just at the initial stages of referral, a 'sensitive' time, so they were reluctant to speak to parents regarding inclusion in the study. Secondly, only one young person in the upper age group was included, as transition to work or Further Education for those with severe behavioural difficulties is again regarded as a 'sensitive' time. Only two girls were included because there were more boys than girls referred to the NCS for support. This corresponds with evidence reported by Munn*, et al*. (1996) and Lansdown (2001) that disruptive behaviour affects more boys than girls.

Children's difficulties

An important part of this research was to explore how parents access services and how responsive they were to children's needs. Two questions were asked to elicit this information (a) what is the nature of your child's difficulty? and (b) who noticed the difficulty? Parents reported their children experienced a range of difficulties, including diagnosis of ADHD (5), truanting and petty crime (3), undiagnosed learning/behavioural difficulties (3), poor social skills and peer relationships (2), diagnosed learning difficulties (2). Eleven of the parents had noticed difficulties prior to the child going to nursery or school. In one case, problems were identified by staff in a Children's Centre, who discussed it with the mother, then made a referral to support services. Of the other three, this involved young people truanting from school and this was picked up initially by school staff, who then involved parents at an early stage.

The parents of the five children with undiagnosed and diagnosed learning difficulties reported that their children experienced difficulties from babyhood. This included poor sleeping habits, poor eating habits, difficulty settling into a routine and not settling at nursery. The parents in this group had discussed the difficulties briefly with either their health visitor or nursery teacher but the difficulties were not thought to be too great and the child would 'catch up'. *My Health Visitor told me he was immature, so I tried not to worry about things. But deep down I knew he was 'slow', he didn't do the things his brothers and sisters did* (child 9). The parents in this group were re-assured by the responses of the professionals and did not follow this up. However, once the child was in school their difficulties became apparent and it then took a great deal of time to access referrals to support agencies

All of parents of children diagnosed with ADHD reported difficulties with their child's behaviour prior to entry to school:

> It's heartbreaking, you know your child is different. Even at playgroup he was the one always getting into trouble. Then he goes to nursery and every day I got complaints about him (child 5)

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Support for these families was variable. Three families were referred by G.P. or Health Visitor to statutory and voluntary organisations e.g. Children's Centre or local playgroup, which offered support to the child and family. Two of this group then had supports put in place for the transition to primary school. For two of the families in this study the outcome was much less positive. In one case a parent/carer claimed their child was asked to 'stop attending nursery' due to the child's disruptive and aggressive behaviour. Another child stopped attending nursery because the mother claims a nursery teacher informed her, *in all my years of teaching I've never worked with a child as bad as yours* (child 6). The parent stated she felt humiliated and did not feel she could ask for help.

Another issue discussed by parents was the lack of understanding amongst school staff regarding issues children faced when diagnosed with ADHD. Parents spoke of schools being 'difficult' when staff were asked to administer prescribed drugs and children being excluded from school due to their behaviour:

> At first, the school was great, then my child was diagnosed with ADHD and the School Head refused to allow staff to administer my child's medication, but she also excluded him due to his behaviour. So every day I had to go to the school at lunchtime to give my child the tablets he required. (child 2).

There was an assumption by parents that class teachers and school management were 'experts' in all aspects of education and that training in working with pupils with ADHD was part of a teacher's role.

> Are staff not supposed to be trained in working with kids with ADHD? His teacher knows nothing and keeps putting him out of class. (child 3)

These parents were not unhappy with the 'label' of ADHD, as the diagnosis had followed mostly years of anxiety regarding the child's behaviour. All of the parents appeared to be aware of the controversy regarding ADHD and prescribed medication. However as one parent pointed out:

> I almost cried when the Doctor told me it was ADHD because I knew we were not bad parents. We had tried really hard to get him to behave but it didn't matter what we did, he still misbehaved in school, at home and when he is out playing (child 5).

Parents were keen to see that the child was not judged by the 'label' (Davis and Watson, 2001) and that taking the medication was a positive choice to assist the child.

Co-ordination of services

This part of the research was designed to find out what services the child had been referred to, how long this process took and if there was planned co-ordination of the referrals to specialist services. Children were referred to a huge range of specialist services which included Children's Reporter, Educational Psychologist, Child and Family Mental Health, Social Services, Speech Therapist, Occupational Therapist, Support and Re-integration Manager, Physiotherapy, Police, Specialist Educational Units. The time it took to access these supports varied greatly. One person accessed support services in less than one month due to the fact his mother mentioned it to a specialist who was dealing with his brother and the specialist agreed to 'fast track' a referral for this child. One parent who accessed support in eleven months made an appointment with her G.P. who referred her to Child and Family Mental health and to a Specialist Mental Health support group:

> I know I'm lucky, I mentioned it at school but they said he was boisterous. My

instinct was this is more than boisterous behaviour. I made an appointment with the family doctor and we talked over the options. He fully supported me, but it was quite a wait to be seen at the hospital (child 14).

Five parents reported it took between thirteen to eighteen months, one reported it took two years and seven parents reported it took over two years to access supports. One parent/carer who waited over two years for a referral was particularly angry. *How long does it take to get a referral to psychological services?… My child is constantly being put out of class, he's been out of school more than he's been in. But he's not a priority* (child 11).

One criterion for inclusion in this research was that the child had to have involvement with two or more specialist services but most children and young people were involved with many more than this. The minimum number of specialist staff families were involved with was three and the maximum found was twelve. However, the average number was six specialists. All of the families in this study had accessed support from specialist services but how they arrived there differed greatly. Some children and young people had been referred through involvement with Education Services, some through Health Services and some through involvement with Social Services. Access to these services did not appear to have a co-ordinated approach, families reported being referred to an agency, waiting for an appointment, waiting for assessment, waiting for result of assessment, returning to an inter-agency meeting where the whole process started again. The Scottish Executive (2001c, 5) argues,

> The point is that the service the child ends up in is largely due to the accident of the point of entry to the specialist services, rather than to any comprehensive appraisal of the optimum response to the assessed needs of the child.

Children who were referred to specialist services due to school refusing reported that Guidance staff were prompt in reporting the issue to them, usually within two weeks. But when the difficulty escalated and the child was referred to the Children's Reporter, this took months and the child then fell between Education and Social Services. One person stated that their child missed out on full time education for a period in excess of nine months. When she went to Social Services to 'beg for help' she claimed that she was told that this was not a priority as her child was safe. This parent was concerned that her child would drift into crime but she had no one to turn to. Another parent whose child has a statutory order and should have an allocated Social Worker repeated a similar story. When she asked about help to get him into school before his difficulties got out of control, she claims she was told nothing could be done because Social Workers could only deal with Child Protection issues.

Communication

Seven parents reported that they experienced a lack of information regarding what was happening for their child. They expected that when the referral was made that this would happen speedily, but most found this was not the case and they did not know whom to contact. This led to increasing frustration for the parents/carer:

> There have been nights when I've cried with frustration. Who do I contact? Who can help us? I know 'E' needs help, but I don't know how to get it. I'm not clever or good with my words and sometimes I feel like screaming please, please, help (child 10).

Those who were involved with Educational Social Worker (five families) reported that they were delighted with this contact, the Educational Social Worker acted as an advocate giving them information and acting on their behalf:

> If it wasn't for 'A' (Educational Social Worker) we don't know where we'd be. At one point we were dealing with Social Work, Police, Educational Psychologist, Children's Reporter and Support and Re-integration. We were getting mixed messages over supports for our son and we were very worried and confused. But 'A' intervened and acted as our support worker, which really helped (child 1).

Those who had close contact with medical services, either, Child and Family Mental Health or Occupational Therapy service achieved a similar outcome. These families felt they could phone these services for advice between appointments. One parent/carer reported phoning Dr.'Z' when the school cut back her son's learning support due to lack of staff. She was pleased to report that her son's learning support was re-instated after intervention from Dr.'Z'

Three families had been involved with a Children's Centre prior to their child's entry to school and they reported a high level of involvement in the decision making process and good communication. They each reported having a 'key worker' who kept them informed and whom they could talk to if difficulties arose. However, when their child entered the education system all three families reported that they did not enjoy the same level of involvement or communication.

Some parents reported receiving letters from schools and specialists' services regarding meetings, but three families reported that their needs were not taken into account when planning meetings. Meetings were always planned for around the school day and as one parent/carer pointed out, *no one asked me if the time suited* (child 8). This meant that parents either had to arrange time off work or that only the mother/main carer could attend meetings:

> I am in a job where I cannot get time off during the day and I can't afford not to work. I explained this to the person making arrangements, but the meeting was for during the day. When I phoned to complain, they said it could not be changed and I should see my child's needs as a priority. I was blazing, but I have loads of priorities, mainly keeping my family together (child 6).

What is happening for your child now?

Parents were asked what was happening for their children now. Eight parents reported that their children were 'settled' in new school or specialist units:

> I cried when it was recommended that my child attends a special unit, I wanted him to be the same as his pals. Now I would not change it and he is so much happier. He is in a small class, the staff and whole school are really supportive. The Head is really great. So I guess I'm one of the lucky ones (child 5).

One parent/carer reported that their child had just started a course of medication and the family was finding,… *we can be a family again, have fun and enjoy life*. (child 14).

Three parents reported that their children were experiencing difficulties, which was leading them to be excluded from school.

> He is attending a special unit yet they still exclude him. When will it all end? They know he has ADHD and learning problems but they don't take this into account (child 3).

One child was still awaiting a referral to an Educational Psychologist. His mother had requested referral in primary three but no one had a note of this and now the child is in primary seven and experiencing severe difficulties. One parent/carer who was delighted with services in primary school for her son now complains that supports stopped on entry to High School:

My child had lots of support in Primary School; he saw Learning Support and Occupational Therapist. Now he is in High School he doesn't seem to get these things. I have spoken to the school but nothing seems to have happened. Where do I go from here? (child 14)

New Community Schools: The Challenge

Parents were asked what they thought might be the role for New Community Schools in supporting them and their family. They came up with the following list of suggestions (the numbers in parentheses indicate frequency of response):

- Someone to take on a co-ordination role (8).

- Early referral system (8).

- Support groups for children and families (3).

- Early diagnosis (10).

- Training for staff (7).

- Better transition arrangements to secondary school (2).

- No exclusions for children with difficulties. (6).

These very modest requests actually fit in with most of the essential characteristics (a, b, c, d and f) of NCS (Scottish Office, 1998). Semmens (2001) argues that in a crisis situation, which many parents get to before asking for help, "someone with specialist expertise must step in and take responsibility… however the intervention must be connected with the rest of the client's life" (p. 76). One of the key points that was expressed very clearly by the parents was that they *did* want to be involved in supporting their children. Other research (Lloyd, *et al*., 2001) supports these findings that although parents may find meetings difficult and they do not always understand the process, it was important to them to be involved.

DISCUSSION

The findings of this small-scale qualitative study suggest that access to services can be inconsistent, referral processes take too long and that there is a lack of communication between professionals and parents/carer. Parents showed that they had sound knowledge, clear understanding and good insights into their child's difficulties, yet in many cases this was not acted upon. Rather they had to wait for professionals to make referrals to support agencies. They had modest expectations that support services would offer them:

- Someone to listen to the difficulties the child and family were facing.

- Someone to provide support to the child.

- Regular meetings to ensure supports were working.

However, these modest expectations were not met for many of the families in this study. They cited broken appointments, last minute changes to appointments and key staff not attending meetings, which meant that decisions could not be made. This finding is consistent with other evidence in the literature, for example, by Hegarty (1993) and Wolfendale and Bastiani (2000). A few parents also indicated that the quality of their parenting skills was questioned by professionals, a finding which is supported by Attwood, (1998) and John (2001). One thing that came over strongly in the interviews was that the parents loved their children very much, no-matter the child's difficulties. Nonetheless, these difficulties had a huge impact on the child and

family and many were coping as best they could with a difficult situation:

> All parents care about their children's welfare and well being, there is sufficient evidence that the tiny minority of parents who appear not to care, are those who at the time are overwhelmed by stressful life-events (Wolfendale, 1993, 7)

Parents had usually contacted support services when their child had taken them to the limit of their tolerance. At a time of crisis, they were disappointed to find that referrals to support services were difficult to achieve, with families waiting anything from 11 months to two years. Moreover, they did not appear to have a say in which support agency the child would be referred to, nor the time-scale of a referral. Most parents were present at meetings, but many found it an intimidating experience and they did not find the exchange of information helpful. This finding is supported by research by Lloyd, *et al.*, (2001) who state that parents found it difficult to be assertive and say what their child's difficulties were when surrounded by a group of 'professionals'. Some parents also complained that they had to repeat their story over and over to different professionals. These findings are again supported by literature, (see McLean and Brown, 1992; Scottish Executive, 2001a).

Much of what was found in this small-scale survey is not new. The findings reported here mirror much of what was said in the report, 'For Scotland's Children' (Scottish Executive, 2001c) and similar difficulties were reported in the Kilbrandon report (1964) regarding the co-ordination of services. It appears that these problems have been wrestled with by our education system for the past thirty years, but the reality for children with SEBD is that society has been wrestling with the issues for very much longer.

Examining the self-evaluations carried out by NCS projects, it would seem that the current provision of groups and classes to support parents appears to come from a 'deficit' model. For example, the provision of 'parenting groups' and 'positive parenting', classes was a key feature of many of the evaluations. At present, difficulties in increasing educational attainment are being laid at the door of parents:

> The provision of parenting classes, family counselling, and behaviour management to address educational underachievement and social exclusion, leaves little doubt that the source of disadvantage lies within the family. (Power, 2001, 25)

If NCS are to meet the social inclusion and social justice targets of the Government then they must find ways to engage with parents that are positive, purposeful and lead to improved understanding between them. This involves adopting the principle of 'reciprocity'.

> The principle here is that all stand to gain from a productive discourse on behalf of children… The reciprocal involvement rests on the premise that each person involved is contributing and sharing information, expertise and ultimately the responsibility for actions and decisions, thus accountability belongs to all. (Wolfendale, 1993, 3)

If this principle were adopted, then all could benefit – parent/carer, student and those delivering the service. This would allow us to move away from the 'blame culture' and value contributions of all concerned. The parents in this study simply expected that support services would be responsive to their child's needs and that supports would be appropriate and non-judgemental. However, many of them found this was not the case and felt that they were in 'conflict' with professional services.

Can the NCS initiative overcome some of these issues for parents? This might be possible if there is support from the Scottish Executive, Local Authorities and staff

at a local level, but it is not going to be easy. *Problems of poverty and deprivation have built up over many years and are complex and deep routed* (Scottish Executive 2000b, 6) and so NCS alone do not have the power to change this situation. One way of overcoming one of the barriers to collaboration, however, is through multi-agency staff training at all levels, where staff have the opportunity to exchange views, recognise the complementary roles of each profession, share professional perspectives and build up trust (Tett, *et al.*, 2001). The underlying principle of NCS is in improving educational attainment. However, much of the work undertaken is outwith mainstream education and staff at ground level must find ways of working together to support the initiative:

> A corporate approach to the development of children's service plans must be taken. It is essential that the plans are owned not only by all local authority departments, but also by all the agencies involved in providing services (Kendrick, 1996, 9)

CONCLUSION

The speed of change in educational initiatives recently has been breathtaking and this has had an impact not only for NCS Projects, but also mainstream education services and education support services. A great deal of work still needs to be done to meet the needs of children and young people with SEBD because without the overall co-ordination of services the child's entry to the support system is largely due to chance. Clearly, NCS and education services have a long way to go before they can achieve the prompt response and one door access that are necessary. Improved service delivery is only going to happen through the NCS being pro-active and challenging some of the issues described earlier in this paper.

However, NCS can make a difference to the way support services are delivered. In the past, educational support services have been delivered around the mainstream curriculum. But as mainstream education only accounts for 15% of a child's life (Wolfendale, 1993), this meant that the child and family largely went unsupported for a large part of their lives. NCS Projects have in many areas addressed this by offering and co-ordinating a range of supports both within and outwith school. These include breakfast clubs, out of school activities and clubs, holiday activities and support for parents. There is some evidence that the benefits of these kinds of support are very positive (Power and Elliot, 2002). Jon Nixon has also argued that:

> The Breakfast and After School Club provision creates a 'border country' between private and public in which children are encouraged to develop their sense of responsibility for themselves and for others (Nixon, 2001; as cited by Baron, 2001: 102).

NCS aims to build local community supports with a whole range of service providers and can lead to professionals developing a more democratic repertoire in their relationship with local people. As Semmens (2001, 71) suggests this way of working will be an asset because it: *aims to strengthen local networks, collective self help and include the target community as active participants*. However, this way of working is going to take time and commitment from all involved—the Scottish Executive, Local Authorities, and practitioners at ground level—but it is currently based on short-term funding. How can local authorities make the necessary changes to organisational structures if the funding may disappear shortly? Indications from the National Evaluation show that NCS represent 'the catalyst to promote change efficiently and effectively' (Power and Elliot, 2002) and could promote the structural changes necessary to improve services for children and young people with SEBD. Is there enough commitment to support them or will they still be going through the

relatively uncoordinated process previously described? It must never be forgotten that children and young people who underachieve at school today have poor employment prospects, may go on to live in poor housing and experience poor physical and mental health (Scottish Office, 1998). Are children and young people to be condemned to this by a lack of long-term commitment to the original vision of the New Community Schools?

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