

FORCING AN ANXIOUS CHILD TO ATTEND SCHOOL

School-based Anxiety

Increasingly children and young people are reporting schoolbased anxiety in addition to other mental health and SEND difficulties. School refusal should not be viewed as simply a behavioural problem research acknowledges that it is a highly complex, multidimentional difficulty, requiring an individualised approach which assesses the triggers, difficulties and needs of each child. Early intervention, with professionals and parents working together, is vital to minimise any impact on education and wellbeing. They need support with the complex factors which have led to their school anxiety and refusal.

Unfortunately, many parents currently report being blamed and pressured to improve attendance, without due regard to the severity of their child's difficulties. Many children are being described as 'fine in school', when in reality they are not fine, as they often mask or internalise their distress while in school.

We recognise that there are limited resources in schools, but many helpful actions including understanding, are cost free! The longer anxious children are unsupported the harder it will be for them to return to school. Continuing to describe anxious children as being 'fine in school' means they are less likely to be able to access the help they need to recover in order to attend regularly and achieve their potential.

SUMMARY

The default response to school attendance difficulties from many schools and practitioners is to simply force attendance.

This approach is supported by the legal duty for schools to provide an education, and for parents to ensure that their child receives an education.

However, there is a spectrum of persuasion which runs from encouragement at one end through to force at the other. Many parents attest to the fact that encouragement is often only successful if a child is starting to school refuse and force only make the situation worse.

Latest thinking is that forcing a child to attend results in trauma and long-term damage, particularly if the underlying causes of anxiety have not been identified.

DEFAULT RESPONSES TO SCHOOL ATTENDANCE DIFFICULTIES

Many parents of school refusers will recognise the default response which is to force attendance in the hope that the child will realise that he/she can cope with school. This is connected to an often-held belief that anxiety is 'normal' and that building resilience is part of growing up and we must learn to face our fears. Along with a belief that children need to learn that in life we will all need to do things we don't like.

In some cases, this can be relevant, especially if anxiety is mild and is related to a one off event or temporary difficulty. It is important to recognise that the severity of school refusal can vary between mild and extreme. Children who have anxiety which can be considered 'normal' will refuse intermittently. However, more extreme anxiety is harder to to cope with and can lead to full school refusal which may need professional treatment to resolve.

Schools generally believe that by offering an education <u>on site</u> they are fulfilling their legal duty, however the words 'education that a child a can access' are key to resolving school refusal and arranging educational provision that reflects a child's needs.

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Using the term 'school refusal' can cause misunderstandings about the reasons for school absence that affect attitudes and approaches used to resolve the situation. This terminology creates obstacles for families in getting the correct support because of the focus on 'withinchild' explanations which imply that the child is choosing not to attend, rather than being unable to attend.

This focus deflects attention from the school environment as an important element in understanding and addressing school refusal (Pellegrini, 2007).

Kearney and Silverman (1990) highlighted the significance of this by suggesting that the crucial issue in resolving cases of school refusal is identifying the function and need behind the behaviour. Before considering any intervention it is crucial to identify the causes and reasons for the child's inability to attend.

The use of force is based upon assumptions such as:

the child's anxious response to school is irrational

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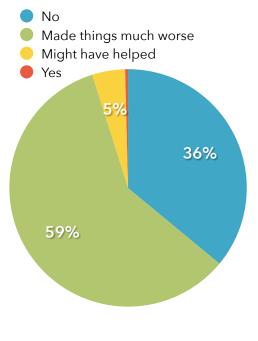
- the child is lazy, disrespectful, disengaged or truanting
- parents are weak and re-enforce their child's avoidance
- parents need to have firmer boundaries in place
- parents don't care about school attendance

However...

Any assumption that a child's fear is irrational fails to acknowledge that some fears <u>are</u> rational and could become reality (e.g., bullying, academic failure, sensorial discomfort).

Most school-anxious/school refusing children do WANT to attend school however their difficulties and anxiety become overwhelming. They and their parents care about their education and want to succeed, however they need understanding and support at home and at school. Children may need adjustments to their daily routines, timetables, or even their school environment. Pressures to focus on attendance rather than the child's needs can make things even harder to fix in the longerterm.

Assumptions that parents are weak, ineffective or uninterested are unfair and relate to stereotypes based on truancy. If parents are taking every action they can to find support and resolve their child's difficulties it is unjustified to assume they do not care about their child's education.



IS FORCING ATTENDANCE EFFECTIVE?

Almost half (45.5%) of parents in the NFIS Attendance Difficulties survey (May 2018) stated that they have forced their child to attend school as they felt under pressure to do so; in addition, 21.2% felt under this pressure but refused to force attendance.

When asked if the use of force was helpful in resolving their child's anxiety,

36% of parents said 'no', and 59.1% said it has made things much worse.

0.4% of parents thought force helped & 4.5% thought it might have helped.

[1,661 Survey Respondents]

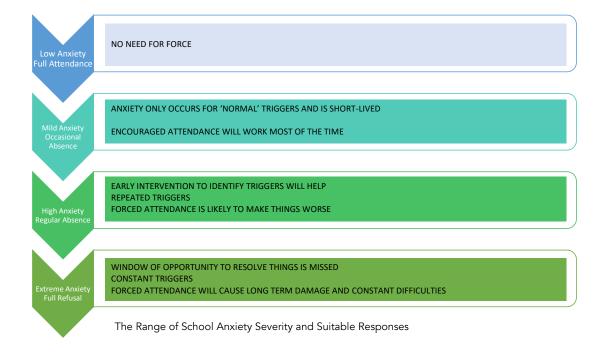
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WHY DOES FORCING ATTENDANCE MAKE THINGS WORSE?

- Parents are being told by professionals that they need to prioritise education over mental health; what is forgotten is that a severely anxious child who is forced into school will be traumatised and experiencing a 'fight, flight or freeze' response (see page 5). In this state they are unlikely to be able to take in information or process it effectively, so they will not be gaining any educational benefit from being in school indeed, the only benefit will be a 'tick on the attendance register'.
- Forcing a child to attend school causes trauma for children and parents as it breaks trust between the primary carer and child.
- Forcing attendance leads to changes in brain structure that can have long term implications for mental health and wellbeing throughout life. In terms of brain structure there is evidence in the neurology literature that children who have suffered trauma and are victims of PTSD have larger amygdala and links to the prefrontal cortex (control centre) are changed so there is less control. Literature on developmental trauma shows that many children go on to develop mental health problems that involve control e.g. ODD, CD, eating disorders, personality disorders as well as other difficulties such as depression and anxiety.
- Trauma and compassion fatigue in the carer can also cause problems if the parent is so burnt out that anger and depression ensue. These can affect the primary relationship too and this is why parent/carers need to be listened to, supported and cared for.
- A forced attendance approach could be 'short-sighted' if it will ultimately lead to an increase in anxiety and therefore in absence over a child's entire school career.
- Education is important but there are different means of delivering a good education that validate the child and enables the carer to co-regulate the child until he or she is able to do so themselves. This leads to positive neural development where the prefrontal cortex and primal brain work in unison.
- Psychological principles (Skinner & Bandura) indicate that punishment is rarely an efficient way of modifying an undesired behaviour, even if they make the agent or agency doing the punishing feel that they have done something useful



Fundamental Principles in Exposure with Children & Adolescents

- Exposure is an emotional experience that corrects dysfunctional associations between threat and the feared stimuli.
- Exposure reinforces the child's perceived self-efficacy to cope successfully with the feared stimuli.
- Adapt the treatment to developmental levels and challenges.
- The treatment plan should be based upon a solid case conceptualisation.
- A strong therapeutic alliance is essential.
- A psycho-educational component (i.e., explanation of how exposure works) is essential prior to initiating exposure.
- Exposures should be progressive with respect to a hierarchy of feared situations.
- + Eliminate distraction.
- Encourage the use of coping strategies to facilitate remaining in the feared situation.
- Many repetitions of the exposure are needed.
- + Parental involvement is crucial.
- Homework outside the treatment session is fundamental for success.
- Always reward effort, not just success. Every effort to confront a feared situation is an achievement.
- Receive training on how to design exposures for a target disorder (e.g., post-traumatic stress disorder, Social Anxiety, OCD).

FLOODING

Forcing attendance is based upon the belief that forcing a child to 'face their fear' is the answer. This comes from the concept of 'flooding', where someone is exposed to their fear for an extended amount of time, in order for the fear to reach a peak, for the person to become exhausted and still be in that environment once they are 'calm' again. Sounds very traumatic doesn't it? So of course, there are a number of issues with this.

- It was devised as a treatment for phobias, but is not suitable for some phobias
- It needs to be supervised by a qualified therapist
- It is not very successful
- It can make things worse and cause other severe mental health problems.

Educational Psychologists, Emmerson et al (2004) note that in relation to the flooding approach:

Direct confrontation of fears in real life is a highly stressful and demanding treatment with a danger of backfiring if it is mismanaged, leading to a more anxious pupil.

[This observation concurs with our survey findings that forced attendance or 'flooding' makes a child's anxiety worse.]

When reviewing developments in school refusal conceptualisation and treatment since 2000, Elliott & Place (2017) state:

While graduated forms of exposure are routinely employed in coaxing the young person back into school, Elliott (1999) highlighted controversy in the use of enforced return (a form of flooding). Such practices may be seen as potentially vulnerable to litigation, particularly as evidence of its efficacy and appropriateness has been largely absent in the research literature.

And they conclude:

While several sound publications are available to guide intervention for school refusal, there is a continuing need for rigorous studies that can provide evidence to support individualised and tailored responses to an incapacitating problem with many causes and manifestations. While a multisystemic response to intervention approach is considered attractive, the practicalities of operating this across disparate professional borders are likely to present a long-term challenge.

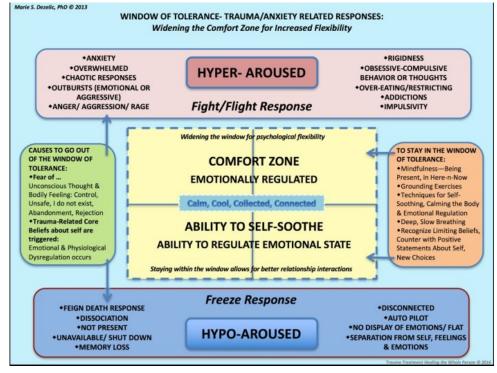
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These InnerWorld Work resources were created to illustrate the FREEZE, FLIGHT, FIGHT or SUBMIT responses we might see in an anxious child or young person



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Possible Causes

The literature on school refusal has viewed school refusal behaviour predominantly as the result of within child risk factors and/or within parent/ family risk factors.

However, no-one has equally considered the influence of neuro-developmental conditions (ADHD, Autism, Specific Learning Disorder, Auditory Processing Disorder, Sensory Processing Disorder, Dyspraxia, etc); the effects of Physical Illness; or the impacts of school bullying and trauma.

The lack of inclusive educational practices and the rise in academic pressure from repeated testing and assessment should also be considered as risk factors that require consideration.

Difficulties arising from any of these factors will not be resolved through the use of flooding or forced attendance, which are likely to cause more damage to mental and physical wellbeing.



There can be many different reasons why a child may start to show signs of school refusal. It can happen gradually, or it can happen overnight. The reason can be obvious, or it can never be identified and baffle both caregivers and school staff, but when a child is frightened adults must pay attention as their reactions can help or make things a whole lot worse.

The combination of guilt for the child, pressure from schools and heavy-handed threats of fines and prosecution does nothing to ease the strain on these families and is not evidence based practice. Relationships between caregivers and schools can start to break down as their priorities diverge at this point, when instead the focus needs to be on working together in the best interests of the child.

SEND and UNDERLYING ISSUES

Unmet SEND needs often cause anxiety and can lead to school attendance difficulties.

Sometimes this can be resolved with reasonable adjustments and an appropriate plan, but if a child has sensory issues it may never be possible for he/she to cope in a busy, noisy mainstream secondary school and the issues may not resolve without a different setting.

It's crucial to investigate the underlying causes of school refusal and to rule out or properly support any Special Educational Needs or Disabilities.

PUPILS WITH ADDITIONAL SEND

An important point which is often overlooked is that behavioural difficulties in children with SEND are often related to anxiety. Sometimes, the development or increase in anxiety is due to needs not being met in school. If all the support a school can offer has been tried, it may be time to consider a different placement with staff who have more experience of dealing with anxiety and other SEND. Behavioural based settings are often not appropriate due to the unpredictable nature of many of the pupils, so these should be avoided and a calm, nurturing environment should be found.

Schools and caregivers of children with SEND and anxiety need to make sure that both the SEND and the anxiety are catered for in support plans and EHCP. Again, as acknowledged by Preece & Howley (2018), it is crucial to implement 'an ecological model which incorporates the uniqueness of the individual, together with support for families and collaboration with other professionals and educational settings'.

In our School Attendance Survey (2018) 92% of parents thought that school attendance difficulties are related to SEND that are inadequately supported or unrecognised in school. 64.1% of parents reported that their child has a SEND diagnosis and a further 26.6% of parents suspect a diagnosis is needed. One important point to keep in mind is that not all anxious children and young people will display the common characteristics of anxiety. Some will 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.

PUPILS WHO MASK THEIR ANXIETY

In a school environment children will often hide their feelings to avoid drawing attention and being ridiculed or told off. This means that they hold the anxiety inside until they get home and then they can release these emotions. This creates the situation where the school thinks they are 'fine' but the family experiences high levels of distress.

BLENDING - copying others to try and blend in but not really understanding the context or expectations

MASKING - feeling anxious but hiding inner feelings and 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.

https://blogs.shu.ac.uk/autism/2014/11/18/good-behaviour-at-school-not-so-good-at-home/



FURTHER THOUGHTS

- Adults who have this therapy at least make that decision themselves, in full knowledge of what they're about to experience and few actually choose this option.
- When adults do this to children with anxiety, it can reinforce their fear, cause them to lose trust in those around them, and make going back to school an almost impossible task.
- As adults, were we to have someone treat us like this against our will, the perpetrator of such behaviour would be guilty of a number of crimes.
- If the anxiety is mild or the cause can be resolved, the early stages can often be where the opportunity to 'nip refusal/phobia in the bud' is missed if concerns are not taken seriously enough, and as shown in the diagram below, the consequences can be a lot more serious and difficult to overcome in the long term.
- Usually by the time school refusal starts, a child's anxieties have been developing for some time and on reflection, parents often realise there were signs that were missed or their concerns were not effectively acknowledged.
- If the cause of any anxiety is rational rather than irrational (i.e. a child is being bullied or is struggling with SEND or academic pressures), the things they fear <u>could</u> happen in reality and the anxiety is therefore justified and needs to be properly acknowledged (as it would be for an adult in similar circumstances).
- Children are not just miniature adults, and successful treatment protocols are not just pared-down versions of adult treatment procedures. Sensitivity to developmental factors, patients' ability to sustain themselves in the feared situations, as well as the establishment of a positive therapeutic alliance all play an essential role in the successful delivery of exposure therapy when applied to the paediatric population. Flexibility, consistency, and remaining cognisant of the child's inner world and external environment are also critical factors in treatment success, as is the constructive engagement of the family in the treatment process.

	Not Fine in School
School	Attendance Survey Results
Parents H	hink the biggest school refusa influences are:
	influences are:
Inadeque	ate support for SEND (73.7%)
Cog	ate support for SEND (73.7%) nitive Difficulties (60.9%) ting Anxiety Disorders (SI.8%) kiety and Friendship Difficulties
Pre-exis	ting Anxiety Disorders (SI.8%)
Social Anx	kiefy and Friendship Difficulties
	(70.2%)
The S	School Environment (73.7%)
5	School Culture (62.3%)
Acc	ademic Pressure (62.4%)
Bullyi	ing (child or adult) (44.3%).
	otfineinschool.org.uk @nfis tweets

	Not Fine in Scho	c col
	School Attendance S	urvey Results:
74.6 experient	% of parents have ch cing difficulties befor school a	re they were secondary
This ref of all m	ects the WHO (2013) Vental health condition the age o	observation that half ons first occur before f 14.
	[1,661 respo	enses]
	http://notfineinschool.org.uk	@nfis tweets

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SO WHAT IS BEST PRACTICE WHEN RESOLVING SCHOOL ATTENDANCE DIFFICULTIES?

A Flexible, Individualised, Child-led, Team-based Approach

Following Full Assessment of the Causes of the Child's Anxiety and their Needs

Helping a child back into school is what both parents and schools want which suggests a team approach would be beneficial. Often, the child themselves wants to be in school but their anxiety is debilitating and prevents their attendance. If parents and schools come together quickly to explore a child's anxieties, take them seriously and act on them by putting all possible support in place, this would allow the child to ease themselves back in to school.

Research by Nuttall & Woods highlighted: 'the importance of contextual influences on the effectiveness of intervention' and they identified that successful reintegration into school involved the interaction of a number of factors:

Child psychological fac	tors included: developing feelings of safety, security and belonging, confidenc self-esteem and value, and aspiration and motivation.
However, successful i	ntervention extended beyond child factors to interacting contextual and family
	variables significant to the effectiveness of intervention.
Developing positive r	elationships between home and school, and meeting the needs of the families,
appeared to be esse	ential in supporting the young people's success, and in both cases there was a significant role for professionals and systems.

DESENSITISATION

Desensitisation is based on the idea that a person is gradually exposed to their fear and they learn that the fear is manageable and hopefully unfounded. This can be an effective technique, but can also be widely misunderstood and wrongly interpreted.

Again, this approach would ideally be carried out by a qualified therapist, but even when steps such as a reduced timetable are introduced by a school and some compromise is made, they often fail. Why? - Because for desensitisation to work, the person with the anxiety or phobia HAS TO BE IN CONTROL.

This seems counterintuitive to adults, and is often a difficult concept in schools where children are expected to conform and follow rules and instructions without question.

Top Tips for Schools:

- Every child is unique and they should be the ones to lead how much they can do each day. If a child is struggling to engage it is crucial to work in genuine partnership with parents, and explore different ways to encourage input from the child.
- ALWAYS Work as part of a Team be guided by the Child and their Parents
- Very small, incremental steps need to be made, sometimes even starting with just putting a uniform on for the first day and not even leaving the house.
- The longer a child has been out of school or the more serious the reasons, the longer it can take and the smaller the steps often need to be. Although time-consuming, this allows a child to build in confidence again, learn to recognise and manage their anxiety and this is far more successful.
- Make reasonable adjustments to expectations and provision focus on longer-term outcomes and success rather than a speedy and potentially damaging resolution.
- The most important thing is to make sure that every member of staff is fully aware of the child's difficulties, how to avoid making the anxiety worse, and to make sure that during any plans for a transition back into school are adhered to. Often reintegration's fail when there is inconsistency, and someone wasn't made aware of a child's needs.
- Having a designated 'safe' person. This should be someone the child chooses, a TA, pastoral team member etc, that the child trusts and has a rapport with. If they feel they have someone safe to go to at times of high anxiety they're more likely to feel able to go and stay at school.
- A 'safe place'. Often children with anxiety like to have somewhere to escape too if they feel overwhelmed. This can be the office of someone they trust, a library, a quiet room, etc.
- Give children a special card or pass that they can show to a teacher that allows them to leave a classroom unquestioned. There should be a plan in place for where they go when they need to use it, but this also means that they don't feel trapped in a class for an hour. Some children won't want to draw attention to themselves, so a method of alerting their teacher discretely may be appropriate.
- A buddy system in school. Using someone appropriate who is older or who has experienced something similar and can offer support to a child is a great way to show that it can get easier.
- Give the child a 'special' role/job or appeal to their interests, ask them to help organise something etc, that gives them motivation and helps them associate school with something positive.
- Arrange for the child to meet staff members that they may be more cautious of outside normal classroom situations, in a more relaxed way, to allow them to feel they know each other more personally, to build confidence.
- Allow the child to devise a timetable that builds gradually. This may start with just coming in for lunch for a week or for their favourite lesson but as long as it gradually builds at a child's pace, progress is being made in the right direction.
- Praise successes, but do not criticise any set-backs they will happen.
- Consider that there may be other SEN that is causing the anxiety. Often children are diagnosed with SEN after being seen for anxiety. These SEN often involve significant sensorial difficulties that will need to be understood and addressed.

The following actions reflect current guidance for schools within The Equality Act (2010), The Children & Families Act (2014) and The SEND Code of Practice (2015), when deciding upon the best ways to help any child with mental health related needs:

- In the school should make a referral to an Educational Psychologist for an assessment.
- The school should assess the student for SEN and offer support in accordance with the SEND Code of Practice (2015) as anxiety disorders are a diagnosable disability, particularly when a parent has reported this as the reason for absence.
- The school can make a referral to CAMHS for an assessment if this has not already been done.
- 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.
- If the child is absent for more than 15 days the school is required to inform the Local Authority medical needs officer who should arrange alternative full-time educational provision
- The school should provide homework whilst the student is unable to attend their duty to educate does not stop because a student does not attend due to showing traits of SEN (diagnosed or not).
- The school should explore the 'Local Offer' and make a referral to MAST (Multi Agency Support Team) who can provide strategies for attendance difficulties.
- The school should put in place a support plan which has been shared with parents to identify a structured way forward including the strategies in place to phase back in full attendance when appropriate and a backup plan if this fails.

We recognise the huge challenges that school currently face with such broken SEND and CAMHS systems. In many cases though it is a supportive and empathetic approach, along with a willingness to work with the child and family (rather than issuing threats and fines) that can make a huge difference.

WHY DO SOME PEOPLE STILL THINK FORCE IS APPROPRIATE?

When a child is struggling with school attendance the reaction of professionals in schools or elsewhere is one of anger and hostility towards a child and their family. We think it is crucial to reflect upon why this happens and whether it is justified.

POWER AND CONFORMITY

When school refusal occurs, a possible 'power struggle' between parents and education staff can be detected in relation to the question of who decides what actions are in the 'best interests' of the child. Porter (2006) discusses how 'relationships between teachers and parents are often ones of concealed power'. Teachers' power comes; 'by virtue of their expertise' and 'being part of the system' while parents expect recognition that they are; 'experts in their children's and family's needs and have experience at resolving their issues'. This results in a situation where each 'party' tries to control the management of the problem, with differing priorities and understandings.

This is further complicated by the influence of the 'hidden curriculum' that is a feature of schools where children are expected to learn the rules of conformity and to do as they are told by adults. A key issue in resolving school refusal is the 'battle' for control - school staff will often be very reluctant to allow a child to be in control of the situation and to decide what they can cope with each day, as the staff expect to keep that control themselves and are angered by the thought of a child 'dictating' what they do.

DOUBLE STANDARD 1.

A frustrating aspect that parents often comment on is the differences between the way adults and children with anxiety related conditions are treated. Adults with anxiety, stress or depression are usually signed-off from work and their difficulties are acknowledged; However, anxious or depressed children are told to 'face their fears' and learn to cope through continued daily attendance at the place that has caused or is the focus of their distress. Would we physically force an anxious adult into a workplace?

DOUBLE STANDARD 2.

The NSPCC Briefing for Schools about Safeguarding Children before and after school includes the point:

'What to do if a child says they do not want to go home?'

- and the advice is that a school should follow child protection procedures. Why are the same actions or considerations NOT made when a child says that they do not want to go to school?

DATA

Is it right that attendance data should be a higher priority than child wellbeing? Schools are now so driven by data and league table standings that they force attendance in order to generate the 'tick' in the register, no matter whether the child is benefitting in any way by being in the building - as their distress means they are unable to learn or take part in normal activities.

A SENSE OF SAFETY & BELONGING

Department for Education advice on Mental Health and Behaviour discusses the benefits of building resilience in children and states that to facilitate this; 'School should be a safe and affirming place for children where they can develop a sense of belonging and feel able to trust and talk openly with adults about their problems'. Yet children often become school refusers' precisely because they do not feel safe, supported or have a sense of belonging within their school and physically forcing attendance will not improve a child's sense of safety and belonging and will increase the trauma they experience in relation to attending school.

School Refusal

- signifies a rupture in the child's sense of trust in the adults around them, for instance when physically forced to attend when anxious
- It can also be a result of significant rupture amongst peers (bullying) in which the adults involved do not remedy the problem
- This rupture eradicates the sense of safety/security the child has at school, thus activating survival behaviours (fight/flight/freeze) which lead to avoidance/refusal
- This rupture in relationships disrupts a child's attachment development
- Where such a rupture is significant, ongoing or severe it is classed as trauma



THE BEST INTERESTS OF A CHILD?

In the UN Convention on the Rights of the Child, Article 3 is concerned with the best interests of the child and it states 'The best interests of the child must be a top priority in all decisions and actions that affect children'.

Parents find the school refusal situation especially difficult because of the concept of the best interests of the child and how this relates to the child's educational-best-interests versus their mental-health-best-interests - How do we know which choice is in the best interest of a child? Many parents find these two interests appear to be in conflict with each other, yet both are important. The situation relates to the colloquial saying – 'being caught between a rock and a hard place'. The 'rock' could be the choice to force the child to attend school and experience the high levels of anxiety, trauma and distress, while the 'hard place' is the pressure and criticism that comes from society, school expectation and legal implications. Likewise, the 'rock' could represent parental concern for the mental health of the child and the 'hard place' represents parental concern in relation to educational achievement. In considering any implications for practice it seems that the solution for parents would be to remove the necessity to choose between the 'rock' or 'hard place' through provision of suitable environments for children to maintain their education and improved metal health provision in schools to respond more effectively when children have difficulties.