Anxiety Based School Avoidance

MANCHESTER SCHOOLS GUIDANCE DOCUMENT

Directorate of Children and Families
Education and Skills
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Manchester Schools Guidance Document

Context

Manchester's approach is one of inclusion for all children and young people with a focus on strong multi-agency working. The Inclusion Strategy launched in November 2019 set out the aims that 'Every child and young person:

- Is known
- Is understood
- Is supported
- Thrives '

Manchester schools are increasingly working in a trauma-informed way to support the most vulnerable pupils. Many schools have developed ways of working which are informed by Adverse Childhood Experiences and Playfulness Acceptance Curiosity Empathy to ensure children and young people have the understanding and supported they need to thrive.

This guidance document is the result of a collaboration between Manchester LA, the One Education Educational Psychology Service, Parents and Health as well as schools, colleges and provisions across Manchester.

We are grateful to West Sussex Local Educational Psychology Service who have allowed the use of their Emotionally Based School Avoidance Guidance Document as a template: graphics included (except in the section on Autism) are from the original document. Some graphics use Emotionally Based Schools Avoidance (EBSA) from the original document. It was agreed that in Manchester a focus on Anxiety is more appropriate.

This document has been written at a time when greater awareness, and understanding of anxiety and the impact on school attendance is paramount: the continuing COVID-19 pandemic. The strategies and tools outlined here will be instrumental in creating a plan to support children and young people transitioning from home back to school, minimising the risk of school avoidance.

 It is important to be aware that going back to school after such a long period at home, will bring some key factors to the fore - worry about family members who are at home, the loss of a close relative or friend, worry that school will be different, worry about falling behind with work. These are the issues for those who suffer anxiety during a 'normal' school term. What helps to minimise anxiety during this post lockdown period, is what will help minimise anxiety for anyone in the future. Use the learning from this unique period of time, to build a toolbox of resources that can be embedded into future day to day good practice.

NB There remains a stigma surrounding mental illness that can be a barrier to an individual, or family, seeking help. It can prevent an individual or family acknowledging that there is a problem and therefore prevent them getting help early enough to make a difference. Practitioners need to work in a supportive, non-judgmental way, acknowledging the courage it might take for an individual, and/or their family to seek help.

Introduction

Anxiety Based School Avoidance (ABSA) is a broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school.

It is difficult to estimate the prevalence of ABSA. The UK literature reports that between approximately 1 and 2% of the school population, with slightly higher prevalence amongst secondary school students, are absent from school due to emotional reasons (Elliot, 1999; Guilliford & Miller, 2015). It is reported to be equally common in males and females with little evidence of a link to socioeconomic status (King & Bernstein, 2001).

The impact of ABSA on young people is far reaching. Outcomes for young people who display ABSA include poor academic attainment, reduced social opportunities and limited employment opportunities (Garry 1996, Pellegrini 2007 and Taylor 2012). ABSA is also associated with poor adult mental health, difficulties can often quickly spiral requiring inpatient treatment (Blagg 1987 and Walter et al 2010).

What is Anxiety Based School Avoidance?

Definition:

Anxiety Based School Avoidance is a broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school. A clear distinction is made between those that are absent from school due to truanting and those that are absent from school due to the specific emotional distress that they experience around attending school (Thambirajah, Grandison & De-Hayes, 2008).

Although the literature in this area often cites the phrase School Refuser, this terminology could be considered misleading as the term 'refuser' implies that the young person has control over the school non-attendance. This is problematic as this terminology locates the 'problem' within the young person and detracts from environmental factors that could be considered instrumental in supporting a young person back to school:

"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" (Thambirajah et al, 2008: p. 33).

Cause:

There is no single cause for ABSA and there are likely to be various contributing factors for why a young person may be finding it difficult to attend school. It is well recognised in the research literature that ABSA is often underpinned by a number of complex and interlinked factors, including the young person, the family and the school environment (Thambirajah et al, 2008).

However Kearney and Silberman's (1990) review of the literature indicates that there tends to be four main reasons for school avoidance:

1. To avoid uncomfortable feelings brought on by attending school, such as feelings of anxiety or low mood.
2. To avoid situations that might be stressful, such as academic demands, social pressures and/or aspects of the school environment.
3. To reduce separation anxiety or to gain attention from significant others, such as parents or other family members.

4. To pursue tangible reinforces outside of school, such as going shopping or playing computer games during school time.

According to this model, the avoidance of uncomfortable feelings or situations described in the first two points could be viewed as negatively reinforcing the ABSA, whereas in the second two points, the ABSA could be seen as being positively reinforced by factors outside of school (Kearney & Spear, 2012).

Prevalence

The UK literature reports that between approximately 1 and 2% of the school population, with slightly higher prevalence amongst secondary school students, are absent from school due to emotional reasons (Elliot, 1999; Guilliford & Miller, 2015). It is reported to be equally common in males and females with little evidence of a link to socioeconomic status (King & Bernstein, 2001).

Difficulties children have in articulating their distress and the difficulties that parents and school staff have in understanding the young person's emotional experience of school are often key barriers in identifying and supporting young people at risk of ABSA (Thambirajah et al., 2008).

For some young people, the distress may be obvious in their presentation and chronic non-attendance. However, for others, these difficulties may not be so easily identifiable. These young people may demonstrate sporadic attendance, missing the odd day here and there or particular lessons, or may only be able to attend school when provided with a high level of support and a modified timetable.

The onset of ABSA may be sudden or gradual. **The literature suggests that there tend to be peaks in ABSA corresponding to transition between school phases** (King & Bernstein, 2001).

It is also important to highlight that some young people with ABSA may appear to recover relatively quickly from the initial upsets of the morning and this can lead school staff and others to question the legitimacy of the ABSA; however it is important to hold in mind models of anxiety, as it is not unusual for the anxiety to quickly dissipate once the perceived threat is removed (Thambirajah et al., 2008).

The Impact of Anxiety

Although a certain level of anxiety is considered a normal and natural part of growing up, some young people may experience heightened levels of anxiety which impact on their functioning and school experiences.

When the anxiety is linked to school avoidance, the young person may experience anxious and fearful thoughts around attending school and their ability to cope with school. These feelings may also be accompanied by physiological symptoms of anxiety such as nausea, vomiting, shaking, sweating etc, and may start the night before, or even a few days before school.

In order to avoid these overwhelming emotions and the fear associated with school attendance the young person may withdraw from the situation, refusing to get ready for school or to leave the house or enter the school. The young person may also turn to hostile behaviours as a means to avoid the threatening situation and to try and control what feels like a very 'out-of-control' situation (Thambirajah et al., 2008).

These behaviours, and the avoidance of school, may then contribute to the maintenance of ABSA over time. Heyne and Rollings (2002) suggest that it is crucial to consider the child's perceptions of their ability to cope, including perceived social and academic competence, as negative thoughts about one's ability to cope can lead to further feelings of worry and if left unaddressed, may undermine attempts to improve attendance.

Figure 1: Diagram showing the initial anxiety causing the non-attendance and the secondary maintenance factors
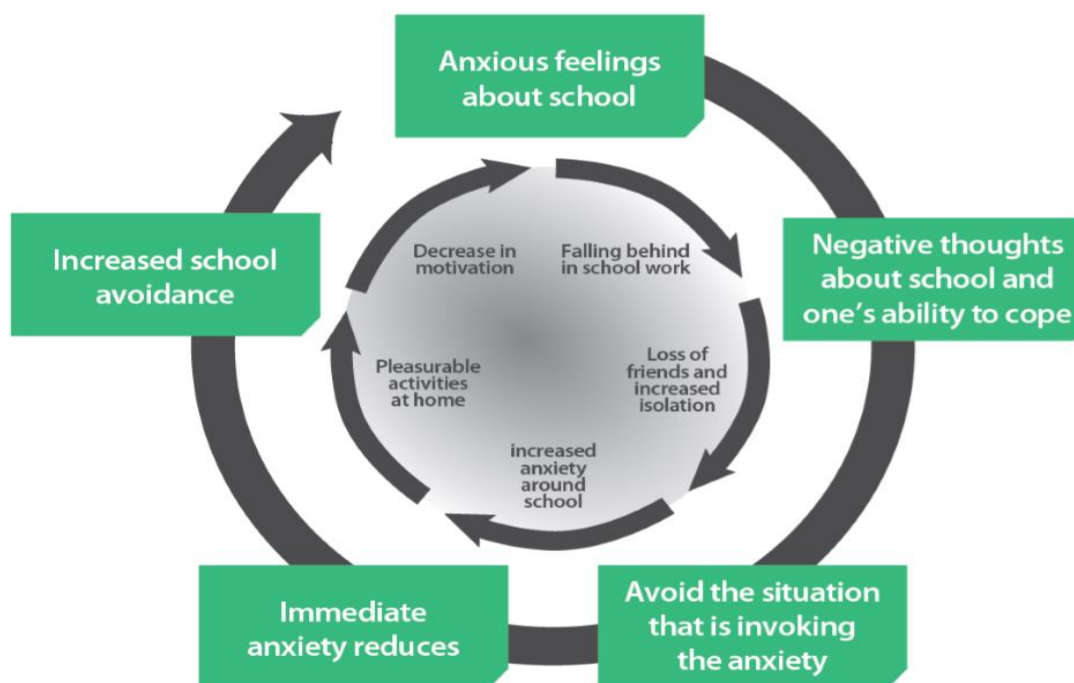
Risk and Resilience factors of ABSA

ABSA is a heterogeneous concept (Maynard et al, 2015). This means that it cannot be treated as a single condition. Different children will be hesitant to attend school for different reasons. It is usually a unique combination of various factors and their interaction rather than a single cause that leads to ABSA.

Risk: Just as with general mental health, there have been factors identified that place children at greater risk of ABSA. It is usually a combination of predisposing factors interacting with a change in circumstances which leads to the pattern of behaviour described as ABSA. The predisposing factors may be present in the nature of the school, the child's family or the child themselves

School Attendance
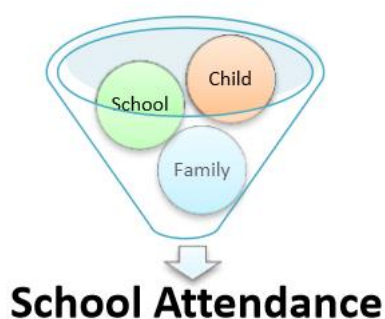
The exact nature of the predisposing vulnerability and the precipitating events will vary according to an individual child's unique set of characteristics, circumstances and experiences, but it is still possible to identify factors associated with that vulnerability and the potential triggers leading to ABSA. Being alert to these factors in relation to an absence from school can act as an early warning system enabling preventative action to be taken.

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Factors associated with vulnerability of EBSA

School Factors	Family Factors	Child factors
Bullying (the most common school factor)	Separation and divorce or change in family dynamic	Temperamental style- reluctance to interact and withdrawal from unfamiliar settings, people or objects
Difficulties in specific subject	Parent physical and mental health problems	Fear of failure and poor self confidence
Transition to secondary school, key stage or change of school	Overprotective parenting style	Physical illness
Structure of the school day	Dysfunctional family interactions	Age (5-6, 11-12 & 13-14 years)
Academic demands/high levels of pressure and performance- orientated classrooms	Being the youngest child in the family	Learning Difficulties, developmental problems or Autism Spectrum Condition if unidentified or unsupported
Transport or journey to school	Loss and Bereavement	
Exams	High levels of family stress	Separation Anxiety from parent
Peer or staff relationship difficulties	Family history of EBSA	Traumatic events
	Young carer	

Resilience:

When working with individuals it is really important to also identify and build areas of strength or resilience of the child, family and school which may help to 'protect' the child and promote school attendance.

This may include:

• Developing ambition, aspiration and motivation

• Increasing confidence, self-esteem, self-efficacy, value in themselves

• Developing feelings of safety, security and a sense of belonging

• Having positive experiences where they can succeed

• Holding positive relationships with peers or staff

• Feeling listened to and understood

• Understanding the relationship between thoughts, feelings and behaviour

• Willingness to work in partnership between school, family and external professionals

• Developing parenting skills and understanding

• Flexibility of approaches within school, person-centred listening to the voice of the child

Case study: Identifying risk and resilience factors

Zara has not attended school for three months. When the school nurse visited Zara, she locked herself in the bathroom and refused to answer any questions. The last time that she left the house was one month ago and her parents are becoming increasingly concerned about how isolated she is becoming.

On reflection, Zara's parents thought that her problems began when she made the transition to secondary school. Zara had always been one of the most academically able in her class in primary school, but now she

found herself in the top classes where there were many more bright students to compete against. Zara's friends from primary school had gone to another secondary school in the area. Being a shy individual, Zara had not developed close friendships with any of her peers and she tended to tag along with a group of girls from her year instead. However, she was beginning to form a close friendship with one of these girls. Zara often complained of stomach aches and would ask to stay home from school or come home early. Soon before she had stopped coming to school altogether, Zara had discovered that some of the other girls in the group were making fun of her behind her back and leaving her out of social events.

The previous year, Zara's mum had received chemotherapy after a cancer scare. Although she had now been given the all-clear, she had noticed that Zara had become much more protective of her. She constantly checked where her mum was and became distressed if she was late coming home from appointments. She frequently woke up in the middle of the night after having nightmares about her mother getting into serious difficulty or becoming ill again and dying.

Now Zara stays at home all day. She does not do any work apart from some household chores for her mother. She enjoys playing with her younger brother when he returns from school and sometimes will help him with his homework. Recently, Zara's mum arranged for Zara's friend from secondary school to visit the house. This meeting went well, with Zara smiling and laughing a lot, nearly behaving like her old self.

'Push' and 'Pull'

The literature suggests that these contributory factors of 'risk and resilience' can also be divided, and understood, in terms of 'push' and 'pull' factors.

• 'Push' factors (i.e. those that push the child towards attending school)

• 'Pull' factors (i.e. those pull the child away from attending school)

The literature indicates that Anxiety Based School Avoidance is most likely to occur when the risks are greater than resilience, when stress and anxiety exceeds support, and when the 'pull' factors that promote school avoidance overwhelm the 'push' factors that encourage school attendance.

Example of 'Push and Pull' factors for Zara's case study

School	Home
Push (towards attending school) - Academically bright - Beginning to form a friendship	**Pull (away from school, home factors)** - Change in family dynamics, - Mum diagnosed with cancer - Difficulties sleeping, night mares about mum dying - Separation anxiety from parent
Pull (away from school, school factors) - Prolonged period of absence from school - Isolated, not leaving the house - Difficult transition to secondary school - Academic demands - Social difficulties, possible bullying - Separation Anxiety	**Push (towards staying at home)** - Reduce anxiety around separating from mum - Reduce anxieties around attending school - Not having to complete school work

Identification, information gathering, analysis and planning

School plays a key role in the identification of children and young people who are currently experiencing, or at risk of ABSA. It is important for schools to develop effective whole school systems to support young people, be vigilant to early indicators and employ a thorough assess, plan, do and review cycle placing the young person at the heart of the interventions.
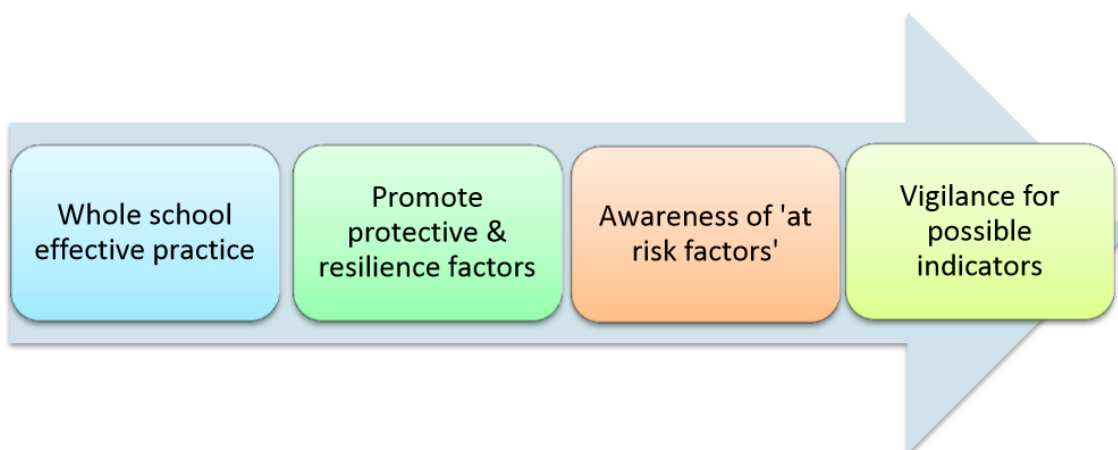
Potential indicators

It is very important to be proactive with, and to respond swiftly to, indications of ABSA. The longer the problems remain unaddressed the poorer the outcome, as the difficulties and behaviours become entrenched. Schools need to be vigilant in monitoring attendance of young people noticing any patterns in non-attendance or changes to behaviours. It is important to ensure that anxiety is reduced, that the young

person's comfort zone is maintained, but equally it is important to maintain a sense of challenge, to maintain the young person in their 'stretch' zone. This will maintain a sense of school readiness and reduce the risk of school avoidance behaviours becoming the new 'norm'.

A Profile of Risk of ABSA can be found in **Appendix 1 Profile of Risk of ABSA**. This can help practitioners identify areas of risk. The PRA schedule looks at 5 key risk areas for ABSA. The checklist is for use alongside the usual attendance monitoring systems in school, e.g. SIMS and consideration of patterns of attendance, to screen for possible ABSA in relation to non- attendance.

Possible indicators of EBSA include:

Difficulty attending school with periods of prolonged absence

Child reluctant to leave home and stays away from school with the knowledge of the parent/carer

For younger children reluctance to leave parents or get out of the car

Regular absence without indication of anti-social behaviours

Frequent absences for minor illnesses

Patterns in absences, for example, particular days and/or subjects, after weekends and holidays

Reluctance to attend school trips

The young person expresses a desire to attend classes but is unable to do so

Anxiety on separation and inappropriate dependence on family members e.g. worry expressed about the safety of those at home

Evidence of under-achievement of learning potential

Social isolation and avoidance of class mates or peer group

Challenging behaviours, particularly in relation to specific situations at school

Severe emotional upset with excessive fearfulness, outbursts of temper and complaints of feeling ill on school days

Depression and sense of isolation resulting in, low self-esteem and lack of confidence

Confusion or extreme absent mindedness shown in school due to lack of concentration resulting in, lower attainments

Physical changes i.e. sweating, sickness, aching limbs, headaches, panic attacks, abdominal pain, rapid weight loss or gain

Where significant risks of ABSA are identified, it's really important to gather further information from the young person, parent and school staff involved with the young person and put into place strategies to support the young person as soon as possible. **Swift action can prevent ABSA from becoming entrenched and result in much better outcomes.** School should follow a thorough assess, plan, do and review cycle placing the young person at the heart of the planning and interventions.
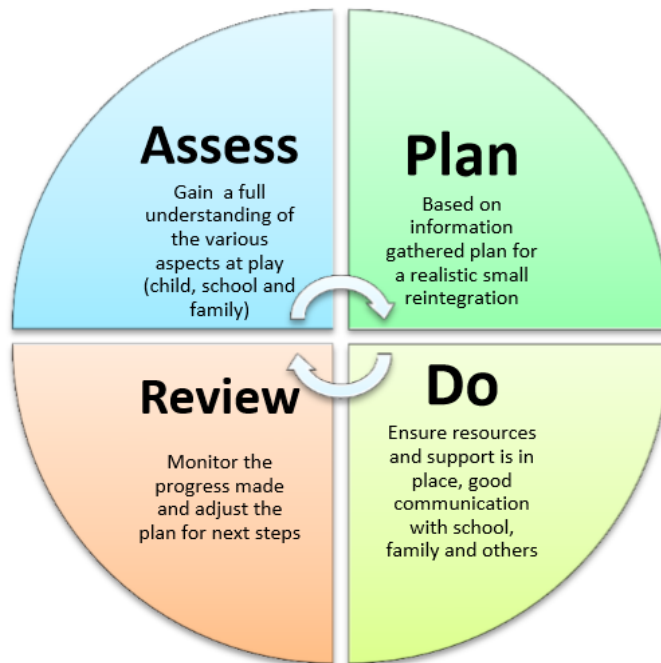
Information gathering and analysis

Once a difficulty has been identified there should be a prompt investigation into the reasons for the difficulties. In order for any intervention or support plan to be successful it is essential to gain an understanding of the various aspects causing and maintaining the ABSA behaviours.

Thambirajah et al. (2008) state that the main aims of this analysis is to:

• confirm that the child is displaying ABSA as opposed to truancy or parentally condoned absence

• assess the extent and severity of (a) a school absence, (b) anxiety and (c) ascertain the types of anxiety

• gather information regarding the various child, family and school factors that may be contributing to the ABSA in a given child

• integrate the available information to arrive at a practical working hypothesis as a prelude to planning effective interventions

It is often tempting to try to locate a simple reason and simple solution for the behaviour.
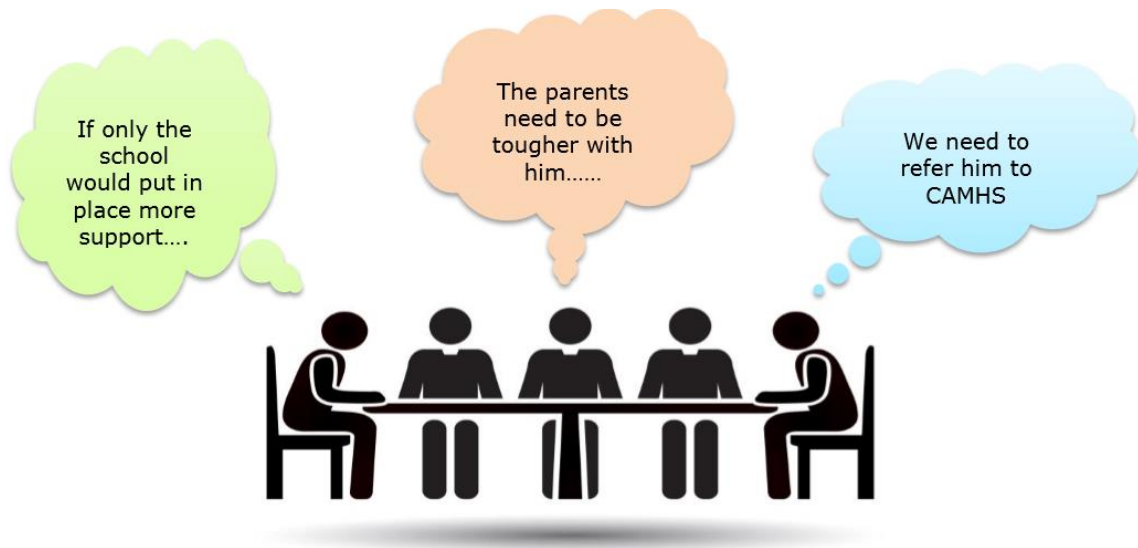
However as identified earlier it is often an interaction of a number of factors and trying to find simple causation often encourages blaming and individuals can then become anxious and defensive. Parents may feel blamed for the absences, feel that their parenting skills are being criticised and they may be fearful that they will get into trouble or even prosecuted for non- attendance. Children may feel guilty or scared that they will be forced to attend school.
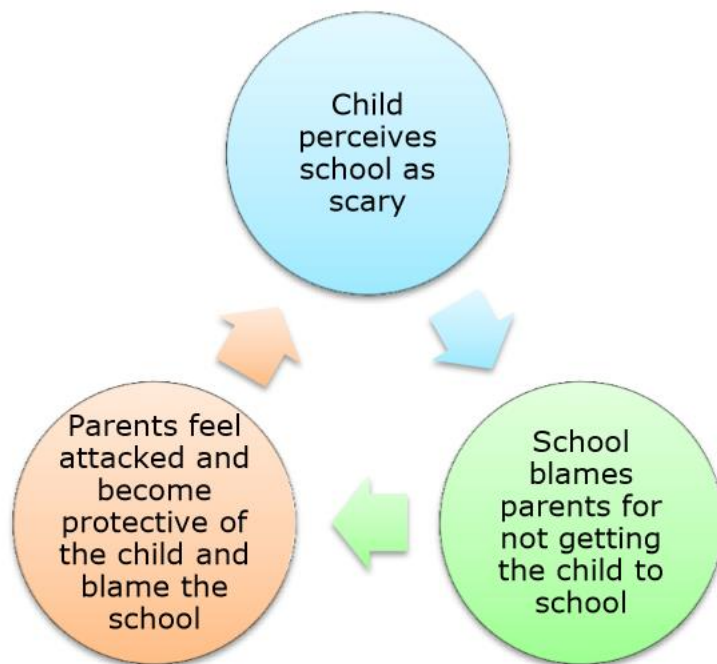
Each person may have a different perspective on ABSA and have a different story to tell. It is essential that different people's views are respected and differences in views are acknowledged. When there is a difference of views it is often more helpful to focus on how the behaviour is occurring rather than why.
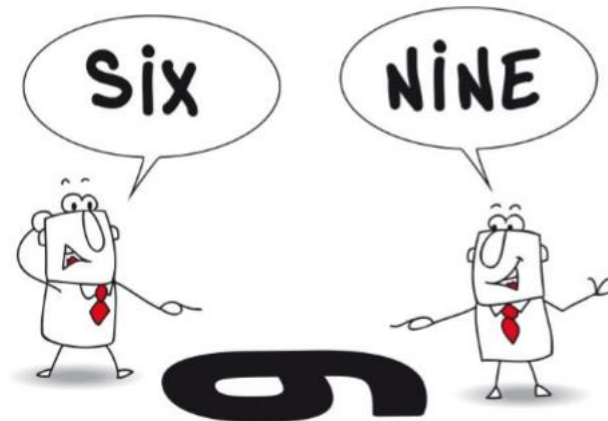
Due to the complex nature of ABSA no fixed 'assessment process' can be followed. **However, in all cases it is essential that the views of the young person, the family and key school personnel are gathered and listened to.**

Working together

Working with the child

Any child currently avoiding school will become anxious when asked to discuss returning. They currently manage feelings of anxiety by employing the avoidant behaviour of not going to school, so any talk about going back to school is going to raise their anxiety as you are proposing to take away their way of coping with their fears. A good place to start any assessment with a young person is to acknowledge it may be difficult but you would like to know what they think and feel. It is important that the adult does not dismiss anxieties or worries the child has, empathise with the young person but do not collude or promote the ABSA.

The approaches taken will depend on the child's age, level of understanding and language. Even if they are able, often children find it difficult to verbalise what they are thinking and feeling and they may prefer to draw what they are feeling or have visual prompts.

At this point it may be helpful to carry out an assessment of the level of anxiety and possible depression a child or young person is experiencing. A Strength and Difficulties Questionnaire (SDQ) or a Revised Children's Anxiety and Depression Scale are screening tools for young people used nationally by CAMHS. It may identify underlying issues that will need further assessment and intervention. These can be found on the following links:

https://www.corc.uk.net/media/1225/rcads-childreported_8-18.pdf

https://www.corc.uk.net/media/1226/rcads-parentreported.pdf

Some example activities or questions could include:

Think about your thoughts and feelings about school and what these would look like if they could be drawn?

It also helps to externalise the anxiety:

• What name would you give the feeling that you experience when you think about going to school?

• If it was a thing, what would it look like? What would it say?

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• How does the ...... get in the way of you attending school? When is .... in charge and when are you in charge? Ask them to draw how their body feels when they are worried. Use an anxiety thermometer or a scale to ask the child what aspects of school they find difficult some areas to consider include:

• The physical environment e.g. toilets, corridors, assembly hall.

• Times of the day or social interactions e.g. arriving at school, play and break times, lining up to go into school or classroom, lunchtimes, going home, changing for PE

• Particular lessons or activities within lessons e.g. writing, working as part of a group, reading aloud, verbally answering a question

A life graph or path can help them tell you their 'story so far' and what they would want in the future.
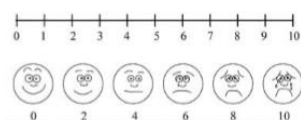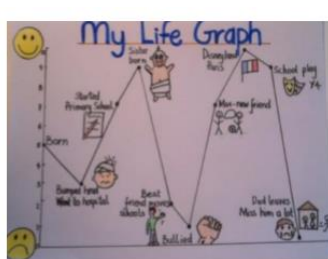
Person Centred Planning - this range of approaches and tools based upon a shared set of values that can be used to plan with a person– not for them. These tools can be used to help the person or organisation think about what is important in their lives and also think about what would make a good future.

Working with parents

As mentioned previously parents may find it difficult to talk about the concerns they have and the difficulties they experience in trying to get their child into school. It is important that school take time to build a collaborative partnership working together in the best interest of the child. Sometimes parents may have had similar experiences to their child and may experience their own anxiety making it especially difficult for them.

During the initial meeting it is important to gather background information, establish the current situation and the parent's views. Questions should be sensitive and the person asking should employ active listening skills, examples of questions can be found on page 17. It is advised that regular contact is made with parents; school staff should identify who will be the key person to communicate with parents and agree how they will do this.

Working with parents is essential to successful outcomes. While the focus is on the child it is also important to remember that parents may need their own support and consideration should be made to referrals to services such as Information Advice and Support Service, Parent Carer Forum – Parent Champions, the Short breaks team

Working with school staff

It is essential that representatives from schools seek information from members of staff who work most closely with the child or young person. We all respond differently according to the environment, situations or task and with different people. Each member of staff may have valuable information to help identify triggers for anxiety and strategies the young person responds positively to. In particular it is important to

seek out the views of any members of staff the young person speaks positively about and any member of staff where relationships may be more difficult.

Key information to gather includes:

• The young person's strengths?

• What is going well

• Any difficulties they have noticed

• Peer relationships

• Relationships with adults

• Response to academic tasks

• If they have witnessed emotional distress what did thus look like and what caused it.

• What support or differentiation is put in place and how the young person responds to this

• Any ideas for further support.

An example of a 'round robin' form can be found in **Appendix 2 Information gathering from school.**

It is also essential to consider whether the child has unidentified special educational needs, medical needs or a disability. If they are not already involved, school staff should consult with the school's special educational needs co-ordinator (SENCO).

Attendance and behaviour management

Early intervention

Outward behaviour is an output of feelings, directly influenced by surroundings, experience, trauma and daily life stresses. This behaviour manifests in ways that children respond to situations; be it in ways of harm to themselves or others, language and communication, disengagement or, increased risk-taking. Essentially any manner of behaviours that can cause professional additional challenges when trying to support and educate. It is no longer appropriate to define such behaviour as 'behavioural difficulties'; rather, it is about how a school is able to enhance a wrap-around response to the cause of the behaviour, rather than primary focus on addressing the behaviour itself.

Where a pupil begins to present with patterns of absence or behaviour in their education setting which are giving rise for concern, staff teams should be well supported to confidently identify the next steps to be taken through their whole school/setting policies, systems and processes. Early years settings, schools and post 16 providers need to be well attuned to pupils presenting with withdrawn and school refusing type behaviours as well as to those who present with more challenging behaviour. Both types of behaviour can be a communication of an unmet need which needs further exploration and support. The head teacher and Senior Leadership Team should ensure that all staff are aware of the importance of early intervention and of the strengths based approaches to be taken to gain a full understanding of the reasons for the pupil's absence or behaviour and the range of interventions that can be used to support them.

The outcomes of our consultation indicate that many schools and Post 16 settings operate discrete SEND and Pastoral/Behaviour management pathways. Indications are that in some cases, challenging behaviour by pupils is approached solely through a behaviour management route without appropriate consideration

being given to further assessment of any potential underlying learning or social, emotional or mental health needs being experienced by the young person through the organisation's SEND and/or Early Help processes.

Therefore, when the absence patterns and/or behaviour of any pupil begins to cause concern education settings should not only deal with the specific incident that has occurred but should also respond with curiosity to identify any underlying needs. Appropriate steps can then be taken to provide support through a strengths-based approach with the pupil, their parents/carers, members of the staff team and, where appropriate, other professionals.

It is recognised that at times, schools are in a challenging position and it can feel that a fine is the only option following unsuccessful interventions. With regard to long term non-attendance, it may be that the school place itself is called into question and alternatives discussed. Fines are issued when there are no known barriers to a young person being in school, and yet they do not attend on a regular basis. All factors should be considered at the point of deciding to fine or reconsider a school place: will a change of school/setting reinforce the push/pull factors of school and home as described on page 8? Will issuing a penalty notice result in improved attendance for this young person?

Schools must follow statutory guidance when responding to non-attendance or challenging behaviour and in the absence of identified barriers, it can be the right course of action. However, schools must adopt a professional curiosity about the possibility that there is an unmet need: early identification of underlying causes, and swift intervention will clarify the situation and signpost the help and support needed. For instance is this young person a carer? Is this young person worried about a family member at home? Or does this young person experience anxiety about going into a busy dining hall or taking part in unstructured activities?

Patterns of behaviours resulting in behaviour management issues and/or poor or long term non-attendance may be symptomatic of anxiety based school avoidance and swift action is required for further assessment and support.

Schools could consider reviewing the Behaviour Policy to include the importance of building positive relationships and the impact that anxiety has on a child/young person's capacity to achieve this. It is important to build in staff training so that there is a whole school approach.

The Attendance Policy also needs to include factors that might affect regular attendance and strategies to support the young person and their family to improve attendance.

ABSA, school attendance and the law

The Education Act 1996 places a legal duty on all parents to ensure that their child has an education. When this education is provided in a school setting parents must ensure their child attends regularly. If the parent is unable to ensure this, they can be held accountable for an offence under S.444 Education Act 1996; failure to secure the regular school attendance of a child. The term regular has recently been defined to mean 'as prescribed by the school'. For the majority of pupils, this means attending school full time. Any unauthorised absence is therefore irregular attendance.

As with any law, the parameters are firm and the Education Act 1996 goes further as the offence is one of strict liability. This means there are only certain permitted defences the parent can use for their child missing school. One such defence is the child was unfit to attend school due to ill health. The parent must prove this to be the case. Only a Head Teacher can authorise absence from school. They may request supporting medical evidence from the parent which shows the pupil is unfit to attend school.

This request is often made to avoid the matter moving into a legal process. Medical evidence can include appointment cards; prescriptions, reports from medical professionals etc. The weight and value of the evidence is one for the Head Teacher to consider in their decision making of whether an absence is to be authorised or not.

When unauthorised absence occurs, dependent on the length and reason for the absence, the school has the option to refer to the Local Authority via Pupil Entitlement: Investigation for consideration of intervention. Pupil Entitlement discharges the Local Authorities statutory duties associated with school attendance. On receiving the referral, Pupil Entitlement Investigation will gather evidence from all involved before making a decision on next steps within the legal framework. All cases are considered on a case by case basis at the point of referral and throughout the process. If there is no evidence to support a statutory defence, a case is presented to the Pupil Entitlement legal panel where a judgement is made about the most suitable form of legal intervention.

Interventions are offered within a legal framework with an investigation to establish if an offence can be proven. This can lead to a variety of actions including the use of Fixed Penalty Notices (FPNs) and/or Court action both in the criminal court (offences under the Education Act) or in the Family Court when seeking an Education Supervision Order.

If the decision is made to go forward with a prosecution, consideration is given as to whether this will be the fast track pathway, a normal or an aggravated offence. The fast track route is generally deemed appropriate when support is in place for the family from other agencies, and provides a further 12 week period in which the parent is expected to demonstrate a significant improvement in their child's school attendance. Alternatively, an Education Supervision Order may be considered appropriate.

An application is made to the family court for a one year supervision order. A supervising officer is identified and their role is to befriend, advise and support the pupil and parent, in order to significantly improve school attendance. If the parent fails to meet the expectations and directions of the order, a prosecution may follow.

For schools with young people experiencing ABSA and struggling with attendance, it is the Head Teacher's decision whether to authorise absence or not. If a school decides to refer a student to Pupil Entitlement Investigations the expectation would be that the school will have tried an array of strategies to encourage and support the young person's attendance such as those as outlined in this document as well as requesting any supporting information from medical professionals.

When a child or young person is proven to be too unwell to access full time education, it is expected that school will offer a graduated response as outlined in the ABSA document and flowchart. Should concerns escalate further, despite support and intervention, a school can consider an S19 referral. Please see Guidance for Schools on Reduced Timetables and the Manchester S19 policy for further information.

Elective Home Education (EHE)

It is important to consider whether an application for EHE from parents is due to managing a young person's anxiety rather than a positive educational choice. There may be underlying issues and possible additional learning needs that are as yet undiagnosed. This needs to be managed with great sensitivity for both the young person and their family. Active listening will be a key tool in supporting a positive outcome and it is important that professionals dealing with such a request, including school staff, maintain an open curiosity about the reason for such a request. A strengths-based conversation early in the process will ensure the child/young person, and their family/carer, get the right support at the right time. A strengths-based conversation may help to clarify the situation. An outcome may be an Early Help Assessment.

Hearing content

Summarising

Listening for feelings

Clarifying

Active Listening

Observing body language

Questioning

Non-judgemental

Reflection

Paraphrasing

Self-awareness

Areas to cover	Example questions
Developmental and educational history	What was *s/he* like as a young child? Can you tell me about *their* early experiences at school? The primary school, at the start of secondary school?
Strengths, interests and aspirations	What is *s/he* good at? What do they like doing? Do they have any hopes for the future? Do they know what they want their life to be like when they are an adult?
Any potential changes or losses within the family or child's life	Can you tell me about your family? Who is in it, who is like whom. Who is *s/he* closest to? Have there been any changes within the family recently? (You could ask them to draw a family tree/ genogram).
Relationships	Does *s/he* talk about any other children? What does s/he say? Does *s/he* talk about any adults within school? What does s/he say? Who does *s/he* get on with…who doesn't s/he get on with?
Academic progress	School should be aware if the young person has identified SEN needs and should ask about these needs and the support in place. If there is no identified SEN school should ask if they have any concerns, or if the child has spoken about difficulties.
The child's view what are their specific fears/worries	Has *s/he* spoken to you about what s/he finds difficult about school? What do they say?
The child's views, what is going well in school	Has *s/he* mentioned anything that is going well in school? (e.g. teachers, lessons, friends)
Behaviour and symptoms of anxiety	When *s/he* is worried what does it look like? What do they say they are feeling?
Typical day – when they go to school and when they don't go to school	Please describe a typical day when *s/he* goes to school from the moment *s/he*…gets up until s/he goes to bed……. and when s/he doesn't go to school? What does *s/he* do when they do not go to school? What do other family members do?
Impact on various members of the family	How does *their* non-attendance impact on you? And on other family members? Who is better at dealing with the situation? Why?
Parental views on the reasons for the EBSA	Why do you think *s/he* has difficulty attending school? (ask each parent separately) If (other parent/ sibling/Grandparent) were here what would they say? Are there any differences of views about the reasons and what should be done within the family?
Exceptions to the problem	Have there been times when s/he managed to get into school? What was different about those times?
Previous attempts to address the problem	What has been the most helpful thing that someone else has done in dealing with the problem so far? What has helped in the past when things have been difficult? What strategies have been most helpful so far in managing their anxiety?

Interpreting the information and planning

Following the gathering of information from the child, family, school and any other professional it is essential that this information is gathered together and 'sense' is made of it. That an overview of the whole picture and various factors involved are obtained and potential hypotheses are formed. These should then inform the return to school support plan.

The form below is designed to help you integrate the information gathered from the young person, school and family. It is not designed to be a questionnaire but a tool to be completed after the information gathering to help you collate, integrate and analyse the information gathered form a variety of sources. A blank copy can be found in **Appendix 3 Information gathering and integration.**

The school's link EP may offer help and support, and in some cases training, to aid the analysis and interpretation of the information. It may be appropriate to include the EP in creating a support plan outlining interventions/strategies.

Description of Behaviour

~What is the current rate of attendance?

~Are there any patterns to non-attendance? Particular days or lessons?

~History of behaviour; when did it first occur, have there been similar difficulties?

~Behaviour and symptoms of anxiety – what does it look like? What does the child say about any specific fears and difficulties?

Risk factors school, child and family

~Developmental and educational history (health, medical, sensory or social factors)

~Any changes in family dynamic? (Separation, loss, birth of a sibling, health issues of other family members)

~Any other needs within the family?

Strengths and protective factors

~What strengths do they have?

~Do they have any aspirations or ambitions?

~What positive relationships do they have at home and at school (peers and staff)?

~What positive experiences have they had at school?

~What was different about the times when the young person was able to get into school?

~What has been helpful in the past?

Formulation & integration of various factors

~What is people's understanding of why the young person is demonstrating these behaviours?

~Are there any differences of views?

~What risk factors have been identified (child, school and family)?

~What strengths have been identified that can be built upon?

What is the function of the behaviour – is it:

~To avoid something or situations that elicits negative feelings or high levels of stress (e.g. fear of the toilets; the noise in the playground; lots of people moving all together in the corridors between classes, tests/ exams)

~To escape difficult social situations (e.g. feeling left out at playtime; reading out loud in class or other public speaking/group task; working as part of a group)

~To get attention from or spend more time with significant others (e.g. change in family dynamic, concerned about the well being of parent).

To spend more time out of school as it is more fun or stimulating (go shopping, play computer games, hang out with friends).

Are there any maintaining factors?

Action Planning

After the information gathering and analysis process has occurred a return to school or support plan should be made.

All plans need to be co-produced with parents, the child and any other appropriate agencies. All parties need to be signed up.

Each plan will be different according to the actions indicated by the assessment, what worked with one child will not necessarily work with another.

The plans should always be realistic and achievable with the aim of reintegrating the young person. An overly ambitious plan is likely to fail. The return should be gradual and graded and recognition by all that a 'quick fix' is not always possible. A part time timetable may be necessary to support this process but this should always be temporary and not seen as a long term option as all children are entitled to a full time education.

All parties should be aware that there may be difficulties implementing the plan and these should be anticipated and solutions found. An optimistic approach should be taken: if the child fails to attend school on one day, start again the next day. Parents and school should anticipate that there is likely to be more difficulty after a school holiday, period of illness or after the weekend.

At the start of the plan the child is likely to show more distress and all should be aware of this. School staff and parents need to work together to agree a firm and consistent approach. Any concerns about the

process should not be shared with the child a 'united front' is recommended. Any concerns should be communicated away from the child. Be sensitive: parents may need extra support if their child is distressed.

Schools should take an individual and flexible approach to the young person's needs. All school staff that will come into contact with the young person should be aware of the return to school plan and any adaptations to normal routines or expectations that are in place to support the child.

Once actions on a support plan are agreed with a young person, e.g. returning to school in very finely graded steps, stick to what has been agreed for that week, even if things seem to be going really well, as pushing things further than agreed can heighten anxiety, reduce trust and backfire overall.

The format of the support plan should be flexible. If appropriate a young person's version should be created. Examples of a support plan can be found in **Appendix 4 Example support plans**.

Literature has identified key elements of support that should be in place in order for re- integration action plan to be successful.

Key elements of any plan

Direct telephone contact between parent/carers and key workers in school. Agree expectations regarding frequency of contact and set realistic response times.

A return to school at the earliest opportunity.

Early home visits if appropriate to discuss the young person's reluctance to attend school.

All parties to agree to actions and keep to them until the next review period.

A personalised programme for each young person. (e.g. flexible timetable, arrangements for transport, buddying, and provision of a safe haven).

Ensuring the young person has access to an identified member of staff who can be approached if anxiety becomes temporarily overwhelming in school (i.e. a key worker).

Ensuring all staff (including supply staff) are informed about the young person's difficulties, particularly during changes of classes/key stages.

Identifying a safe place or base in school that the young person can go to if needed

Identifying a member of staff for the young person to 'check in' with throughout the day

Considering whether or not a family assessment such as an Early Help Plan would be helpful to identify whole family support

Interventions and strategies

Kearney and Silverman (1990) suggest that choice of intervention should be governed by a careful functional analysis of school avoidance behaviour. They describe four types of variable which can maintain
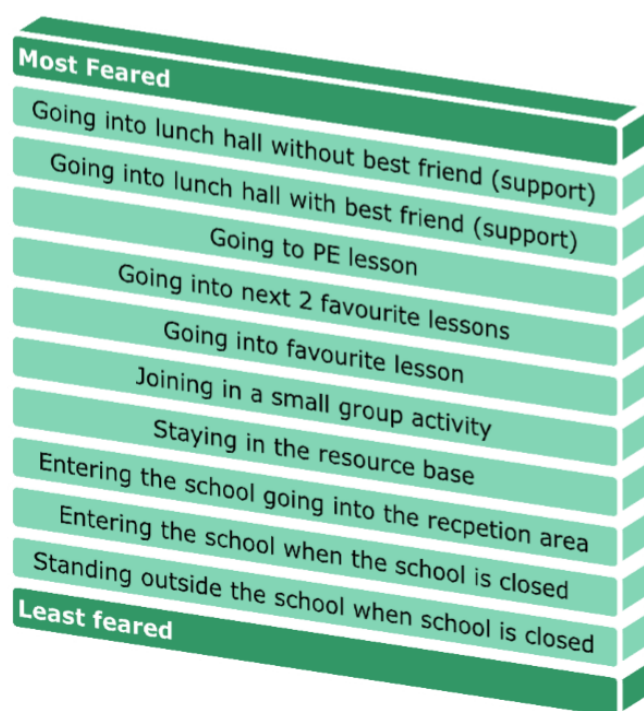
school avoidance behaviour, however several of these may be involved and their effects will be interactive. Interventions should be bespoke to the individual and based upon the information which was gathered in the assessment and integration stage.

1. To avoid something or situations that elicits negative feelings or high levels of stress (e.g. fear of the toilets; the noise in the playground; lots of people moving all together in the corridors between classes, tests/ exams)

Interventions should include learning about anxiety and worrying, how it affects our thinking, feeling and behaviour. How avoidance of the feared situation makes things worse. The child should be taught anxiety management techniques such as relaxation training and deep breathing. Links to resources to support schools in this can be found in the Resource Section.

There should be a gradual re-exposure to school setting using avoidance hierarchy created with the young person from least feared school situations to most feared. School should consider the provision of safe spaces that pupils can go to, such as pastoral zone, and library, these may be less stigmatising for some pupils than learning support area for some pupils.

Anxiety / avoidance hierarchy

Most Feared
- Going into lunch hall without best friend (support)
- Going into lunch hall with best friend (support)
- Going to PE lesson
- Going into next 2 favourite lessons
- Going into favourite lesson
- Joining in a small group activity
- Staying in the resource base
- Entering the school going into the recpetion area
- Entering the school when the school is closed
- Standing outside the school when school is closed

Least feared

For each situation the young person will need to be supported to think about:

What **coping technique** they will use (e.g. relaxation, thinking, distraction)

What **support** will be in place (e.g. key worker available, time out card, access to secure/ quiet base)

Some situations may need to be broken down into even smaller steps

To create an anxiety/avoidance hierarchy, the young person can be asked to name situations (or shown cards representing possible fears) and asked to rank them in terms of how they feel about that situation or object from least worried about to most worried about. When thinking about next steps it is important to start with the item that causes the least amount of anxiety, helping them think about how they will cope with this situation and what support they will need. When they have overcome this fear and consolidated this a number of times then they can begin to work his or her way up the hierarchy.

2. To escape difficult social situations (e.g. feeling left out at playtime; reading out loud in class or other public speaking/group task; working as part of a group)

As with the first function, intervention should include learning about anxiety and worrying, how it affects our thinking, feeling and behaviour. How avoidance of the feared situation makes things worse. The child should be taught anxiety management techniques such as relaxation training and deep breathing. In addition the child should be taught social skills and given opportunities to practise coping skills in real-life social and evaluative situations, starting small and building up to most challenging. There could be pre-teaching of key work missed, buddying, peer mentoring and role playing what they are going to say when peers ask about their absence from school.

3. To get attention from or spend more time with significant others (e.g. change in family dynamic, concerned about the well-being of parent).

Intervention would usually include work with care-givers supporting them to develop skills and techniques to:

• Manage the school avoidance behaviours such as tantrums or physical/ somatic complaints
• Establish morning routines
• Use problem solving techniques
• Establish positive and individual time to spend with the child outside school hours
• Focus on positive behaviours
• Limit the attention the child receives when they do not attend school
• Establish rewards for when they attend school and where appropriate consequences if they do not.

4. To spend more time out of school as it is more fun or stimulating (watch tv, go shopping, play computer games, hang out with friends).

Intervention would usually include:

• Increasing "rewards" for attendance and disincentives for nonattendance i.e. laptop time, access to internet, phone credit, time with friends in town etc.
• Limit the attention a child receives during non-attendance
• If possible take away the more stimulating activity
• Support their travel to and from school
• Teach them how to refuse offers from peers
• Make school as stimulating as possible, find out the child or young person's interests and if possible, apply this to the work completed in school.

Review

It is essential that any plan is regularly reviewed. There should be set dates for reviewing how any support plan is progressing and key personnel to attend identified. It is essential that the young people and parents are actively involved in the review.

The review should identify and celebrate any progress made, review whether further information has come to light to help inform clear next steps. These next steps can include:

• consolidating and maintaining the current support plan,
• setting new outcomes and or actions for the young person, school and parents.
• Identifying that further consultation with other agencies needs to occur which may, if necessary, lead to a referral to other services.

Assess
Gain a full understanding of the various aspects at play (child, school and family)

Plan
Based on information gathered plan for a realistic small reintegration

Review
Monitor the progress made and adjust the plan for next steps

Do
Ensure resources and support is in place, good communication with school, family and others

Whole school good practice

Any successful work with an individual needs to be embedded in whole school systems. General good practice for promoting emotional well-being and positive mental health also applies to ABSA. The figure below outlines the culture, structures, resources and practice within a school that can promote wellbeing of staff and young people, with particular reference to ABSA. Manchester schools have the opportunity to complete an annual audit with our Healthy Schools team who then support schools through an action plan. The audit in the appendices may also be useful for schools, particularly as we return to school from September 2020, by when many pupils will have been at home for 6 months. A whole school audit can be found in **Appendix 5**.

Whole school systems for promotion of emotional well-being and prevention of EBSA

Committed and inclusive senior management team - values all pupils and allows them to feel a sense of belonging

All staff working within school are valued. Clear protocols regarding emotional support and stress management for staff including supervision.

Access to indicated provision e.g safe places within the school, key person. All staff are aware of specific strategies and programmes in place to support those experiencing EBSA

Provision of interventions within a graduated response - assess, plan, do & review. Working with external agencies when necessary. Use of Early Help Plans using an holistic approach

Continuous professional development for all staff which makes clear the promotion of positive emotional health and wellbeing is everybody's responsibility (including EBSA)

Clear systems in place for the early identification of school avoidance. Nominated member of who has a responsibility to investigate and act on concerns

The importance of pupil voice and viewing the child holistically are approaches which are embedded within the culture of the school.

Clear roles and responsibilities for SENCo and emotional wellbeing leads. A member of senior staff is responsible for over-seeing arrangements for EBSA students

Recognition of the importance of partnership working with parents and external agencies

Promotion of supportive literature for young people and parents

Curriculum includes the teaching of resilience, coping and social skills. Curriculum appropriately differentiated according to individual need

Clear policies on attendance, behaviour, bullying and transition which sets out the responsibilities for all and the support in place

Transition

Literature has shown that peaks in the number of young people with ABSA correspond with transition in educational phases. This is not surprising as young people face significant changes.
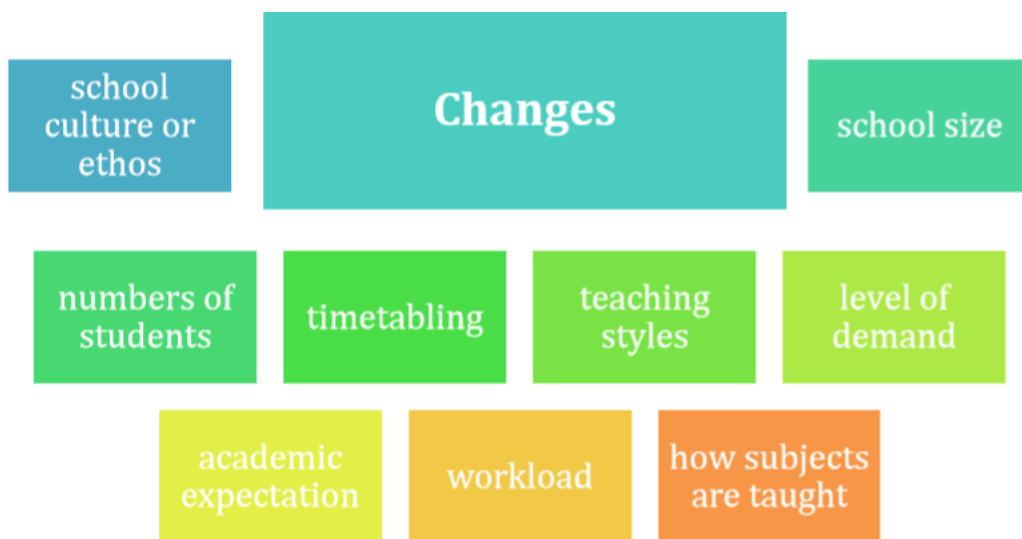
Successful transition involves the young person being supported to be able to make adjustments to fit in with their new environment.
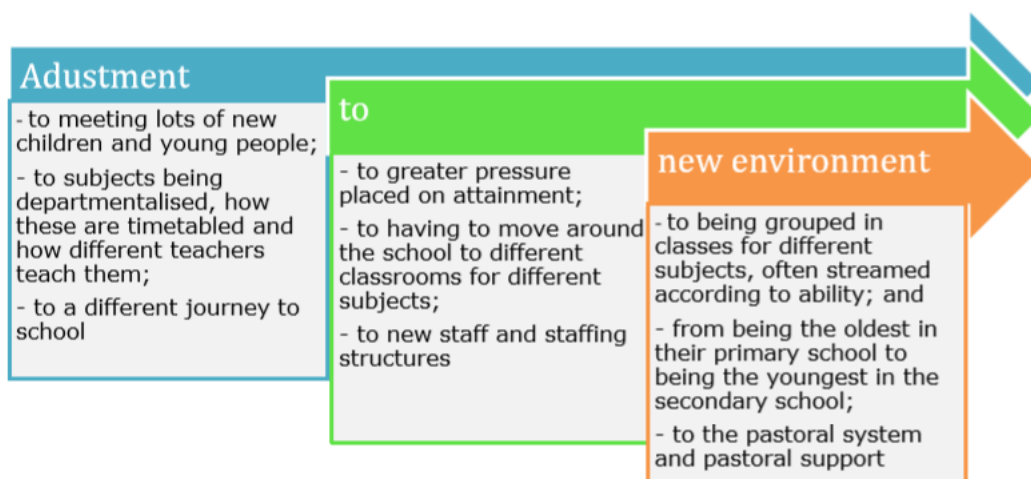
    Most children adjust to these changes over time. However young people who experience higher levels of anxiety or who have experienced loss and separation may be vulnerable to developing or experiencing an exacerbation of ABSA behaviours. It is important that schools and parents provide appropriate support and any vulnerable young people are flagged up early by the feeder school and an individual approach is taken.

Good transition practice involves effective exchange of information both pastoral and academic from class to class, primary to secondary school, secondary school to college. It is really important for feeder schools to flag up any early separation difficulties and past ABSA even if the issues were mild and attendance is now fine. We advise that secondary schools should specifically ask for this information on any transition gathering forms.
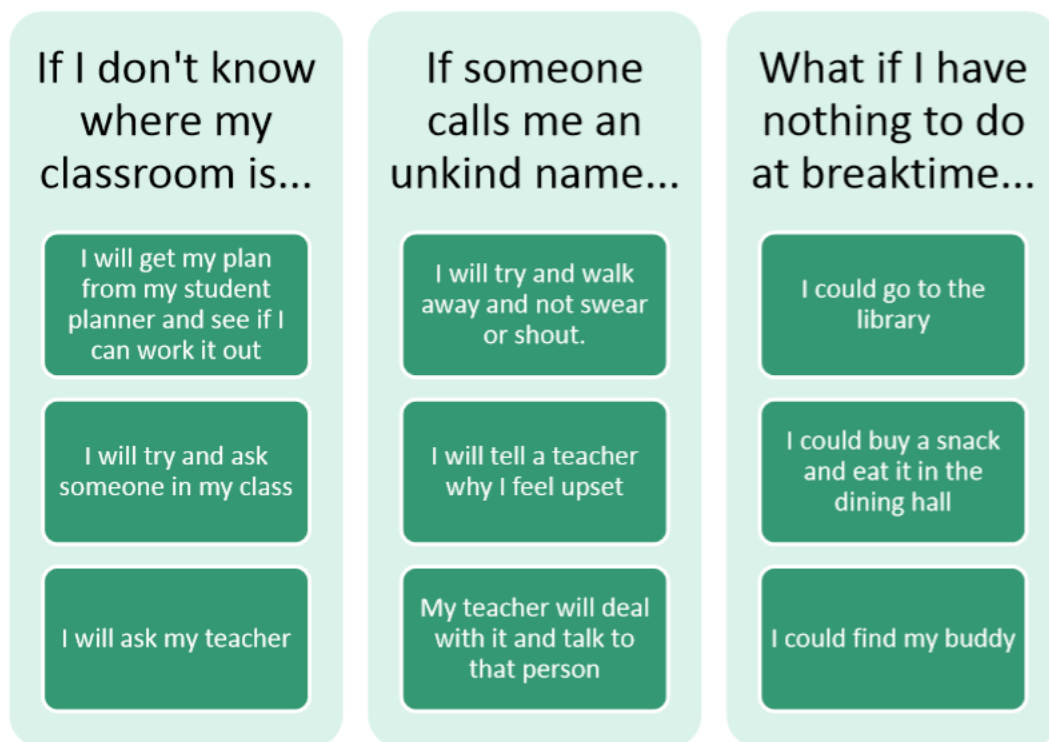
Good transition also involves good communication with the young person and their parents. Key to this is giving the young people and their parent's practical information.

NB Receiving schools need to have information about any reasonable adjustments that the feeder school had in place, even for a short time, to enable those young people with additional needs to be fully included in school life. These may or not be appropriate in a new setting, but the new setting needs to be mindful of their duty to make reasonable adjustments for those with additional needs, SEND Code of Practice 2015, chapter 1.35

Key information required		Practical supports
Travel to school – how will they get there	⇨	Go through journey to school, practice this, identify any companions
Key people in school	⇨	Give a simplified structure chart, provide photos, identify a key person
Environment	⇨	Layout of school – map, tour, quiz colour coding Provide maps, give tours, quiz, colour code subjects to building areas
Structure of the day timetables, break and lunchtime systems	⇨	Provide timetables, colour code these, break and lunchtime systems
Social time – supporting social interactions and those more vulnerable, bullying policies	⇨	Identify how pupils will be supported to make new friendships, access to supported social activities
Academic demands – how lessons are structured. Homework	⇨	Give information about how lessons are structured, homework expectations
Support systems in place – pastoral SEN support	⇨	Set out how young people will be supported provide one page profile
Equipment needed	⇨	Provide checklist for each day

Familiar school staff should discuss with young people and their parents what are they are looking forward to and what they are worried about and this should be individually addressed. An example of support for

this are 'What if cards...'

If I don't know where my classroom is...	If someone calls me an unkind name...	What if I have nothing to do at breaktime...
I will get my plan from my student planner and see if I can work it out	I will try and walk away and not swear or shout.	I could go to the library
I will try and ask someone in my class	I will tell a teacher why I feel upset	I could buy a snack and eat it in the dining hall
I will ask my teacher	My teacher will deal with it and talk to that person	I could find my buddy

Any good transition into school needs to be trauma informed and lessons can be learned from the Covid-19 crisis. Oxfordshire Hospital School has produced a comprehensive information pack and toolkit on preparing children and young people for a return to school:

https://ohs.oxon.sch.uk/from-covid-19-back-to-the-classroom/

This resource reflects the Manchester approach to trauma-informed practice and would complement the ACES model used in some schools.

Nottinghamshire has also produced a guidance document: *Returning to Schools: A Graduated Response to Supporting Emotional Health and Well-being and SEND support in the Aftermath of a Pandemic* and we have permission to share it. Please visit:

 http://www.em-edsupport.org.uk/Pages

Other factors to consider

The impact of domestic abuse

Some children who live in homes where there is domestic abuse may be reluctant to attend school. Although there is no reliable data regarding prevalence, the data on reported cases, and numbers of women killed by current or ex-partners, show that while men experience domestic abuse, the prevalence is overwhelmingly women. Children may have valid reasons for wanting to stay at home, relating to their concern for their mother's safety and wellbeing. They may feel she is in danger from the perpetrator, or in need of their emotional support. By staying nearby, the child retains peace of mind and a sense of control. A young person living in this situation is likely to experience high anxiety which can bring with it somatic symptoms, hence the child may stay off sick.

In addition, domestic abuse can severely undermine the victim's ability to parent. So the parent may rely on their child for emotional and practical support and older children may take on the role of carer both of their parent and younger siblings. Some have a considerable burden of responsibilities and may feel the need to stay off school.

The impact of being a young carer

'A young carer is someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem.

Most young carers look after one of their parents or care for a brother or sister. This might involve extra jobs in and around the home, such as cooking, cleaning, or helping someone to get dressed and move around.'

Being a young carer may mean that they will have fulfilled a caring role for their parent or sibling – eg ensured that they are safe, attended to personal care, feeding, administered medication etc -before coming to school. The weight of responsibility for a young carer can have an impact on their ability to concentrate when in school, complete homework, or indeed attend school regularly. A young carer at school may often feel anxious about the family member at home

The possibility that a young person is a carer must be considered when identifying risks and indicators. Many schools in Manchester now have Young Carer Support Groups. The Help and Support Manchester webpage has information for young carers and practitioners.

The impact of bullying and/or relationship difficulties

It is important to take a young person's concerns about bullying or relationship difficulties seriously. It is not enough to advise a young person who is feeling anxious to 'ignore it'. Social media may play a part in the bullying behaviour that a young person is subject to and although it is difficult to monitor, if it affects how a young person behaves, or how safe a young person feels, in school it is an issue that must be addressed. There are a variety of resources covering online safety eg the NSPCC and Barnardo's. Building resilience may form part of the support for the young person, but it is important to address the cause - perpetrators can be subject to the same professional curiosity as any young person displaying disruptive or aggressive behaviours. They may need early intervention. Responding swiftly, engaging with parents and the young person to agree actions and support, will often resolve issues.

Interactions between members of staff and pupils can be a cause of concern – again, professional curiosity may help to tease out an underlying issue: is there an issue with a particular member of staff or subject? Being self-reflective is key to professional development and it is important that members of staff are able to reflect honestly on the role their own behaviour plays in building good relationships with young people.

Doing nothing can leave a young person and their family feeling unsafe and isolated, and their only choice may seem like not attending school.

The impact of racism and racial inequality

Sadly, there is a dearth of research into anxiety-based school avoidance and racism. However, emerging evidence, that focuses on adults and health care and the justice systems, points to racism and racial inequality as having an adverse impact on mental wellbeing. Recent studies link racial discrimination to increased anxiety levels in black populations. The current (March 2021) data on those most at risk from the COVID-19 virus, shows that people from Black, Asian and minority and ethnic groups are more vulnerable

than their white counterparts. It follows, therefore, that anxieties around risk will be greater in these groups. This will have an impact on children and young people returning to school.

However, even without the COVID pandemic, fear of racism at school causes anxiety among children and young people. There is also the impact of inequality linked to race that schools need to be aware of: anecdotal evidence suggests that schools/settings manage behaviour differently if the young person is a black male as opposed to a white girl. It is important that school/setting leads reflect on their approach to managing behaviour to avoid unwittingly applying racial profiling ie assuming that a child/young person of African or Caribbean heritage is more likely to choose poor behaviour instead of having an unmet need that requires further assessment. In the adult population, there is evidence to suggest that access to health care and appropriate and timely support for mental health is not as easy for black and Asian populations as for white counterparts. School leaders need to be mindful of equal access to assessments for all pupils. With regards to exclusions, data suggests that ethnic groups are disproportionally represented, which points to strong links between exclusion and the disproportional representations of adults from ethnic minorities within the prison population.

The following links explain the impact of racism on mental health and how the failure to identify need can exacerbate the mental wellbeing of those with a diagnosis of autism. Thank you to Olatunde Spence for sharing this research:

https://synergicollaborativecentre.co.uk/wp-content/uploads/2017/11/The-impact-of-racism-on-mental-health-briefing-paper-1.pdf

In the light of the death of George Floyd, and the ensuing protests, a guide for schools was written by an educational psychologist on how to talk to young people about what was happening. It explains that young people's feelings of safety are linked to their carers' feelings of safety. The fear of racism can and does impact this feeling of safety leading to heightened levels of anxiety. The guide is attached in the resources section at the end of this document.

The impact of gender and sexuality

Despite a growing awareness of Lesbian, Gay, Bisexual, Queer, Transsexual issues, young people may feel anxious and confused about their own sexual identity. School leaders have a responsibility to ensure that they foster a culture where all people are accepted within the school community, that school is a safe place where pupils can confide in trusted adults. Policies must state clearly that homophobic bullying/violence towards the LGBQT community is not tolerated. With regards to Transgender – this is a fast-moving, sensitive issue. Government guidance states: 'You should not reinforce harmful stereotypes, for instance by suggesting that children might be a different gender based on their personality and interests or the clothes they prefer to wear.' The link to the full document is:
https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum

ABSA and Autism Spectrum Condition (ASC)

"It was soul destroying. It's such a lonely place to be... I was watching helplessly as my son crumbled while his peers soared. It was the most distressing period of parenting my autistic son bar none. Support from my son's school was absolutely vital for my own mental wellbeing. Had we also had to cope with the school feeling it was our 'fault' that our bright son - who had two perfect attendance awards for previous years - had stopped being able to attend I honestly don't know how we would have got through it" **Parent of autistic 17 year old who began to experience ABSA in year 12.**

What is autism and how does it relate to ABSA?

- Autism is a lifelong condition that affects how a person communicates with, and relates to, other people.

- It affects how they make sense of the world around them.

- Young people with autism can also find the sensory world of school challenging.

- These intrinsic factors interact with the young person's life experiences, and the context they are in at school, to cause stressors and an increased risk of anxiety.

- We know anecdotally that many autistic young people have found the recent increased expectations of the revised curriculum have been an additional stressor.

Evidence and experience suggest that the anxieties that children with autism experience put them at increased risk of ABSA. This can worsen during adolescence, as young people face increasingly complex social and academic demands along with the hormonal and physical changes of puberty.
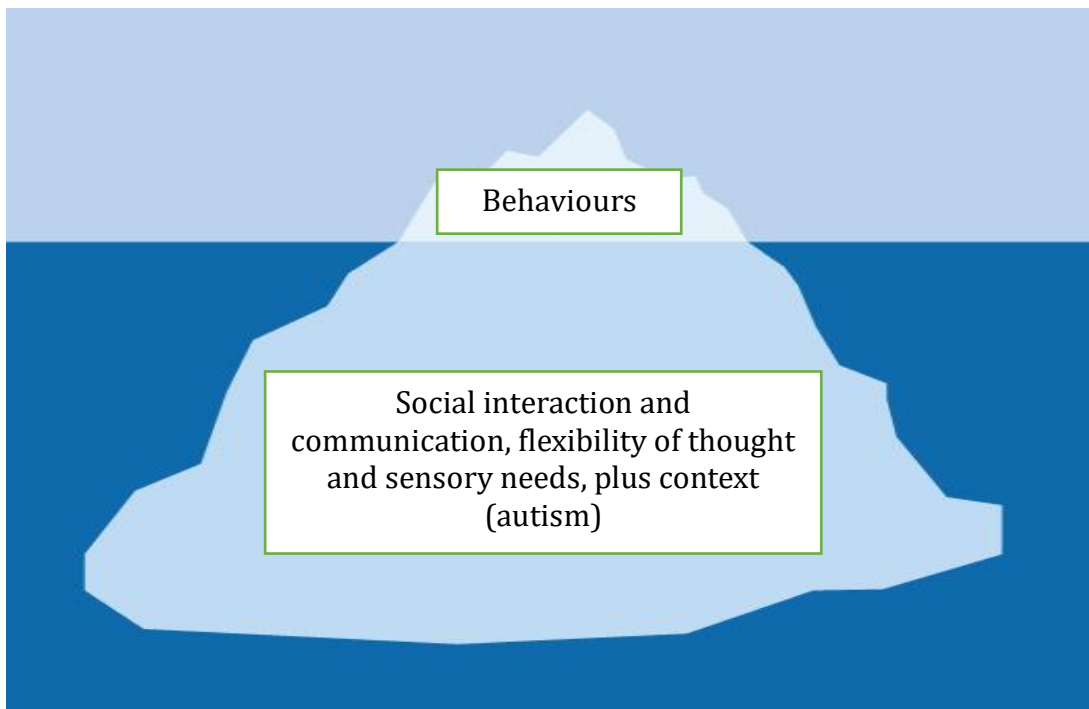
Figure 2 autism 'iceberg'

Anxiety based school non-attendance happens where a young person's capacity to manage, and desire to conform, are outstripped by feeling overwhelmed by stressors. As with other children and young people, there can be a combination of 'push from school' and 'pull to home' factors. Avoidance of challenging situations and seeking for 'safety' at home is not an uncommon response to anxiety – again, this is by no means unique to autistic students. In such a situation it is just as vital to work with parents/carers on a plan of action that addresses in school stressors and what is happening at home. Many parents/carers describe feelings of helplessness and immense distress and are frequently aware of a decline in their child's mental wellbeing.

The factors that influence levels of anxiety in young people with autism; the things they experience as stressors or dysregulating factors are complex and the pattern of concerns unique to the individual. Common difficulties include:

- Staff (sometimes even a single member of staff) with limited understanding of the needs of autistic students; of 'where the child is coming from'; their handling of arising issues may inadvertently exacerbate situations; e.g. admonishing a pupil for being rude/ challenging where this had not been intended (for example, correcting a teacher who has got something factually wrong)

- Anxiety relating to elements of the school environment; e.g. toilets, corridor, canteen, changing rooms

- Intolerance of uncertainty and the unpredictability that is part of secondary school life; e.g. changes in staffing; in routines; in rooms

- Escape from aversive social situations, e.g. negative relationships with peers or teachers

- The stress of peers not sticking to rules; others' poor behaviour

- Lack of consistency in teaching styles and behaviour expectations

- Academic pressure and in particular, writing demands especially extended writing tasks

- Poor sleep (common in young people with autism)

- Difficulties arising from poor executive functioning – the ability to plan, organise, initiate and complete tasks and have equipment (e.g. punishment for forgetting PE kit)

Elements from this list can combine to make school exhausting and stressful. Young people can become overloaded by spending so much cognitive energy trying to cope with the school context and their anxiety may become overwhelming.

Early indicators of risk in the autistic population – home-expressed stress

Because of the above, this population is at increased risk from ABSA, so it is essential that signs of reluctant attending of school are spotted early.

In our experience signs can often be spotted at primary school. A common pattern in the early stages is that children may attend regularly and appear to be "fine in school", but parents/carers report school related anxiety and dislike of school, expressed only at home. This common scenario is often an early indicator of children who are 'surviving not thriving'; that is, already experiencing aspects of school as highly stressful even though their attendance may be reasonable. Please note, that whilst this pattern is common in autistic students it is not exclusive to them; and conversely, often a young person who is autistic does not yet have an autism diagnosis at the point where they begin to express school based stress.

Some settings may not fully understand this early expression of school related anxiety and may ascribe it solely to anxious parents/carers or flaws in parenting. Where schools do not take parents/carers' concerns seriously at this stage and provide appropriate support and adjustments, it can increase the risk of more intractable school avoidance further down the line.

It is really important that where parents/carers begin to describe home-based stress reactions to in-school situations, that these are

- Accepted without judgement

- Listened to

- Acted upon in partnership with the parents/carers through joint action planning

The impossible bind for parents/carers in this situation is that, without school listening and making adjustments, they are unable to reduce their young person's experienced stress as this is largely school based. Joint action planning can enable parents/carers and students to feel heard and supported and where necessary, can incorporate resilience building at home as well as some in-school adjustments to reduce experienced stressors.

Conversely, where parents/carers and students feel heard and supported, attention, early intervention and support can then be given to develop the child's social skills, emotional literacy, resilience and their ability to self- regulate.

A common trajectory: pen portrait

One common pattern we have experienced many times over the years, is of a 'surviving not thriving' student at primary, (in our experience often a girl, but not always) who may be achieving well academically, and/or may have a history of putting themselves under pressure academically and setting high store by 'intelligence', and/or having a poor reaction to failure or difficulty. This student often displays little in the way of behavioural issues. There may not have been an enhanced transition especially where the student's autism is undiagnosed. The student finds the transition to high school traumatic and begins to show ABSA in year 7 or 8. Looking back there were often signs of school-based stress in primary school, and sadly, sometimes stories of a parent who has a reputation for over-protectiveness or anxiety.

Other young people may begin to show ABSA in year 10 or 11 which is more often related to academic pressures, and in year 12 and 13 which can be linked to executive functioning problems and an inability to handle the move to a higher expectation for self-directed learning, or pace and volume of work.

Working with families of autistic students with ABSA

- There is no one set of strategies that will work for every autistic young person who is experiencing ABSA.

- Where staff have a good understanding of autism and schools are proactive in making early adjustments, schools may have a lower number of autistic school non-attenders; but inevitably this will not prevent every case.

- The most effective things to do are to identify the stressors and barriers and reduce them. We recommend that school consult their link Educational Psychologist (EP) at an early stage, to support them with robust identification of these stressors and barriers.

- A joint meeting (EP, family, and school) should take place to support joint problem solving and the setting up of a plan. The longer a young person is out of school, the more entrenched the avoidance is likely to become.

When communicating with parents/carers the following may be helpful to consider:

- Are you ensuring parents/carers feel accepted, rather than viewed as overprotective or difficult

- Emphasise parents/carers' contribution is valued and vital, and listen carefully

- Try to establish with parents/carers and young person what makes them feel less stressed

- Bear in mind that parents/carers are likely to be very anxious and stressed themselves. They may also have identified or unidentified social communication issues themselves which may impact their ability to express their viewpoint or comprehend plans.

- Many parents/carers have described how the early months of ABSA can be damaging to the parent/child relationship and often includes multiple confrontations, anger, a sense of helplessness as they are unable to effect lasting change. Adding in a school attendance trajectory where fines may be issued compounds this situation.

- On the other hand, if schools 'back right off', accepting that mental health issues are underlying poor attendance and/or where students are signed off medically for long periods, this can lead to a temporary lessening of pressure but also to parents/carers feeling abandoned, isolated and out of their depth.

To summarise:

- *Keep in close contact with parents/carers and use them as source of knowledge about their child*

- *Be proactive*

- *Make a team around the young person*

- *Seek early help from the EP to help identify specific barriers and stressors*

- *Use small step programmes, communicated with the young person*

- *Start from where they are*

- *Provide outreach or a bridge from home to school in the early stages of your intervention programme*

- *Expect to monitor over the mid to long term*

Recommended Resources Books and research papers on Autism:

• **Autism from Diagnostic pathway to Intervention: Checklists to support diagnosis, analysis for target setting and effective intervention strategies** by Kate Ripley published by Jessica Kingsley

• **Autistic Spectrum Disorders – Practical Strategies for Teachers and Other** Professionals by Northumberland County Council Communication Support Services UK. David Fulton Publishers

• **Autistic Spectrum Disorders in the Secondary School (Autistic Disorder Support Kit)** by Lynn Pimley published by Sage Publications Ltd

• **Autism in the Secondary Classroom** by Joy Beaney and Penny Kershaw published by The National Autistic Society

• **Understanding How Children and Adolescents Think and Learn** by Paula Jacobsen, published by Jessica Kingsley Publishers

• **Education and Care for Adolescents and Adults with Autism** by Kate Wall Published by Sage

- **Race and autism: Article written by Olatunde Spence**
  https://akomahealingharts.com/2021/01/04/the-neurodiversity-reader-chapter-19-zero-tolerance-of-black-autistic-boys-are-schools-failing-to-recognise-the-needs-of-african-caribbean-boys-with-a-diagnosis-of-autism/

  - **Exams: Guidelines for parents/carers and teachers of young people with autism** published by The National Autistic Society

- **Autism: Supporting your teenager** by Caroline Hattersley published by The National Autistic Society

- **Understanding How Asperger Children and Adolescents Think and Learn** by Paula Jacobsen published by Jessica Kingsley Publishers

- **Sensory Strategies: Practical ways to help children and young people with autism learn and achieve** by Corinna Laurie, published by The National Autistic Society

- **The Social Play Record: A Toolkit for Assessing and Developing Social Play from Infancy to Adolescence** by Chris White, Jessica Kingsley Publishers

- **Teaching children with Autism to Mind Read** by Patricia Howlin, Simon Baron-Cohen and Julie A. Hadwin. Published by Wiley-Blackwell

- **The Incredible 5-point Scale** by Kari Dunn Buron and Mitzi Curtis. Published by Autism Asperger Publishing Company

- **Starving the Anxiety Gremlin: A Cognitive Behavioural Therapy Workbook on Anxiety Management for Young People (Gremlin and Thief CBT Workbooks)** by Kate Collins-Donnelly

- **Starving the Anger Gremlin: A Cognitive Behavioural Therapy Workbook on Anger Management for Young People (Gremlin and Thief CBT Workbooks)** by Kate Collins-Donnelly

- **Banish Your Self-Esteem Thief: A Cognitive Behavioural Therapy Workbook on Building Positive Self-esteem for Young People (Gremlin and Thief CBT Workbooks)** by Kate Collins-Donnelly

- **Banish Your Body Image Thief (Gremlin and Thief CBT Workbooks)** by Kate Collins- Donnelly

- **Martian in the Playground: Understanding the Schoolchild with Asperger's Syndrome** by Clare Sainsbury. Published by SAGE Publications Ltd

- **The New Social Story Book** by Carol Gray. Published by Future Horizons Incorporated.

- **Comic Strip Conversations** by Carol Gray. Published by Future Horizons Incorporated

- **Time to Talk** by Zara Schroeder. Published by LDA

- **Talkabout: A Social Communication Skills Package** by Alex Kelly. Published by Speechmark Publishing Limited

- **Dealing with Feeling** by Tina Rae. Published by Lucky Duck

- **I am special** by Peter Vermeulon. Jessica Kingsley Publishers

- **A Volcano in My Tummy** by Elaine Whitehouse and Warwick Pudney. New Society Publishers

• **Emotional Literacy assessment and intervention** by Southampton Psychology Service. Published by GL Assessment Limited. (Available for both Primary and Secondary)

Subject Specific Top Tips for supporting students with Autism – available from the Autism and Social Communication Team.

• **Inclusion Development Programme:** http://www.idponline.org.uk/

• **Social and Emotional Aspects of Learning:** http://webarchive.nationalarchives.gov.uk/

Websites:

• https://www.autism.org.uk/about/in-education/exclusion/school-refusal-strategies.aspx

• **Do2learn -** www.do2learn.com/

• **Setbc - https:** www.setbc.org/students/Pages/PictureSET.aspx

• **Resources for Inclusion:** www.resourcesforinclusion.co.uk/

• **The Gray Center (Comic Strip Conversations and Social Stories):** www.thegraycenter.org/

• **Visual aids for learning:** www.visualaidsforlearning.com

http://autismteachingstrategies.com/wp-content/uploads/2013/05/CBT-Worksheets-Sets.pdf

ABSA and Requests for Education Health Care Needs Assessments (EHCNA)

Education Health Care Plans (EHCPs) are for children and young people who have a special educational need or disability that cannot be met by the support that is available at their school or college setting. Most children and young people with special educational needs will have help given to them without the need for an EHC Plan at the SEN support level.

In some cases children who display ABSA behaviours may have underlying special educational needs and require support above the SEN support level. If this is the case schools or parent can request that the local authority undertake an Education Health Care needs assessment. NB It is important that referrals are made to relevant services for further assessment of needs to identify underlying SEN before a request for an EHCNA is submitted. With the right support in place in relation to the identified SEN, a young person may make progress without the need for a plan.

In order to be able to decide whether an assessment should occur the Local Authority will need to see evidence that the school or college have taken appropriate action following the assess, plan, do and review cycle and there is evidence that the child or young person has not made adequate progress or has only made progress because of a very high level of support.

When a child has been displaying ABSA behaviours, the local authority will require evidence that the school has sought and followed advice from:

• outside agencies that advise schools
• health professionals
• professionals that work with families.

Examples of the services this may include can be found in the **Local support & resources** section of this guidance.

Before making a request for an EHCNA schools should refer to:

The Manchester Guidance and Criteria for EHC Needs Assessments:

https://hsm.manchester.gov.uk/kb5/manchester/directory/advice.page?id=tew4Cta4tD4

The SEND Code of Practice 2014 can be found here:

https://www.gov.uk/government/publications/send-code-of-practice-0-to-25

Children and young people with medical needs - schools must have regards to the DfE guidance (2015): 'Supporting children at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England. '

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical- conditions--3
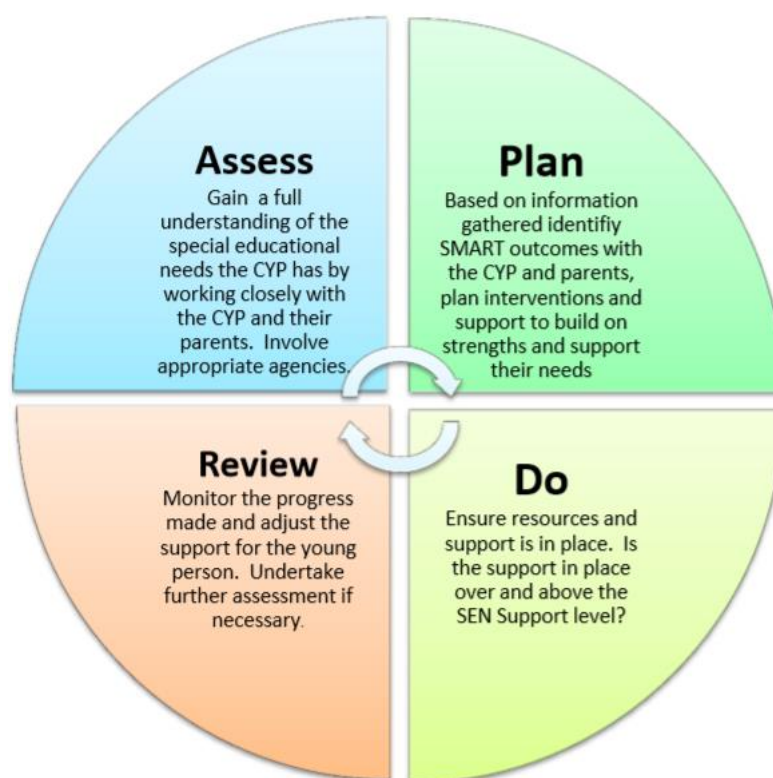
Long term ABSA

Early identification and swift action is the key to preventing a young person being out of school for any length of time. Engaging with the young person and their family early will build trust and clarify any issues and/or unidentified needs so that support can be put in place before the non-attendance behaviours become entrenched. **It is important that schools do not lose sight of a young person who is out of school.** Regular communication shows commitment to valuing the young person as a member of the school community. Sadly, it can be the case that the young person feels forgotten by the school – their peers, their teachers and the wider community – which further reinforces the feeling of anxiety. It is also the case that parents may feel alone and isolated when communication is not maintained, further reducing the chance of a successful outcome. Make use of the advice from the local support

services and resources listed below; try different approaches and different key staff to engage with the young person, but it is important to keep in touch and plan for a return to school.

Local support & resources

Information regarding local services and organisations can be found on the Manchester Local Offer:

http://www.manchester.gov.uk/sendlocaloffer

Below are key services who can offer support to schools, families and young people who may be experiencing ABSA.

Educational Psychologists

Educational Psychologists are key partners in the assessment and planning of support for children and young people with additional needs, whether they are long term, persistent needs or short term as a result of a particular event. Schools will have a link Educational Psychologist with which they work who can offer support around the emotional wellbeing of students and staff. 2 organisations operating in Manchester are:

One Education - OneWellbeing is a multi-disciplinary service specifically designed to holistically support educational settings in the area of mental health and well-being; for pupils, staff and the parent community. For more information please contact Ben Powell, Lead Educational Psychologist: ben.powell@oneeducation.co.uk One Education- Emotional and Trauma Service One Education's experienced HCPC-registered arts therapists provide adaptable, flexible therapeutic interventions which are bespoke to the needs of children and staff in schools and other settings. We meet a wide range of mental health needs at universal, targeted and specialist levels, through work that is outcome-oriented and evidence-based. Please contact Deirdre McConnell: Deirdre.McConnell@oneeducation.co.uk 0844 967 1111

Catalyst Psychology - Catalyst Psychology Community Interest Company is a Social Enterprise offering child and educational psychology services throughout the Greater Manchester area. We deliver psychology that is accessible, makes sense and promotes positive change. Catalyst offers comprehensive support to schools and the school community. For more information see the website: www.catalystpsychology.co.uk

Child & Adolescent Mental Health Service (CAMHS)

Provides a range of specialist mental health and assessment services for children and young people in a range of community bases across Manchester up to 18 yrs. We remain open as a service offering advice and specialist assessments via our usual referral routes. Referrals and criteria can be accessed via the link below;

https://mft.nhs.uk/rmch/services/camhs/

We are currently working with our partners across the city as part of the new Manchester Thrive Hubs to develop the new Mental Health Support Team for schools which will be operational in September 2020.

Here are some links to mental health services for young people:

http://hub.gmhsc.org.uk/mental-health/in-your-area

https://mft.nhs.uk/rmch/services/camhs/

https://www.manchestermind.org/our-services/young-people/

Please contact Sara Yunus CAMHS School Lead on 0161 701 4389 or sara.yunus2@mft.nhs.uk for further information.

42nd St

42nd Street is a charity that support young people aged 13-25 with their emotional and mental well-being-https://www.42ndstreet.org.uk/. The Education service works with education settings on a strategic and operational level. The team comprises of mental health practitioners who can deliver 1:1 therapeutic work with young people, support staff, offer group work, training, and support schools with the whole school mental health approach. For further guidance on any educational related issues please contact **Natalie Lunn-Service Manager for Schools, Colleges and Education on 07936344549 or Natalie.lunn@42ndstreet.org.uk.**

School Outreach

Bridgelea Primary PRU Outreach Service offers advice and support for working with children and young people with social, emotional and mental health difficulties who may present with challenging behaviours: outreach@bridgelea.manchester.sch.uk

Manchester Hospital School provides a range of services to support young people who are experiencing social, emotional and mental health difficulties. The school offers outreach support and advice to schools through their RELP (Reengagement with Learning Programme) and HIVE (Home, Innovative and Virtual Education) team. This includes an engagement pathway, a bespoke curriculum offer, face to face teaching online, in the home or a community venue, along with access to specialist equipment, such as AV1 Robots. The school can provide advice around supporting young people to re-engage with their education. In addition, the school hosts a specialist setting called the Leo Kelly School which provides short term nurturing and therapeutic education to young people who are unable to attend their own school because of social, emotional, mental health and medical needs. Details of how to make a referral can be found on the school website: https://www.manchesterhospitalschool.co.uk/

Grange Specialist Support School is an autistic specific school and offers outreach support to Manchester schools: https://www.grange.manchester.sch.uk/

The School Health Service

The School Health Service is a universal public health service for children and young people of school age. We provide a service to ensure children, young people and their families have access to a core programme of preventative healthcare, with additional care based on need. This includes safeguarding for vulnerable patients, access to the Healthy Weight Team, direct access to the Clinical school nursing team and the Healthy Schools team.

School Nursing

The core offer includes advice and support on Mental Health and Wellbeing , Sexual Health, Drugs and Alcohol, Social and Emotional Health as well as general Health advice and Health assessments .

All Young people aged between 11 and 16 can use our ChatHealth text service to seek advice on health issues such as emotional wellbeing, mental health, sexual health and any other general health concerns. ChatHealth Text Number 07507 330 205

If you need any further support please contact us on the following:

- HCP (Healthy Child Programme) North
  0161 241 2813

  mft.school-nurses-north@nhs.net

- HCP (Healthy Child Programme) South
  0161 946 8239

  mft.school-nurses-south@nhs.net

- VSCT (Vulnerable School Children Team)
  0161 209 9956

mft.school-nurses-vsct@nhs.net

Healthy Schools

This NHS team works with schools to improve the health and wellbeing of pupils across Manchester through training, guidance and resource development. The team promote a whole-school approach across six main areas of public health education. These include RSE, Drugs and Alcohol, Healthy Lifestyles, Mental Health and Wellbeing, Social and Emotional Health and Unintentional Injury Prevention. They also provide support and networking opportunities for PSHE co-ordinators looking to develop their curriculum.

The team have paused their usual accreditation programme to concentrate on supporting schools responding to the current coronavirus pandemic.

This offer includes:-

- 1-2-1 consultation (via phone and/or email)

- Whole-school online training and virtual networking

- Resource and policy development i.e. Mental Health and Wellbeing Policy or RSE curriculum

If you need assistance or would like to find out more about how the Healthy Schools team can help you then please contact us on Healthy.schools@mft.nhs.uk or check out our website https://www.manchesterhealthyschools.nhs.uk/.

Click the link for the healthy schools training offer: School Health SEMH offer.pdf

Back to school resources

In the aftermath of the Covid-19 pandemic, SaLT, CAMHS and One Education EPS produced resources to aid the transition back into school for schools, parents and children/young people.

These resources can be found on the school hub.

Greater Manchester Health and Social Care model has produced a webpage full of resources for schools post-COVID-19. It is being developed over time but has a wealth of information for young people:

https://hub.gmhsc.org.uk/mental-health/back-to-school-or-college/

FURTHER RESOURCES

www.kooth.com a free online site supporting young people with managing their mental and emotional wellbeing

www.giveusashout.org Shout is the UK's first 24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if you're struggling to cope and you need immediate help.

https://www.nspcc.org.uk/keeping-children-safe/online-safety/

https://www.barnardos.org.uk/online-safety

Anxiety Management

• **Starving the Anxiety Gremlin: A Cognitive Behavioural Therapy Workbook on Anxiety Management for Young People** by Kate Collins-Donnelly

• **What to Do When You Worry Too Much: A Kid's Guide to Overcoming Anxiety** By Dawn Heubner

• **Information about Anxiety Young Minds** - https://youngminds.org.uk/find_help/conditions/anxiety/

- Anna Freud National Centre for Children and Families - https://www.mentallyhealthyschools.org.uk/resources/the-strengths-and-difficulties-questionnaire-sdq/

  Managing unexpected endings and transitions A practical guide to support pupils and students to manage change during periods of disruption
  https://www.annafreud.org/what-we-do/schools-in-mind/

  Here are direct links to Worry Resources for parents and young people that support anxiety management:

  https://drive.google.com/file/d/1A7vFb8b8T6q7_cxGEyt4csFQldRO7KBm/view

  https://drive.google.com/file/d/1TctSV_1LM4SldrMqj7O8OrOS1Gte2kWr/view

  Youth Mental Health Covid course: Free learning from university of East Anglia
  https://www.futurelearn.com/courses/youth-mental-health-during-covid-19?utm_campaign=fl_june_2020&utm_medium=futurelearn_organic_email&utm_source=newsletter_broadcast&utm_term=200607_BOW__0030_&utm_content=course01_cta

ACES - https://www.eif.org.uk/report/adverse-childhood-experiences-what-we-know-what-we-dont-know-and-what-should-happen-next

PACE - https://ddpnetwork.org/about-ddp/meant-pace/

• **Mighty Moe** by Lacey Woloshyn http://www.cw.bc.ca/library/pdf/pamphlets/Mighty%20Moe1.pdf

• Worksheets for anxiety – Anxiety BC https://www.anxietybc.com/parenting/worksheets

• Anxiety self help guide – Mood Juice
https://www.mcgill.ca/counselling/files/counselling/anxiety_moodjuice_self_help_guide.p df

• Cognitive Behavioural Therapy Skills Training Workbook – Hertfordshire Partnership NHS http://inabook.co.za/wp-content/uploads/2016/08/CBT-workbook-good-to-use.pdf

• **Anxiety** by Paul Stallard -Examples of activities http://tandfbis.s3.amazonaws.com/rt-media/pp/resources/CBTCHILD/worksheets.pdf

• Understanding anxiety and panic attacks Mind
https://www.mind.org.uk/media/1892482/mind_anxiety_panic_web.pdf

• The Anxious Child: A booklet for parents and carers wanting to know more about anxiety in children and young people. https://www.mentalhealth.org.uk/publications/anxious-child

General Emotional Wellbeing & Mental Health Literature

• **Managing Your Mind: The Mental Fitness Guid**e By Gillian Butler and Tony Hope (for older young people)

• **Get Out of Your Mind and Into Your Life for Teens** By Joseph V. Ciarrochi , Louise Hayes and Ann Bailey.

• **Stuff That Sucks: Accepting what you can't change and committing to what you can** By Ben Sedley

• Promoting Emotional Resilience - Toolkit http://hbtg.org.uk/wp-content/uploads/2015/06/KAN-Emotional-resilience-toolkit.pdf

• **The Thriving Adolescent: Using Acceptance and Commitment Therapy and Positive Psychology to Help Teens Manage Emotions, Achieve Goals, and Build Connection** By Louise Hayes

• Feeling Good: Promoting children's mental health Centre for Mental Health
https://www.centreformentalhealth.org.uk/Handlers/Download.ashx?IDMF=5614ec71- 49db-46ca-9dfa-82a85f4ecdfc

• Parent survival guide https://youngminds.org.uk/find-help/for-parents/parents-survival-guide/

• **Dealing with Feeling** by Tina Rae. Published by Lucky Duck

• **I am special** by Peter Vermeulon. Jessica Kingsley Publishers

• **A Volcano in My Tummy** by Elaine Whitehouse and Warwick Pudney.

• **Emotional Literacy assessment and intervention** by Southampton Psychology Service. Published by GL Assessment Limited. (Available for both Primary and Secondary)

• Online course on how to support young people with mental health difficulties www.minded.org.uk

• MindEd for families : MindEd for Families has online advice and information from trusted sources and will help you to understand and identify early issues and best support your child.
https://www.minded.org.uk/families/index.html#/

• MindED for professionals: MindEd has e-learning applicable across the health, social care, education, criminal justice and community settings. It is aimed at anyone from beginner through to specialist.https://www.minded.org.uk/Catalogue/TileView

Local Authority Guidance

• Devon: http://www.babcock-education.co.uk/ldp/ABSA

• https://www.devonsafeguardingchildren.org/documents/2016/07/guidance-on-anxiety- based-school-avoidance.pdf

• Derbyshire: https://schoolsnet.derbyshire.gov.uk/site-elements/documents/keeping- children-safe-in-education/emerging-school-safeguarding-themes/emotionally-based- school-refusal-guide.pdf

• North Somerset: https://thinkleftdotorg.files.wordpress.com/2015/10/ebsr.pdf

• West Sussex: http://schools.westsussex.gov.uk/Page/10483

Books for young children

• **The Goodnight Caterpillar: A Relaxation Story for Kids** by Lori Lite

• **Huge bag of worries** by Virginia Ironside

• **The Koala that could** by Rachel Bright

• **Silly Billy** by Anthony Browne

• **Willy the Wimp** by Anthoy Browne

• **Owl Babies** by Martin Wadell

• **How to catch a star** by Oliver Jeffers

• **Willy and the Wobbly house** by Margot Sunderland

• **The boy and the bear** by Lori Lite

- **Starting school** by Janet Ahlberg

- **Back to school tortoise** by Lucy M. George

- **Gotcha Smile** by Rita Philips Mitchell

  - **Helping Children Learn About Domestic Abuse and Coercive Control** by Catherine Lawlor, Abigail Sterne and Nick Armstrong (all proceeds from sales to go to Domestic Abuse Charities)

- **Halibut Jackson** by David Lucas

- **Giraffes can't dance** by Giles Andreae

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Appendix 1a Profile of Risk of ABSA

The PRA Schedule consists of five key areas, each of which contain a number of items you are asked to consider in terms of their possible importance in influencing an emotionally based attendance problem. The rationale for the schedule content is based on risk factors identified in the guidance.

When completing the schedule, it is important to be as objective as possible, and to base assessments on evidence. Thus it is recommended that completion of the schedule is a joint venture, wherein checking and questioning can lead to the best judgements in terms of item importance.

During the process of completing the schedule, it may be useful to note factors associated with particular items, such as:

Items are not quantified by a typical rating scale. This is because it may be that one single item (e.g. death of a parent) is so important it cannot be rated numerically in the same way other items might be rated. Its influence could be proportionately much greater than a rating scale could accommodate. As such the schedule asks you to make notes on the key items of importance you identify. These can then be visually represented in the five overlapping circles that follow the schedule.

If the resultant profile suggests to you that the pupil is at risk of emotionally based school refusal, the next step is to obtain the views of the pupil, parents and other staff.
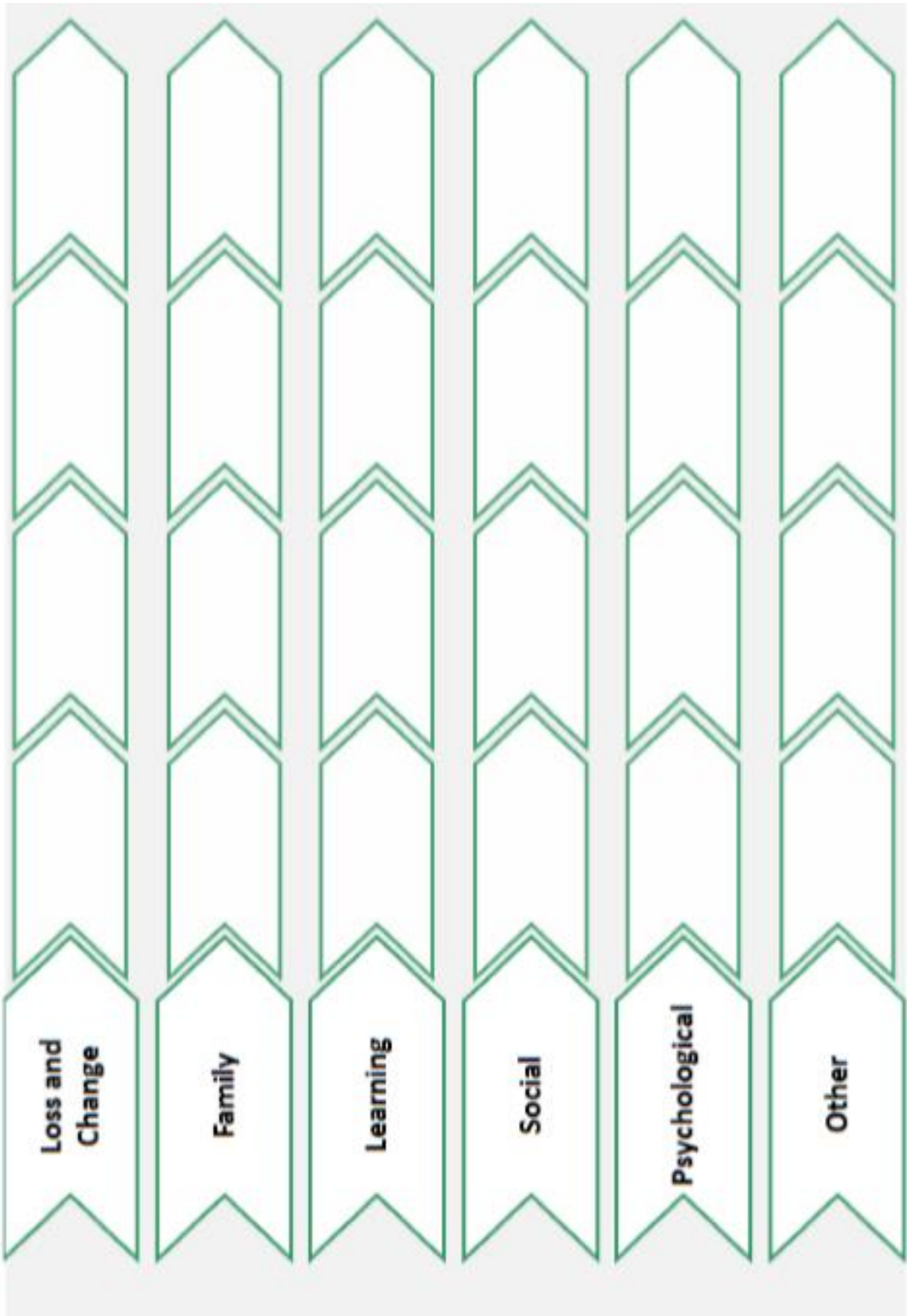
Appendix 1b Profile of ABSA template

	Level of concern				
Loss and Change	High	Medium	Low	Not an	Not known

	risk	risk	risk	issue	
Death of a parent, relative, friend					
Death of a pet					
Traumatic event					
Sudden separation from a parent					
Moving house, school area					
Loss of a classmate					
Parent, relative, friend illness					
Notes on key items					

Family Dynamic	High risk	Medium risk	Low risk	Not an issue	Not known
Inappropriate parenting					
Birth of a new child					
Parents separated					
Parents arguing, fighting					
Practical problems bringing child to school					
Problems with parental control					
Jealous of sibling at home					
Notes on key items					

Curriculum/Learning Issues	High risk	Medium risk	Low risk	Not an issue	Not known
Low levels of literacy					
PE/games issue					
General learning difficulties					
Specific learning difficulties					
Exam or test anxiety					
Difficulties with particular teacher/adult					
Problems keeping up in lessons					
Notes on key items					

Social Personal	High risk	Medium risk	Low risk	Not an issue	Not known
Being bullied					
Seems to have few friends/friendship issues					
English as an additional language					
Dislikes play/break times					
Few leisure interests					
Notes on key items					

Psychological Wellbeing	High risk	Medium risk	Low risk	Not an issue	Not known
Often seems tired					
Low self esteem					
Appears depressed					
Appears anxious					
Has a pessimistic nature					

Notes on key items					
Other Issues	High risk	Medium risk	Low risk	Not an issue	Not known
Notes on key items					

Appendix 1c Overview of key risk factors identified

Loss and Change

Family

Learning

Social

Psychological

Other

Appendix 2 Information gathering from school

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_____ is currently experiencing difficulties attending school which we feel may be due to emotional distress. We would like to gain a picture of how they are in school. As an adult who works with _____ please complete the questionnaire below.
Your name _____   Lesson/activity _____
Please describe _____
What are _____'s strengths?
What is going well for _____?
What does _____'s find difficult?
How does _____ get on with their peers?
How does _____ get on with you and other adults?
Is _____ engaged and motivated with their learning. Are they making progress? If not why not?
Have you observed any emotional difficulties at school, what have these been, when did/do they occur?
What support to you provide for _____. How do they respond to this?
What is your understanding of _____'s attendance problems?
What do you think would help _____ in school?

Appendix 3 Information gathering and integration

Name		School	
Year group		Key School staff	

Other agencies involved	

Description of behaviour

Risk factors school, child and family

Strengths and protective factors

Formulation & integration of various factors

Appendix 4 Example support plans

Support Plan	
Name:	Date:

At schools, these can make me upset

My key adult/s in schools is/are:

When I can speak to my key adult……

Where I can speak to my key adult………

Until……………(date) my return to school plan includes the following changes to my attendance

(Identify any changes to times or days of attendance)

Changes to my timetable include

(Identify any changes and where they should go and what they should do instead)

Any other changes include…

Identify any other changes to routines, (break, lunch times, changes between lessons etc.) classroom expectations (not expected to read aloud, work in pairs etc.) or homework.

When I get upset I notice these things about myself

When I get upset, others notice these things about me

Things I can do to make myself feel better when I am at school
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Things that other people (staff and friends) can do to help me feel better when I'm at school

Things that my family can do to support me to attend school

Places in the school I can go to where I feel safe and supported

This plan will be reviewed regularly so that it remains helpful.
Review date:

My signature	Key adult's signature	Parent/carer's signature

Other people (and their role) who have access to this plan are

Support Plan

Name:	Date:

At school these things can make me feel upset:

My key adult(s) in school is/are:

When I can speak to my key adult(s):
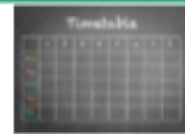

Where I can speak to my key adult(s):

Until _____ my return to school plan includes the following changes to my attendance:

(Identify any changes to days or time they come in)

Changes to my timetable include:

(Identify any changes needed and what should happen/ where they should go instead)

Any other changes include:

Identify any other changes to routines, (break, lunch times, changes between lessons etc.) classroom expectations (not expected to read aloud, work in pairs etc.) or homework.

When I start to get upset, I notice these things about myself:

When I start to get upset, others notice these things about me:

Things I can do to make myself feel better when I'm at school:

Things that other people (staff and friends) can do to help me feel better when I'm at school:

Things that my family can do to support me to attend school:

Places in the school I can go to where I feel safe and supported:

This plan will be reviewed regularly so that it remains helpful.

Review date:

My signature	Key adult's signature	Parent signature

Other people who have access to the plan are:

Appendix 5 Whole School Audit

Whole school systems for promotion of emotional well-being and prevention of ABSA			
	Whole School Provision Currently Available	In need of development	Comments/Next Steps (Including by Whom and When)
School Culture Ethos			
Committed and inclusive senior management team - values all students and allows them to feel a sense of belonging			
All staff working within school are valued. Clear protocols regarding emotional support and stress management for staff including supervision			
Continuous professional development for all staff which makes clear the promotion of positive emotional health and wellbeing is everybody's responsibility (including ABSA)			
The importance of pupil voice and viewing the child holistically are approaches which are embedded within the culture of the school.			
Recognition of the importance of communication and partnership working with parents and external agencies			
School systems, policy and practice			
Clear policies on attendance, behaviour, bullying, equality and transition which sets out the responsibilities for all and the support in place linked to ABSA			
Curriculum includes the teaching of resilience, coping and social skills.			
Curriculum appropriately differentiated according to individual need.			
All staff are aware of specific strategies and programmes in place to support those experiencing ABSA			

Whole school systems for promotion of emotional well-being and prevention of ABSA			
	Whole School Provision Currently Available	In need of development	Comments/Next Steps (Including by Whom and When)
Promotion of supportive literature regarding emotional well-being and mental health for young people and parents.			
School policies, in particular Attendance and Behaviour Management, reflect the ethos of professional curiosity and emphasis on building positive relationships			
Clear roles and responsibilities for SENCo and emotional wellbeing leads.			
A member of senior staff is responsible for over-seeing arrangements for ABSA students			
Clear systems in place for the early identification of school avoidance.			
Nominated member of who has a responsibility to investigate and act on concerns			
Staff are aware as to whom they should convey any concerns regarding ABSA.			
Provision of interventions within a graduated response - assess, plan, do & review			
Staff are aware of the role of other agencies and local arrangements with regard to assessing and supporting students experiencing ABSA.			
Access to indicated provision e.g. safe places within the school, key person.			

Appendix 6 Helping children cope with anxiety, a resource for parents/carers

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HELPING CHILDREN COPE WITH ANXIETY

How to make anxious children MORE anxious...

1. Tell them there's nothing to worry about

2. Sort out their problems

3. Do not allow them to become distressed

4. Comfort them

5. Let them decide what they can cope with

6. Ask if they are going to be OK

7. Answer all their questions

8. Spring that dreaded event at the last hour so there's less time to worry

Did that list surprise you? No-one wants to see their child in distress. So of course you want to take away your child's anxiety... However, anxiety is NORMAL and it is GOOD for us; it keeps us safe!

Anxiety makes sure we are on the look out for danger and prepared to meet life's challenges.

When children are shown that the only way to cope with anxiety is to eliminate it, they become more and more intolerant of anxiety. They only have to feel the tiniest bit anxious and it's unbearable – they feel compelled to run (FLIGHT) or resist (FIGHT) and may seize up or go into denial (FREEZE).

There is another way. Parents and schools can help children FACE their anxiety, understand it, work with it and overcome it!

Doing things differently to make anxious children LESS anxious...

1. Anxious children can't help worrying. **Telling them there's nothing to worry about makes the worry more confusing, elusive and overwhelming.**

Children need help to understand that it is *worry* (a product of their excellent imagination!) that is making their body produce the sensations of panic, rather than the situation they fear; "You feel worried because you've never done this on your own before, you're not sure what will happen when I go downstairs. It feels scary right now but after a while you'll see that nothing bad happens, and your worry will go away and stop bothering you".

By **labelling and recognising Worry, children learn that it's a normal response that they can talk to and control; it's not a stop sign that has to be obeyed**.

So rather than dismissing worries, let children know how amazing they are every time Worry appears and they are brave enough to ride it out. They'll be surprised how quickly it gives up and goes away!

2. When children are tiny, of course they need their carers to fix any problems so that they are safe, well and happy. But even two year olds are actively problem-solving throughout the day as they discover how to avoid food falling off their spoon and retrieve objects that are out of reach.

Independence develops through experimenting, finding your own solutions and enjoying the knowledge that you can be self-reliant. It thrives on a flexible approach to life where there are many ways to do the same thing; no need to be perfect; and pride in *effort* as well as achievement.

When parents/TAs do all the fixing for anxious children by providing comfort, removing sources of stress or doing things for them to prevent failure, the children become more dependent, less willing to take risks and increasingly passive in their parent's presence.

Just recognising that you have fallen into any of these patterns of behaviour, and knowing that it was in response to your child's anxiety, not the cause of it, is the most important step towards turning things around.

3. **If we allow children to avoid everything they're afraid of, they will never learn the difference between a *real* threat and an *imagined* threat**.

Acknowledge how brave children are being and help them face that fear one tiny step at a time. Maybe they only need to attend the party for the first ten minutes or watch you having your dental examination, but NOT going to the party or to the dentist's should never be an option.

4. We comfort young children when they are in pain and convey the message: 'Stinging nettles, broken glass and fights are BAD things that you need to avoid if you want to save yourself further pain; but meanwhile, I will make you feel better'. *If we cuddle and soothe children when they are afraid of insects, dogs or fireworks for example, the message is the same: 'These are BAD things to be avoided and you should run to me for comfort'.*

So, ACKNOWLEDGE their anxiety; REASSURE; FACE the fear and PRAISE them. "Of course you're worried, you weren't expecting that, but it can't hurt you. Let's stand further back until you get used to it". Save the cuddles for when you congratulate them for being so brave!

5. Anxious children will be convinced they cannot face certain events. *By agreeing to their terms – no parties, no visits, no falling asleep alone in their own bed - we deprive them of the opportunity to discover that anxiety can be managed and things are not as difficult as they expect*. Consequently, all new challenges will be scary and they will make increasing demands to avoid any anxiety-provoking situation.

It is frightening for children to have this much control; they need *adults* to make the big decisions about what is a real threat and what is safe. Adults should in turn be guided by the child regarding how *much* they can face at a time, steering them towards gradual mastery of feared situations. **By making activities simpler or shorter, providing a distraction or phasing out support, realistic expectations can be set and children can be assured that all they need is the courage to have a go.** It may also take courage for their parent to step back and let it happen...

6. "Will you be OK now?" *Asking children this question before leaving them tells the child they are right to worry – after all, even you, the adult, are not sure that they'll be OK!*

Tell **children they will be OK**, let them know when you will be back, and do your very best not to be late. When you return, stay a while to share an activity and on your way home, talk about the fun you had, rather than the terrible time they had without you.

7. *Anxious children try to eliminate uncertainty by asking their parents endless questions about upcoming events. Answering each one conveys the message that the only way to deal with anxiety is to have a completely accurate forecast for the future – an impossible task.*

Having *no* idea of what's coming up is horribly unsettling at best and utterly terrifying at worst. So children certainly need a broad outline of their daily schedule and important events in their calendar. They need explanations or role-play of routine procedures to know what to expect. But beyond that, as long as children have a clear understanding of what is required from them to complete specific assignments, they need to discover that the finer detail can wait, and more importantly, that they can cope with *not knowing*.

Differentiate between need-to-know questions that require an answer and 'worry' questions. Try to answer 'worry' questions with another question so children can explore the reasons for their anxiety and test out how they would cope in each situation.

 "I'm not sure how many people will be there, why would you like to know? How many do you think you could cope with? So what could you do if there were more than that? What would make it easier?"

"She might have a dog. What worries you most about dogs? How can we tell if it's safe to go near a dog? What do you think dogs want when they jump up? What would make you feel better if a dog was around? So what should we ask Auntie Sue to do?"

Above all, **show children by your own example that it's natural to worry about new situations but you can be brave and give it a go anyway**. You can show Worry who's in charge!

8. After seeing anxiety, repetitive questioning and resistance grow on the approach to dreaded events, it is completely understandable to forgo advance warning to save children getting themselves into a state. On the surface this seems to be a good strategy, for children often appear to cope reasonably well when there is no way out of a situation. However, this 'success' is usually a feat of endurance spurred on by sheer adrenaline, rather than an enjoyable experience. *The child is left, not with a sense of achievement, but with feelings of resentment, dread and insecurity. They become increasingly wary and suspicious, knowing that the next surprise could be just round the corner.*

Working through anticipatory anxiety to prepare for a specific event takes a lot more energy and resolve, but provides the foundation for general anxiety-coping strategies. Children learn that anxiety is normal; it can be spoken to with calming and rational thoughts, and overcome with familiarisation, a back-up plan and courage!

Further reading:

! *The Huge Bag of Worries* by Virginia Ironside (2011) Hodder Children's

Books (ages 3-9).

! *What to Do When You Worry Too Much: A Kid's Guide to Overcoming*

Anxiety by Dawn Heubner (2005) Magination Press (ages 6-12).

! *Anxious Kids, Anxious Parents* by Reid Wilson and Lynn Lyons (2013)

Health Communications, Inc. (ages 8-18).

Zara Wintgens / Maggie Smith, 2014

Appendix 7 pages 60 - 64 Guidance for school regarding racism written by Fungisai Muchenje, Educational Psychologist, reproduced here by kind permission

Talking to children and young people about anti-racism protests: Guidance for schools

Why is this relevant to my school?

Schools routinely discuss societal issues such as human rights, domestic violence, sexual abuse, gender identity and sexuality, and terrorist incidences - even when they may not directly affect all pupils. These whole school addresses aim to: raise pupil's awareness of social issues, promote empathy, equip pupils to recognise and act on concerns and are in line with promoting British Values which include mutual respect and tolerance.

These actions are in line with duties that apply to all public bodies (including schools) under Section 149 of the Equality Act (2010) which require schools to have due regard to the need to:

● Eliminate discrimination and other conduct that is prohibited by the Act
● Advance equality of opportunity between people who share a protected characteristic and people who do not share it
● Foster good relations across all characteristics - between people who share a protected characteristic and people who do not share it

It is therefore within the scope of schools' responsibility to provide a proactive response to current race - related protests and support pupils to make sense of these issues in order to foster good relations amongst pupils.

Whilst not all pupils, families and staff in your school may engage with the news on anti-racist protests following the death of George Floyd in America, some children will be directly impacted.

In particular, Black children may experience a grief or traumatic response to exposure of these events on television and on social media (where children and young people have circulated video compilations of people being killed by police) See Appendix 1.

All schools have a duty to safeguard pupils, and this extends to their emotional and mental wellbeing.

Providing an initial response

Acknowledge the following:

● That recent events, including the death of George Floyd and ensuing protests across the world, and in the UK have directly affected pupils, in particular those who are racialised as Black and those who have African and Caribbean heritage
  ○ They may experience traumatic responses to these events (Heard-Garris et al. 2018)
● Recent events have stirred many to reflect on issues of race, racism and injustice in the UK
  ○ Pupils and their families may be reflecting on experiences of racism perpetrated against them which may exacerbate distress
  ○ Pupils, parents and staff, having different racial identities, experiences and perspectives will likely experience challenge and distress when discussing these issues perhaps having feelings of confusion, guilt, shame, anger and helplessness
  ○ However, silence around the distress of others, exacerbates distress (Kinouani 2020)

Provide a response which promotes:

● **Emotional safety**
  ○ It will be important for schools to facilitate opportunities for staff to discuss these events amongst themselves and consider a whole school response to this issue, prior to speaking to pupils

- Staff and pupils should feel safe to discuss concerns, thoughts and feelings related to issues of race
- Create safe spaces for both staff and pupils to express feelings without judgement
- Offer the opportunities for discussion but do not pressure pupils or staff into participating
- Show empathy, name and validate staff and pupils' emotional responses
- Be wary of minimising, negating and, or avoiding emotional responses of others
- Recognise that based on their age and stage of emotional and cognitive development pupils may re-enact violence in play (Ogawa, 2004), make jokes or draw simplistic conclusions (e.g. "Black people are bad, they got in trouble with the police")
- Recognise that grief and traumatic responses may lead to confusion, avoidance of the subject, expressions of anger, helplessness, affect sleep (induce nightmares), affect mood, and ability to attend to learning (Comas-Díaz, Hall, and Neville 2019)
- **Belonging**
  - It will be helpful for schools to re-emphasise connectedness and the shared school identity
- **Identity and self-esteem**
  - It will be helpful for schools to support pupils to feel positive about their own and others' racial and ethnic groups

Suggestions for discussing issues of race when pupils return to school

In group contexts

- Students may continue to have difficulty in making sense of issues of race and racism upon the return to school in what will be a difficult transition context
- Staff ought to ensure they feel emotionally regulated before beginning conversations on the topic and make a plan to debrief with a colleague afterward
- Highlight the discussion maybe emotionally overwhelming and allow pupils the option to leave the room if they find the discussion difficult
  - Provide physical spaces within the school for pupils to withdraw to and access to adults who might support them
  - Arrange opportunities for pupils to debrief with a trusted adult or friend if they have to leave the room during a discussion
- Consider who might be particularly distressed (for example those who already have recognised SEMH needs) and perhaps provide opportunities for small group discussion with a trusted adult instead of the whole class or whole school assembly
- Ensure differentiation and adaptations for pupils with additional needs

Staff in direct work or with individual pupils

- Listen without interrupting
- Provide gentle challenges to misconceptions, for example "How do you know, Why might they feel that, How would you respond?"
- Support pupils to explore the evidence for misconceptions and misattributions; encourage them to reflect on different sources of information and be critical thinkers (See fact checking websites and guidance against fake news Fullfact 2020; Share Checklist, 2020)
- Be honest and authentic about your own responses and if you are not sure how to proceed or become emotionally overwhelmed, return to the topic of conversation later

Actions

- Schools to make their own response plans in consultation with staff, parents, and governors
- Reflect and review your curriculum planning around understandings of race and racism throughout the school year
    - The more often pupils can revisit the topic the less daunting it will feel to both staff and students
- Explore further practical actions your school might take to foster good relations in school and in the community
- Ensure young people know who they could speak to and what they might do if they become distressed (for example speaking to an adult, friend, reading, exercising etc.)
- Activities such as arts and crafts, journaling, poetry and making music can help young people express themselves

References

Comas-Díaz, Lillian, Gordon Nagayama Hall, and Helen A. Neville. 2019. "Racial Trauma: Theory, Research, and Healing: Introduction to the Special Issue." *The American Psychologist* 74 (1): 1–5.

"Full Fact - Full Fact Is the UK's Independent Fact Checking Organisation." n.d. Full Fact accessed from https://fullfact.org/

Heard-Garris, N. J., M. Cale, L. Camaj, M. C. Hamati, and T. P. Dominguez. 2018. "Transmitting Trauma: A Systematic Review of Vicarious Racism and Child Health." *Social Science & Medicine* 199 (February): 230–40.

Kinouani, Guilaine. 2020. "Silencing, Power and Racial Trauma in Groups." *Group Analysis* 53 (2): 145–61.

National Child Traumatic Stress Network, Justice Consortium, Schools Committee, and Culture Consortium. (2017). Addressing Race and Trauma in the Classroom: A Resource for Educators. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

Ogawa, Yumiko. 2004. "Childhood Trauma and Play Therapy Intervention for Traumatized Children." *Journal of Professional Counseling: Practice, Theory & Research* 32 (1): 19–29

"Home - SHARE Checklist." n.d. SHARE Checklist accessed from https://sharechecklist.gov.uk/

Links to More Information and Resources

School Staff and Teachers: Words you could use

https://www.ahaparenting.com/ask-the-doctor-1/talking-with-children-about-racism-police-brutality-and-protests

https://www.washingtonpost.com/news/parenting/wp/2015/07/06/how-silence-can-breed-prejudice-a-child-development-professor-explains-how-and-why-to-talk-to-kids-about-race/

For Primary School Practitioners

https://rowman.com/isbn/9780847688623/the-first-r-how-children-learn-race-and-racism

For Secondary School and College Practitioners

Runnymede Perspectives: Race and Racism in English Secondary Schools (2020)

https://www.runnymedetrust.org/uploads/publications/pdfs/Runnymede%20Secondary%20Schools%20report%20FINAL.pdf

From "The Runnymede School Report: Race, Education and Equality in Contemporary Britain" (2015)

- Black and Minority Ethnic Students on the Margins: Self-segregation or Enforced Exclusion? By Gill Crozier
- 'Racism, It's Part of My Everyday Life': Black and Minority Ethnic Pupils' Experiences in a Predominantly White School by Vini Landa
- 'Hard Time Pressure inna Babylon': Why Black History in Schools is Failing to Meet the Needs of BME Students, at Key Stage 3 by Nadena Doherty

https://www.runnymedetrust.org/uploads/The%20School%20Report.pdf

Research on racism and anti-racism in Cheshire, Halton and Warrington Secondary Schools

http://chawrec.org.uk/wp-content/uploads/2012/11/Practitioner-Report-A4.pdf

Resources to use with Primary Age Pupils (Blue Peter and Newsround)

Blue Peter Statement

https://www.youtube.com/watch?v=9LLBDsVREaI

"Watch our special programme about racism"

https://www.bbc.co.uk/newsround/52978346

"George Floyd, Why are there huge protests about his death"

https://www.bbc.co.uk/newsround/52813673

"Stormzy donates £10m to help tackle racism in the UK"

https://www.bbc.co.uk/newsround/53014453

Appendix 1. "What Are the Effects of Racial Trauma by Age Group?"

Reproduced from an infographic by the National Child Trauma Stress Network (2017)

Infants and Toddlers (0-36 months)	Although young children lack the cognitive abilities to identify and understand discrimination and racism they are not spared from their effects (Brown, 2015). These adverse conditions affect young children's development directly and by the deleterious environmental conditions that are created. Infants and toddlers experience developmentally appropriate fears and anxieties (separation, loss of parents, loss of body parts) (Van Horn & Lieberman, 2008). They are aware of sounds and sights in their environments and of their caregivers' emotional states. For young children, their perception of safety is closely linked to the perceived safety of their caregivers (Scheeringa and Zeanah, 1995). Being exposed to racially-motivated traumatic events toward them or their loved ones can be perceived as threats by young children who might respond with physiological or emotional difficulties. In addition, caregivers' own stressors, including the effects of racial trauma, can impact their emotional availability for their children and ability to protect them from danger and stress (Brown 2015, Van Horn & Lieberman, 2008).
Preschoolers (Ages 3-5)	Children in this age range may exhibit behaviors in response to trauma that can include re-creating the traumatic event or having difficulties with sleeping, appetite, or reaction to loud sounds or sudden movements. In addition, if they are exposed to media reports of racial trauma (such as a police shooting), they tend to focus on sights and sounds and interpret

	words and images literally. They may not fully grasp the concept of an image being repeatedly replayed on television and may think each time that the event is happening over and over again.
School Age Children (Ages 6-11)	Children in this age range often exhibit a variety of reactions to trauma and to racial trauma in particular. Much will depend on whether they have directly experienced an event or have a personal connection with those involved. School-age children tend to view media coverage in personal terms, worrying that a similar event could happen to them. This can lead to preoccupations with their own safety or that of their friends, which in turn can lead to distractibility and problems in school.
Older Students (Ages 12-17)	Youth in this age range typically have a better understanding of events and the implications of issues such as racial trauma. They are also often still forming their identities and their views of the world and their place in it. High school-aged students may become fixated on events as a way of trying to cope or deal with the anxiety that they are feeling as a result. Older students may be exposed to a wide range of images and information via social media as well. They may benefit from discussing ways that they can promote positive changes in their communities.

Appendix 8 ABSA Case studies

Here are some real-life examples from Manchester schools over recent years. They illustrate that even in difficult circumstances, good outcomes are possible. There are also examples of when outcomes are not so good for the young person. Permission has been given to use these case studies to increase understanding of how anxiety impacts on the young person. These can be used as part of a staff activity and the following questions used as prompts:

- What happened to achieve positive outcomes?

- When it went badly, what could have been done differently?

Use the toolkits in the guidance to identify factors and create an action plan.

The first case studies have been written from the parent perspective. It is important to acknowledge the impact of anxiety based school avoidance on the wellbeing of the family.

Case study A

These are my views as a parent of four children who have all suffered with ABSA at different times of their school life.

A is now seven years old and has sensory difficulties with food and noise. A started nursey and found it extremely difficult to cope. The change of routine and the numerous different teachers that were employed to cover a staff absence were attributing to her emotional distress and separation anxiety.

Mornings were very challenging with A refusing to eat breakfast, get dressed and leave for school. Emotional outburst and physical outburst towards siblings and myself. Once we were at school, she would scream and run away refusing to enter the building. The nursery staff would have to physically take her from me or have me stay until all the other children arrived and I would then have to sneak out of the

building. It became quite ridiculous in the ways I had to escape the building at times. A's emotional behaviour didn't improve over the weeks and was put on a reduced timetable of attending morning sessions then afternoon session, then having me collect her for lunch then bring her back as she refused to eat at school. This did not improve her behaviour of not wanting to attend school. After months of traipsing back and forth to school I was then invited to help out in the nursery with afternoon walks , reading etc due to me being around at school and her being able to see me physically there helped her become more settled in the setting. That was not ideal, as this is something not all parents can do due to other commitments.

A finally became settled in school during the reception year with a few wobbles. They had the same consistent staff attending to the children, great routines, explained everyday what was happening in the setting. The staff spoke with me with great clear understandings and communications. We also were invited once a week to take part in a physical education class over the course of a term. Teacher parent communication was the key here.

Case study B

B is now eleven years old

B had a few difficult years at school at caused himself, the staff and myself some very emotional and upsetting times.

B was diagnosed as autistic at the age of eight, I always believed he was autistic from an early age and spoke my concerns with staff at school when entering nursery and every year until diagnosis.

When B entered year one he became very distressed at home and at school: the moving between classes, the bright lights (as the school was a new building on three levels), being separated from friends placed into different classes, and the extra work that had to be done. B struggled with getting dressed, developed an eating disorder and began self-harming (which he did at home and at school: he attempted suicide on at least five occasions) B would run away from lessons and try to escape the building and grounds. He found certain lessons difficult, the dining hall too loud and lack of stability within school (different teachers and moving to different classrooms). He did refuse to go to school on many occasions and refused to take part in lessons.

How did we overcome this? A new head teacher joined the school and met with B, spoke to him about his concerns, they then spoke with me. Employed an educational physiologist to see B, have CAMHS visit him in school, occupational therapists were involved. The early help team were involved too. The school created an Assess Plan Review with input from myself: limit the amount of moving between classes, giving B an incentive to stay in class by letting him finish his schooling 30 minutes early and choose something he wanted to do in the 'chill room'. This also allowed him to reconnect with peers as he could choose someone to go with him. Allowing him to use an iPad instead of writing. Reasonable adjustments were made and he flourished. There were still some bad days but overall we got there.

Case study C

C is now thirteen years old

In primary school C did suffer with anxiety, but reasonable adjustments were made and he spent time at the end of the day with reward time (choosing something he liked to do i.e. sport activities and also choosing a peer to go with him), attending cooking course with myself and his siblings in school each week over a term, doing drama therapy and had counselling within school.

C was very emotionally upset about transitioning to high school; he had many friends in primary school, which had taken him along time to create the friendship due to his autism.

C struggled from the first day at high school, refusing to eat or drink at school, using the toilet. The lack of support from certain teachers who would like to call him out for not talking and contributing in lessons. He would spend his time at school not talking to anyone and avoiding the lunch hall. He did not know what was expected from him. Struggled with understanding his lessons and disassociating.

C would come home from school in such a bad mood, physical outburst towards his siblings, vandalising his room, incontinence issues came back.

He would refuse to do any homework

C would try to get out of school with saying he was unwell with headaches and stomach aches

C spent most of the time at school alone and still to this day has no friends in school.

Speaking with the SENCO it was decided that C should attend school on a half-day basis as he found the days too long and mentally draining for him.

Unfortunately, only attending school half days left him behind even more so in lessons but did improve his mood at home. Towards the end of year 8 he started back full time and his mood swings went straight back to being upset, suffering with anxiety again.

He is not looking forward to going back to school in September even though he will be going back to part time hours

Case study D

D is sixteen years old and has suffered over the years with separation anxiety, mental health and coming to terms with her autism diagnosis (which she received in year 11).

D's school avoidance and not wanting to attend school showed itself when she entered year nine. She is a clever girl and wants to be the best at everything that she does; she would try to avoid lessons in which she knew would be difficult, when she knew she would be by herself without friends in her class. D would also avoid school when she would be on her period, as the teachers would not allow children to leave class to attend the toilets.

It took almost until the end of year 9 for the head of year to speak to me regarding my concerns as at that point D started to self-harm and become more withdrawn at home. I contacted CAMHS to be involved in helping with D's emotional behaviour. School claimed in reports that she was happy and outgoing at school and there were no problems – this was not true. Unfortunately, after another self-harm incident a peer over-heard her talking about it and spoke to a member of staff. This member of staff became involved and spoke frequently with me and with her about her issues. After multiple meetings with CAMHS and different workers covering her case, we managed to speak with school again who then admitted the teachers who signed the reports on D did not even know her and were wrong about how she behaved in school. Finally, when the reports were written, D was assigned a school counsellor and given a toilet pass. At the end of year ten the counselling team was dismissed and D's mental health suffered, she received her ASD diagnosis and now attends sessions with a psychiatrist at CAMHS.

D will be starting college in September, has already expressed her anxiety about attending, and does not want to go, as she will be traveling alone.

The following are case studies from professionals involved with the young person and their family.

Case study E

Child E was referred to us due to aggressive behaviour and anxiety. She had received a diagnosis of ASD a year earlier

Parents completed Riding the Rapids with us and have a really good understanding of her behaviour.

Following liaison with the primary school there were a number of adjustments made and there are regular half-termly meetings:

*   daily morning contact with pastoral staff to ensure a calm entry to class
*   additional training for class teacher and adjustments to class - now sits at the back where she feels more comfortable asking for help, use of visuals to request pastoral support, time out etc, sensory diet in place
*   Input from EKLAN trained staff re: emotional literacy
*   Weekly Lego therapy
*   Weekly play therapy session
*   adjustments to timetable (now does not do the daily mile/ PE but accesses the above)

The school really have gone the extra mile to address the school-based anxiety and parents are thrilled. However they are very anxious about her transition to high school

Case study F

Child's background

Separated parents
Domestic violence
Raised by grandparents
Grandparent became ill had to move to live with birth mother and new family; left older brother behind
Move to new school, unknown new family dynamic, new area
Reported from previous school as poor attender and would run before coming and when was in school would not stay long, constantly fleeing.
Attacked staff and children – worked better with a trusted adult.

Introduction to our school

Initially came as younger sibling attended reception class.
Entered a Year 4 class
Mum came with him to visit.
Other school came in for a meeting to describe how they had worked with him.
Strong handover.
Placed into class straight away. Lasted 1 hour then ran. Stood still on the stairs as unknown environment.
When staff came to help attacked staff – bit, scratched, headbutted and kicked out. Hid in the toilet – wrapped himself around the back of the toilet eventually coaxed him out mixture of humour and calm talk.
Sat with him until mum came and ate some food with him before taking him home.

What Happened?

A strong alliance was made with mum. Mum would come in to support during the day and also helped to plan how he would attend school.

We moved him to a quieter environment with a higher staff ratio 3 staff:6 children

We gave him a diary to record thoughts and feelings

Reduced his timetable and implemented:

Rigid structures

Strong emphasis on praise/reward/development of responsibilities

Behaviour policy developed by the children in the unit

Weekly trips out to family zone or local park trips

Key life skills taught – shopping trips for ingredients and equipment for unit.

Removal from whole school assemblies and gatherings

Separate breaks and lunch at different times.

He spent 3 terms in the smaller group with support and in that time we saw the end to the behaviours presented when he first arrived. We started to reduce the adult support during sessions in the unit.

Gradual reintroduction to break and lunch with year group.

Reintroduction to class with adult support initially, slowly withdrawn over a term. Towards end of Year 5 attending class for PE sessions (a favourite lesson) and joining class for trips (with support) and outings.

Gradually working away from the unit he developed confidence with his class and was able to move into participating in English and Maths sessions in class.

By the time he came to year 6 the child wanted to try and succeed in class without support. We placed a close watch within the first term without them being aware of the observations and (even with a few blips) they managed to succeed in class. A coordinated effort with year team and SEND staff and knowing there was a safe place helped this.

The success meant that they were able to attend a residential.

Strategies Used:

Strong links with home/family members

Quieter working environment

Simple tasks initially moving to following class work for core subjects

Strong adult presence during day around school

Move to support within own class

Create friendships in school

Monitored breaks then trusted to go alone

Work with whole class

Trusted adults around school as support

Good, clear transition