Exclusions in primary schools - why it's vital to do our neuroscience homework

In our first feature this month Dr Margot Sunderland, Director of Education and Training at The Centre for Child Mental Health (CCMH) and Co-Director at Trauma Informed Schools UK, discusses the impact of primary school exclusions and asks how we move beyond the current system to one that actually helps keep children in schools and not out of them.

Permanent pupil exclusions from UK primary schools are rising at a shocking rate – with a twofold increase in exclusions of 5-6-year-olds in the past 3 years, and a 20% increase to 455 children excluded in the Autumn Term 2019, compared to the same period the previous year. With a higher percentage of boys (89%) and the most commonly cited reason given being 'physical assault against an adult' (41% of cases) followed by 'persistent disruptive behaviour' (30%) and 'assaulting another pupil' (10%), we need to find an alternative solution. It is our duty as leaders and teachers to stem this terrible trend in our schools as soon as possible.

The statistics around 'who' gets excluded are just as alarming. Studies show that boys, children from single parent families and those living in poorer communities have a higher chance of exclusion. Pupils with equally challenging behaviour but who live with both parents, in more affluent areas are shown more tolerance and therefore less likely to be excluded.

With increasing levels of exclusion, the impact it has on a child's future needs to be considered. There is strong evidence of a common trajectory from exclusion in school to spending time in prison - children excluded before the age of 12 are five times more likely to land in prison by the age of 24. We are determining the future lives of these young children, by being unable to respond to challenging behaviours and provide the care and support they need.

What is the cause of behaviours that challenge?

A child with behaviours that challenge can cause a great deal of disruption and stress for other pupils and teachers, impacting on learning and play. Behaviour ranges from an inability to sit on a chair, constantly moving around the class, crawling on the floor, shouting out, to more destructive behaviours - throwing resources or furniture and acting in a violent manner towards staff or peers.

That said, so many children who present with behaviours that challenge are reacting to traumatic life experience that has left their brains, minds and bodies in a state of chronic unrelieved stress. This creates adverse changes neurologically, neurochemically and physiologically. Their bodies keep pumping out high levels of stress hormones. Produced in the adrenal glands, these stress hormones ready the body for 'flight, fight or freeze', all systems are on high-alert and in this hypervigilant state children are primed to survive, not to learn.

Professor Eamon McCrory and his team (University College London) who regularly scan the brains of traumatised children found that they have similar patterns of over-activity in the brain's alarm systems as soldiers returning from combat in war-torn countries. This means that they see threat and danger when things are actually perfectly safe. The brain scans also show that both the children and soldiers' brains are wired for 'threat vigilance' and 'threat detection' - an incredible amount of stress for a young child to live with.

McCrory and other researchers also found that traumatic life experience impacts on the child's ability to pick up on positive social cues. So, they simply don't register those lovely smiles and calming voices. Their interface with the world is distorted. They can easily misinterpret perfectly benign events as harsh and attacking and so respond violently and hit out. There is not one moment of calm or peace for these children. A living nightmare.

A wealth of brain research shows that this adversely altered brain activity and physiology can result from many causes. These include pre and post-natal stress, parents who drink too much in pregnancy, family conflict, parental mental health issues and of course, those experiences we know as key adverse childhood experiences (ACEs) such as violence, abuse, traumatic loss, attachment rupture, neglect, witnessing violence in the home or the community.

If our response to all this is simply behaviour management systems, zero tolerance cultures or just drugging the child along with psychiatric diagnosis without even asking what's happened to them or hearing their story, then, indisputably, we are adding to their trauma.

Abundant medical and neuroscientific research studies show that by ignoring the causes of behaviours that challenge and 'systematically addressing' the symptoms, we are condemning these children to a very probable life of mental and physical ill-health and early death. Additionally, of course is the massive fall out in terms of societal ills when there has been no intervention or prevention with those who have trauma histories.

What is the solution?

What can interrupt this predetermined journey to exclusion, loss of education, mental and physical ill-health and perhaps the judicial system or morgue? Firstly, teachers and staff need to be trained to recognise trauma triggered toxic stress and know how to engage with and build relationships with children experiencing it, so they can receive the support and care they deserve. Staff also need to know about the proven stages of recovery from trauma, the first being physiological regulation. Preferably, this vital learning should take place in teacher training colleges as happens now in Sheffield Hallam University where every student teacher at every level is trained in trauma informed practices and interventions.

With this in place, the situation is reversible including those adverse changes to young brains as Professor McCrory found. Research shows that by providing emotionally available adults in schools, we can create long-term change for these children.

When a child is in physiological chaos so to speak, many will benefit hugely from being held and calmed by teachers or staff trained to administer safe holds. The physical impact of supportive holding (the opposite of restraint) is proven to bring the autonomic nervous system back into balance. It is an extremely effective way to address challenging behaviour. Trauma Informed Schools UK (now with trained school staff in over 4000 schools) have repeatedly found that children who have been held by a trusted emotionally available adult in this way, even just 3 or 4 times during outbursts, are able to settle to learn. Their physiological profile has not just changed in the moment but long term. This intervention has been profound for these children, both physiologically and psychologically. Many have felt safe, cared for, contained, deeply calmed by an emotionally strong and regulated adult for the first time in their lives.

All staff involved in administering supportive holding must be trained by recognised safe hold providers such as Team Teach, Mappa, Steps, or Pips, and schools must adhere to DfE guidelines on using safe holds. The 2013 guidelines state - 'Staff can intervene to prevent students hurting themselves, others or damaging property.' The situation should be assessed using an 'Informed by a moment-by-moment risk assessment – would you do this if it was your own child?' and 'No school should have a no touch policy'.

Another successful 'reset' intervention is sensory circuits (often known as sensory integration) provided for specific children in school by suitably trained occupational therapists. Hanging from monkey bars, pulling, pushing and other activities that create pressure on the joints and muscles stimulate the proprioceptive system. This sensory input is proven to help balance the child's physiological and neurological systems so they can feel calm and ready to learn and relate well.

Once the child feels safe and physiologically regulated, they can then begin the next steps in the healing process. Working with an emotionally available adult in school, they can reflect on what's happened to them through collaborative sense making. Trauma Informed Schools UK has found dramatically positive results in this stage of trauma recovery with trauma-trained staff, instead of the child having to wait sometimes up to a year on a CAMHS waiting list or not reaching the threshold for referral in the first place.

Looking at the bigger picture, having trained staff in school who can support and help these children is both an ethical and financial consideration. Exclusion not only comes at an awful cost to the child but also to the authorities that pay for their education/care outside the school system, and for over half of them, the cost of their incarceration when they reach adulthood.

The UK government signed agreement with the United Nations Convention on the Rights of the Child (UNCRC), includes the following:

- Article 28. Every child has the right to an education. …Discipline in schools must respect children's dignity and their rights.

- Article 39. Parties shall take all appropriate measures to promote physical and psychological recovery of a child victim of any form of neglect, exploitation, or abuse… Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

In light of this, how can we say we are providing every child in our school system with their right for help to recover from trauma, if we exclude primary school children as unteachable or failures at the very start of their lives?

For more information and trauma informed training and interventions please contact:

Trauma Informed Schools
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