

# The Hidden *CRISIS*:

The impact of COVID-19 on children's emotional health, the link to exclusions, and how a trauma-responsive approach can help reduce the long-term effects.

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# Foreword

## The challenge ahead

The United Nations recently acknowledged that the COVID-19 pandemic is causing widespread psychological distress. Its report last year revealed that a person dies by suicide every 40 seconds – and yet governments spend less than 2% of their budgets on mental health care. The lockdowns relating to COVID-19 will create a tsunami of new mental health problems as well as exacerbating existing ones.<sup>1</sup>

I welcome TLG's report and the recommendations that are made within it. I believe that taking a trauma-responsive approach to supporting our communities, and in particular our young people, is best. Intervention based on forming trusted relationships can bring long-term change.

Trauma can have long-term effects, leaving 'an imprint on the person's nervous system, emotions, body, learning and relationships.'<sup>2</sup> As psychologist Bessel van der Kolk says: 'the body keeps the score.'<sup>3</sup> If we don't take the time to deal with our trauma, it can manifest itself physically in a number of ways.

A more holistic approach is needed to tackle issues of trauma. We need a rebalancing in our education system, so that it promotes wellbeing and life skills as much as it does academic achievement. There is going to be no vaccine available for the effects of COVID-19 on mental health and poverty, and that is why this report is so important. If implemented, it could save so many young people from living with the long-term consequences of COVID-19.

Please read this report, and consider how best to act upon it.



**Patrick Regan OBE**  
Chief Executive and Co-Founder of Kintsugi Hope

1. <https://www.un.org/press/en/2020/sgsm20313.doc.htm> (accessed February 2021)

2. <https://www.traumainformedchurches.org/what-is-trauma> (accessed 23 July 2020).

3. Bessel van der Kolk, *The Body Keeps The Score: Mind, Brain and Body in the Transformation of Trauma* (London: Penguin, 2015).

# The Hidden *CRISIS*

## Introduction

The countless ways that COVID-19 has impacted our society will, directly or indirectly, have a huge effect on our emotional health.

**The increasing emotional health crisis is the hidden crisis of COVID-19.**

In a survey commissioned by mental-health charity YoungMinds, 87% of children agreed that they had felt lonely or isolated during lockdown.<sup>4</sup>

Transforming Lives for Good (TLG) has over 20 years' experience supporting children struggling with their emotional health. Our experience with getting alongside children, combined with other research, clearly indicates that the impact the pandemic has had on emotional wellbeing will be more acute for children struggling at school who face isolation, anxiety, bereavement, food insecurity and poverty.

Urgent action must be taken to mitigate the consequences of COVID-19 for emotional wellbeing, before it impacts our society for generations. This feels like a huge task, but one that can be achieved if individuals and organisations – from the Government, to the NHS, to schools, to the voluntary sector – work together to prioritise children's emotional health and wellbeing.

This will not only lead to better wellbeing, but will enable children to feel ready to learn, socialise and be hopeful for the future.

This briefing paper is a short introduction to some of the ways in which COVID-19 has impacted children's emotional health and wellbeing, and what can be done to mitigate this. In particular, this paper focuses on how the emotional repercussions of COVID-19 risk a dramatic increase in exclusions, when children's emotions are played out in ways that are labelled 'disruptive'.

I hope you find this briefing informative and challenging, as we look to what can and must be done to alleviate the hidden impact of COVID-19: the emotional health crisis in children.



**Tim Morfin**

TLG Founder and Chief Executive

4. <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>

# Crisis averted?

*Many children have reported feeling lonelier, are worried about their school work and have increased mental health difficulties, to name just a few of the ways COVID-19 has affected children's wellbeing.*

- Young Minds, Place2Be, Oxford University

**All children will need comprehensive pastoral care to adjust back into school and to recover from the impact COVID-19 has had on their emotional health and wellbeing.**

- TLG



*The most common cause of exclusion in the UK is 'persistent disruptive behaviour.'*

- National Statistics, GOV.UK

**A trauma-responsive approach teaches us that what is usually termed 'bad or disruptive behaviour' is actually a form of communication, a coping mechanism and a cry for help.**

- TLG



*Adverse Childhood Experiences can have lasting effects on a child's wellbeing, including depression, poor academic achievement and imprisonment.*

- National Statistics, GOV.UK

**Teacher training should include training to understand the impact of Adverse Childhood Experiences (ACEs) on development, as well as a trauma-responsive approach to a child's behaviour.**

- TLG



*The declining emotional wellbeing across children for most of the past decade will be accentuated due to COVID-19. For children exposed to trauma, the risk of a severe impact is even greater.*

- The Children's Society

**Lessons on emotional wellbeing, productive ways of coping and how to support others with their emotional health should be incorporated into the national curriculum across school years.**

- TLG



# Executive Summary

## **Children in the UK are facing an unprecedented emotional health crisis.**

Even for the 10 years prior to the COVID-19 pandemic, children's wellbeing had been in steep decline. However, despite this decline, there was very little recognition of how to help children suffering from toxic stress and Adverse Childhood Experiences (ACEs). These children were expected to switch into 'learning brain' when at school, whereas because of their home situations they were still stuck in 'survival brain.'

This lack of recognition from authorities was already risking a catastrophic, long-term impact on children's wellbeing. But with the addition of COVID-19 and many months of lockdown in 2020 and 2021, more and more children are being brought into this vulnerable category. Added to this, across the sector there are concerns that should urgent support for children and their families not be implemented, social services are likely to be overwhelmed.

We believe this issue must be prioritised to avoid reaching crisis point.

The lack of focus on wellbeing is reflected in the huge gap between the £700 million committed to help children catch up academically, compared to the £8 million 'Wellbeing for Education Return Fund'.

Equal precedence must be given to supporting children emotionally, as is given to supporting them academically.

A trauma-responsive approach must be at the heart of all education and children's services; this is more important now than ever before.

As the emotional wellbeing of more and more children is impacted by COVID-19, if this crisis is not alleviated by a therapeutic response, more children will be at risk of exclusion.

If we do not act, we are risking a generation of children being left behind due to circumstances beyond their control, falling through the net that could easily have been strengthened to prevent this.



# Summary of Recommendations

- The Department for Education should give schools clear backing in providing comprehensive pastoral care to children as they adjust back into school, rather than just focusing on academic standards.
- The Department for Education and school leaders must ensure teachers and children's workers are equipped with the time, resources and training they need to offer 1:1 provision to children needing extra support with their emotional wellbeing.
- Schools must review their behaviour policies to be trauma-responsive, including new behaviour requirements brought in during the pandemic. Schools should go the extra mile to avoid any fixed-term or permanent exclusions, and focus instead on making the referrals to secure the additional help that children need.
- Trauma-responsive approaches and guidance on the impact of Adverse Childhood Experiences must be incorporated into teacher-training, with all qualified teachers also completing additional training in this area.
- Compulsory lessons on emotional wellbeing, productive ways of coping and how to support others with their emotional health should be incorporated into the national curriculum across all school years.
- The Department for Education, in partnership with the Department for Health and Social Care, should commission an independent, expert-led inquiry into the decline in children's wellbeing both during COVID-19 and prior to COVID-19, with clear recommendations of what can be done to help.
- Local Authorities must work with schools (including non-state schools) to incorporate a trauma-responsive approach into the exclusions process, including, but not limited to, every Local Authority employing a trauma-responsive therapist/coach as part of their education department.
- The Department for Education or Number 10 Downing Street should appoint an Early Intervention Taskforce to develop new and innovative ways to intervene earlier in a struggling child's life, with their recommendations being met with sufficient government resources.

# Introduction to Emotional First Aid & Emotional Rollercoaster

**TLG has over 20 years' experience supporting children and young people. Over this time, TLG has learned how to bring effective, trauma-responsive approaches to those who are struggling with emotional health.**

This knowledge and experience, combined with our growing understanding of attachment awareness, trauma and therapeutic approaches, form the backbone of the online training we are now offering.

Throughout the COVID-19 pandemic it was evident, from the experience of TLG's teachers and coaches, that the emotional wellbeing of children was at serious risk of a staggering decline. While TLG may not be equipped to reach every child through its programmes, the charity considered what it could do to train communities to respond to the emotional needs of families in their local area. Through this, TLG developed the Emotional First Aid and Emotional Rollercoaster courses. These free interactive webinars are designed to train volunteers in how to respond to the emotional challenges children and families will be facing in light of the COVID-19 crisis. Initially, this was rolled out across churches. TLG is now beginning to roll these courses out across interested schools.

So far there has been an enormous uptake in places at the webinars, with extra training dates constantly being added. This is a small sign of what this briefing has already concluded: there is a growing, hidden emotional health crisis and people want to know what they can do about it.





### Emotional First Aid

Emotional First Aid is a free online training session in the form of a 1 hour 15 minute interactive webinar, designed to help people spot the signs of emotional distress in children and adults, and know how to respond to them effectively. Offering practical advice, backed with well-known therapeutic responses, Emotional First Aid equips those who are supporting individuals or groups who may experience overwhelming emotions, anxiety or distress due to their everyday circumstances and/or the ongoing impact of COVID-19.

### Emotional Rollercoaster

The Emotional Rollercoaster is a substantial online resource and accompanying 2-hour training webinar. The Emotional Rollercoaster offers a series of 15 activities that include therapeutic responses and approaches that enable people to safely explore emotional health with children and young people aged 8-14 years. It is especially relevant for those people supporting children who have been impacted by lockdown and COVID-19.

TLG is committed to growing in the understanding and delivery of attachment-aware, trauma-responsive and therapeutic approaches throughout TLG's programmes and offerings to support local communities. TLG is especially grateful for the expertise and consultancy offered by specialist Louise Michelle Bomber – author of *Inside I'm Hurting* and *Know Me to Teach Me*. TLG values her wisdom, experience and insight as we further develop therapeutic practice within the charity.

### Introduction to Early Intervention

TLG Early Intervention was founded after the realisation that, for many students attending our TLG Education Centres, there were many stages where earlier therapeutic intervention could have prevented them from reaching crisis point. That is why TLG Early Intervention focuses on working with children at an early stage when challenges first arise. Our TLG Early Intervention coaches use play therapy to help the coached child express their emotions and learn coping mechanisms.



**Rachel Morfin**

Head of Therapeutic Practice

Rachel has over twenty years' experience working with children.

She has a growing wealth of knowledge on relational trauma and supporting the emotional wellbeing of children in primary and secondary schools. Rachel pioneered TLG's Early Intervention programme and the Emotional First Aid and Emotional Roller Coaster projects and now leads TLG's Therapeutic Practice team.

# A Trauma-Responsive Approach

TLG continues to work to reframe the general opinion of how the behaviour of children and young people is viewed. We want trauma-responsive practice, including a greater understanding of the impact of relational trauma and Adverse Childhood Experiences, to be the norm across all schools and children's work. Only when this is the case will we truly be able to reverse the damaging decline in children's wellbeing.<sup>5</sup>

## What is relational trauma?

Learning from Dr Bruce Perry's understanding of emotional and social development, we can see that the very first core strength of a child comes from a healthily-formed attachment with their main caregiver.



When a child has experienced a positive 1:1 relationship with their main caregiver, they are likely to form healthy self-regulation strategies with an ability to control primary urges and strong feelings.

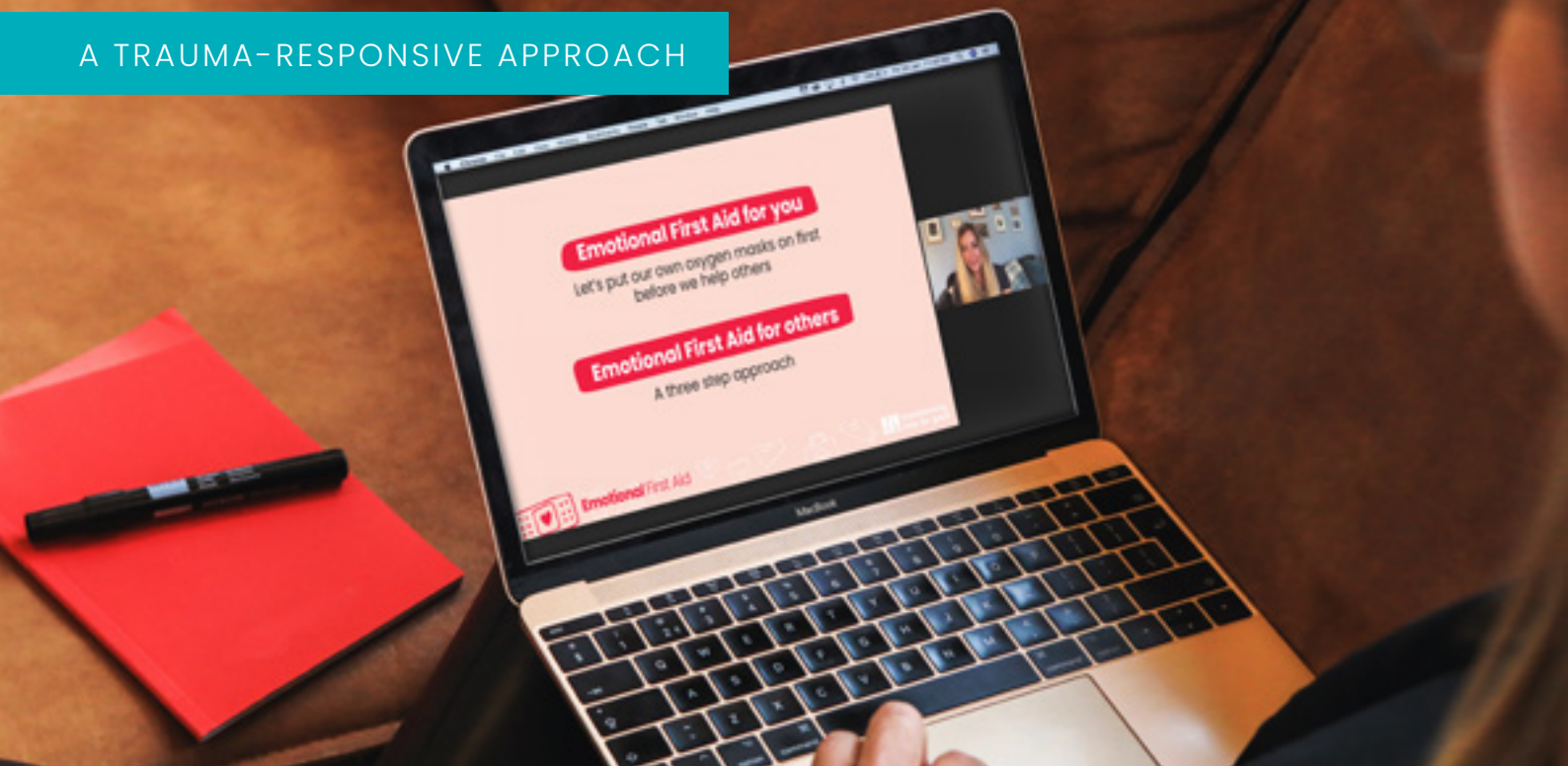
This helps a child to connect with others and, when they do, they start to notice differences. Once a child is aware of these differences and can operate in groups, they become tolerant. A child then realises it's not only tolerable that people are different, but recognises that it's good and that the world needs diversity.

Relational trauma is when an attachment is injured by abandonment, particularly when relating to the main caregiver. Anxiety linked to this can be described as toxic stress. If an early attachment is not successfully formed, it interrupts the route of development above, meaning a child may not learn to regulate emotions, form friendships and become tolerant of the world around them. In turn, this can massively impact a child's ability to regulate their emotions, to be in a mindset to learn and to successfully assimilate into the school or other mainstream environments.

## What are Adverse Childhood Experiences?

Adverse Childhood Experiences (ACEs) describe traumatic events in a child's life. There are three types: abuse (physical, emotional, sexual); neglect (physical, emotional); and household dysfunction

5. [https://www.childrenssociety.org.uk/sites/default/files/2020-09/PRE022a\\_Good%20Childhood%202020\\_V6\\_LR.pdf](https://www.childrenssociety.org.uk/sites/default/files/2020-09/PRE022a_Good%20Childhood%202020_V6_LR.pdf) (accessed December 2020)



(mental illness, incarcerated relative, domestic abuse, substance abuse, divorce).

ACEs can have lasting effects on health and wellbeing throughout a child's life, ultimately increasing their chances of depression, poor academic achievement and even imprisonment.<sup>6</sup>

### How does this impact a child's wellbeing and increase their chances of exclusion?

A trauma-responsive approach teaches us that what is usually termed 'bad or disruptive behaviour' is actually a form of communication, a coping mechanism and a cry for help.

A child experiencing toxic stress is in 'survival brain' mode rather than 'learning brain' mode. This means they are not open to learning new information, are focused on threat, cannot stay calm and they doubt their own ability. Any further stress only adds to the toxic stress, meaning it has a greater

impact than stress would normally have on someone without trauma. They struggle to learn and participate in a mainstream school class, which often outplays in ways that are labelled 'disruption', putting them at higher risk of exclusion when they are actually communicating their need for support.

Yet the most common cause of exclusion in the UK is 'persistent disruptive behaviour'.<sup>7</sup>

There is an urgent need to rethink the way exclusions and disruptive behaviour are viewed. Otherwise, children will carry the burden of their early childhood experiences for the rest of their lives.

### That cycle must be broken.

Being trauma-responsive means recognising there is a responsibility to facilitate stress regulation, rather than behaviour management. It aims to identify the underlying issue, rather than just rewarding or

6. <https://www.wavetrust.org/what-are-adverse-childhood-experiences> (accessed December 2020)

7. <https://explore-education-statistics.service.gov.uk/find-statistics/permanent-and-fixed-period-exclusions-in-england> (accessed December 2020)

punishing the behaviour communicated, and recognises that the right support can enable a child to identify better choices that repair any relational or structural damage caused by their actions. This then helps them to respond with healthy regulation strategies when faced with similar situations in the future.

In our schools and across all children's work, we need to be creating an environment where students feel safe, protected and supported, and where emotional wellbeing is prioritised – recognising that only when a child feels secure, calm and valued are they in a place to learn.

This will lead to children with better emotional wellbeing, who are calmer and more ready to learn. It will also reverse the catastrophic trend of ever-increasing exclusions in UK schools.

Many teachers are doing the best job they can, but a lack of training, resources and time means teaching staff are often ill-equipped to deal with a struggling child's underlying issues in a trauma-responsive way.

**With children's emotional wellbeing declining for most of the past decade,<sup>8</sup> added to the further accentuation of COVID-19, trauma-responsive classrooms must be made a priority.**

8. [https://www.childrenssociety.org.uk/sites/default/files/2020-09/PRE022a\\_Good%20Childhood%202020\\_V6\\_LR.pdf](https://www.childrenssociety.org.uk/sites/default/files/2020-09/PRE022a_Good%20Childhood%202020_V6_LR.pdf) (accessed December 2020)

### CASE STUDY:

*M was bullied quite badly at school, affecting his self-esteem to the point that he wouldn't leave the house. The fact that he was missing his education as a result heightened his anxiety further. However, when he came to a TLG Education Centre he received the support he needed, both emotionally and academically. M's parents commented on how the change in his confidence has been truly phenomenal. He is more settled, confident, happier and his future looks bright.*

### CASE STUDY:

*When F struggled with his school work, he would kick out and run away. He constantly battled with his emotions and was regularly excluded. Even when he arrived at the local TLG Education Centre, he struggled at first as he just didn't believe in himself. However, the pastoral approach and persistence of the TLG team meant that F soon learnt how to control his emotions, express his feelings in a constructive way and build positive relationships with his peers. He started to believe in himself, make friends and eventually transitioned back into school.*

## RECOMMENDATIONS:

- Trauma-responsive approaches and guidance on the impact of Adverse Childhood Experiences must be incorporated into teacher-training, with all qualified teachers also completing additional training in this area.
- Compulsory lessons on emotional wellbeing, productive ways of coping and how to support others with their emotional health should be incorporated into the national curriculum across all school years.
- The Department for Education or Number 10 Downing Street should appoint an Early Intervention Taskforce to develop new and innovative ways to intervene earlier in a struggling child's life, with their recommendations being met with sufficient government resources.



# Impact of COVID-19 on Wellbeing

The current crisis has exacerbated existing emotional health challenges, as well as impacting them in new ways.

Many children reported that they felt lonelier,<sup>9</sup> are worried about their school work<sup>10</sup> and have increased mental health difficulties<sup>11</sup>. For some pupils, lockdown has brought significant trauma, for example, if they have experienced bereavement, abuse or neglect. For children exposed to trauma, the risk of a severe impact on their emotional health is even greater.<sup>12</sup>

While need was increasing, access to services was becoming more difficult due to restrictions. Young people felt cut off from support mechanisms<sup>13</sup> which exacerbated the decline in emotional health and their feelings of uncertainty about the future.

During the first school closures, teachers were already liaising with TLG Early Intervention coaches about children who needed coaching because of lockdown, as well as children who were already struggling.

There needs to be a sector-wide and government-backed focus on early intervention, to support children in their hour of need. Otherwise, we risk an entire generation being permanently lost to the impact of COVID-19, when it could have been prevented.



## CASE STUDY:

*K was once very angry and emotional and struggled to follow instructions. Each week during lockdown her TLG Early Intervention Coach has called her and worked through therapeutic activities to help her communicate how she is feeling and learn how to express her emotions. Together they developed joint strategies to ensure K and her family feel supported throughout the current crisis. K is a lot calmer now, able to regulate her feelings and the positive impact has been felt by the whole family.*

9. <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf> (accessed December 2020)

10. <https://www.place2be.org.uk/media/lrj3wun/covid19-staff-survey-results.pdf> (accessed December 2020)

11. <https://www.ox.ac.uk/news/2020-06-16-children-show-increase-mental-health-difficulties-over-covid-19-lockdown> (accessed December 2020)

12. [https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth\\_COVIDinequalities\\_0.pdf](https://www.centreformentalhealth.org.uk/sites/default/files/2020-07/CentreforMentalHealth_COVIDinequalities_0.pdf) (accessed December 2020)

13. <https://www.barnardos.org.uk/sites/default/files/uploads/devalued-report-experiences-covid-19-lockdown-restrictions-visions-future-young%20people.pdf> (accessed December 2020)

## CASE STUDY:

*P found school hard and struggled to focus. This was exacerbated when lockdown meant he had to learn from home. Increasing anxieties around COVID-19 meant he refused to go outside and tensions escalated inside the home with his sister. P's TLG Early Intervention coach phoned him each week and regularly dropped off activities. These activities were usually based outside and involved his sister – helping rebuild their relationship and building P's confidence being outside. The activities benefited P's education too, helping him to practice patience and focus.*



## Not an equal experience

Inequalities in children's experience of emotional health and characteristics that can make children more susceptible are not new.

There are a variety of factors that can lead to these emotional health inequalities, including poverty, ethnicity, physical health conditions and experience of violence or abuse.<sup>14</sup> These are all factors which will also have affected people's experience of living through the COVID-19 pandemic – further impacting a child's emotional wellbeing.

## Keeping in contact

On both occasions when schools were closed, exceptions were made for children classed as vulnerable by set criteria to still attend school.<sup>15</sup> However, attendance statistics show that for most of the first closures, the number of vulnerable children attending school was consistently 10% or less – on some weeks as little as 2%.<sup>16</sup>

For children not attending school, teachers attempted to engage them in some form of contact which, as well as furthering their learning, was also an opportunity to check in on students' wellbeing. However, there was mixed success, with some reports of little engagement. This was especially prevalent for pupils with limited access to resources, vulnerable children, pupils with Special Educational Needs and Disabilities (SEND) and pupils in receipt of Pupil Premium.<sup>17</sup>

14. <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf> (accessed December 2020)

15. <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people/coronavirus-covid-19-guidance-on-vulnerable-children-and-young-people> (accessed December 2020)

16. <https://www.gov.uk/government/publications/coronavirus-covid-19-attendance-in-education-and-early-years-settings> (accessed December 2020)

17. <https://www.nfer.ac.uk/schools-responses-to-covid-19-pupil-engagement-in-remote-learning/> (accessed December 2020)

## CASE STUDY:

*D used to get extremely nervous in school, which affected his attitude towards his work and teachers. His transition to secondary school was particularly disruptive and difficulties at home meant D had to move to live with his Dad. He was referred to a TLG Education Centre where initially he struggled to adjust, both to another new environment and with the amount of education he had missed. However, the Centre soon became a place of relief, care and assurance, and D made huge progress both emotionally and academically. The TLG team continued to maintain contact and support D throughout lockdown and so D continued to engage with his education, adapting well, and confidently returning to the TLG Education Centre after lockdown.*



Where contact between schools and home was lost, there were concerns about the increased risk to those children. This was especially the case where there was a higher risk of that child's home-related anxieties or trauma being intensified as they spent more time in the home, without the usual support networks a school can provide.

At TLG's schools, due to the staff : pupil ratio, teachers were able to put more time into making sure every student was contacted regularly. However, even that brought its own challenges, with an increase in the number of families requiring intervention from social services - a pattern likely to be repeated across the country.

One TLG Education Centre headteacher noted: 'Across TLG's schools, we are finding ourselves making hundreds of calls a week and carrying out home visits to make sure we are keeping track of our 'most at risk' students. It's worrying that we have seen a significant increase in the number of referrals that are being made by our teams to social services for domestic violence and mental health problems. It's a difficult time for all.'

Across the sector there are concerns that should urgent support for families not be implemented, social services are likely to be overwhelmed.

### School or home anxiety

On top of existing emotional health inequalities, children's experiences of COVID-19 will have varied, impacting their emotional wellbeing in differing ways. For example:

**School-based anxiety:** children with school-based anxiety will find it extremely hard to return after so long at home.



**Home-based anxiety:** for some children, where there is instability at home, school is their safe place, so lockdown will have intensified home-related anxieties. A TLG Early Intervention coach, who has supported families through this, described it as **'putting a lid on a pressure cooker, turning up the dial and the lid blowing off.'**

The key to preventing the soaring emotional health crisis is equipping schools and other organisations that work with children to provide individualised support. Ensuring every child receives the same comprehensive and specialised support, regardless of any differentiating factors, is also vital.

### Uncertainty upon uncertainty

During the first lockdown, TLG Early Intervention coaches and TLG headteachers spoke of how the emotional struggles increased as time went on, particularly after the six-week mark when the lockdown was extended for a third, indefinite time period. This caused increased uncertainty around how long restrictions would continue and led to the parent/guardian taking part in the coaching session or speaking to the headteacher, as they too sought reassurance in a challenging time.

Routine is important for all children, but some struggle to cope without it. With multiple changes to a child's routine - as schools continue to open and close - some will have struggled to adapt to not only a new routine but one that they cannot be certain will not imminently change again. This included how, upon the first return to school in September, many faced new teachers and new classes - even new schools.



Children with learning difficulties and mental health problems - such as depression, anxiety, ADHD and autism spectrum conditions - are most likely to have struggled with the lingering uncertainty and will have found it extremely challenging to suddenly adapt into new routines.

All children will need comprehensive pastoral care to adjust back into school, to reassure them through increased uncertainty and to recover from the impact COVID-19 has had on their emotional health and wellbeing.

Such support is as critical as help catching up academically. There is currently a huge gap between the £700 million committed to help children catch up academically, compared to the £8 million 'Wellbeing for Education Return Fund'. Equal precedence must be given to supporting children emotionally, as is given to supporting them academically.

### The social impact

It is understood that many children will likely experience varying degrees of isolation from other children as a result of the lockdown.<sup>18</sup> This is mostly due to the time they spent with their immediate parent or guardian and without other social contacts.

A TLG Early Intervention coach observed that: 'as a result of being unable to spend time with their friends, some children were withdrawing from any kind of interaction. This in turn can lead to depression and anxiety as well as having a long-term impact on their friendships and social skills'.



### CASE STUDY:

*W does not like change and this has really unsettled her, but the face-to-face contact time and actions the TLG Education Centre team have taken are helping. W has shown real maturity and is working through all work set for her, as well as looking after her wellbeing. The local TLG team have regular contact with W's parent who also feels supported. W has ADHD and routine is important for her. Having a clear structure and wider support from the local TLG Education Centre enabled W to keep continuity and consistency in this changing environment.*

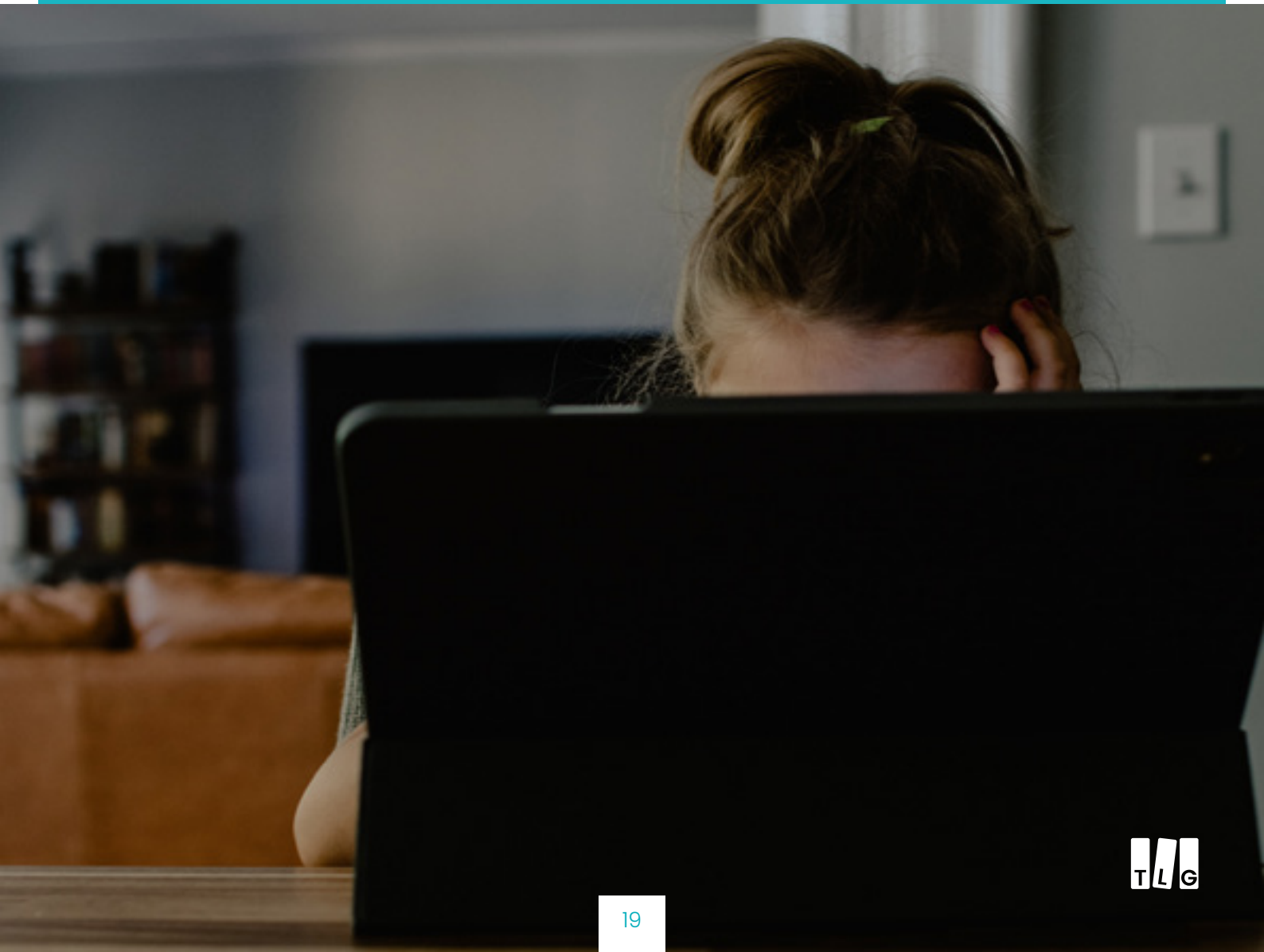
### CASE STUDY:

*J had been coached for several months prior to lockdown, but the coach had always struggled to make contact with J's mum. When the coach contacted the mum about continuing remote coaching in lockdown, he did not expect a response. To his surprise, Mum replied positively and answered the call for the first session. Since that very first call, both J and J's mum enjoyed the remote coaching sessions, with the coach enabling J and J's mum to talk through any difficulties and coping strategies, as well as facilitating family fun time. J is making great progress and J's mum is now really responsive to all communication.*

18. <https://www.hope.ac.uk/news/allnews/early-childhood-expert-shares-thoughts-on-youth-wellbeing.html> (accessed December 2020)

## RECOMMENDATIONS:

- The Department for Education should give schools clear backing in providing comprehensive pastoral care to children as they adjust back into school, rather than just focusing on academic standards.
- The Department for Education and school leaders must ensure teachers and children's workers are equipped with the time, resources and training they need to offer 1:1 provision to children needing extra support with their emotional wellbeing.
- The Department for Education, in partnership with the Department for Health and Social Care, should commission an independent, expert-led inquiry into the decline in children's wellbeing both during and prior to COVID-19, with clear recommendations of what can be done to help.



# Impact of COVID-19 and Wellbeing on Exclusion

**It was already the case prior to COVID-19 that a child who is not supported in their emotional wellbeing is more likely to be excluded from school, with exclusion in turn further contributing to a decline in wellbeing.<sup>19</sup>**

At the time of writing, exclusion statistics since the initial return to school in September are yet to be published to confirm the impact COVID-19 will have on school exclusions. However, there is a growing concern and awareness across the education and children's sector that COVID-19 is likely to cause an increase in exclusions.<sup>20</sup>

## **How can COVID-19 cause an increase in exclusions?**

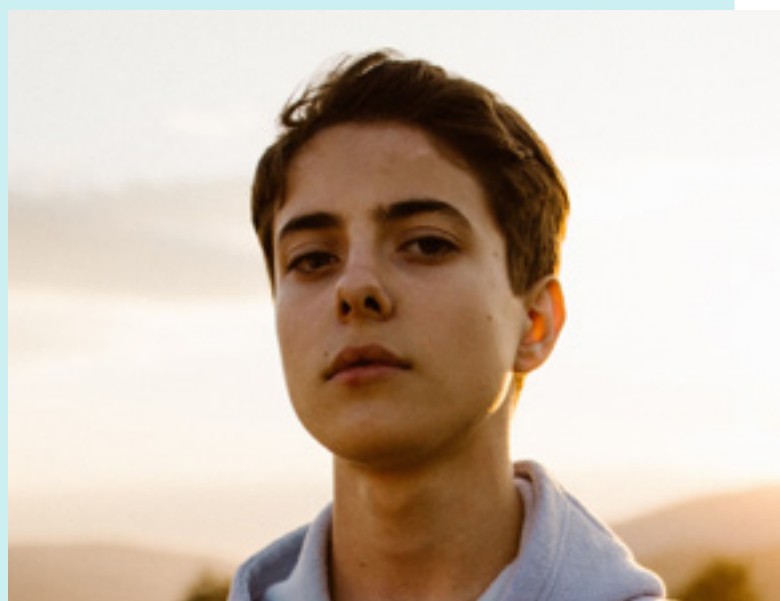
Any impact of COVID-19 on wellbeing is likely to have a snowball effect on a child's ability to assimilate into school. Children's emotions and anxieties may overflow as they respond to the stress that COVID-19 has brought and be labelled as 'bad behaviour'. In reality, it is a sign they are struggling to cope.

As referred to above, a trauma-responsive approach teaches that when children's emotions are heightened, they can burst out at school, leading to reprimand. This then results in a negative spiral of further anxiety leading to further outbreaks of emotion and further reprimanding – potentially leading to a fixed-term or permanent exclusion from school.

As children deal with the emotional health and wellbeing crisis triggered by COVID-19, there is a heightened risk of more children being trapped in this cycle and being excluded as a result.

Schools have an important role to play in supporting the emotional health and wellbeing of their pupils to prevent an increase in exclusions, by developing approaches tailored to the particular needs of their students.

However, with increasing numbers of children in need of support, and teachers under increasing pressure and with decreasing resources, many will feel they are not resourced enough to offer children the additional support they need. This must change.



19. <https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/camh.12367> (accessed December 2020)

20. [http://www.education.ox.ac.uk/wp-content/uploads/2019/11/Daniels-et-al.-2020\\_School-Exclusion-Risks-after-COVID-19.pdf](http://www.education.ox.ac.uk/wp-content/uploads/2019/11/Daniels-et-al.-2020_School-Exclusion-Risks-after-COVID-19.pdf) (accessed December 2020)

Teachers and other children’s workers must be equipped with the time, resources and training they need to help children pastorally, as well as to catch up academically. They need to be given the space to make sure no child is left to deal with spiralling emotional health without the support they urgently need.

“

***There needs to be considerations for why we may have to make decisions that don’t bring academic progress but do bring resilience and emotional growth in students who now have to face a potentially different world every time they wake up in the morning.***

- TLG Education Centre headteacher

”

### **How does this link to a trauma-responsive approach?**

Behaviour policies should be reviewed to be trauma-responsive as well as reflect new school rules and routines. A trauma-responsive approach should recognise that changes in a child’s behaviour can be an indication of poor emotional health and distress and should be responded to appropriately. Fixed-term or permanent exclusions in the recovery period should be used as a very last resort.

As referred to in the previous chapter, children will be experiencing varying levels of separation anxiety. For children with severe

### **CASE STUDY:**

*Before lockdown, B had been excluded from school, was not focused on his work and did not engage with his TLG Early Intervention coach. During lockdown, the coach attempted remote coaching with B and he has engaged and opened up like never before. He is talking freely, has a more positive outlook and is focused on his schoolwork. Since returning to school, B received top marks for his engagement with online learning during lockdown and the school described him as a ‘completely different child’, putting it down to the consistent support and trust established between B and his TLG Early Intervention coach, as well as the coach’s ability to be creative with how she is offering support.*

separation anxiety and those whose anxieties are school-based, exclusion can be seen as a relief. Anxiety can lead them to outwardly display actions that will again lead to exclusion – what they see as an ‘escape’. Exclusion then becomes counterproductive as it encourages the very behaviour it intends to prevent. Instead of exclusion, children need to be met with trauma-responsive support and taught coping mechanisms, to get to the root of what is causing their anxiety to be exacerbated in a school environment.

## Trauma-responsive training

To effectively support children at school, teachers need to be trained to understand the impact of Adverse Childhood Experiences on development and approach each child's behaviour in a trauma-responsive way. The Timpson Review of School Exclusion (2019) recommended that the 'Department for Education should ensure that accessible, meaningful and substantive training on behaviour is a mandatory part of initial teacher training and is embedded in the Early Career Framework. This should include expert training on the underlying causes of poor behaviour (including attachment, trauma and speech, language and communication needs), and strategies and tools to deal effectively with poor behaviour when this arises.'<sup>21</sup>

This is an important recommendation in a report directly commissioned by the government. However, so far there has been very little progress in this or other important recommendations in the report, which could make a huge difference in the lives of so many.

## A multitude of challenges

A child who has already been excluded is often facing a multitude of challenges; such as being in care, in need, in poverty or having SEND, among others. Statistics show that children with these demographics are far more likely to end up excluded and in alternative provision.

**Despite needing and deserving the best possible support to thrive beyond their circumstances, they often don't get it.**

### CASE STUDY:

*A struggled with anxiety which affected her confidence. She would not ask for help in class and would often argue with teachers and get into fights with her peers, resulting in her exclusion. A spent five months after exclusion at home, with no plan put in place. However, eventually she was referred to and accepted into a TLG Education Centre. The TLG team helped her catch up on school work, as well as working through her emotions and anxieties. A was later successfully reintegrated back into mainstream school and, even though A still feels anxious at times, she knows how to communicate her feelings and use coping mechanisms.*



21. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/807862/Timpson\\_review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/807862/Timpson_review.pdf)

## Hidden exclusions

Prior to the pandemic, there was already an alarming increase in 'hidden' exclusions – where pupils are kept in internal isolation on school sites or are unofficially excluded.

The current pressures on schools to deliver a COVID-19 safe environment and allow children to catch up academically, means schools are lacking time and resources to give to children in need of additional support. Pupils, parents and schools can end up in conflict about the best way forward, which may result in no official outcome, putting the child at risk of unofficial exclusion.

There is an awareness that some schools have now taken to other approaches in dealing with students struggling in mainstream education. For example, 'hidden' exclusions, which are not categorised as an 'official' exclusion but are nevertheless exclusionary and can have a ruinous impact on a child's future if they are not given the additional support they need.

There must be a forensic look into why schools are taking measures such as hidden exclusions over therapeutic early intervention. Whether it is finances, accountability or time pressures that are preventing schools from administering successful early intervention schemes and therefore contributing to this 'exclusions crisis', the cycle must be broken if we are to prevent a generation of children being lost to exclusions.

## A joined-up response

Whatever a pupil's experience during lockdown, schools, government and other bodies have a huge role to play together

in supporting every child's wellbeing, resilience, and re-engagement with learning. Otherwise, we risk a catastrophic number of vulnerable children being excluded from school and, ultimately, excluded from future opportunities in life.

## CASE STUDY:

*T has ADHD which meant he struggled in a mainstream school environment where he was expected to sit still for long periods. He was only six when he was first excluded, which caused him to become angry and withdrawn. The local TLG Education Centre helped T learn in a way that suited his needs and T knew his teachers were there for him and believed in him. T went from dreading school to enjoying it and excited to tell his mum all that had happened in his day.*



## RECOMMENDATIONS:

- Schools must review their behaviour policies to be trauma-responsive, including new behaviour requirements brought in during the pandemic. Schools should go the extra mile to avoid any fixed-term or permanent exclusions, and focus instead on making the referrals to secure the additional help that children need.
- Local Authorities must work with schools (including encouraging non-state schools) to incorporate a trauma-responsive approach into the exclusions process, including, but not limited to, every Local Authority employing a trauma-responsive therapist/coach as part of their education department.





# Conclusion

**The emotional wellbeing crisis in children, which existed before the COVID-19 crisis, has been further deepened by it. This is likely to lead to a rise in exclusions, increasing pressure on social services and more children falling out of the education system - with potentially catastrophic lifelong consequences - if nothing is done.**

As children return to school reeling from the impact of school closures and restrictions, equal precedence must be given to supporting children emotionally, as is given to supporting them academically.

A trauma-responsive approach must be at the centre of this, to prevent the wellbeing crisis from spiralling out of control and leading to an increase in school exclusions.

This approach recognises what is usually termed 'bad or disruptive behaviour' - a

primary cause of exclusion - is a coping mechanism and a cry for help.

Many teachers are doing the best job they can, but a lack of training, resources and time means staff are often ill-equipped to deal with a struggling child's underlying issues in a trauma-responsive way.

The Government, schools, Local Authorities and other relevant bodies must work together to ensure children are fully supported in their emotional wellbeing via trauma-responsive early intervention.

There are a range of short-term and long-term actions that can be taken. This includes incorporating trauma-responsive training into teacher training and incorporating a trauma-responsive approach into the school exclusions process (to read all recommendations, go to P7).

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