

# **Multi-agency understanding and response to Looked-After Children in Schools**

Jennifer Nock April 2019

## ***Introduction***

The majority of Looked-After Children (LAC) have special educational needs (SEN) and LAC are much more likely to have SEN than the general pupil population. Some of these needs are created by the lack of early positive attachment relationships and the associated negative impact upon the healthy development of the brain. This article aims to draw attention to some of the less frequently considered challenges faced by such children, and also to raise some suggestions for schools and Local Authorities (LAs), for improving successful educational inclusion of LAC.

A wide body of research indicates that removing children from their birth families, thus causing disruption to the parent-child (mal-)attachment, is so disturbing, even for those who are ill-treated by their parents, that it results in adverse social and emotional outcomes ranging from mild to severe. Infants, toddlers, children and adolescents who are in the care of LAs all too often experience not only the wrench of separation from their birth family, but multiple separations, as they are frequently moved from one placement to another. Thus, they suffer multiple experiences of separation, attachment disruption, loss and trauma and very often develop profound and complex difficulties, which are described by traditional medical and mental health models as 'depression', 'anxiety', 'behavioural problems' and/or 'defiance'.

## ***Understanding the particular needs of LAC and young people***

Some types of SEN are clearly present at conception, for example, Down Syndrome, but some are caused by early experiences. When a child is not able, for whatever reason, to experience sufficient safety through both the physical and emotional availability of a nurturing adult, the orderly development of the brain and body can be significantly affected. The development of the brain is not shaped exclusively by genetics but by the baby's experiences of the world and the people in it. From the start, the infant brain is striving to work out whether the world feels safe or frightening, and the brain then develops connections designed to survive within this perceived world. The particular, personal, daily world that a baby has been born into is the *only* world so far as the baby is concerned, and the infant brain moulds itself to that reality. The developing, physiological architecture of the brain is designed to adapt

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so that the baby can survive in this personal world into which s/he is born. Therefore, the brain of a child who has experienced felt safety in infancy and early childhood differs from the brain of a child who has not, and children who have experienced developmental trauma (and this is likely all children who are in the care of LAs), face many neuro-behavioural challenges, including poor executive functioning; memory and learning problems; impaired judgment; emotional and physical self-monitoring difficulties; difficulty thinking through consequences; expressive and receptive communication difficulties; poor social judgement; impulsivity and lack of self-control; lack of motivation and empathy; and other effects.

Sensory processing difficulties often contribute to and exacerbate the problems identified above. Many children who have had insufficient or inconsistent care have sensory processing difficulties because the senses form a large part of the infant's and toddler's early attachment experience, for example through being rocked and cuddled, through positive eye gaze, and through soothing speech and songs. When they experience high levels of pleasure and comfort through their senses, their sensory processing is integrated, between and within the sensory systems. The developing child is increasingly able to interpret, understand and respond to information received via the senses.

Children who have been through trauma in infancy and toddlerhood may not have had the positive sensory experiences necessary for healthy development. They may be over-reactive to sensory stimulation constantly seeking sensory experiences, or may be under-reactive and trying to resist or avoid the discomfort that sensory experiences bring. Such children frequently present as dysregulated, sensory-seeking or –avoidant. They may even find some sensory input overwhelming and find it impossible to engage with people or the environment. The behaviours that result from this over- or under-sensitivity to sensory stimulation do not fit well in the typical classroom.

Closely linked with the usual sensory processing difficulties are problems with the sense of interoception, the often ignored sense that helps us to feel, process, understand and respond to what is happening in the body. This particular sense is often underdeveloped and/or impaired in children who have experienced early adversity. The child or young person knows that s/he is uncomfortable and not OK,

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but cannot identify nor name the source or cause of discomfort, and therefore, cannot find an appropriate solution. This child is easily recognisable, s/he is the one to whom adults frequently need to say *'It's hot today! Take your coat off'*; or *'Look at your face, you're all hot and sweaty! Go and get a drink of water'*. This child may be described as lacking in physiological literacy, and again, this does not fit well in schools, particularly if adults are unable or unwilling to interpret the body's signals for the child, and suggest an appropriate solution, as described above.

Another often unconsidered difficulty is the underlying, painful emotions that are experienced by LAC and young people. There is too often a focus on anger and anger management, without sufficient attention to the source of expressions of anger. Anger is often the bi-product of raw and vulnerable emotions such as sadness and fear. Unless we address these emotions primarily, we cannot address the angry behaviour; we need to validate and explore why children become distressed and are unable to cope, disparagingly described as 'kicking off' in many schools. An angry looked-after young teenager recently told 'I'm just so lonely. I just want my Mum'. A focus on the anger had missed the problem completely. This child needs support to manage the reality: returning home to Mum is not going to be possible, and coping with this should be the aim of all work, support, therapy and strategies.

An additional difficulty was that this child had had five social workers in six months. The child told me 'I'm not telling my story again! It's too hard.' Who can wonder at that? Such lack of continuity of care simply makes worse the feelings of lack of agency, belonging, safety, predictability, which for children are basic needs.

Thus, the sources of some problems for LAC are within-child difficulties, while others are systemic in schools and LAs. Many schools fail to take these difficulties into consideration and simply react to 'unwanted' or 'challenging' behaviour, and the high level of coverage about Zero-Tolerance, Isolation Booths and Exclusions bear witness to the harsh fact that our most vulnerable children and young people are being further traumatised by adults and adult systems. So, how can we respond appropriately?

**What schools can do**

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Schools must reflect upon the asymmetrical relationship between children and adults, asymmetrical because they involve an unequal distribution of power and therefore, of responsibility. Adults are responsible for connection, attunement, boundaries and navigation. Challenging reactions are a product of the interaction between the adult, or adult-controlled environment, and the child. It is then, the adult's responsibility to create an optimal learning context for each child, which means building a threat-free, safe environment around the child where adults are in charge and take full responsibility for what happens.

Schools can also ensure that every member of staff, not just the Designated Teacher, has at least a working knowledge about the impact of early experience on the developing brain, and the neurological differences between a child who is securely attached and one who is not. Robust training for all facilitates understanding of survival behaviours, particularly fight and flight, resulting in responses to survival behaviours focused on increasing safety and physiological comfort, rather than restraining, threatening and/or punishing. Developing reflective practice for all can really help to build empathy. It is vital that educators operate from a stance of curiosity rather than criticism, and that they strive to connect with and understand the child, asking *What is the purpose and function of the behaviour; what does the child need from me in this moment... and in the future?*

Schools need to develop a new narrative around behaviour, taking a developmental lens through which to view each child. The language that is used to describe behaviour often simply labels the behaviour and suggests that adults are powerless to change it, because that is what the child is like, e.g. manipulative; lazy; attention-seeking; violent. These terms need to be reframed so that educators know what the child needs in order to regulate, e.g. afraid to not be in control; exhausted; attachment-needing; lonely and fearful.

The sensory difficulties described above must be addressed in order to help children to be in a state of learning readiness. Being in a state of bodily/sensory discomfort stifles the ability to learn. Pressure/wobble cushions for carpet/chair work; weighted lap blankets and shoulder weights for periods of listening and focus; fiddle objects; frequent sensory snacks; flexibility around posture and 'good sitting'; frequent yoga

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and breathing exercises; massage; self-regulating sensory boxes; and quiet spaces all may reduce anxiety and make the child feel more grounded.

In terms of interoception, if a child does not have a complex vocabulary to describe his/her physical state, e.g. tired, hot, hungry, thirsty, full, cold, poorly, then s/he is trapped in an earlier developmental stage, and needs an intervention focused on physiological literacy. This should be considered a vital building block toward emotional literacy.

### ***What can LAs do?***

LAs can improve successful educational inclusion of LAC through the development of trauma-responsive organisational culture within and between agencies. This is no small task, because there are so many participants, often with differing, or even competing priorities, agendas and narratives.

Starting points may include ensuring that Virtual School Heads (VSHs) are only recruited from a pool of successful headteachers from 'real' schools, who have the experience, knowledge, authority and drive to have a positive impact on provision for LAC.

Continuity of significant relationships in children's lives, e.g. social workers, foster carers, therapists, should also be a key priority, and all should be working together to prevent frequent changes in key personnel. This means asking hard questions, where adults take responsibility for failure and breakdown. If a child's placement breaks down, what are the underlying causes? It is certainly not the child's fault. Are personnel being adequately trained and supported?

Bureaucracy, red tape and 'can't do' thinking need to be tackled. For example, LAC suffer from a significantly higher incidence of mental health disorders (46.4%) than non-disadvantaged children in the general population (8.5%)

(<https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/>, accessed 18.04.2019), so a priority for LAs and VSHs is to support children in accessing mental health services. This can be challenging because many Child and Adolescent Mental Health Services (CAMHS) only start therapeutic treatment once a child is considered

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'settled', which, in reality, means that for some, it will never happen. Is this acceptable? How can this be solved and who is responsible for finding the solution?

If we are to improve inclusion and outcomes for LAC, LAs have to begin to implement trauma-responsive recruitment; management and leadership; policies; training; staff wellbeing and care; language and environment; to name but a few relevant areas.

## **Conclusion**

If we are to ensure that 'attachment- and trauma-responsive' for all our children including those who are Looked-After, is not just a fad, or a buzz word, or a training day to be ticked off and forgotten, Heads of Service within each LA, school leaders and individuals must embrace a paradigm shift, a culture change, a totally new lens, perspective and narrative.