



# **A Guide to Supporting a Child When They Struggle to Attend School**

**Parents  
V.2**

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## How Can Parents Support Children with School Anxiety/Refusal/Phobia?

### 1. Speak to your GP and ask for their advice and support

It is possible the GP will need to refer your child to CAMHS and ask school to involve an Educational Psychologist

### 2. Keep a Diary and File documenting everything related to the school refusal/anxiety/attendance

This evidence will be crucial if any legal proceedings occur, and/or if you apply for an EHCP

### 3. Ask the school to support you and to assess your child for any possible / relevant SEND

Anxiety is often comorbid with underlying learning difficulties/SEND - Autistic Spectrum Conditions are commonly missed

### 4. Read your schools policies for SEN, Disability, Attendance, and Behaviour

- are they following their own policies in the way they are responding to your child's needs?

### 5. Contact SENDIASS / IPSEA / SOS SEN or other sources of advice about SEND and educational provision

Obtain support and educate yourself - research anxiety, relevant or possible SEND, and relevant legal guidelines

### 6. Make or support a referral to your Local Authority for an EHCP assessment

An EHCP is crucial to fully identify a child's needs and provide the support required to access an effective education

### 7. Request your child's school records and check them for accuracy

Check through them carefully and look for unauthorised absences in the attendance record or gaps in the paperwork

### 8. Ask the school to provide homework while the child is absent

Not supplying learning opportunities means a child gets further behind and has one more reason to be anxious and avoid school

### 9. Remind school to notify the local authority if medical absence 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. Meet with educational & mental health professionals to create a child-focused support plan

Ask for reasonable adjustments and discuss influences - Take someone to support you and be a witness to what is said

### 11. Consider contacting the Education Welfare Officer / Attendance Officer

Explain that you want your child to attend school, but there are significant anxiety issues - Ask how they can support you

### 12. Consider all educational alternatives and which would currently be the best option for your child

Trust your instincts – you are an expert in your child's needs - Try not to be pressured into doing something that won't work

### 13. Join online support groups to talk to other parents who have experienced this situation too

Realise that you are not alone and that currently this is a massive problem for many children and families

**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 & School-Based Anxiety

'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      | Not feeling difficulties are understood or believed | Navigating Around School or Travel to and from school | Unstructured Break Times | Separation Anxiety          |
| Emotional Development Delay | Undiagnosed SEND or Illness | Physical Difficulties                               | Adolescent Hormone & Brain Development                | Classroom Disruption     | Changes to Routines & Staff |

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 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.

## ANXIETY

Anxiety is a common and normal emotion but it can affect each of us in very different ways. If severe, it can be extremely debilitating and affect day-to-day functioning, indicating an anxiety disorder when the feeling of anxiety is far more intense and long-lasting. When experiencing an anxiety attack it can feel as if you are going to pass out or have a heart attack. If a child experiences severe anxiety, they can get exactly the same feelings and symptoms as adults. They may look terrible when anxious: pale, clammy, crying, shaking, saying they are going to be sick or pass out. However, when this happens, although they may look ill, they are OK. It is extremely rare for someone to pass out when anxious, so remembering this and trying to stay calm will help you stay in control of the situation, and help you to manage your child's anxiety.

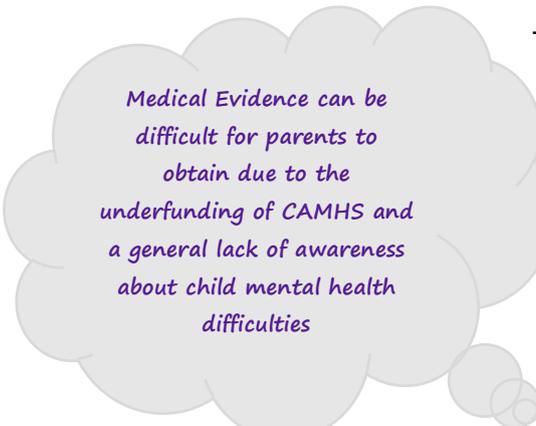
## I. Speak to your GP and ask for their advice and support

Explain the difficulties your child is experiencing and ask for the GP's help, which could include;

- referring your child to CAMHS
- writing to the school to confirm that they suspect your child has an anxiety disorder and is currently medically unfit to attend school
- recommending that the school request the input of their Educational Psychologist
- documenting anxiety symptoms and any other difficulties in your child's medical records (for evidence if needed)

We all have physical AND mental health and both physical and mental illnesses are beyond our control, hence each is 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.

### GP support for school pupils with medical conditions:

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/supporting-pupils-at-school>

### CONTACT - Handling absence from school:

<https://contact.org.uk/advice-and-support/education-health-social-care/education/handling-absence-from-school/>

### About Educational Psychologists

<https://www.specialeducationalneeds.co.uk/educational-psychologists.html>

### 'It Must Be Mum' - How can your GP help?

<https://itmustbemum.wordpress.com/2017/09/01/when-your-child-is-struggling-can-your-gp-help/>

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

ANXIETY UK: <https://www.anxietyuk.org.uk>

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

## Waiting Times

If you feel you are not being offered help within a reasonable time then you can make a formal complaint first to the person or organisation providing the service e.g. the GP, dentist, hospital or pharmacist. Alternatively, it is possible complain to the commissioner of that service – either **NHS England** ( <https://www.england.nhs.uk/commissioning/> ) the area **Clinical Commissioning Group** ( <https://www.nhs.uk/Service-Search/Clinical-Commissioning-Group/LocationSearch/1> ) or contact **PALS** to complain about NHS services through an advocate ( <http://nhscomplaintsadvocacy.org/> ).

## Educational Psychology Input



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.

### 2. Keep a Diary and File documenting everything related to the school refusal/anxiety/attendance

Create a paper trail of evidence about your child's struggles and your efforts to resolve things and find help - you may need this if absence leads to threats of prosecution

- Describe what happens daily with your child - what they do and say
- Keep notes and records of all conversations with school or medical staff - follow up conversations with written summaries so that you have written records, also ask for written confirmation of any verbal agreements
- Keep records of all medical appointments and any assessments or meetings
- Keep all relevant letters and print outs of emails
- For every absence send an email to school detailing why, each time.

#### Advice About Keeping Records:

<https://itmustbemum.wordpress.com/2017/04/11/what-to-record-and-how-to-store-it/#more-4009>

### 3. Ask the school to support you and to assess your child for any possible / relevant SEND

Although some schools have a positive approach to supporting pupils with anxiety, young people can come up against problems and sometimes be misunderstood by school staff. The school may have contacted you because they feel there is a problem with your child, but this does not mean that they necessarily understand what is causing the problem. Alternatively, you may have raised the subject with them, but they do not appear to take your concerns seriously. If this is the case then this is almost certainly due to a lack of knowledge and understanding of anxiety disorders within the school. This is not a valid reason to ignore the situation if a child is obviously struggling with school attendance, therefore the school should acknowledge this and take steps to put support in place.

Many parents are told to physically force their anxious children into school - 'to learn to cope with their fears'. The vast majority of parents who do this also state that this does not work and actually makes a child's anxiety much worse.

The article about [Anxiety and School Refusal/Phobia](#) below is written by a psychotherapeutic counsellor and parent of a school refusing child and she explains why this approach, also known as 'flooding' is wrong for school refusal.

It Must Be Mum's blog post explains why this attitude towards children is a source of real frustration for parents:

<https://itmustbemum.wordpress.com/2017/12/08/just-imagine-if-adults-were-treated-like-some-of-our-children/>

## **Anxiety and School Phobia/Refusal – Advice for caregivers and professionals**

by

<https://mummyneedsatimeout.wordpress.com/>

### **Anxiety basics**

Anxiety is a normal human reaction to stress and it actually serves a purpose. When we're stressed, our body produces more adrenaline, allowing us to think and move faster and to speed up our reactions. In our caveman days, a good dose of adrenaline when faced with a sabre-toothed tiger, would certainly help deciding that this is a dangerous animal and running away very fast would be a great idea. This is great in the short term and when there's something we can actually do, but it becomes a problem when anxiety is long term issue and it seems that there is nothing that helps. For some people, especially if they've not experienced much stress or anxiety before, the symptoms can be very distressing and can feel like something is seriously wrong.

Anxiety Symptoms include:

- Palpitations/racing heart
- Feeling hot
- Feeling nauseous
- Shortness of breath
- Light-headedness/dizziness
- Struggling to concentrate
- Sleep problems
- Being more emotional
- Stomach aches
- Headaches or backache
- Sweating
- Aggression

Experiencing a few of those symptoms together is going to make you feel pretty rubbish and it can be a surprise to find that they're caused by anxiety, when you feel them very physically.

Adults are regularly referred for counselling or given medication to help with anxiety and/or advised to take up exercise, meditation and sometimes given breathing or muscle relaxation techniques. Now adults have usually encountered a fair amount of stress and anxiety in their lifetime and will have usually, without realising it, have developed some coping strategies, talking to friends or family, having a glass of wine (maybe 2!), etc. When these don't work, we head to our doctor.

Now imagine you are a child. You have no idea why you are experiencing these symptoms, you have no idea how to cope with them. It can be frightening and overwhelming enough for an adult who can take control by calling someone to articulate what they're feeling; make a doctor's appointment; search for information online, etc. A child has no control in this situation.

There can be many different reasons why a child may start to resist going to school. It can happen gradually, or it can happen overnight. The reason can be obvious, or it can 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.

There is still relatively little research on the rise in school phobia or the causes, but there are things you can do to help:

- Keep calm during a panic attack. Easier said than done sometimes when you have a child who appears to be defiant or they're upset and frightened, but as adults, we have to model that there is nothing to be afraid of right in that moment and it's very hard to have a conversation or reason with someone who is scared. Use a slow, quiet voice and keep talking to a minimum, encourage slow, deep breaths. Distraction and humour can be good tools once the initial anxiety has calmed a little but used too early on, this can cause a child to not feel believed and discourage them talking to anyone.
- Ask the child where in their body they feel the worry. If they can, ask them to say what that part of their body would tell you if it could talk and what they would say in response. A child can feel almost separate from their body when they feel out of control and this helps to build a connection again between the mind and body.
- Act at the first sign of anxiety around school. If a child expresses being unhappy or worried about anything related to school, school staff should meet with the child and their family to discuss any concerns. Try to explore what it is that's causing the anxiety with the child. Sometimes asking children to write their worries down or draw them is more successful.
- Don't talk in hushed voices or whispers or allow others to, around the child. It's normal to want to protect them and not make them feel awkward but it can cause more anxiety if a child doesn't know what's being said, but knows they're being talked about.
- Suggest the family make an appointment for the child at their doctors to rule out anything physical. This can also help reassure a child that nothing is physically wrong, but it also helps to have a record of concerns over anxiety.
- Break down what they need to do into small steps, so that it doesn't seem so overwhelming, and reward every small step they make towards becoming calmer and going to school.

## Refusal/Phobia

If the anxiety has escalated, a child can start to refuse to go to school altogether. This can be blatant refusal, or by feigning illness or finding reasons and excuses not to go. It's very important at this point that serious action is taken, and parents and schools need to work together. The quicker any issues are resolved and the more seriously a child feels they are being taken, the easier it usually is to get them back into school. A diagnosis of anxiety from a GP can be very helpful and at this point, often a referral to CAMHS from the GP or the school is wise. Waiting lists are long however, and if there is complete refusal, that could result in a long period of absence and the longer they are out of school, the harder it is to get a child back. Any diagnosis of anxiety means the child is entitled to more help as anxiety is a disability under the Equality Act 2010 so it is important that the school supports the child rather than insist on waiting for CAMHS involvement.

If a child has a SEN, including a disability such as anxiety, a school MUST make their 'best endeavours' to identify and secure appropriate support. A support plan needs to be put in place the Special Educational Needs Coordinator (SENCO) and the child needs to be added to the SEN register. More information can be found here: <https://www.ipsea.org.uk/what-you-need-to-know/school-duties>

It is important to note however, that it is recognised how much strain caregivers are under by this point. Usually there has been a gradual build-up and a parent has already spent time with a child complaining of illness or becoming increasingly upset. They have often already missed a lot of work or even had to give up work. The anxiety usually starts to build on a Sunday evening, way before ever getting anywhere near school and can cause lost sleep, disagreements between caregivers, and possible issues with siblings. 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 the focus needs to be on working together in the best interests of the child. I have not yet met a parent that doesn't desperately want their child in school, home-educating aside. There is a mammoth gap between not making an effort to ensure your child attends school and battling with an anxious child every day. Many caregivers are in fact feeling forced into home-educating, often at great personal, emotional and financial expense.

Sadly, I am witnessing more and more caregivers experiencing mental health problems themselves as a result, even post-traumatic stress disorder. Schools can go a long way in supporting these caregivers by knowing the law, following the appropriate guidelines, making sure appropriate support is put in place as soon as possible and being understanding and aware of the stress this situation causes.

## What is the Solution?

So how do you get a child to go back to school? This will depend on a number of factors:

- What caused the anxiety in the first place?
- Whether that is a real or perceived issue and whether those issues have been addressed
- Whether the child has other SEN and their needs are being met.

All efforts should be made to resolve any of these issues but sometimes there is no identifiable cause, or a child is unable to articulate what it is that has made them anxious.

### **What Does and Doesn't work**

The number one rule of getting your child to go back to school is: **DO NOT FORCE THEM**. If a child has been 'fine' at school previously, it can be very difficult to deal with initially. It seems logical that if you just make them go, they'll get over it, they're just being silly etc. This is often where the opportunity to nip refusal/phobia in the bud is missed and 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. Below are the two most common approaches to school phobia/refusal.

### **Flooding**

There is this deeply concerning belief that forcing a child to 'face their fear' is the answer. I have personally sat across for a head of the pastoral team of my child's school and been told that after a CAMHS run course on anxiety, she had been told the best thing you can do is force children in to school, despite knowing my qualifications. This comes from the idea 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're 'calm' again. Sounds very traumatic doesn't it? So of course, there are a number of issues with this.

- It is not suitable for some phobias
- It needs to be carried out by a qualified therapist
- It is not very successful
- It can make it worse and more worryingly, cause other severe mental health problems.

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. Research is clear on this approach now and it has inadvertently been being used to get children back into school for many years. Without a qualified therapist doing extensive work with a child before trying flooding, it is dangerous and should be avoided at all costs.

### **Desensitisation**

Desensitisation is based on the idea that a person is gradually exposed to their fear. This is an effective technique, but it is widely misunderstood and wrongly interpreted. Again, this 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 phobia **HAS TO BE IN CONTROL**. This seems counterintuitive to adults, but the research is clear. Very small, incremental steps are made, sometimes even starting with just putting a uniform on for the first day and not even leaving the house. Every child is unique and they should be the ones to lead how much they can do each day. 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.

### **Further Advice**

Schools are concerned with attendance, but this is nonsensical when the flooding approach leads to far more time off over an educational lifetime. Research is now showing that for pupils, attendance is not the key factor is academic success at school. As an adult, can you concentrate when you are worried, concerned or stressed?

Anxiety is not just a few nerves or being a bit worried and it needs to be taken very seriously by all involved to prevent long-term mental health problems. By law, as mentioned above, schools **MUST** identify and support children with SEN. There is also statutory guidance to schools from the Department for Education on Supporting Pupils with Medical Health Needs and this includes anxiety.

Getting a child back into school is what parents and schools want and often, the child themselves wants to be in school but their anxiety is debilitating and preventing that, rather than a wilful refusal to engage or comply. If parents and schools come together quickly to explore a child's anxieties, take them seriously and act on them, putting all possible support in place, and allow the child to ease themselves back in to school, the child will be back in education all the quicker. A few tips for schools that may assist this are:

- 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 to if they feel overwhelmed. This can be the office of someone they trust, a library, a quiet room, etc.
- Give children a special card 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.
- 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 around outside of normal school hours. Allowing anxious children to see teachers in a more relaxed way and allowing them to feel they know them more personally, helps them to experience teachers as individuals and children often feel more relaxed with that added element of security.
- 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.
- Lastly and by no means least, 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.

### **Pupils with additional SEND**

There is limited research on pupils with other SEND and school phobia/refusal. One study considered group work with children with autism that incorporated desensitisation which was generally successful. An important point which is often overlooked is that behavioural difficulties in children with SEN is often due to anxiety. Schools and caregivers of children with SEN and anxiety need to make sure that both the SEN and the anxiety are catered for in support plans and EHCP.

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 SEN. 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.

References:

<https://senmagazine.co.uk/articles/articles/senarticles/school-refusal-how-can-we-help-those-with-asd-attend-school>  
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/anxiety-symptoms/>  
<https://www.simplypsychology.org/behavioral-therapy.html>  
<http://journals.sagepub.com/doi/abs/10.1177/1088357608327666?journalCode=foab>  
<https://www.bps.org.uk/news-and-policy/behaviour-change-school-attendance-exclusion-and-persistent-absence>

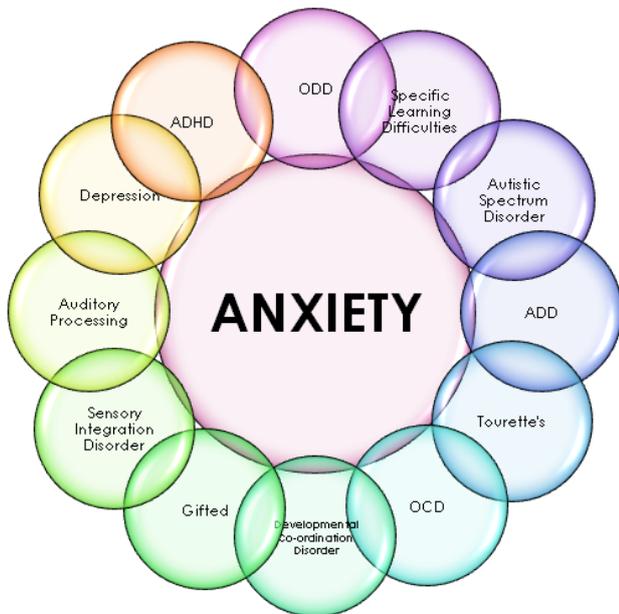
### **FIGS - Fighting Inequality for Girls on the Spectrum**

One of the main findings of recent research around autism in girls, is the association with mental health problems. Often, girls present with OCD, anxiety, eating disorders or depression and it is entirely missed that they are autistic. These conditions are due to the fact that girls are very good at masking and copying social behaviour but this is completely exhausting and takes its toll. Girls often either try to reap back some control with OCD or eating disorders or they become very anxious and depressed. There is also a growing research of the link between school refusal and autism. If children are presenting with any of these issues, we are campaigning to have screening done for autism as standard as we know how important early intervention is in the success of young people at school with SEN.

Our campaign is focused on girls, the lack of appropriate provision, campaigning for awareness of the differences in girls and to improve misdiagnosis and associated mental health problems. You can find out more about us by finding us on Facebook, as the campaign group **FIGS**, or on Twitter **@FIGSUK**.

Fighting Inequality for Girls on the Spectrum <https://www.facebook.com/groups/198220980748417/>

## Anxiety and SEND



It is very important to consider the influence of various Special Educational Needs & Disabilities upon levels of anxiety in school, as many of them are comorbid with anxiety disorders.

**Autistic Spectrum Disorders and Sensory Processing Disorders** can be particularly significant in creating high levels of anxiety within the school environment. According to recent research, 70% of autistic children also have a mental health difficulty such as anxiety and/or depression (AUTISTICA, 2017).

If a child already has an EHCP, ongoing attendance difficulties could indicate that the EHCP needs to be reviewed as it may not be meeting the child's needs. If a child does not have an EHCP this could indicate they have unmet needs that require assessment for an EHCP.

## The National Autistic Society (NAS): 'Autism - A resource pack for school staff'

### School refusal

- School can be a challenging environment for children and young people with autism and they can sometimes refuse to attend. School refusal may not just happen on one day. It may continue until the reason for school refusal has been identified and addressed. Reasons for a child or young person not wanting to attend school can include:
  - they are being teased or bullied
  - unstructured and/or noisy times are causing them anxiety
  - something unpleasant has occurred and the child or young person on the autism spectrum doesn't want it to happen again
  - they have a particular dislike or difficulty with a particular lesson which is on the timetable that day.

### Ways you can help

- Have someone that the child feels comfortable with meet them at the school gate or from their parent's car. This may be a teacher or a teaching assistant.
- Check that the child or young person with autism is getting enough and the right type of support. The SENCO, support for learning principal teacher or person responsible for children with SEN/ASN can give advice on this and start procedures for more support if needed.
- Allow them to use coping strategies such as time out cards and stress scales.
- Identify a quiet and safe place that they can use when things get too much.
- Arrange autism awareness training for all staff, including break and lunchtime support supervisors. For more

information on training of this type please visit <http://www.autism.org.uk/askautism>

- Give the child an opportunity to discuss their feelings at the end of each school day. For example, you could go through the timetable and ask the child to give each lesson a mark out of 10. For those lessons they score low, ask them why.
- Have open communication with the child or young person's parents. Ask them what they think will help their child to feel more comfortable at school.

When supporting the child to come back to school after a period of school refusal, start off with the child attending for an hour and then build it up gradually. This is better than putting pressure on the child to attend for a whole day and them not coping.

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.*

### **From the IPSEA website:**

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

Schools and other settings have clear duties under the SEN and Disability Code of Practice 2015 and must "have regard" to its contents. This means that they should do what it says or be able to explain why they have not done so and the alternative that has been put into place instead

Some children or young people cannot be educated in a school or college and may need to be educated at home or elsewhere. If the LA is satisfied that it would be "inappropriate" for the child or young person to be educated at school or college, they can arrange for any special educational provision which the child or young person requires, to be delivered somewhere other than in a school, college or early years setting – and the LA would then be responsible for continuing to secure and fund that provision. (This is often known as "education otherwise".)

This is different to the situation where a parent decides to Electively Home Educate (EHE) their child with SEN. This is a choice they are able to make if they want to home school their child. However, in those circumstances, a LA would not have a legal duty to secure any special educational provision which was specified in the child's EHC plan, because the parents would be making their own suitable alternative arrangements.

A child or young person has a right to an inclusive education in a mainstream school or college with their typically developing peers if they want it. This can only be refused by an LA in the most exceptional of circumstances. The right to a mainstream education does not prevent a parent/young person choosing a special school/college if that is the best choice for the child/young person.

The local authority (LA) has a duty to consider how a child or young person can be supported to achieve the "best possible educational and other outcomes". This reflects a new and higher level of outcome required by the new law than under the old system.

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 the head teacher 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, the head

teacher 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.

SCARED - Screen for Child Anxiety Related Disorders <http://pediatricbipolar.pitt.edu/resources/instruments>  
Strengths & Difficulties Questionnaire: <http://www.sdqinfo.com/>  
Autism Quotient: <https://www.wired.com/2001/12/aqtest/>  
Diagnostic Tools: [https://www.revolvy.com/topic/Diagnostic classification and rating scales used in psychiatry&item\\_type=topic](https://www.revolvy.com/topic/Diagnostic+classification+and+rating+scales+used+in+psychiatry&item_type=topic)

The Government publication, **School's Guide to the SEND Code of Practice** gives schools the following advice:

*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. 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. In particular, parents know their children best and it is important that all professionals listen and understand when parents express 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 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, disaffection, emotional or behavioural difficulties.

## If School Ignore a Diagnosis:



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.

If the school state that they do not agree with a medical diagnosis ask them the following questions in writing (it might make them reconsider and you will have evidence that could come in useful):

1. Who is responsible for the 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?

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.*

## Why are anxious children misunderstood?

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

**MASKING** - feeling anxious or distressed but hiding inner feelings and acting as if you are ok to protect yourself.

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.*

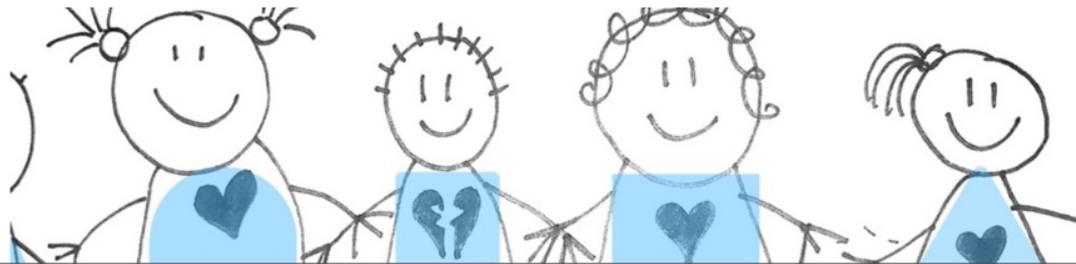
This can be significant especially when a child has or may have ASD, as Dr. Luke Beardon explains:

*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/?doing\\_wp\\_cron=1521571251.0530259609222412109375](https://blogs.shu.ac.uk/autism/2014/11/18/good-behaviour-at-school-not-so-good-at-home/?doing_wp_cron=1521571251.0530259609222412109375)

[http://www.thepdaresource.com/files/Dr\\_Luke\\_Beardon.pdf](http://www.thepdaresource.com/files/Dr_Luke_Beardon.pdf)

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:



## What Survival Looks Like In Primary School

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

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"> <li>- Do the task with me</li> <li>- Deep breathing</li> <li>- Tell me I'm safe and ok</li> <li>- Ask me to push my hands down under my seat and lift myself off the chair</li> <li>- Gently wonder where I've gone and welcome me back to the room</li> <li>- Make the task smaller and more predictable</li> <li>- Tell me kindly who I am and what I'm doing</li> <li>- Kindly tell me what you want me to do 11</li> </ul> | <ul style="list-style-type: none"> <li>- Keep me close by</li> <li>- Deep breathing</li> <li>- Give me a easy and familiar task</li> <li>- Make things predictable</li> <li>- Tell me I'm safe, show me a safe place or person I can go to when I need to</li> <li>- Kindly talk through what might be tricky</li> <li>- Remind me what I'm meant to be doing alongside my friends rather than singling me out</li> </ul> | <ul style="list-style-type: none"> <li>- Give me a role</li> <li>- Support me socially</li> <li>- Match my energy</li> <li>- Make things predictable</li> <li>- Deep breathing</li> <li>- Connect and show empathy before exploring the consequences of my behaviour</li> <li>- Tell me about changes to the daily routine, especially strangers visiting the school</li> <li>- Accept I might not remember what happened, I was trying to survive what felt dangerous</li> </ul> | <ul style="list-style-type: none"> <li>- Repetitive simple tasks</li> <li>- Weighted blanket</li> <li>- Building with Lego or play-dough</li> <li>- Tell me I'm safe</li> <li>- Deep breathing</li> <li>- Spending time with a trusted adult</li> <li>- Do the task with me</li> <li>- Tell me what to do without showing frustration</li> <li>- I can't cope with being the centre of attention, let me blend in</li> </ul> |
|---|---|---|--|



Download the full presentation from [www.innerworldwork.co.uk](http://www.innerworldwork.co.uk)

<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>

Check the school are following their own policies and point out any discrepancies, between the content and the support your child is receiving.

### Should mental health difficulties be considered a Special Educational Need?

The **Children & Families Act 2014** states that 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.

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

## 5. Contact SENDIASS / IPSEA / SOS SEN or other sources of advice about SEND and educational provision

SENDIASS: <https://councilfordisabledchildren.org.uk/information-advice-and-support-services-network/find-your-local-ias-service>

IPSEA: <https://www.ipsea.org.uk/contact/advice-and-support>

SOS! SEN: <http://www.sossen.org.uk/helpline.php> and [http://www.sossen.org.uk/information\\_sheets.php](http://www.sossen.org.uk/information_sheets.php)

### ANXIETY IS A SEND if it impacts on a child's learning and progress

Many people report that schools say they don't include anxiety as a SEN, and this is wrong. If you need to challenge this you can ask for the support of SENDIASS, IPSEA, SOS SEN or similar services.

**ANXIETY IS OFTEN COMORBID with other types of learning difficulty or Special Educational Need** - it may be an indication that your child needs additional support or the support they already have in place is not effective enough.

What are Special Educational Needs? [https://www.senexpertsolicitors.co.uk/imagelib/SEN\\_factsheets/What\\_are\\_SEN\\_factsheet.pdf](https://www.senexpertsolicitors.co.uk/imagelib/SEN_factsheets/What_are_SEN_factsheet.pdf)

SEND Code of Practice <https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

SEND Guide for Parents <https://www.gov.uk/government/publications/send-guide-for-parents-and-carers>

CEREBRA - PROBLEM SOLVING TOOLKIT <http://w3.cerebra.org.uk/help-and-information/guides-for-parents/problem-solving-toolkit/>

## 6. Make or support a referral to your Local Authority for an EHCP assessment

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. [...]*

The legal threshold for EHCP assessment is very clear (**Section 36 (8) Children and Families Act 2014**):

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.

- A parent can submit a parental request for an EHC needs assessment and if the school attendance is so low that you are being threatened with prosecution - That is good evidence in itself that the mainstream setting is not able to meet the emotional needs of the child. Parents can make a parental request under **Section 36.1 of the Children and Families Act 2014** and write it to meet the threshold for assessment to be carried out.
- If you want to maintain a school-based education and your child is displaying extreme anxiety it is likely they have unmet educational needs. An EHCP will involve assessments that should identify what these needs or difficulties are and then appropriate support can be organized.
- Evidence that a parent is trying to obtain help via an EHCP is also evidence for a court that the parent is not neglectful of their child's education.
- Gather as much evidence as possible and keep a log of everything- If there is proof in a court that as a parent you are trying to actively engage in getting help then you cannot be accused of neglect - it's the school and the services that are neglectful.
- If your child already has a recognised SEND and/or an EHCP any school refusal/anxiety strongly indicates that their needs are not being met and/or the support they have in place needs adapting. So, speak to the SENCO; or request an urgent review of the EHCP; or start an application for an EHCP if you do not have one in place.

An application for an EHCP is based upon **NEEDS** and not just on academic progress.

SO, the child's needs and difficulties need to be identified and described, so that they can be detailed in the EHCP application.

For each need:

- Say what the difficulty is (use the professional term if you know it)
- Describe the difficulty
- Say what the impact is for the child if there is no support put in place.
- Say why these needs cannot be met within the resources available in the school (complexity).

NOTE: A tip is to be aware of how to word things when you suspect a diagnostic condition but are not clinically qualified to put the label on yourself - you may want to add that to your template.

“By observation, ‘Jonny’ has difficulties with ‘xyx’ which are consistent with (whatever the need/difficulty is) and he needs further assessment by an appropriately qualified diagnostician. “

It is a good way of saying - I have noticed ‘xyz’ and the school is not qualified to assess to that level of specialist expertise - what are you going to do about it?

SEN NAV: Tool to identify SEND needs and the relevant terms/wording to use <https://www.sen-nav.org.uk/>



## 7. Request your child's school records and check them for accuracy

Local education authorities and schools must keep information on each pupil's educational progress. They may also keep a record of other information, for example, about the pupil's medical history, family background, personality and predictions of future potential. The way in which the information is stored will vary between local education authorities and individual schools. Some will store all the information on computer, while others will keep manual records.

The people who have the right to see school records are the pupil themselves and their parents. You must be allowed to see your child's school record if you make a written request to do so. You must also be supplied with a copy of the record if you ask for it in writing. It should be supplied free of charge or at no greater cost than that of photocopying/postage.

Check your 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 a statutory defence.

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. When there are gaps in the paperwork or inaccuracies email or write to your school and ask for the records to be amended.

School Attendance (registers and codes): <https://www.gov.uk/government/publications/school-attendance>

It may become necessary to ask for a copy of ALL RECORDS through **RIGHT OF SUBJECT ACCESS** under **THE DATA PROTECTION ACT 1998**.

#### Accessing Pupil Information

- <https://ico.org.uk/for-the-public/schools/pupils-info/>
- [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)

### 8. Ask the school to provide homework while the child is absent

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.

### 9. Remind school to notify the local authority if medical absence lasts for over 15 days (consecutive or cumulative)

When a school is aware that a child is likely to miss more than 15 days of school due to health/medical reasons they are supposed to notify the Local Authority so that alternative education can be arranged

Often this does not happen because the school does not see anxiety as a medical/valid reason for absence or they do not understand/have been misinformed about the relevant guidance. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests.

Find your LOCAL AUTHORITY guidance: <https://www.gov.uk/education-attendance-council>

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>

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

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.

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.

### LGO 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.*

*Indeed, whenever a council offers a child less than full-time education, it must regularly review the situation with a view to increasing their hours as appropriate. When investigating complaints, we expect to see evidence that a council properly considered what was suitable for a particular child.*

## 10. Meet with educational & mental health professionals to create a child-focused support plan

### Tips for Meetings:

- Always discuss the matter with your son or daughter before approaching the school
- Take someone with you who can take notes, act as a witness and support you, (this could be an advocate, friend or a family member)
- If you are being threatened with prosecution try to take someone with you such as your local SENDIASS person, or another advocate
- List any points you want to make or questions you want to ask
- Stay calm, it's ok to say so if you feel angry or upset, but try to avoid being aggressive
- Listen to what the teacher has to say before you respond, even if you disagree
- A child's anxiety must be treated/reduced and that is a health issue. The school needs to put educational (social, emotional and mental health) support in place. Only then will things improve. Don't let them try and skip any steps and put all responsibility on you
- The school has a duty of care towards its pupils so if your child is being bullied, for example, you can ask to see a copy of the school's anti-bullying policy
- Sometimes a teacher may be unaware of any underlying problems so check they are fully informed
- If your child has been having problems at school, or even difficulties at home, let the school know what they are and ask what can be done to help

- Keep in mind that one of the best ways to find a solution is for pupils, parents and teachers to work together - explain that you all need to collaborate and work towards the common goal of getting your child back in to school
- Make sure everything discussed is with the child and the child's needs at the forefront. Don't talk about how it affects you as a parent and don't let school make it all about the school's requirements
- Try not to be intimidated by meetings. Use the opportunity to ask pertinent questions about how your child will be supported by school and/or health services, ask what went wrong to cause the situation and how it can be prevented in future
- Show cooperation but don't agree to forceful attendance. If they insist on forced attendance/physical restraint ask if they will do a risk assessment beforehand to assess the potential damage it could cause to your child
- If anyone put pressure on you to do something you are not comfortable with, do not agree to it and ask them to show you evidence that it is the recommended approach
- If necessary, quote the definition of a disability (including mental illness), ask staff to look at the Disability Act & Equality Act 2010, Children & Families Act 2014, SEND Code of Practice 2015
- School jargon can be confusing, and it is important to understand what is being said, so always ask for clarification if things are not explained in a way that you understand
- Make a note of all the main points made during the meeting for future reference, also ask for a copy of any minutes taken or records made.
- If you are not satisfied with the outcome of the meeting, make an appointment to see the Head Teacher or a parent governor
- Consider contacting the Director of Education at your Local Authority if you are having difficulties getting the support you need at school

[The following guidance is included to provide a range of suggestions that can be discussed in meetings]

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

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

### 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).

### 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. Consider contacting the Education Welfare Officer / Attendance Officer

**Tell the EWO/AO that you want your child to attend school, and that is what you are trying to achieve, but there are significant anxiety issues - explain to them how you are trying to support your child and what your concerns are.**

Some people find they get no help from EWO/AO's, some do get help, but some get a lot of pressure to force attendance, so you need to make a decision about what you want to do, however, the EWO/AO will probably become involved at some point if the attendance difficulties continue.

## 12. Consider all educational alternatives and decide which would currently be the best option for your child

- **Trust your instincts – you know your child better than anyone else. Try not to be pressured or bullied into doing or trying something that you know won't work.**
- **Wherever possible put their mental health and wellbeing first - educational opportunities can be found at any age, in different circumstances, and will be much more successful and beneficial when they are in a better emotional state and capable of learning and enjoying education.**

- Don't try and go through the motions of school attendance when it is destroying your child's health and your family relationships, just for the sake of 'normality'.
- Do not physically force a child into school (unless you really have no other option) it is rarely successful and most parents find it makes things worse in every way.
- Explore all options – Do you need to apply for an EHCP? Is another form of education worth a try? (Home Education, Online School).
- Getting support is a long game and generally follows difficult and complicated paths.
- Very few professionals really understand this complex area - find other parents (online is easiest) and listen to their experiences.
- Ask for help but also be aware that professionals can and do get things wrong. If the advice given doesn't sit right with you don't feel you have to take it.
- Don't assume that the professionals are the experts, that they will see things from your point of view or that they have the answers. Be aware that they may have a different (hidden) agenda from what you might expect. For example, "education welfare" services aim to get children into school, sometimes at all costs and with little regard for a child's welfare. Children and adolescent mental health services (CAMHS) are at breaking point due to lack of funding, so expect long waiting times, with little prospect of effective help at the end.
- It seems parents must behave in a 'professional' way at all times. Calm, respectful and responsive to other people's ideas. Professionals on the other hand can sometimes be dishonest and can act in ways that would be considered unfair and no one will care about that. That is the way it is and often we just have to "get over" that and move on.
- Keep asking around locally, there will be other families going through similar experiences (more than you think) ask for contacts for good people to talk to and helpful resources.

### MAYBE MAINSTREAM SCHOOL IS NOT THE BEST SOLUTION ?

Many families reach the conclusion that it might be better if they deregister their child from mainstream school and put an end to the daily battle of trying to maintain any sort of school attendance. This is sometimes a last resort decision, or it can be a decision that is taken in the best interests of the child and tends to be a gut instinct reaction. Many families who take this decision say they wish they had done it sooner, once they see the difference it makes to the child and their family life, however, it is a solution that is not practical or financially viable for some families.

If the school is refusing to offer appropriate support; you are struggling to access mental health treatment; and/or you are threatened with fines or prosecution for non-attendance there are a variety of actions you can consider:

**Explore the options in your local area for alternative schools and learning environments.** You may be able to change schools if you can find one that is more suitable or willing to support your child and work with their anxiety. SENDIASS may be able to help you identify a local setting or help you to access it through an EHCP. Some people manage to arrange funding for EOTAS (Education Other Than at School) which includes hospital school, online schooling or home tuition.

**Explore the possibility of home education for a period of time** - you may reach the point where your child feels ready to try mainstream school again in the future, or you may find that it is better to continue with home education in the longer term. Depending upon circumstances and the child's age, some people deregister from mainstream school and then pay for their child to continue their education via Internet School (ie: Interhigh, NISAI, Red Balloon or Briteschool).

**Home education can involve the use of a variety of learning styles, approaches and tools** - you can try out different things and see which works best for your child. The important thing to realise is that you do NOT have to replicate school at home - you can follow your child's interests and incorporate day-to-day life in their learning. You can use workbooks, projects, online resources, visit museums and other venues that often offer learning activities. Join local home education groups and find out about local schemes for home educated children or children with SEN if that is appropriate. Remember that you can revisit school again in the future if it becomes possible. There are many resources and opportunities to learn and gain qualifications in alternative settings, at any stage of life, so all is not lost if things are difficult at the moment.

GUIDANCE: Elective Home Education <https://www.gov.uk/government/publications/elective-home-education>  
ED YOURSELF <http://edyourself.org/>  
EO - Education Otherwise <https://www.educationotherwise.org>  
HE UK <http://www.home-education.org.uk/>  
EDUCATIONAL FREEDOM <http://educationalfreedom.org.uk/>  
Scotland - SCHOOLHOUSE <http://schoolhouse.org.uk>  
Ross Mountney's Blog <https://rossmountney.wordpress.com>

RED BALLOON <http://www.redballoonlearner.org>  
NISAI <http://www.nisai.com/>  
INTERHIGH <http://www.interhigh.co.uk/>

### 13. Join online support groups to talk to other parents who have experienced this situation too

It is difficult to know how to react when your child refuses to go to school. Here is some advice from parents who have been in this situation:

- Don't get angry or shout, it will make the anxiety much worse. Be patient and calm
- Take them seriously and LISTEN to what they say
- The sooner they receive help the better – go to the GP and explain why you think there is an issue with anxiety or depression
- Time, love and understanding can be just as effective - if not more so - than any treatment, intervention or cure. The effects of "quick fixes" are rarely long-lasting and can do more harm than good in the long term. Inform yourself about the signs (visible) and symptoms (experienced, hidden) of anxiety in children
- Identify the triggers initially and then address them - bullying, undiagnosed ASD etc
- Understand it's not a choice
- Try to have empathy & to be understanding. Understand also that anxiety is physically exhausting for them. Be caring & supportive
- Don't blame them for something that's out of their control. Try and get CAMHS involved, even if they're not very good They're useful for writing letters in your child's support
- Listen to them when they are communicating through their behaviour - try to translate what they are trying to say
- Try not to minimise how they are feeling, especially in the early stages
- Listen to your child, find something that interests them and engage them in conversation, using their interest
- Try to get them out of the house on a good day by using their interest, even if it is just to the library to get a book on it
- Tell them you love them
- Realise that you are not alone and that currently this is a massive problem for many children

#### Some recommended Online Support Groups & Pages:

Not Fine in School <https://www.facebook.com/NotFineInSchool/>

School Refusal Support Services <https://www.facebook.com/groups/schoolphobiarefusal/>

School Education Support Group UK <https://www.facebook.com/groups/700723193272158/?fref=nf>

Autism Support for Parents and Teachers UK <https://www.facebook.com/groups/198220980748417/>

EHCP Experiences UK <https://www.facebook.com/groups/1142134489176906/>

SEN Action - Forum for special educational needs, EHC plans and Tribunals <https://www.facebook.com/groups/489352661228653/?fref=nf>

SEN Advice & Support [https://www.facebook.com/groups/526341694047625/?hc\\_ref=AROKUAWfNFrX7XG8cxgzdB36335liS9ELgqEckZ2cXrWFGqRW\\_8x-oqzjdj6gwBNF93k](https://www.facebook.com/groups/526341694047625/?hc_ref=AROKUAWfNFrX7XG8cxgzdB36335liS9ELgqEckZ2cXrWFGqRW_8x-oqzjdj6gwBNF93k)

Educational Equality <https://www.facebook.com/groups/234098306748948/>

Home Education and your Local Authority: Help with dealing with officialdom <https://www.facebook.com/groups/239232119524989/>

Learning Begins in Wonder <https://www.facebook.com/groups/learningbeginsinwonder/>

## Further Sources of Advice & Support:

NAS EDUCATION RIGHTS HELPLINE <http://www.autism.org.uk/services/helplines/education-rights.aspx>  
CHILD LAW ADVICE <http://childlawadvice.org.uk>  
ANNA FREUD CENTRE FOR CHILDREN & FAMILIES <http://www.annafreud.org>  
THE SELF ESTEEM TEAM <https://www.selfesteemteam.org>  
THE MIX <http://www.themix.org.uk>  
KOOOTH <https://kooth.com>  
HUB of HOPE – find your local services and settings <https://hubofhope.co.uk>  
NNPCF - National Network of Parent Carer Forums <http://www.nnpcf.org.uk/who-we-are/>  
Therapy Web - find a therapist <http://www.therapyweb.co.uk/>  
Finding a Professional (for reports/evidence) <http://www.hpc-uk.org/aboutregistration/theregister/>  
Careers Advice for Parents: <http://www.careersadviceforparents.org/>  
EBSR Guide for Schools <http://www.fullbrook.surrey.sch.uk/mint-project/uploads/755644220.pdf>  
Barnet School Anxiety Group - Information for schools <https://www.barnet.gov.uk/dam/jcr:2fc6d1f-ac72-447e-9130-d9cd5d0d1e2c/school-based-anxiety-information-for-schools.pdf>  
KIDSCAPE (BULLYING) <https://www.kidscape.org.uk>  
MindEd <https://www.minded.org.uk/>  
PAPYRUS (Self-harm / Suicide) <https://www.papyrus-uk.org/>  
FAMILY RIGHTS GROUP <http://www.frg.org.uk/>  
Complaints to School <http://childlawadvice.org.uk/information-pages/complaints-to-schools/>  
'Find your MP' <http://findyourmp.parliament.uk/>  
British Dyslexia Association <http://www.bdadyslexia.org.uk/about-dyslexia/parents.html>  
Dyspraxia Foundation <http://dyspraxiafoundation.org.uk>  
Living with ADHD <http://livingwithadhd.co.uk>  
PDA in SCHOOL GUIDE <https://www.pdasociety.org.uk/resources/education-resources/educational-strategies-booklet-from-positive-pda-2>  
Sensory Processing Disorder <http://www.sensory-processing-disorder.com>  
Sensory Differences (NAS) <http://www.autism.org.uk/sensory>

SCOTLAND - ENQUIRE <http://enquire.org.uk/>  
WALES <http://learning.gov.wales/docs/learningwales/publications/131016-sen-code-of-practice-for-wales-en.pdf>  
N. IRELAND - SENAC <http://www.senac.co.uk/>

SCHOOL REFUSER FAMILIES (PhD Research) <https://schoolrefuserfamilies.wordpress.com/>

## For further information on supporting a child'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](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](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](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>
- **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](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>
- **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>

## 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)

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## 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. |
|---|---|---|--|---|--|

|  |   |  |   |
|--|---|--|---|
| <p><b>1. Getting Up &amp; Ready</b></p>  <p></p> | <p><b>2. Journey To &amp; From</b></p>  <p></p> | <p><b>3. Assembly</b></p>  <p></p>        | <p><b>4. Corridors</b></p>  <p></p>         |
| <p><b>5. Written Work</b></p>  <p></p>           | <p><b>6. Break Times</b></p>  <p></p>           | <p><b>7. Teacher Q&amp;A</b></p>  <p></p> | <p><b>8. Team / Group Work</b></p>  <p></p> |
| <p><b>9. Lunch Times</b></p>  <p></p>            | <p><b>10. 1 to 1 with Adults</b></p>  <p></p>   | <p><b>11. Tests</b></p>  <p></p>          | <p><b>12. Homework</b></p>  <p></p>         |

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

## School Senses Questionnaire

|  Sounds |  Love! |  OK |  So-so |  Hate! |
|--|---|--|---|---|
| 'Background noises' in the classroom - projector fans etc.                               |   |  |   |   |
| Other people eating - slurping, clinking cutlery etc.                                    |   |  |   |   |
| Classroom chatter whilst I'm working   |   |  |   |   |
| Noises from outside - traffic, weather etc.  |   |  |   |   |
| Teacher using a loud voice (not angry shouting, just loud)                               |   |  |   |   |

|  Sights |  Love! |  OK |  So-so |  Hate! |
|--|---|--|---|---|
| Brightness of classroom lights   |   |  |   |   |
| Bright and colourful PowerPoint slides   |   |  |   |   |
| Flapping curtains or blinds  |   |  |   |   |
| Bright and colourful classroom displays  |   |  |   |   |
| Other people walking around whilst I'm working   |   |  |   |   |

|  Smells |  Love! |  OK |  So-so |  Hate! |
|--|---|--|---|---|
| Other people's perfume or deodorant  |   |  |   |   |
| Food smells - banana, coffee, burnt toast etc.   |   |  |   |   |
| Cleaning smells - polish, disinfectant etc.  |   |  |   |   |
| Classroom equipment smells - marker pens, paint, glue etc.                                 |   |  |   |   |
| Everyday outdoor smells - cut grass, rain on warm tarmac etc.                              |   |  |   |   |

|  Touch |  Love! |  OK |  So-so |  Hate! |
|---|---|--|---|---|
| Getting hands 'dirty' with glue, paint, pen etc.  |   |  |   |   |
| Queuing / lining up outside of classrooms and the canteen                                 |   |  |   |   |
| Walking through crowded places - corridors, the school yard                               |   |  |   |   |
| Sitting next to another person at a school desk   |   |  |   |   |
| Sitting comfortably on a school chair   |   |  |   |   |

Is there anything else around school that you seem to notice more than other people? (sounds, sights, smells, touch)

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### Scoring

Score one 'notch' for each 'Love!' or 'Hate!' score. Also collectively score an extra 'notch' for anything extra listed, categorising as much as possible under sounds, sights, smells, and touch.

