



School Refusal Support Services

A Guide to Supporting a Child Who is Struggling to Attend School

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School Refusal Support Services

How Can Schools Support Pupils with School Anxiety/Refusal/Phobia?

1. Authorising absence due to illness
Absence due to physical and mental illness is a statutory defence in the eyes of the law
2. Recognise and support mental health difficulties in children & young people
Develop a mental health policy to create an environment where young people with anxiety feel supported and able to seek help
3. Assess for SEND, particularly when a parent has reported anxiety as the reason for absence
Anxiety is often comorbid with underlying learning difficulties/SEND - Autistic Spectrum Conditions are common
4. Make a referral for assessment by an Educational Psychologist
Specialising in the mental health of young people, a psychologist can provide support to those experiencing difficulties
5. Make or support a referral to CAMHS
Where severe problems occur, schools should facilitate the child's access to more specialist support
6. Provide homework while the child or young person is unable to attend
Not supplying learning opportunities means the pupil gets further behind and has one more reason to be anxious and avoid school
7. Explore the 'Local Offer' for additional support provision
Schools should collaborate with other local providers to explore how different needs can be met most effectively
8. If necessary the school should apply for an EHCP assessment
An EHCP application is crucial if the school does not have the expertise or funding to fully identify a child's needs, or to identify the provision or support the child requires to access an effective education.
9. Notify the local authority if absence with a medical cause lasts for over 15 days (consecutive or cumulative)
The local authority has a duty to ensure that the child receives alternative educational provision while he or she is absent
10. Collaborate with parents & mental health professionals to create a child-focused support plan
Any plan needs to be communicated to all staff, be flexible, child-led and sympathetic to the features of anxiety
11. Acknowledge and respond to any medical diagnosis
If staff disregard a diagnosis they should consider if this decision is influenced by stigma or lack of relevant training/awareness.

This information is based upon current legislation & guidance, more information and the evidence base is included within the full document.

WITH REFERENCE TO: Children & Families Act, 2014; Equality Act, 2010; SEN Code of Practice, 2015; The Education Act, 1996; Education for children with health needs who cannot attend school (DfE) ; Mental health and behaviour in schools: Departmental advice for school staff: March 2015 (DfE); Special educational needs and disability: A guide for schools and alternative provision settings; Supporting pupils at school with medical conditions: September 2014 (DfE); Technical Guidance for Schools in England (Equality & Human Rights Commission, 2013); Anxiety UK - Young People and Anxiety; Royal College of Psychiatrists - Mental Health & Growing Up; Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges (PHE, 2016); School Attendance (registers and codes) (DfE); Child Law Advice.



School Refusal Support Services

Do you have pupils experiencing Anxiety-Based School Refusal?

'School Refusal' (also referred to as School Anxiety; School Phobia; Emotionally Based School Non-Attendance; or Anxiety Based School Avoidance) is a term used to describe the reaction of children and young people who experience extreme anxiety and distress in relation to attending school; this reaction can occur for a variety of reasons, including:

Academic Pressures	Testing & Assessment	Bullying (by adult or child)	Friendship Issues or Social Anxiety	Learning Difficulties	Ineffective SEND Support
Home-related Worries	Sensorial Difficulties	Physical Difficulties	Navigating Around School	Unstructured Break Times	Separation Anxiety
Emotional Development Delay	Undiagnosed SEND or Illness	Not feeling difficulties are understood or believed	Adolescent Hormone & Brain Development	Classroom Disruption	Changes to Routines & Staff

Anxiety is a common emotion however, when a child is suffering with an anxiety disorder, the feelings of anxiety are far more intense and long-lasting. A child may also experience other mental health difficulties such as depression, panic attacks, self-harm and suicidal intention. Extreme anxiety of this sort can have an adverse effect on a child's health and wellbeing and, if not addressed appropriately, can also affect academic progress, overall engagement with school, and lead to a gradual or sudden decline in attendance.

Thambirajah et al, (2008:33) explained the onset of school refusal:

School refusal occurs when stress exceeds support, when risks are greater than resilience and when 'pull' factors that promote school non-attendance overcome the 'push' factors that encourage attendance.

- If we accept this explanation it is clear that simply labeling a child 'naughty', 'disrespectful' or 'lazy' is inaccurate and unfair.

It would therefore be wrong to assume that an absent student is lazy or disengaged from education, or that their parents are weak or uninterested. Instead, it should be noted that currently an estimated three students in each classroom have a diagnosable mental health problem, and this reflects a general trend of increasing stress levels and decreasing levels of wellbeing in children and young people. It is also noted that half of all mental illness starts before the age of 14 years, so it is vital that people who work with young people acknowledge and support any mental health difficulties they become aware of.

It is common for parents to be pressured by schools or attendance officers to physically force attendance and the child and their parents often receive threats of fines and prosecution. It can be argued that a more productive and supportive approach would be to follow relevant legislation and to develop better understanding of mental health difficulties. Anxious children can succeed if they are offered knowledgeable and supportive educational provision.

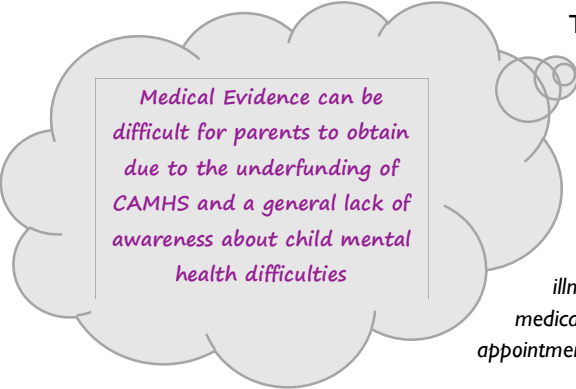
Most school-anxious children WANT to attend school however their anxiety is overwhelming. They care about their education but they need your understanding and differentiated support for their needs

There are steps that could and should be taken to support an anxious child or young person:

1. Authorising absence due to illness & mental health difficulties

We all have physical AND mental health and both physical and mental illnesses are beyond our control, hence they are a statutory defence in the eyes of the law. **The Education Act** 1996, section 444 3b clearly states:

*The child shall not be taken to have failed to attend regularly at the school by reason of his absence from the school: [.....]
(b) at any time when he was prevented from attending by reason of sickness or any unavoidable cause...*



Medical Evidence can be difficult for parents to obtain due to the underfunding of CAMHS and a general lack of awareness about child mental health difficulties

The DfE provides advice on authorising absence due to illness:

Code I: Illness (not medical or dental appointments)


Schools should advise parents to notify them on the first day the child is unable to attend due to illness. Schools should authorise absences due to illness unless they have genuine cause for concern about the veracity of an illness. If the authenticity of illness is in doubt, schools can request parents to provide medical evidence to support illness. Schools can record the absence as unauthorised if not satisfied of the authenticity of the illness but should advise parents of their intention. Schools are advised NOT to request medical evidence unnecessarily. Medical evidence can take the form of prescriptions, appointment cards, etc. rather than doctors' notes.

We advise parents to check their child's school record to see if absences are marked as (I) for illness, or (M) if a medical appointment was the cause of absence. These are both Statutory Defences. Any incorrect marking of the School Register when physical or mental illness is a cause is therefore a serious offence, as the Register is a legal document that must be marked correctly by law. Alongside informing professionals, parents should also document everything so that any possible court action re attendance may be challenged.


2. Recognising and supporting mental health difficulties in children & young people

PASTORAL CARE Every school teacher owes a pupil a duty of care. This duty is loco parentis (that is in the place of the parent). Under Tortious Law, a duty of care is breached if the person owing a duty of care does not act as a 'reasonable man' would, as a general rule. A professional person is liable for a breach in the duty of care if they fall below the expected level of their profession, which is above that of the reasonable man. Broadly, this means the school has to do what is reasonably practicable to ensure they care for their pupils, as any reasonable parent would do. This duty is usually reflected in a structured pastoral system within schools that upholds key values related to wellbeing.


The child's class teacher is usually an initial point of contact for the child. This means that if a pupil is experiencing mental health difficulties they can speak to this teacher and, depending on the seriousness of the mental health difficulty, the teacher can either speak to the pupil themselves or refer them to the head teacher who can call upon more specialist help.



Has your school developed a Mental Health & Wellbeing Policy?



Are your staff trained to recognise, understand & support common mental health issues?



Do you recognise the role that stigma can play in preventing understanding and awareness of mental health issues?

The DfE document **Mental health and behaviour in schools: Departmental advice for school staff** states:

2.7. *If schools suspect that a pupil is having mental health difficulties, then they should not delay putting support in place. This can happen whilst the school is gathering the evidence, and the pupil's response to that support can help further identify their needs.*

It is also suggested:

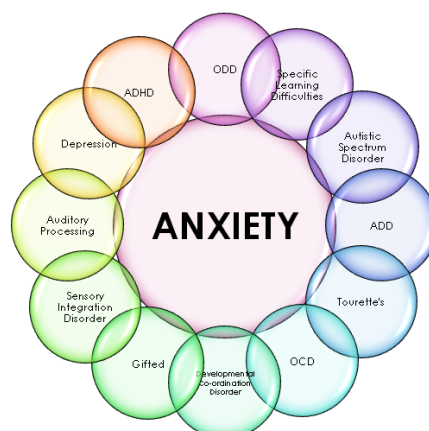
- In order to help any pupil succeed schools have a role to play in supporting them to be resilient and mentally healthy. There are a variety of things that schools can do, for all pupils and for those with particular problems, to offer that support in an effective way.
- Where severe problems occur, schools should expect the child to get support elsewhere as well, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs.
- Schools should ensure that pupils and their families participate as fully as possible in decisions and are provided with information and support. The views, wishes and feelings of the child and their parents/carers should always be considered.
- Schools can use the Strengths and Difficulties Questionnaire (SDQ) to help them judge whether individual pupils might be suffering from a diagnosable mental health problem and involve their parents/carers and the pupil in considering why they behave in certain ways. [<http://www.sdqinfo.com/>]
- There are resources available to help school staff support good mental health and emotional wellbeing. The PSHE Association has produced guidance and lesson plans to support the delivery of effective teaching on mental health issues. In addition, MindEd, a free online training tool, provides information and advice for staff on children and young people's mental health and can help to signpost staff to targeted resources when mental health problems have been identified.
- Schools should consider if their pupils would benefit from the offer of school counselling services. The Department for Education has published advice on how to set up and improve schools counselling services.
- There are national organisations offering materials, help and advice. Schools should look at what provision is available locally to help them promote mental health and intervene early to support pupils experiencing difficulties.

Please, let's end Mental Health Discrimination in schools.

Examples of a Mental Health & Wellbeing policy for schools:

<https://www.cwmt.org.uk/mental-health-policy>

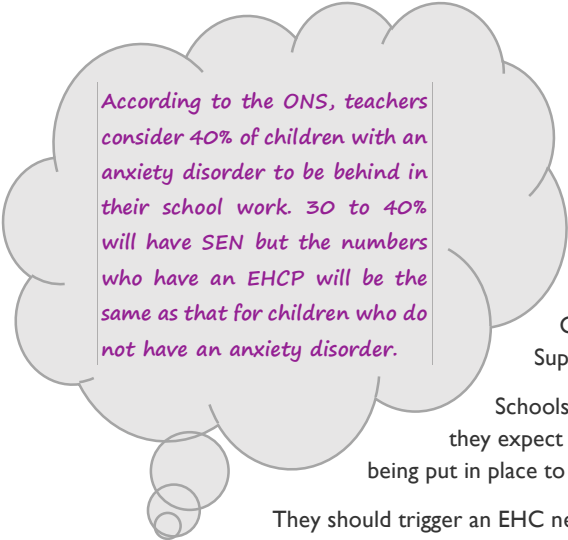
<https://schoolsupportservices.camden.gov.uk/news/192/mental-health-and-wellbeing-policy-an-example-for-schools/>



It is important to be aware of the many factors that can influence mental health difficulties such as anxiety.

3. Assess for SEND, particularly when a parent has reported anxiety as the reason for absence

Schools must have a SEND Coordinator (SENDCO) who is responsible for coordinating help for children with special educational needs. Children and parents can talk over their concerns with the SENDCO and work with them. The SENDCO takes day-to-day responsibility for the provision made for children with SEND, working closely with staff, parents and carers, and other agencies and should develop a strategy for the child.



According to the ONS, teachers consider 40% of children with an anxiety disorder to be behind in their school work. 30 to 40% will have SEN but the numbers who have an EHCP will be the same as that for children who do not have an anxiety disorder.

The SENDCO should ensure all adults working in the school understand their responsibilities to children with special educational needs and disabilities, including pupils whose persistent mental health difficulties mean they need special educational provision. Specifically, the SENDCO will ensure colleagues understand how the school identifies and meets pupils' needs, provide advice and support to colleagues as needed and liaise with external SEND professionals as necessary;

Schools should identify and support children with SEN and/or a disability. Children may be supported from within the school's own resources under SEND Support or they may have an EHC plan.

Schools should record what SEND they have identified a child as having, what outcomes they expect the child to achieve with special educational provision, and what provision is being put in place to reach those outcomes in an SEND Support record.

They should trigger an EHC needs assessment where they cannot meet a child's needs. They should do so if they don't have the expertise or funding to identify those needs fully or to identify the provision/support the child requires. They should also do so when they know what the child's needs are and what provision should be put in place, but they cannot make that provision. In these circumstances, if the school has made them aware of the situation, the LA must agree to carry out an EHC needs assessment.

Should mental health difficulties be considered a Special Educational Need?

A child or young person has special educational needs (SEND) if they have learning difficulties or disabilities that make it harder for them to learn than most other children and young people of about the same age. These special needs do include social, emotional or mental health difficulties such as establishing friendships, or coping with a variety of emotions.

- Many children experiencing mental health difficulties have an underlying SEN that contributes to their anxiety
- Autistic Spectrum Conditions are noted or discovered in a high proportion of children with anxiety-based school avoidance
- Anxiety is a barrier to learning and should be treated as such with the use of assess-plan-do-review cycles

Can mental health difficulties be considered a Disability?

Some children suffering with mental health problems can be considered disabled under the **Equality Act 2010**. Under the Act disability includes a mental impairment. The mental impairment must have a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

- Long-term means that the symptoms have lasted or are expected to last for more than 12 months, but this need not be consecutive.
- The following are examples of mental health symptoms that can be regarded as a mental impairment under the Act:

Anxiety; Low mood; Panic attacks; Phobias; Eating disorders; Bipolar affective disorders; Obsessive compulsive disorders; Personality disorders; Post traumatic stress disorder; Some self-harming behaviour; Depression; Schizophrenia; Autistic spectrum disorders; Dyslexia and dyspraxia; Learning disabilities.

Disability is considered a 'protected characteristic' under the **Equality Act 2010**. Therefore, it is unlawful, in the context of education, for an education provider to discriminate directly or indirectly against a pupil on the basis of their disability.

4. Make a referral for assessment by an Educational Psychologist



Consistent disruptive or withdrawn behaviour can be an indication of an underlying problem, and where there are concerns about behaviour there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with speech and language or mental health issues.

Under paragraphs 6.44 to 6.99 of the **SEND Code of Practice 2015**, when schools consider SEN support they should take seriously any concerns raised by a parent. These should be recorded and compared to the setting's own assessment and information on how the pupil is developing. This assessment should be reviewed regularly.

Specialising in the mental health of young people, a child psychologist may provide help and support to those experiencing difficulties. A CAMHS team will include a psychologist, but it may also be possible for schools to use the services of a local authority educational psychologist or to commission one directly themselves, depending on local arrangements.

5. Make or support a referral to CAMHS

The school should have clear systems and processes to help staff who identify children and young people with possible mental health problems; providing routes to escalate issues with clear referral and accountability systems. Schools should work closely with other professionals to have a range of support services that can be put in place depending on the identified needs (both within and beyond the school). These should be set out clearly in the school's published SEND policy.

Where severe problems occur, schools should expect the child to get additional support elsewhere, including from medical professionals working in specialist CAMHS, voluntary organisations and local GPs.

It may be that a GP is already involved and has made a referral to CAMHS which the school can support by providing additional information and by authorising absence while the family wait for CAMHS intervention.

Currently, waiting times for CAMHS are too long and for many children and young people help is simply coming too late. There needs to be a greater focus on the early identification of problems, earlier intervention, and increased preventative work to tackle the growing crisis of undiagnosed and untreated children's mental health.

Supporting young people to build emotional resilience can help them to cope with and bounce back from adversity, and can ultimately help to prevent the development of mental health problems in later life. Schools must play a key role in turning this aspiration into reality.

Further information can be found at:

YOUNG MINDS: <https://youngminds.org.uk/resources/>

ANXIETY UK: <https://www.anxietyuk.org.uk/our-services/anxiety-information/young-people-and-anxiety/>

MY CAMHS CHOICES: <http://mycamhschoices.org/what-is-camhs/>

6. Providing homework while the student is unable to attend

If we accept mental health difficulties such as anxiety can be classed as SEND, a school needs to continue to support the education of a child, especially when there are possible delays in accessing medical support. If a child is unable to attend school they will need support so that they may be able to reintegrate at some point without the additional anxiety created by being behind with their work.

Schools are duty holders under the **SEND Code of Practice 2015** and as such the school has the following duties:

- Provide high quality teaching that is differentiated and personalised to meet the individual needs of the majority of children and young people. Some children and young people need educational provision that is additional to or different from this.
- This is special educational provision under Section 21 of the **Children and Families Act 2014**. Schools and colleges must use their best endeavours to ensure that such provision is made for those who need it.
- If a child or young person falls within the definition of disability above then the school has particular obligations. Schools are under a duty to make reasonable adjustments to put disabled students on a more equal footing with pupils without disabilities. If an adjustment is reasonable then it should be made and there can be no justification for why it is not made. An adjustment may be considered unreasonable if it is very expensive, and may be a reason for a school refusing to offer school-based counselling.
- The duty to make reasonable adjustments is also anticipatory. This means that schools should give thought in advance to what disabled children and young people might require and what adjustments might be needed to prevent disabled students from being disadvantaged.
- Where a school has identified that a pupil needs special educational provision due to their mental health problems, this will comprise educational or training provision that is additional to or different from that made generally for others of the same age. This means provision that goes beyond the differentiated approaches and learning arrangements normally provided as part of high quality, personalised teaching. It may take the form of additional support from within the setting or require the involvement of specialist staff or support services.

7. Exploring the 'Local Offer' and making a referral to MAST (Multi Agency Support Team) who can provide strategies for attendance difficulties

Paragraph 6.8 of the **SEND Code of Practice 2015** says that schools should regularly review and evaluate the breadth and impact of the support they offer or can access. Schools must co-operate with the local authority in reviewing the provision that is available locally and in developing the Local Offer. Schools should also collaborate with other local education providers to explore how different needs can be met most effectively. They must have due regard to general duties to promote disability equality.

Every LA must develop a "Local Offer". This is a document which sets out in one place what services and provision they expect to be available both inside and outside their area for children and young people with SEN and/or a disability. It should be a good resource for detail about what we can expect a child could receive.

Parents have a duty to ensure their child receives an education, but if this duty is being affected by other factors, they are well within their rights to request support from the school. If this support is not forthcoming, parents/carers may find an intermediary such as the SEND lead for their locality or the SENDIAS service (formerly Parent Partnership) helpful, or they could self-refer to MAST.

ONLINE SCHOOL: In addition to the Local Offer, we are aware of parents whose child's school has enrolled them with an online school to enable them to continue their education while waiting for CAMHS assistance. This can be financially viable in comparison to the costs involved in engaging other services.

Examples are:

INTERHIGH <http://www.interhigh.co.uk/>

NISAI <http://www.nisai.com/>

8. If the school is unable to provide suitable educational provision that the child can access they should apply to the Local Authority for an EHCP assessment

An application for an EHCP is based upon **NEEDS** and not just on academic progress. The Government's School's Guide to the SEND Code of Practice gives the following advice about identifying SEND:

A pupil has SEN where their learning difficulty or disability calls for special educational provision, namely provision different from or additional to that normally available to pupils of the same age. [...]

Class and subject teachers, supported by the senior leadership team, should make regular assessments of progress for all pupils. These should seek to identify pupils making less than expected progress given their age and individual circumstances. This can be characterised by progress which:

- is significantly slower than that of their peers starting from the same baseline
- fails to match or better the child's previous rate of progress
- fails to close the attainment gap between the child and their peers
- widens the attainment gap

[...] It can include progress in areas other than attainment – for instance where a pupil needs to make additional progress with wider development or social needs in order to make a successful transition to adult life.

The legal threshold for EHCP assessment is very clear:

1. The child has or **MAY have** Special Educational Needs, and
2. It **MAY be necessary** for the LA to coordinate provision via an EHC plan.

Citation:

Section 36 (8) Children and Families Act 2014

“The local authority must secure an EHC Needs assessment for the child or young person if after having regard to any views expressed and evidence submitted under subsection 7 the authority is of the opinion that:

- The child or young person **has or may have** special educational needs and
- It **may be necessary** for special educational provision to be made for the child or young person in accordance with an EHC Plan.

For some children, SEN can be identified at an early age. However, for other children and young people difficulties become evident only as they develop. All those who work with children and young people should be alert to emerging difficulties and respond early.

*** Early intervention is key to a successful reintegration where anxiety is a significant factor**

In particular, parents know their children best and it is important that all professionals listen and understand when a parent expresses concerns about their child's development. They should also listen to and address any concerns raised by children and young people themselves.

Persistent disruptive or withdrawn behaviours do not necessarily mean that a child or young person has SEN. Where there are concerns, there should be an assessment to determine whether there are any causal factors such as undiagnosed learning difficulties, difficulties with communication or mental health issues. If it is thought housing, family or other domestic circumstances may be contributing to the presenting behaviour a multi-agency approach, supported by the use of approaches such as the Early Help Assessment, may be appropriate. In all cases, early identification and intervention can significantly reduce the use of more costly intervention at a later stage.

Professionals should also be alert to other events that can lead to learning difficulties or wider mental health difficulties, such as bullying or bereavement. Such events will not always lead to children having SEN but it can have an impact on well-being and sometimes this can be severe. Schools should ensure they make appropriate provision for a child's short-term needs in order to prevent problems escalating. Where there are long-lasting difficulties schools should consider whether the child might have SEN.

Slow progress and low attainment do not necessarily mean that a child has SEN and should not automatically lead to a pupil being recorded as having SEN. However, they may be an indicator of a range of learning difficulties or disabilities. Equally, it should not be assumed that attainment in line with chronological age means that there is no learning difficulty or disability. For example, **some children and young people may be high achieving academically, but may require additional support in communicating and interacting socially. Some learning difficulties and disabilities occur across the range of cognitive ability and, left unaddressed may lead to frustration, which may manifest itself as disaffection, emotional or behavioural difficulties.**

When reviewing and managing special educational provision there are four broad areas of need and support which give an overview of the range of needs that should be planned for, and schools should review how well equipped they are to provide support across these areas. These areas are:

- **Communication and interaction**
- **Social, emotion and mental health difficulties**
- **Cognition and learning**
- **Sensory and/or physical needs**

- If a child already has a recognised SEND and/or an EHCP the school refusal/anxiety strongly indicates that their needs are not being met and/or the support they have in place needs adapting. So, it is important to request an urgent **review of the EHCP**; or start an **application for an EHCP** if there is not one in place.
- There is absolutely no requirement in law for a parent or young person to obtain a report from an Education Psychologist or demonstrate that the school has spent £6,000 on SEN provision in order to demonstrate that a EHC needs assessment is required (DfE 2014 advice).
- If a child has such low attendance that a school states they cannot complete the assess-plan-do-review cycle or gather evidence, that fact alone indicates that the child needs help and support as they must have a SEN or complex needs of some sort that are causing the anxiety-related absence. It should not be an excuse to not assess.
- We are aware of numerous families who have been successful in obtaining an EHCP for a child or young person who is classed as a 'school refuser' and their needs are related to anxiety and other mental health difficulties such as depression, self-harm and suicidal feelings. Families often have to make an application themselves, (following advice from SENDIASS, IPSEA or SOS! SEN) - after their school has told them an EHCP would not be possible.

LEGISLATION & GUIDANCE

The governing body of a maintained school, proprietor of an academy and management committee of a pupil referral unit must have regard to legislation and statutory guidance. This means that they must take account of this guidance, and carefully consider and comply with it unless there is a good reason not to.

Section 100 of the Children and Families Act 2014 places a **statutory duty on governing bodies of maintained schools, academies and pupil referral units to make arrangements to Support pupils at school with medical conditions.** A child's **mental and physical health** should be properly supported in school so that the pupil can play a full and active role in school life, remain healthy and achieve their academic potential.

Section 10 of the Children Act 2004 is a particularly important piece of legislation if schools are struggling to get the support and training they need to allow them to look after a child with a medical condition properly. Section 10 essentially means the local authority must make arrangements to promote cooperation between the authority and relevant partners. Relevant partners include the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board. They must make arrangements with a view to improving the wellbeing of children, including their physical and mental health, protection from harm and neglect, and education. If a school cannot get the support it needs to look after a child with a medical condition then they must approach their local authority.

Section 17 of the Children's Act gives local authorities a general duty to safeguard and promote the welfare of children in need in their area. If a school is looking after a child with a medical condition so poorly that the child is put in danger, the local authority must step in.

The Legal duties in NHS Section 3 of the NHS Act 2006 give Clinical Commissioning Groups (CCGs) a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. What this means is that CCGs should provide the healthcare the people in its area need, if these needs are reasonable.

This section also provides for CCGs to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible.

In relation to children with medical conditions, this means that a CCG should, within reason, make sure support and health care is in place to improve their health or at least keep them healthy. Poor management of a medical condition at school will obviously affect the health of a child. If a school is unable to get the support it needs to help manage a child's condition successfully then both the local authority and the local CCG have a responsibility to the child's health and welfare.

9. If the absence from school for medical reasons has lasted for more than 15 days in total the school should make a referral to the local authority for alternative educational provision

If the pupil's absence is expected to last for more than 15 days in total (either consecutive or cumulative days) then the local authority is under a duty to ensure that the child receives as normal an education as possible while he or she is absent.

The local authority must start arranging the education from the first day that the school has notice of the length of absence.

A senior officer from the local authority will be appointed to oversee the arrangements and provide a written statement to the parents of how the education will be delivered. A range of options can include home teaching, a hospital school or teaching service, or a combination of those options. A full-time education should be provided unless part time education is more suitable for the child's health needs. More information can be found in the statutory guidance **Ensuring a good education for children who cannot attend school because of health needs**.

THE LOCAL GOVERNMENT OMBUDSMAN

- The findings of the **LGO Focus Report: Out of School 2011 (amended 2016)** state:

It may be a child cannot go to school because of ill-health. They may suffer from a long-term or recurrent illness, with doctors advising they do no more than a certain number of hours each week. They may be physically ill or injured, or suffering with mental health problems – including anxiety, depression, school phobia and school refusal associated with depression.

There are a variety of potential responses to these circumstances – for example, hospital teaching, home teaching, or a mix of the two – and the Government has produced guidance on what local authorities should do.

For example, councils must provide what is known as a 'strategic planning framework', designed to ensure a child's education continues and the agencies involved liaise effectively.

Local authorities need to ensure children with health problems are not without education for more than 15 working days. So, if a child cannot attend school because of a health problem, after 15 days the council must intervene and provide suitable education for a minimum of five hours a week.

The teaching must be of a similar quality to that which the child would receive in school, based on a broad and balanced curriculum. Where a council contracts out the service, it remains accountable for the quality of education.

Case study five: helping a school refuser or a school phobic

When a child refuses to attend school or appears to have a phobia about attending, the local authority concerned must consider whether he or she is medically fit to attend school. If not, it needs to decide how many hours of what kind of education it should provide.

In cases where a child is physically ill, he or she would probably get the minimum requirement of five hours education a week. But councils should not assume this is adequate in the case of a school refuser or a school phobic child. In these cases, a council would need to consider what more was necessary.

Reintegration was also dependent on the overall suitability of the school to support children's individualised needs. We found that alternative provision was valued by families where the child had disengaged from education as their needs were better supported. (Children Missing Education: The Final Report, National Children's Bureau, 2015)

10. Creating a support plan with input from parents & mental health professionals, detailing a structured way forward, with strategies to phase back in full attendance and a backup plan if this fails

Babcock LDP Educational Psychology Service: Research Findings for Anxiety Based School Avoidance (ABSA)

<https://www.babcock-education.co.uk/ldp/absa>

Research suggests that students who display ABSA are far more likely to suffer negative consequences in the longer term. This includes restricted opportunities for further education and employment prospects. Negative mental health and social consequences have also been well documented and early support and intervention at school-age is crucial to negate this.

Impact of ABSA on schools

Attendance. Anxiety and refusal if not identified early and adequately managed can lead to significant attendance issue for schools.

Attainment. If they aren't at school they are not learning. If they are not learning they do not attain to the best of their ability. Their failure to attain is also yours and you are judged on this.

Safeguarding. Is the student anxious or avoiding school as a result of (alleged) poorly managed bullying? If the student is avoiding school, are they safe?

Good Practice Guidance on Supporting students displaying ABSA

A recent research project commissioned by Devon County Council and carried out by Babcock LDP Educational Psychology Service has led to the development of a range of resources to support schools in identifying and supporting students displaying anxiety based school avoidance (ABSA).

Further considerations for schools in supporting ABSA

- Have **clear policies** on bullying (and cyberbullying), attendance, discipline and behaviour. These policies are to be implemented consistently so that your students have confidence that they work.
- To develop an **inclusive PSHE curriculum** that also promotes the management of emotional wellbeing and resilience.
- To develop a better **understanding of school anxiety and refusal behaviours**. To be able to spot and intervene early.
- To develop **effective pastoral support systems**. Consider if the student has suitable opportunities (known points of contact) to discuss any issues or concerns that may become a barrier to attending.
- To foster and support **effective school/home links**. Do parents and students feel comfortable in approaching the school with their concerns?

- **Early intervention and action** is vital. What is initially a small issue can soon spiral and become a long-standing problem that can significantly impact the student's attainment (and the school's attainment figures).
- Talk to the student and look to establish any possible '**at school**' triggers. How can the stress/anxiety of these triggers be minimised?

Adopt a flexible approach to managing anxiety and refusal behaviour

Consideration to be given to the appropriateness of:

- **Phased reintegration.**
- Whether a **temporary flexible timetable** is appropriate. **Routine** is really important - so try and ensure (if possible) that the student is in every day.
- **Time out cards.**
- Temporary late starts and/or early finishes to **avoid periods of high anxiety.**
- **Quiet (anxiety friendly) areas** for breaks/lunchtimes.
- Upon return or reintegration ensure that **staff/teachers are aware** of the student's anxiety/reintegration and ensure that no undue fuss is made, but that the student is greeted warmly if possible. Most likely the student will be anxious about any return to the classroom and will need to feel 'normal'.
- **Reintegration timetable or support to catch up** to be offered to allow student to alleviate possible anxiety or fear of being behind classmates.
- Are there any **friends who can support** the student? (perhaps in walking student to and from school or supporting in class or at breaks?).

If prolonged periods of absence are experienced:

Regular communication with parents should be maintained. **A member of staff (point of contact) could be arranged to act as a conduit between the school and the home.** This is often overlooked and vitally important in ensuring that the student does not feel isolated (another potential reason to avoid school - why bother going when no one at school cares?).

Suitable work to be sent home (or are online VLE options available?) with clear and reasonable expectations (Ofsted framework for inspections). This work should be marked and returned. Not sending work home means the student gets further behind and now has one more reason to be anxious and avoid school.

Possible school triggers:

Anxiety can be triggered by a host of potential factors. Consider the following:


- Changes to class structure, teachers or routine.
- Poor class behaviour or poor and inconsistent classroom management.
- Fear of getting in trouble. Try to sit the anxious student away from disruptive pupils - this may draw unwanted attention in their direction).
- Not understanding the work set in class.
- Fear of getting the answer wrong, feeling foolish and having the spotlight on them.
- Standing and performing in front of the class.
- Exams and fears of poor performance.
- Breaks/Lunchtimes. Social anxieties and fears of rejection thrive here.
- Assemblies and group activities.
- Return to school after an absence. Fears of what people will say, missed work and not knowing what is happening.
- Homework, fear of getting it wrong.

* It is important to understand the nature of anxiety and accept that any process of reintegration will require small steps, so patience and time are crucial. The child or young person needs to have some control of their situation so that they can go at a pace they can cope with. It is also important that you do not expect progress to be linear – allow a ‘two steps forward, one step back approach’ with a focus on the overall progress made, not on any temporary small set-backs.

11. Acknowledging any medical diagnosis

In the DfE advice document, **Mental Health and Behaviour in Schools** it is noted:

2.2. Only medical professionals should make a formal diagnosis of a mental health condition. Schools, however, are well-placed to observe children day-to-day and identify those whose behaviour suggests that they may be suffering from a mental health problem or be at risk of developing one. This may include withdrawn pupils whose needs may otherwise go unrecognised.



"They are FINE once they are in school"

Some school staff tell parents that they do not agree with a medical diagnosis and they refuse to acknowledge it. In these instances, we would ask that school staff consider whether they have the appropriate and relevant training to make this decision. This difference of opinion can occur because the staff member thinks that the child 'appears to be fine once they are in school' and they don't see the anxious behaviour that is displayed before and after school.

Anxiety UK explains how this is a common issue:

One important point to keep in mind is that not all anxious children and young people will display the characteristics of anxiety described above. Some hide their anxiety for fear of someone finding out that they are anxious, with others showing no signs of anxiousness at all containing their feelings of anxiety inside.

MASKING - hiding inner feelings, copying others or acting as if you are ok to protect yourself.

This can be significant especially when a child has or may have ASD, as Dr. Luke Beardon explains:

Just because a child has the ability to 'mask' their autism at school does not mean that they are not greatly impacted by their autism on a daily basis. In fact, it is often this 'masking' behaviour (acting, or copying other children) that lead school to believe that there is no problem at school; however, it may be that the child is behaving in this way precisely because they are stressed and have discovered that by copying others they can 'hide' their very real problems. When at home, all of the emotional distress may then be released in what is seen as a safe environment.

These resources were created to explain what school anxiety is like to experience, and to illustrate the **FREEZE, FLIGHT, FIGHT or SUBMIT** responses we might see in an anxious child or young person:

<http://www.innerworldwork.co.uk/wp-content/uploads/2017/04/FREE-School-Survival-Download-1.pdf>

<http://www.innerworldwork.co.uk/wp-content/uploads/2017/04/Survival-In-Secondary-School-2.pdf>

Reflecting the importance of medical diagnosis in relation to a child's short-term and long-term wellbeing we advise parents to ask the school to respond to the following questions in writing:

1. **Who is responsible for this decision?**
2. **What policy are they following when deciding to ignore expert advice?**
3. **Who is accountable for any harm that occurs as a result of them ignoring medical advice?**
4. **Are they willing to contact the expert who carried out the assessment (or a representative of the team that carried it out) so that they can talk through their observations, assessments and conclusions?**

Does a pupil need to have a diagnosed medical condition in order to receive support?

Schools do not have to wait for a formal diagnosis by a medical practitioner before providing support to pupils. If the condition is unclear then school staff will have to make a judgement about what support to provide to the pupil based on the medical evidence available at the time that the school is made aware of an issue. In exercising this judgement, school staff must not ignore the views of the child or their parents or ignore medical evidence or opinion; however, the head teacher can challenge the evidence if appropriate (we would ask them to consider the four questions above when making any challenge).

The current situation - what is the solution?

This is a list of statements which have been copied from recent research reports, they are selected to illustrate the situation that currently exists:

- Evidence shows that across the UK, mental health issues in children are increasing while child wellbeing is deteriorating. Young people today have to navigate a complex and ever-changing world, facing challenges and pressures in numerous aspects of their life. In fact, 90% of school leaders have reported an increase in the number of students experiencing anxiety or stress over the last five years.
- Research has found that parents of children with mental health problems are most likely to seek advice or help from a teacher rather than any other professional or service
- Teachers and school staff have reported that they have insufficient knowledge about wellbeing or mental health to be able to confidently support their students.
- The prioritisation of wellbeing by schools is hindered by funding constraints and the lack of prominence given to wellbeing in legislation and school inspection frameworks.
- Schools and local authorities insist on medical evidence to back up arrangements for alternative educational provision, rather than first-hand evidence from pupils and parents.
- Across the country, the lack of capacity in CAMHS leads to increased waiting times and higher thresholds for children. Recent evidence suggests that the average maximum waiting time for a first appointment with CAMHS is 26 weeks, and 42 weeks until the start of treatment. Furthermore, other research has suggested that there is a ten-year average delay between the time that young people first experience symptoms of mental health problems and when they first receive help.
- Parents are threatened with fines and prosecution, and pressured to use physical force to achieve attendance which often makes a child's anxiety worse.
- There is no published evidence that parental legal sanctions are effective in getting young people into school or that if they attended they would achieve, yet practitioners continue to use them and may be encouraged to do so.

This illustrates how there is no straightforward solution to anxiety-based school absence; meaning families and schools are trapped in a cycle of legislation, pressure and lack of professional support. In the midst of this is a child or young person who is missing out on an education, is distressed and struggling with mental health difficulties. It seems that politics force schools and parents to focus on attendance figures above all else...

Surely now is the time to say THIS HAS TO CHANGE and the CHILD should be our priority.

For further information on supporting a pupil's mental health in school see the following resources:

Education for children with health needs who cannot attend school

<https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>

Supporting pupils at school with medical conditions: September 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306952/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

Technical Guidance for Schools in England (Equality & Human Rights Commission, 2013)

Equality Act 2010: Guidance on matters to be taken into account in determining questions relating to the definition of disability

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf

Special educational needs and disability: A guide for parents and carers: August 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/417435/Special_educational_needs_and_disabilities_guide_for_parents_and_carers.pdf

Special educational needs and disability: A guide for schools and alternative provision settings

<https://www.gov.uk/government/publications/send-guide-for-schools-and-alternative-provision-settings>

Alternative Provision

<https://www.gov.uk/government/publications/alternative-provision>

School Attendance (registers and codes)

<https://www.gov.uk/government/publications/school-attendance>

Access to Pupil Records & Information

[https://uk.practicallaw.thomsonreuters.com/6-385-6030?_lrTS=20170710202233277&transitionType=Default&contextData=\(sc.Default\)&firstPage=true&bhcp=1](https://uk.practicallaw.thomsonreuters.com/6-385-6030?_lrTS=20170710202233277&transitionType=Default&contextData=(sc.Default)&firstPage=true&bhcp=1)

Measuring and monitoring children and young people's mental wellbeing: A toolkit for schools and colleges (PHE, 2016)

Mental health and behaviour in schools: Departmental advice for school staff: March 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf

'There for you' The role of parents in supporting young people with mental health problems (Nov 2016)

<http://www.youngpeopleshealth.org.uk/wp-content/uploads/2016/11/AYPH-Parenting-briefing-11-nov-2016.pdf>

Anxiety UK - Young People and Anxiety <https://www.anxietyuk.org.uk/our-services/anxiety-information/young-people-and-anxiety/>

Royal College of Psychiatrists - Mental Health & Growing Up <http://www.rcpsych.ac.uk/expertadvice/youthinfo/mhgpfactsheetsindex.aspx>

NHS - Anxiety Disorders in Children <http://www.nhs.uk/Conditions/anxiety-children/Pages/Introduction.aspx>

Barnet School Anxiety Group - Information for schools

<https://www.barnet.gov.uk/dam/jcr:2fc6fd1f-ac72-447e-9130-d9cd5d0d1e2c/school-based-anxiety-information-for-schools>

RESEARCH REPORTS

- Children and Young People's Mental Health: Time to Deliver The report of the Independent Commission on Children and Young People's Mental Health (2016)
- Children Missing Education: The Final Report (National Children's Bureau, 2015)
- Education, Education, Education, Mental health (IPPR, 2016) (secondary)
- Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing London (DoH and NHS England, 2015)
- Lightning Review: Access to Child and Adolescent Mental Health Services (Children's Commissioner, 2016)
- Promoting children and young people's emotional health and wellbeing (Public Health England, 2015)
- Protecting Mental Health: Acting Early Against Anxiety & Depression (2016)
- Supporting Mental Health in Schools and Colleges Summary report (DfE, 2017)
- The Good Childhood Report (The Children's Society, 2017)
- The link between pupil health and wellbeing and attainment (Public Health England, 2014)
- The Mental Health of Children & Young People in England (Public Health England, 2016)
- "There for you": The role of parents in supporting young people with mental health problems (AYPH, 2016)
- Wise Up to Wellbeing in Schools (Young Minds/NCB, 2017)

BIBLIOGRAPHY

- Archer, T., Filmer-Sankey, C., & Fletcher-Campbell, F. (2003), *School phobia and school refusal: research into causes and remedies*. Slough. National Foundation for Educational Research.
- Heyne, D., Rollings, S., King, N. and Tonge, B. (2002). *School Refusal*. Oxford. BPS Blackwell.
- Kearney, C. A. (2008). School absenteeism and school refusal behavior in youth: A contemporary review. *Clinical Psychology Review*, 28, 451–471.
- Porter, L. (2006). *Behaviour in Schools: Theory and Practice for Teachers*. Maidenhead. Open University Press
- Thambirajah, M.S. Grandison, K.J. & De-Hayes, L. (2008) *Understanding School Refusal: A Handbook for Professionals in Education, Health and Social Care*. London. Jessica Kingsley Publishers.
- West Sussex County Council Educational Psychology Service (2004) *Emotionally based School Refusal: guidance for schools and support agencies*. West Sussex County Council EPS.



School Refusal Support Services

School Refusal Support Services - our aim is to provide a resource for all

We endeavour to help parents find support and assistance,
yet we are aware that professionals are searching for answers too.

SRSS is an access point to help both families and professionals learn how to better support children.

We aim to offer a wealth of peer support which allows us all to say “we understand”.

We are working towards harmonious partnerships between families and professionals.

www.schoolrefusal.co.uk

(UK Parents) <https://www.facebook.com/groups/schoolphobiarefusal/> (Professionals) <https://www.facebook.com/groups/134075460275220/>

(USA) <https://www.facebook.com/groups/SchoolrefusalUSA/> (Australia) <https://www.facebook.com/groups/500765430029379/>

(Research) <https://schoolrefuserfamilies.wordpress.com>

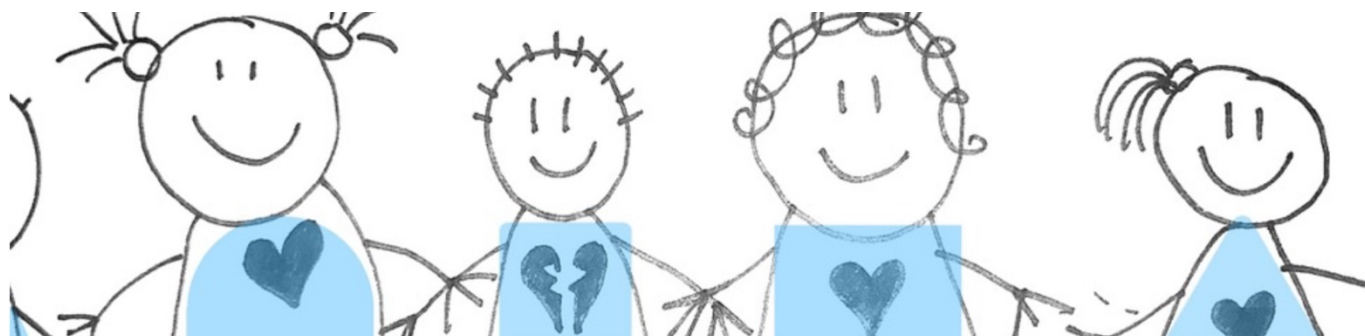
RESOURCES

School Stress Survey





	I very often or always feel stress at this. I can't cope with it.		I sometimes feel stress. I don't like it but I can cope.		I feel OK about this. I can cope with it easily.
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1. Getting Up & Ready 	2. Journey To & From 	3. Assembly 	4. Corridors
5. Written Work 	6. Break Times 	7. Teacher Q&A 	8. Team / Group Work
9. Lunch Times 	10. 1 to 1 with Adults 	11. Tests 	12. Homework

<https://www.tes.com/teaching-resource/school-stress-survey-6386627>



What Survival Looks Like In Primary School

 <p>Freeze</p>	 <p>Flight</p>	 <p>Fight</p>	 <p>Submit</p>
<ul style="list-style-type: none"> - Not interested, bored - Confused - Forgetful - Talking about something else - Hard to move through a task - Not listening - Staring into space - Day dreaming - Clumsy - Distracted 	<ul style="list-style-type: none"> - Running away - Keeping SUPER busy - Not coping in free time - Need to be first or at the front - Bumping into people - Avoiding tasks and activities - Baby talk or silly voices - Hyperactive - Giddy and silly - Hiding under tables 	<ul style="list-style-type: none"> - Hot and bothered - Angry and aggressive - Controlling - Lie or blaming - Shouty and argumentative - Pushing away friends - Lonely - Demanding - Inflexible - Unable to follow 'rules' - Disrespectful 	<ul style="list-style-type: none"> - Socially withdrawn - Compliant - Quiet - Unable to think, just yes or no answers - Passive - Resigned - Neutral expression - Alone - Low mood - Head down on the table

If you spend a small amount of time activating the calm part of my brain, you will help me feel safe. Then, you can teach me and I can learn. Help me by...

<ul style="list-style-type: none"> - Do the task with me - Deep breathing - Tell me I'm safe and ok - Ask me to push my hands down under my seat and lift myself off the chair - Gently wonder where I've gone and welcome me back to the room - Make the task smaller and more predictable - Tell me kindly who I am and what I'm doing - Kindly tell me what you want me to do 1:1 	<ul style="list-style-type: none"> - Keep me close by - Deep breathing - Give me a easy and familiar task - Make things predictable - Tell me I'm safe, show me a safe place or person I can go to when I need to - Kindly talk through what might be tricky - Remind me what I'm meant to be doing alongside my friends rather than singling me out 	<ul style="list-style-type: none"> - Give me a role - Support me socially - Match my energy - Make things predictable - Deep breathing - Connect and show empathy before exploring the consequences of my behaviour - Tell me about changes to the daily routine, especially strangers visiting the school - Accept I might not remember what happened, I was trying to survive what felt dangerous 	<ul style="list-style-type: none"> - Repetitive simple tasks - Weighted blanket - Building with Lego or play-dough - Tell me I'm safe - Deep breathing - Spending time with a trusted adult - Do the task with me - Tell me what to do without showing frustration - I can't cope with being the centre of attention, let me blend in
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UNDERSTANDING SCHOOL REFUSAL

