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Exclusion from School and Attention-Deficit/Hyperactivity Disorder

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The exclusion of children from school, either on a fixed-term or a permanent basis, is a disciplinary tool used in primary and secondary schools throughout the United Kingdom. Students with special educational needs (SEN) are more likely to be permanently excluded than pupils without SEN (Department for Children, Schools and Families 2009). In this review paper, I will examine the role of underlying behavioural difficulties in school exclusion and specifically explore the potential role of ADHD in disruptive behaviours. Finally, with a view to initiating a discussion that emphasizes early recognition and proactive management of the causes of disruptive behaviour, I will use the evidence from this review to identify areas for further consideration. The over-arching intent of this effort is to encourage continued debate among all stakeholders in this important issue that impacts children's potential and incurs a significant societal cost.

Keywords: school exclusion, ADHD, behaviour problems, UK

Introduction

In the UK fixed-term exclusions are sanctioned by the school—and specifically the head teacher—for what is considered to be the minimum length of time necessary to ensure that the pupil and their parents or carers understand that the behaviour in question is unacceptable and will not be tolerated. Alternatively, the exclusion is used as an opportunity for full-time alternative education arrangements to be made. These can include transfer to another school managed by the local education authority (LEA), or in some cases, education outside of the school environment within a pupil referral unit. A child may be excluded for multiple fixed-term periods, provided that these do not exceed a total of 45 days within a given school year (OPSI 1998). Once the 45-day limit has been reached, subsequent behavioural infringements will lead to the permanent exclusion of the student. Typically, the first fixed-term exclusion will last from between 1 and 3 days, in line with evidence from the Office for Standards in Education (Ofsted), which suggests that this is often long enough to secure the benefits of exclusion without imposing adverse educational consequences (Department for Children, Schools and Families 2008a).

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Permanent exclusions are usually considered as a last resort, when the maximum, 45-day limit from a series of fixed-term exclusions has been reached, or when allowing the student to remain in school would be seriously detrimental to the education or welfare of their classmates (ibid.*)*. Following a permanent exclusion, the student cannot return to school without a successful appeal to an Exclusion Appeals Panel.

While schools have some flexibility in defining their own specific behavioural policies with regard to the types of behaviour that may or may not warrant exclusion, broadly speaking, the exclusion procedure is fairly similar between UK schools, and governmental guidelines are regularly updated. These policies were reviewed in September 2007 with the introduction of a new law that required schools to provide and fund full-time education for students from Day 6 of a fixed-term or permanent exclusion (Department for Education and Skills, 2007). At the same time, schools were also given greater control over the budget for each registered child. Such budgetary controls have led some schools to opt to work together in "clusters" within an LEA, allowing them to pool resources while providing high quality alternative education for the excluded student, perhaps in the form of a shared inclusion unit, or learning support centre. Consequently, the "exclusion" approach evolved to more closely focus on inclusion. Despite such measures, a recent survey by Ofsted revealed that nearly a third of schools were failing to provide excluded students with suitable alternative full-time education (Ofsted 2009). The government-commissioned Steer Report noted that compliance with the law on exclusion was not consistent and warned that this may undermine good behavioural management (Steer 2009).

During the 2007/2008 academic year in England, there were 383,820 fixed-term exclusions and 8130 permanent exclusions from primary, secondary, and special schools (Department for Children, Schools and Families 2009). These figures equate to 5.1% and 0.1% of the total school population, respectively; a child with multiple fixed-term exclusions was counted more than once. The majority of permanent and fixed-term exclusions (88% and 84%, respectively) were from state funded secondary schools; 12% and 11% were from primary schools and 2% and 4% were from special schools. This represented reductions of 6.4% and 9.8% for permanent and fixed-term exclusions respectively, from the corresponding period in 2006/2007, during which there were 425,600 fixed-term and 8680 permanent exclusions (Table 1).

While there is continuing debate about the effectiveness of the exclusion approach as a tool to discourage disruptive behaviour, it is evident that a number of children receive multiple fixed-term exclusions. According to a 2009 survey by *The Times* newspaper, over 7000 children from within 15 rural, urban and suburban local authorities were excluded from school more than once in the 2007 to 2008 academic year (Woolcock and Fishburn 2009). When extrapolated across the 375 authorities in England and Wales, this equates to almost 176,000 children (ibid.).

Table 1: Number of fixed-term and permanent exclusions by type of school and scholastic year in the UK

	Fixed-term				Permanent			
	Secondary school	**Primary school**	**Special school**	**Total**	**Secondary school**	**Primary school**	**Special school**	**Total**
2000/2001	–	–	–		7330	1440	390	**9160**
2001/2002	–	–	–		7790	1450	340	**9580**
2002/2003	–	–	–		7740	1300	300	**9340**
2003/2004	–	41300	15170	**56470**	8430	1270	300	**10000**
2004/2005	–	43720	16170	**59890**	8200	1090	280	**9570**
2005/2006	348380	–	–	**348380**	8150	970	210	**9330**
2006/2007	363270	45730	16600	**425600**	7520	980	180	**8680**
2007/2008	324180	43290	16350	**383820**	7000	960	170	**8130**

Source: *Department for Children, Schools and Families, 2009*. Information on fixed-term exclusions was collected for the first time in 2003/2004.
– : not available.

The Steer Report recommends that for children with a record of multiple exclusions, the school should consider whether other techniques would be more effective (Steer 2009). One such solution could be a Learning Support Unit, in which the disruptive student is taught separately from classmates but within the school grounds. Rapid reintegration into the mainstream classroom would be the top priority with such an approach. 'Withdrawal rooms' operate under a similar principle and may offer another alternative to fixed-term exclusion. A report published in 2005 by the Institute for Public Policy Research found that teachers consider internal exclusion to be more effective in addressing behaviour problems than fixed-term, 'external' exclusions (Peacey 2005). The Steer Report also concluded that for many children, effective early intervention by the school and extended services can avoid any subsequent need to exclude the child (Steer 2009).

Methodology

An extensive review was conducted of the published literature surrounding school exclusion and the causes and implications thereof. The literature search encompassed the Medline, National Institute for Health and Clinical Excellence (NICE), UK Department of Health, UK Department for Children, Schools and Families, UK National Statistics, and Ofsted databases, and the internet via Google. Published intervention guidelines and media reports were also reviewed. Search terms included: 'persistent disruptive behaviour', 'disruptive behaviour', 'disruptive behaviour disorder', 'ADHD', 'school', 'exclusion', 'attendance', 'United Kingdom', 'expulsion', 'school activity', 'academic achievement', 'learning', 'graduation', 'school retention', 'school performance', 'dropout', 'absenteeism', 'aggression', 'suspension', 'school exclusion' and 'social exclusion'. This took place between the months of February to September 2009. Early in the data review

process I identified a paucity of peer-reviewed literature (for example, the initial Medline search revealed only nine articles of potential interest). Information was predominantly derived from the governmental sources mentioned above as well as resources identified in a supplemental literature review based on the experience of the author, which included LEAs, teaching resources (e.g., teachernet.gov.uk) as well as reports and publications from governmental, non-governmental and advocacy agencies. I have also included currently unpublished data from two small studies of children with behavioural difficulties by De Silva (2002).

Persistent disruptive behaviour – The need for a definition

'Persistent disruptive behaviour' is a term that is widely used in the exclusion process, although there is no standardized definition that appears to have been agreed upon. Indeed, the literature review demonstrated that the term has been used to cover a spectrum of behaviours, from calling-out in class, annoying/distracting other students, and general attention seeking, to more aggressive actions. There also appears to be significant overlap with other types of behaviour, for example, the verbal or physical abuse of staff, and this can further complicate categorization. Reasons for fixed-term and permanent exclusions in England for the period 2007/2008 (presented in Figures 1 and 2) provide an illustration of the issues that tend to fall under the broad 'persistent disruptive behaviour' umbrella.

For both fixed and permanent types of exclusion, 'persistent disruptive behaviour' was most commonly cited as the reason for exclusion, accounting for 23% of fixed-term exclusions and 31% of permanent exclusions in 2007/2008 (Department for Children, Schools and Families 2009*)*. National figures from the academic year 2006/2007 showed a similar trend (Department for Children, Schools and Families 2008b*)*. This is consistent with a 2001 report by the UK government's Research, Development and Statistics Directorate, in which disruptive or difficult behaviour in the classroom was typically behind the decision to exclude a child from school (Berridge et al. 2001).

In current practice, persistent disruptive behaviour appears to be applied to a range of pervasive and to some extent predictable, consistently inappropriate behaviours rather than one-off actions such as a physical or verbal assault or damage of property. However, if the definition varies from school to school, it follows that there may be significant variation in the criteria being applied when making the decision to exclude a pupil, and this may make interpretation of inter-school comparisons of exclusion statistics difficult. The data presented in Figure 3 show the incidence of permanent exclusion attributable to persistent disruptive behaviour across a number of LEAs in England. LEAs were selected solely on the basis of data availability. Disruptive behaviour was repeatedly listed among the most common reasons for permanent exclusion. However, no definition of the term was provided by any LEA.

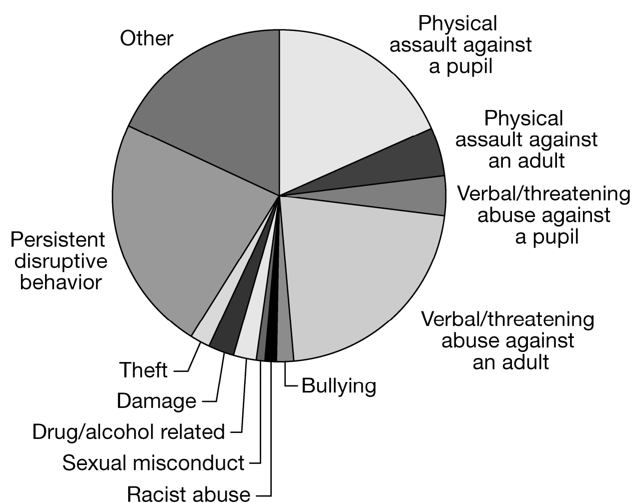

Figure 1. Primary, secondary, and special schools percentage of fixed–term exclusions by reason for exclusion, 2007/2008 England (adapted from Department for Children, Schools and Families 2009)

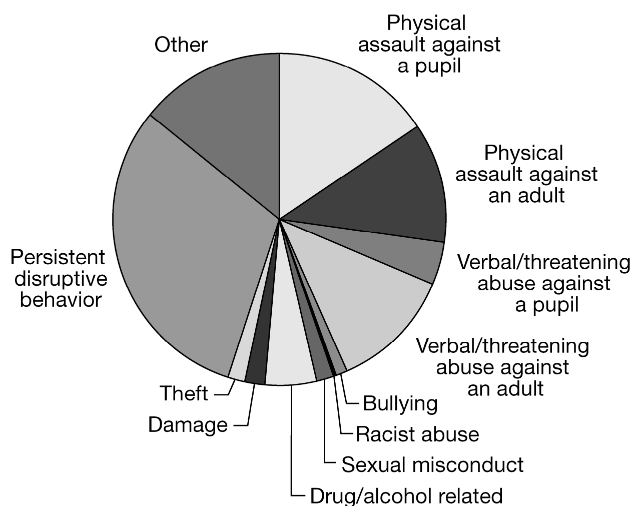

Figure 2. Primary, secondary, and special schools percentage of permanent exclusions by reason for exclusion, 2007/2008 England (adapted from Department for Children, Schools and Families 2009)

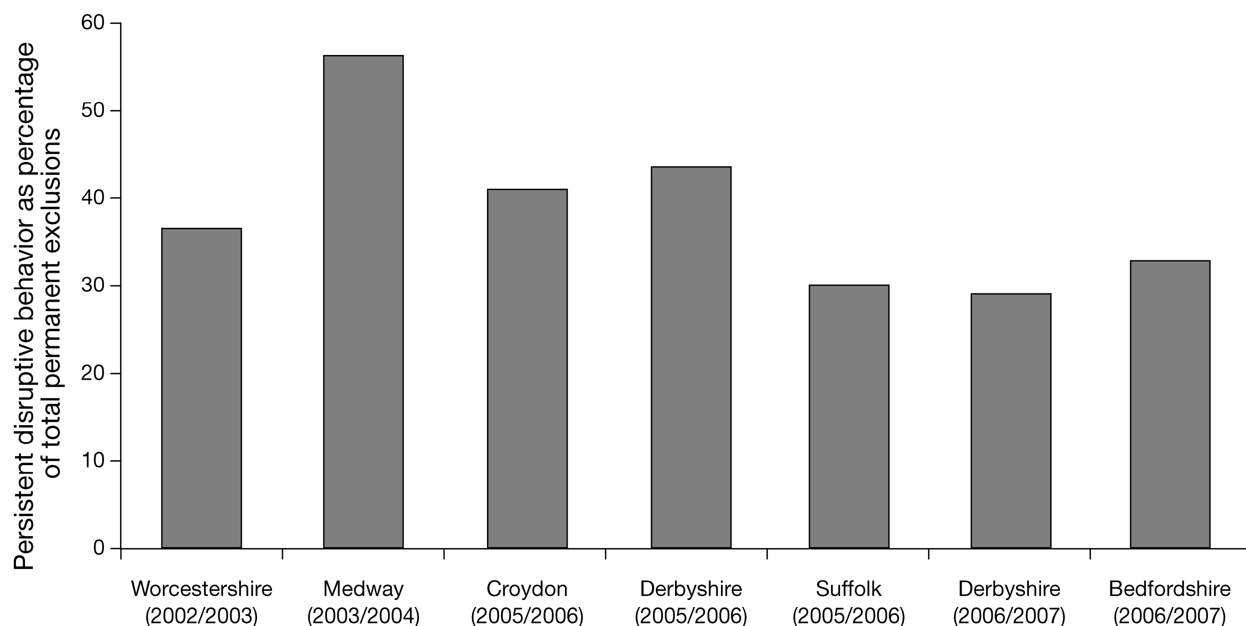

Figure 3. Persistent disruptive behaviour as a percentage of total permanent exclusion in various LEAs in England

Source: Bedfordshire County Council (nd), Croydon Council (nd), Derbyshire County Council (nd), Medway County Council (2005), Suffolk County Council (nd), Worcestershire County Council (2004).

School exclusions, behavioural difficulties and ADHD

As stated earlier, school exclusion appears to disproportionately impact children with SEN. Those with SEN with full statements (a legal document that sets out a child's SEN and the type of support that the LEA considers necessary) and those with some SEN support without statements are over eight times more likely to be permanently excluded than pupils with no SEN (Department for Children, Schools and Families 2009). These levels are considered to be disproportionately high by the Department for Children, Schools and Families (Maddern 2009). In 2007/2008, 33 in every 10,000 pupils with statements of SEN and 38 in every 10,000 SEN pupils without statements were permanently excluded from school. This compares with four in every 10,000 pupils with no SEN (Department for Children, Schools and Families 2009). The term SEN encompasses a wide range of conditions, some of which include the behavioural difficulties such as ADHD, Conduct Disorder, and Oppositional Defiant Disorder (Department for Education and Skills 2005), all of which can be characterised by some form of disruptive behaviour (CHADD 2005).

A consultation document on school exclusion issued by the Department for Education and Skills (2007) provided guidance on the appropriateness of excluding a disabled student under the auspices of the Disability Discrimination Act of 1995, which covers both physical and mental disability and shares considerable overlap with the SEN classification. Interestingly, the document cited the case of a student with ADHD as an example of impairment exerting a detrimental impact on a child’s ability to carry out normal day-to-day activities within an educational setting.

ADHD is one of the most common childhood neuro-developmental conditions, estimated to affect between 3% and 9% of school-age children and young people in the United Kingdom (NICE 2009).. It is typically characterized by symptoms such as ‘failure to give close attention to schoolwork’, an ‘inability to listen when spoken to directly’ or ‘follow through on instructions’ and a ‘tendency to leave a classroom without permission’ (American Psychiatric Association 2000). Such symptoms closely resemble the types of disruptive behaviours associated with school exclusion. If symptoms are manifested over a prolonged period of time, these behaviours may place a child at risk of exclusion, especially if the underlying cause of these behaviours is not recognized and appropriately managed. Moreover there is a high rate of co-occurrence, or co morbidity, between ADHD and other behaviour conditions such as oppositional defiance disorders (ODD) and conduct disorder (CD). A nationally representative sample of 10,438 5- to 15-year-olds taken from the 1999 British Child Mental Health Survey revealed 35% co morbidity between ADHD, CD, and ODD (Maughan et al. 2004). In the US, the National Institute of Mental Health’ collaborative multimodal intervention study of children with ADHD reported that 40% of children with ADHD had comorbid ODD and 14% were diagnosed with comorbid CD (MTA Co-Operative Group 1999).

Considering the relatively high prevalence of ADHD among school-age children in the United Kingdom, it is plausible that many children excluded from schools for disruptive behaviour are showing symptoms of unidentified, untreated, or poorly managed ADHD. Although the relationship between ADHD and school exclusion has not been well studied in the scientific literature to date, available evidence suggests that rates of exclusion are indeed higher among children who have been diagnosed with ADHD than in the general school-age population (Daniels and Porter 2007). A survey of 526 UK families, conducted by the Attention Deficit Disorder Information and Support Service (ADDISS 2006) in 2006, revealed that 11% of children with ADHD were permanently excluded from their school. This is considerably higher than the permanent exclusion rate of 0.1% reported from the general population (Department for Children, Schools and Families 2009). It is also interesting to note that the problem of exclusion is not unique to school-age children; exclusion of pre-school children with ADHD from kindergarten or summer camps has also been reported (Ghuman et al. 2009). Unrecognized ADHD may, at least in part, also help to explain the disproportionate rates of school exclusion among boys. Compared with girls, boys are over-represented in terms of both fixed-term and permanent exclusions, these being almost 3 times higher for fixed-term exclusions and 3.5-times higher for permanent exclusions (Department for Children, Schools and Families 2009). Published studies demonstrate that ADHD diagnosis rates are higher among males than females, and that girls are at a lower risk for behaviour difficulties. Boys are more prone to hyperactive behaviour than girls who are more likely to be inattentive, as shown in a combined analysis of two studies of 522 children with and without ADHD (Biederman et al. 2002). Girls with ADHD were 2.2 times more likely to be primarily diagnosed as inattentive, than boys with ADHD. Other studies also suggest that the prevalence of ADHD is higher among males than females; male to female ratios range from 6:1 to 10:1 in clinical samples and from 2:1 to 3:1 in community samples (Barkley 1998; Gershon 2002). Moreover, ODD appears to be more common in boys during

childhood but equally common among girls and boys during adolescence (APA 2000). While this may account for lower rates of school exclusion among girls, conversely, it may also precipitate under-identification and under-referral of girls with ADHD for appropriate intervention.

A logistic regression analysis of selected data from the Special Education Elementary Longitudinal Study, —a study of US school-age children conducted from 2000 to 2006—sought to identify which socio-cultural factors were associated with higher rates of school exclusion (Achilles et al. 2007). Children with ADHD or emotional/behavioural difficulties were at greater risk of school exclusion (relative risks of 1.85 and .86) than those with learning difficulties, even when controlling for economic and social factors including ethnicity, age, gender, socioeconomic status, and additional school and community factors.

A case-control pilot study was conducted in a random sample of 28 mainstream primary schools in the London Borough of Lewisham, to evaluate the unmet health and behavioural needs of children who had fixed-term disciplinary exclusions. The study showed abnormal total scores on the Strengths and Difficulties Questionnaire (SDQ) (Goodman 1997) rating scale among all of the children identified (De Silva, 2003). Further profiling of the sample was carried out using the SNAP IV Rating Scale (Swanson, Nolan and Pelham 1982), an 18-item checklist that is designed to determine if symptoms of ADHD are present. Although the sample size was too small to merit statistical testing, descriptive statistics showed that 40% of teacher and 80% of parent respondents reported symptoms of hyperactivity and impulsivity on the SNAP-IV scale, 20% of both groups reported attention deficit symptoms, and 40% of parent and 60% of teachers reported evidence of ODD. High rates of school discipline problems were reported in a sample of 20 young people with ADHD in an interview-based study that sought to examine health-related quality of life associated with the condition (Lloyd et al., manuscript under development). Of the total sample, 80% had been disciplined at school, 15% had been held back a year at school, and 15% had been excluded from school at some point.

Need for early intervention and diagnosis

Previously we discussed the possibility that some children excluded from school for disruptive behaviours may be showing symptoms of undiagnosed behavioural difficulties. While the link between ADHD and disruptive behaviour at school was acknowledged in a recent report by the Welsh Assembly Government (2009), educators were also warned that managing challenging behaviour in school does not automatically mean making a classification of SEN (Hayden, Williamson and Webber 2007). The importance of early screening programmes and consequently, early diagnosis, was instead emphasized (Welsh Assembly Government 2009).

If a child is persistently disruptive at school and subject to multiple fixed-term exclusions, it is important to eliminate the possibility of an underlying behavioural condition through appropriate screening and diagnosis before the issue escalates further and results in the permanent exclusion of the student. The most recent NICE guidelines for ADHD found that there are currently no screening programmes for children with ADHD in UK schools (NICE 2009). By providing screening in a timely manner, the children in question, their

families, and the schools themselves may be better served by being informed about the actual underlying cause of the behaviour. More importantly, families of such children will have the opportunity to explore appropriate support for the child, as well as the possibility of obtaining the appropriate interventions on offer as needed.

The importance of early intervention is underlined by the effectiveness of available intervention options for children diagnosed with ADHD. To briefly summarize, current NICE guidelines recommend that school-age children with moderate ADHD are not prescribed drug treatment unless psychological interventions like cognitive behavioural therapy or other group interventions have failed to produce a response (NICE 2009). In children with severe ADHD, drug treatment is routinely given as a first-line option, often in conjunction with educational training programmes for the parent. Of the available pharmacotherapies, methylphenidate, atomoxetine, and dexamphetamine are recommended by NICE, within their licensed indications. Drug choice is largely dependent on the individual child and can be influenced by any comorbidity the child may have or their ability to tolerate drug-related side effects among other factors (ibid.).

Of crucial importance, the appropriate intervention for children with ADHD has been shown to help normalize disruptive behaviour patterns. In a study carried out in the United States, children with ADHD who received a combination of monthly medication and intensive behavioural intervention showed improvement in school-based disruptive behaviour (Jensen et al. 2001). Similarly, a study of 370 students with ADHD which examined reading achievement, absenteeism, grade retention, and school dropout against ADHD intervention, found a positive correlation between school-related outcomes and long-term treatment with stimulants (Barbaresi et al. 2007). Children who had received stimulant medications showed lower rates of absenteeism and improved reading achievement and were 1.8-times less likely to be held back a grade.

Educating school staff in the identification of behaviour difficulties

It is clear that the school and its teachers are at the centre of the inclusion/exclusion issue. From all perspectives, the underlying aim of any disciplinary approach is to understand and cater for the unmet needs of the individual child, by recognizing and addressing the underlying cause of the behavioural problem. This is by no means an easy task for those at the 'front-line' of education, given the demands placed on their time and attention on a day-to-day basis. Class sizes in the United Kingdom, particularly those in primary schools, are among the largest in the western world, with an average of 24.5 students compared with the international average of 21.5 (OECD 2008). This 'over-crowding' of the classroom and a general lack of resources can mean that teachers struggle to provide individualized care and as a result, behavioural difficulties may go undetected and unaddressed. NICE recognizes that schools and teachers are currently ill-equipped to offer at-risk children the specialist management and teaching strategies from which they could stand to benefit (NICE 2009), adding that symptoms like inattentiveness, hyperactivity, and impulsivity are not necessarily definitive signs of ADHD and that it takes training and experience to make the distinction. Indeed, not only are symptoms needed to be apparent for over six months, they must be impairing in at least two domains for a diagnosis to be made (APA 2000). Issues identified in this review that relate to increasing the awareness and

education levels of school personnel (teachers and others) about potential underlying causes of behavioural difficulties in students are prefaced with the acknowledgment that this is a challenging area for all concerned and imposes an added burden onto already stretched school personnel.

Greater awareness of behaviour difficulties among educators, instituting guidelines around the use of appropriate screening tools (within the boundaries of local legislation), and modifying existing school exclusion criteria to include appropriate screening recommendations may be of some value. Such measures will not only prove beneficial to the student in question, but are also likely to demonstrate that the attendant burdens and costs of school exclusions to the impacted families, the schools, and the wider community will be considerably better managed if not significantly reduced as a consequence. Considering ADHD as a common disruptive behaviour, there are some studies which have demonstrated the effectiveness of school-based programmes to raise awareness amongst staff. One such study conducted in the UK by Sayal and colleagues (2006) looked at whether educating teachers about ADHD improved their recognition of the condition in the classroom. After specialized training, the proportion of students identified by teachers as having probable ADHD increased from 3.2% to 4.1% of all students. This increase was accompanied by improved correlation between teacher recognition and a diagnostic algorithm (from 32% before training to 50% afterwards). The authors concluded that a brief educational intervention for teachers could help to improve the identification of undiagnosed students with ADHD in the community.

Similar proposals are already advocated by some agencies and local governments within the UK. The Steer Report proposed that staff training should encourage the development of the skills required to identify SEN students with the ultimate aim of providing early intervention (Steer 2009). It also advocated behaviour management training for school leaders at all levels to ensure they were adequately equipped and able to support their colleagues. A recent report from the Welsh Assembly Government (2009) highlighted the pivotal role of the teacher in the ADHD identification process and warned that a teacher's perception of challenging behaviour and ADHD is highly dependent on the level of training they have received. Appropriate training and the dissemination of information regarding behavioural interventions and medications were strongly advocated. Further, in their report on exclusion from schools, the Medway County Council (2005) recommended that schools should be able to complete a self-evaluation enquiry to assess the 'layers' of provision and support for behaviourally challenging children and the levels of sanction applied to disruptive behaviour before the point of exclusion is reached.

The costs of exclusion

Finally, we will conclude this review by underlining the documented costs of excluding students from school. Various reports suggest that school exclusion and educational underachievement are closely linked. A 1998 report published by the New Policy Institute showed that only a minority of permanently excluded pupils return to full-time mainstream education (NPI 1998). The reintegration of pupils into the mainstream school setting was examined in a postal survey of English LEAs (GHK Consulting et al. 2004). Among pupils who

had been permanently excluded from their previous school, rates of reintegration varied considerably between LEAs for the period 2002 to 2003. In primary schools, reintegration was attempted for 23% to 100% of excluded children and in secondary schools the range was 31% to 100%. Reintegration was deemed successful in 82% and 75% of primary and secondary schools attempting the process although there was no standardized definition of success, and LEAs operated according to their own criteria. Barriers to the reintegration of permanently excluded students may have included the reluctance of a school to take excluded students and a lack of commitment when receiving these children, home and family issues, limited support in schools and learning and behavioural problems (ibid.).

Educational underachievement as a consequence of school exclusion has also been linked to unemployment and long-term dependency on benefits (Ofsted 1995). There is also an association between school exclusion and crime. In a survey of 343 young people excluded from school across six LEAs in England (1988–1998), 117 had no recorded offences prior to permanent exclusion but acquired a record of offending following exclusion, and 5% of respondents engaged in criminal activities in the same month that they were permanently excluded (Berridge et al. 2001).

Exclusion has also been associated with antisocial behaviour and can have serious effects on the child's relationships with family members, peers, and school friends. The containment of excluded students within the same referral unit may help to reinforce poor behaviours due to peer influence. In extreme cases, exclusion can precipitate a breakdown in family relationships (Wright et al. 2005). Furthermore, a study of truancy, school exclusion and substance misuse in a cohort of 4300 young people who started secondary school in Edinburgh in 1998, show that excluded students reported a significantly higher incidence of illegal drug use, underage drinking and smoking than non-excluded peers (McAra 2004). The study also demonstrated that illegal drug use was significantly higher among excluded versus non-excluded students, rising from 23% to 57% in the third year, compared with 7% and 31% among non-excluded students. Alcohol and smoking followed a similar trend and by the third year, 44% and 43% of excluded students were engaging in these activities, compared with 23% and 17% of non-excluded students.

Finally school exclusion has significant financial consequences for the schools as well as the communities that are impacted. Costs are primarily derived from managing the exclusion process and providing replacement education for the excluded student and social services. In 2008, schools in Nottingham reportedly paid almost £200,000 of funding to the city council for the alternative education of permanently excluded students, usually at pupil referral units (Greenwell 2009). Financial penalties linked to permanent student exclusions totalled £4.4 million in 2008 (The Daily Telegraph 2008). The penalties ranged from £1,500 to £10,000 per permanently excluded student and were issued by nearly one third of LEAs in England. The report argued that such fines exerted unfair pressure on head teachers to avoid permanent exclusion and may have accounted for a rise in fixed-term exclusions as a less costly alternative. Governmental statistics from 1996 to 1997 demonstrated that the cost of excluding students from schools in England was an estimated £81 million compared with approximately £34 million if they had continued with full-time mainstream

schooling (NPI 1998). More recent interim data from the Welsh Assembly Government, published in the National Behaviour and Attendance Review (Welsh Assembly Government 2008), estimated the cost of permanent exclusion at £300,000 per student. Although full details were not provided in the final report, the interim report attributed this figure to social care, probation, providing alternative education, and loss of future employment prospects, as well as costs to the community as a whole.

Conclusion

In line with recent recommendations from educational advisors in the United Kingdom who sought to identify better the learning difficulties that often underlie behaviour problems (Times Educational Supplement 2009), it would be of potential interest to further examine the plausibility of the school playing a more official role in the behavioural difficulties screening process. If made early enough in the disciplinary process, perhaps after the second fixed-term exclusion, referral of the parent/guardian to a team of qualified professionals, may lead to appropriate diagnosis and subsequent management of the difficulty. It would also be of significant interest to build upon the work of Sayal and colleagues (2006) by further investigating the role of teacher education in the recognition of behavioural difficulties. Equipping the teacher with the skills needed to identify students with potential behavioural difficulties may help both to flag these children for referral before exclusion, or repeated exclusions, become necessary, and provide the teacher with effective strategies to manage the issue successfully in the classroom.

Exclusion from school— widely used as a disciplinary tool in the United Kingdom—can have a lasting and often detrimental impact not only on the child, but also their families and carers, their schools, and even the community as a whole. Persistent disruptive behaviour accounts for a high proportion of fixed-term and permanent school exclusions in the United Kingdom, but consensus is currently lacking regarding a clear definition for the term. Some students excluded for persistent disruptive behaviour may be showing symptoms of an undiagnosed behavioural difficulty, in particular ADHD with or without co morbid ODD and CD. Fixed-term disciplinary exclusion could, therefore, represent the first opportunity to detect such difficulties. Early intervention by the school/teacher and subsequent screening and diagnosis by professionals may help many students to realise their full potential by preventing disruptive behaviours from becoming persistent. Diagnosis may in turn, help to circumvent the avoidable burdens of multiple fixed-term exclusions or even permanent exclusion. Improving the level of education received by teachers will also help to identify students at risk of behavioural difficulties before the problem escalates further.

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