

Health Equity, School Discipline Reform, and Restorative Justice

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Introduction

Over the last thirty years, schools have undergone significant shifts in how they view youth behavior. Rather than developing multi-tiered systems of support to teach children critical social and emotional skills (e.g., self-regulation, emotional literacy, or problem solving), many schools implemented policies that deliver harsh, predetermined punishments. These punitive, exclusionary, and zero tolerance approaches (e.g., suspensions, expulsions, and use of force by school resource officers) not only deny students important educational opportunities, but also may compound existing social, economic, and health disparities.

Thus, education policy that supports or hinders children's success in schools is not just about what hap-

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pens in the classroom. It should also be understood as public health policy with far-reaching potential positive and negative impacts across a range of health status indicators. Consider, for example, life expectancy. Research shows that by age 25, individuals with a high school degree can expect to live 11-15 years longer than those who did not complete high school.¹ However, the public health community has largely overlooked education policy reform as one part of a larger framework for advancing health justice.²

This article seeks to begin to fill this gap by laying the groundwork for a new movement that understands and recognizes exclusionary school discipline (ESD) as a health justice issue. To introduce this framework, it first identifies key linkages between ESD and health. Next, it presents evidence-based design principles to ensure education policy is aligned with a health justice framework. And finally, it explores a specific school-based intervention — restorative justice — as a strategy that education and public health communities can use to advance a universally shared value: providing every child the opportunity to live the healthiest life possible.

Exclusionary School Discipline: A Public Health Crisis

From a public health perspective, ESD practices are problematic for many reasons. First, there is a strong correlation between the number of suspensions a student experiences and academic disengagement or even dropout. As a longitudinal analysis of more than 1 million Texas children indicates, students who receive a suspension or expulsion are more likely to drop out or be retained in the same grade than their peers.³ Depriving students of education — a key social determinant of health — not only impacts their emo-

tional well-being, but places them at increased risk of social and economic instability, chronic disease, and low life expectancy.⁴

Second, ESD increases social and emotional disconnection, and fails to address the “root causes” of behavior. For example, in 2018, a multi-year study of Minnesota schools found that the use of ESD disrupted student learning and promoted feelings of

A Public Health Approach to School Discipline Reform

While there is no single solution to the confluence of factors that can lead to health inequities, there are opportunities for systemic reform. Advances in the science of early brain development are informative in the restructuring of education policies away from ones that exacerbate trauma and push students out

While civil rights advocates and impacted communities, families, and children have long pushed for reforms to ESD, the public health community has largely been absent from the discourse. This is a missed opportunity, as education plays a critical role in the long-term health outcomes for children and adolescents. By turning our collective attention to developing and promoting non-exclusionary discipline practices, such as restorative justice, schools can become sites key to addressing our nation’s health equity crisis. In doing so, it is critical to advance policy reforms under the larger framework of health justice, integrating best practices and knowledge from the health sector in their design and implementation.

being “unvalued and unwelcome.”⁵ Feelings of disconnection from their schools and teachers can have long-term health consequences for youth. In fact, school connectedness has been identified by the Centers for Disease Control and Prevention as a key protective factor that can help children and adolescents “avoid multiple behaviors that place them at risk for adverse health and educational outcomes.”⁶

Third, punitive ESD practices can compound health inequities for marginalized students (i.e., students of color, LGBTQ+ youth, and/or students with disabilities) who already experience higher rates of adverse childhood experiences (ACEs) and other traumas. For example, the Department of Education Office for Civil Rights found that Black preschoolers are 3.6 times as likely to receive 1 or more out-of-school suspensions as their white peers.⁷ Similarly, 33% of Black children have experienced 2 to 8 ACEs, compared with 19% of their white peers.⁸ When schools utilize ESD with these marginalized populations, they have the effect of compounding stress, deepening feelings of fear and isolation, and fostering mistrust of adults.⁹ The disparate impact and outcomes of ESD thus widen existing health disparities for children of color.

of the schools. And, it is such policies that should be advanced under a broader health justice framework. For example, the Center on the Developing Child at Harvard University has identified three evidence-based design principles that policymakers and educators can use to develop practices and policies that mitigate, rather than exacerbate, health inequities. Specific to school discipline, interventions should (1) support responsive relationships both for and between children and adults (i.e., relationships defined by values such as stability, respect, authenticity, and care); (2) strengthen core life skills; and (3) reduce sources of stress.¹⁰ While banning ESD practices — as some school districts and states have already done — is an important first step to create positive school environments that foster healthy development, this is not enough. School discipline reform must also implement new multi-tiered systems of support that strengthen the resilience of youth. One such example is the use of school-based restorative justice.

School-Based Restorative Justice: Current Policy Developments and Opportunities

Since the mid-2000s, school-based restorative justice practices have been implemented at the local, state, and federal levels to address ESD. As the Council of State Governments Justice Center’s School Discipline Consensus Report (based on conversations and listen-

ing sessions with and consensus-based recommendations from over 100 advisors and 600 contributors) identified, restorative justice practices are essential for building positive school climates and developing productive learning environments.¹¹ While there is no unified theory, school-based restorative justice prioritizes individual and community growth and responsive relationships, contributing to an overall safer and healthier school culture. With a prevention and intervention focus, restorative justice seeks to transform how students and adults interact with one another thereby creating a more positive school climate. Represented by a diverse set of practices along a continuum aimed at meeting the needs of an individual school (e.g., restorative circles, restorative conferences, restorative dialogues, and victim-offender mediation), studies of school-based restorative justice indicate these practices develop relational capacity,¹² improve school connectedness,¹³ promote self-regulation and conflict resolution skills,¹⁴ and increase social capital,¹⁵ all of which align with a health justice framework.

There are opportunities at both the state and local (district and school) levels to implement restorative justice into policy and practice. School boards and other administrative rulemaking bodies have passed resolutions and policies recommending and requiring restorative justice. In 2015, for example, New York City Schools formalized restorative justice in its updated citywide discipline code, including more than 30 references, and outlining the framework for disciplinary responses.¹⁶ Schools have also revised their student codes of conduct and other policies that define behavioral interventions. The amended Minneapolis Public Schools code of conduct is illustrative: “[e]ffective discipline is educational, not punitive. Effective discipline includes building relationships, repair of harm and restoring relationships and restorative practices to reengage students in their learning community.”¹⁷ Revision to disciplines codes has also occurred at the state level. In Maryland, the State Board of Education amended the state code for discipline, which institutionalized restorative justice as part of the framework for “school systems to use in establishing local codes of conduct and in developing new discipline-related policies.”¹⁸ In fact, from 2013 to 2018 at least 23 districts changed either their student code of conduct or school discipline policy to include restorative justice.¹⁹

Conclusion

While civil rights advocates and impacted communities, families, and children have long pushed for reforms to ESD, the public health community has largely been absent from the discourse. This is a missed opportunity, as education plays a critical role in the

long-term health outcomes for children and adolescents. By turning our collective attention to developing and promoting non-exclusionary discipline practices, such as restorative justice, schools can become sites key to addressing our nation’s health equity crisis. In doing so, it is critical to advance policy reforms under the larger framework of health justice, integrating best practices and knowledge from the health sector in their design and implementation. Public health advocates, policymakers, and health care professionals have a vested interest in collaborating with educators and school administrators to ensure that all students remain in the classroom and receive the support they need. The support and formal recognition by the public health and medical communities is critical to further dismantling ESD and charting a pathway for increased positive interventions in schools. It will also create new spaces for multi-sectoral collaboration and co-design of best practices and innovative strategies for all children to achieve their full health potential.

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