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The Professionals' Guide to School Non-Attendance

Acknowledgements

I could not have written this book without the invaluable input of six neurodivergent individuals aged between 12 and 19 and their families. They opened their hearts as I talked to them via Zoom (with their parents present) about their reasons for avoidance, what their school life was like, their emotional state, and finally, their suggestions as to what might help another young person in a similar position. They all spoke candidly and at length (!) about their experiences. I thank them all for being so open and honest.

What did they all have in common? A loving parent (where I refer to 'parent', I mean both parents and carers) determined to ensure their child received an education without detriment to their emotional wellbeing. There are many other children and young people who are not so fortunate to have such security or advocacy. I dedicate this book to all of the young people and their families who struggle in the gap between education and health, where ideally, the two should be inextricably linked.

Finally, huge appreciation to the whole team at JKP, especially Emily Badger, for your careful editorial steering and gentle guidance through the writing process, and reacting positively to my ideas! I'd also like to thank Catrina Lowri and Ruth Moyse whose work I admire greatly. And my personal, loving thanks also to my son for being humble and inspirational in equal parts.

Who Is This Book Aimed At?

This book is designed to assist professionals working with children and young people who are not regularly attending school. If you are a mental health lead, social care professional, SENCO (special educational needs coordinator), inclusion manager, pastoral lead, educational psychologist, school counsellor, attendance officer, school welfare or education welfare officer, student teacher, NQT (newly qualified teacher), in fact, anyone with an interest in or responsibility for child and adolescent mental health in education, I would like this book to provide a tool for staff training, development, consultation and ideas in what can be a challenging scenario for everyone. Resolving school non-attendance is about behaviour change, and not just the child's! The process can unearth uncomfortable truths. I hope the words in this book will inspire your curiosity about child and adolescent mental health and emotional development as you seek support and encouragement from your peers as you grow and adapt – as we expect our young people to. Our renewed actions may reinforce the child or young person's desire to re-engage with school and learning.

The aim of this book is to shine further light on the individual stories leading up to anxious school avoidance episodes, from the child and family's perspective. If you're a professional working directly with young people, this book is designed to support and enhance your working practice while providing ideas and suggestions that may be useful, especially if you are time-constrained or working in a small team. If you're a newbie in a team, keep this book close. I hope it encourages you to develop 360-degree thinking as you work towards solving the issue. When a child or young person drops out of education, in the early stages the confusion and blame on all sides can get in the way of recovery and return.

If you are in a team of professionals working with a young person and their family, your goal is to bring about a successful resolution to the issue. I will say this upfront – the successful outcome for the child and the family may not be the one you initially envisage. If the collective focus is on the health and the wellbeing of the child you are working with, the psychological damage of attending a school every day that doesn't meet their needs must take priority over other factors such as attendance figures or external examination results.

If you work with children with additional needs or are parenting a young person who needs additional support at school, you can use the accompanying workbook to help you start potentially difficult conversations.

The success of your engagement will depend on many things, including:

- The child or young person's experience or confidence talking to adults.

- What's happening in their life at that moment.
- How they like to communicate.
- If they feel they can trust you or if they feel you believe them.
- The individual's developmental age and stage and intellectual level.

If your aim is to build a meaningful rapport with the child or young person, be patient. If your aim is for them to return into full-time education as quickly as possible, you may find your endeavours hampered by their unwillingness or inability to cooperate. Their uncooperative behaviour is, in fact, hugely helpful, because sessions may need to be adapted to include additional movement breaks, shorter reading intervals etc., depending on what their additional needs are. The way the child or young person engages with you will inform your school re-integration planning.

According to the Fine Gael, TD, the liberal-conservative and Christian democratic political party in Ireland: 'They are from normal homes with loving parents. But many have gone into themselves and haven't had the confidence to reconnect with friends and teachers'.¹

A note on use of language

Every one of the young people and most of their parents were in agreement that describing the child as 'autistic' and 'ADHD' was preferable to 'has ADHD/ has a diagnosis of autism'. I prefer to de-medicalize these specific neurodivergent conditions, as it helps to reduce stigma.

1 Quoted in O'Brien, C. (2021) 'Rise in "school phobia" as children stay home due to anxiety' *The Irish Times*, 6 October. Available at: www.irishtimes.com/news/education/rise-in-school-phobia-as-children-stay-home-due-to-anxiety-1.4692025

1

Tackling the Anxiety Epidemic in Education

PINNING DOWN THE DATA

My son is autistic and ADHD. He was comparatively ‘late’ diagnosed (aged nearly nine). Globally, the mean age for autism spectrum disorder (ASD) diagnosis is between 38 and 120 months.¹ He experienced many primary school exclusions and, later, mental health challenges. These factors placed him at a higher risk of anxious school avoidance. He sat external school exams during the initial COVID-19 phase. This last event was the straw that triggered his feelings of overwhelm that meant he could not go to school.

The global state of children and young people’s mental health

School attendance data can be difficult to pin down as the data is collected using many variables by a wide range of organizations. Since COVID-19 flashed across the world in 2020, the global focus on school avoidance intensified due to illness or isolation of children or close family members. These are tangible reasons for not going to school. Anecdotally, therapists working with children and adolescents advise me that those who were borderline anxious or depressed before COVID-19 have presented in great numbers requiring therapeutic support. Simply put, school avoidance pre-dates COVID-19.

Interestingly, when the mental health of children in England was assessed in 2017, one in eight (12.8%) of 5- to 19-year-olds already had at least one mental health disorder.² Poor mental health in children and young people is therefore not a COVID-19-specific state. Perhaps the prevalence of increased childhood mental health disorders is a reflection of the greater complexities of our hyper-connected, and materially ambitious, societies. Evidence suggests that children and young people who were borderline anxious or depressed or those experiencing physical health or educational inequalities felt vulnerable *before* COVID-19 burst on to the world stage.

Rates of depression in young people have soared in the past 25 years, with some studies

1 van’t Hof, M., Tisseur, C., van Berckeleer-Onnes, I., van Nieuwenhuyzen, et al. (2020) ‘Age at autism spectrum diagnosis: A systematic review and meta-analysis from 2012 to 2019.’ *National Autistic Society* 25(4). Available at: <https://journals.sagepub.com/doi/full/10.1177/1362361320971107>

2 Children’s Commissioner (2021) *The Big Answer*. Available at: www.childrenscommissioner.gov.uk/wp-content/uploads/2021/11/occ_the_big_ask_the_big_answer_2021.pdf

stating that it has increased by as much as 70%.³ If we perceive depression and anxiety as internalized expressions of sadness, with emotional pain turned inwards on yourself, it is not surprising that depressed and anxious children and young people would seek to avoid engaging with the outside world, which includes school.

In 2021, the UK Children's Commissioner conducted the 'Big Ask' survey from 19 April to 19 May, inviting more than half a million (557,077) children and young people across England aged 4–17 to express their views on childhood. Here are some of the key findings:⁴

Happiness and mental health:

- Seventy-one per cent of 9- to 17-year-olds and 94% of 6- to 8-year-olds are happy with their life overall, although 9% of 9- to 17-year-olds don't think they will have a better life than their parents.
- Girls were nearly twice as likely as boys to be unhappy with their mental health (25% vs. 13%).
- Older children were also more likely to be unhappy (32% of 16- to 17-year-olds, compared with 9% of 9- to 11-year-olds). In fact, 40% of girls aged 16–17 were unhappy with their mental health.
- Sixty-three per cent of 16- to 17-year-olds and 52% of 9- to 17-year-olds said having good mental health was one of their main aspirations.

Education and school:

- Fifty-seven per cent of children from deprived areas said leaving school with a good education was one of their most important priorities.
- Fifty-two per cent of the 9–17 age group said that having a good education was a future priority for them, with this increasing for children from so-called 'vulnerable' groups: those with additional needs (58%), from deprived areas (57%) and minority ethnic backgrounds (60%), respectively.

We see from these figures that children from minority or deprived backgrounds and their families are aware of the need to achieve a good level of education to improve their employment prospects. Or, to put it another way, they understand the need to overcome the discriminatory practice they experience, which is backed up by thousands of studies.⁵

Here is a quick reminder of the prevalence of two familiar neurodiverse conditions that co-exist with anxiety and a suite of other conditions:

3 Bedell, G. (2016) 'Teenage mental-health crisis: Rates of depression have soared in past 25 years.' *Independent*, 27 February. Available at: www.independent.co.uk/life-style/health-and-families/features/teenage-mentalhealth-crisis-rates-of-depression-have-soared-in-the-past-25-years-a6894676.html

4 See www.childrenscommissioner.gov.uk/the-big-answer

5 See, for example, Demie, F. and McLean, C. (2017) *Black Caribbean Underachievement in Schools in England*. Lambeth. Available at: www.lambeth.gov.uk/rsu/sites/www.lambeth.gov.uk/rsu/files/black_caribbean_underachievement_in_schools_in_england_2017.pdf; McIntyre, N., Parveen, N. and Thomas, T. (2021) 'Exclusion rates five times higher for black Caribbean pupils in parts of England.' *The Guardian*, 24 March. Available at: www.theguardian.com/education/2021/mar/24/exclusion-rates-black-caribbean-pupils-england; Rowland, S. (2020) *SEND in the Clowns: Essential Autism/ADHD Family Guide*. Ashford: Hashtag Press. See also www.ukessays.com/essays/education/underachievement-african-caribbean.php

- 1 in 100 children are autistic.⁶
- ADHD is estimated to affect 5% of school-aged children in the UK.⁷

I agree with the conclusion of Erskine *et al.* from Cambridge University Press, that ‘the global coverage of prevalence data for mental disorders in children and adolescents is limited’.⁸ I would add that the school systems in many developed towns and cities across the world are ill-equipped and poorly resourced to identify and manage the multifaceted emotional needs of children in the 21st century.

Prevalence

It is tricky to land on reliable and consistent UK data for school non-attendance.⁹ I’m sure it’s the same wherever you are. Global news reports show school non-attendance has increased since the emergence of COVID-19. Families who have experienced a child’s sustained absence from school will tell you that school anxiety was a growing issue *before* COVID-19 struck. COVID-19 has served as another anxiety trigger for children and young people with existing anxious tendencies.

England’s Children’s Commissioner announced that she wanted to ‘go out and find’ the between 80,000 and 100,000 UK children who are no longer on any school roll.¹⁰ While a proportion of these pupils are away from school due to COVID-19 anxiety, a significant number experience psychological distress, caused by anxiety or mental health issues, or they are neurodivergent – but not all of them.

A sizeable number of children are disappearing into the mist and have been for decades; our current world experience is serving to shine a light on a very tangled, multicoloured ball. School avoidance appears to have had a significant impact on family dynamics, including employment certainty, as well as considering a school move, all of which adds to the generalized anxiety. Interestingly, COVID-19 has also shown us that it isn’t essential for all children and young people to be educated in a physical building. This discovery requires careful inspection, too – some anxious youngsters thrived while learning at home; conversely, another group floundered, missing the security of seeing familiar teachers’ and friends’ faces each day.

According to a UK Community Interest Company, Square Peg, in 2019, 921,927 children were persistently absent from school. A further preliminary glance at their data points to a significant proportion of those absentees having additional educational needs, a mental health disorder (usually anxiety) often linked to an undiagnosed neurological condition, or an untreated mental health disorder.¹¹

6 www.autism.org.uk/advice-and-guidance/what-is-autism

7 School Report, p.3, ADDISS, Published 2005.

8 Erskine, H.E., Baxter, A.J., Patton, G., Moffitt, T.E. *et al.* (2017) ‘The global coverage of prevalence data for mental disorders in children and adolescents.’ *Epidemiology and Psychiatric Sciences* 26(4), 395–402, p.395. Available at: www.cambridge.org/core/journals/epidemiology-and-psychiatric-sciences/article/global-coverage-of-prevalence-data-for-mental-disorders-in-children-and-adolescents/44C6D46C01BB20671CF8514FEDF76E56

9 See <https://fullfact.org/education/iain-duncan-smith-school-absence-covid-lockdown>

10 Shearing, H. (2021) ‘Covid in schools: Inquiry launched to find 100,000 pupils absent in England’ BBC News, 19 January. Available at: www.bbc.co.uk/news/education-60054253

11 See www.teamsquarepeg.org/statistics

Current UK estimates vary between 1% and 5% prevalence of children who would be classified as non-attending; this excludes children who are absent due to physical illness or hospitalization, or homelessness, or those who have been removed from the school register. As with youngsters who are at risk of developing mental health disorders, including anxiety, early intervention is recognised as a highly effective solution.¹²

These figures indicate to me that school avoidance is less about childish wilfulness, implied in the term school ‘refusal’, and more about a child’s *inability to cope with a combination of internal or external factors*, coupled with an *inability to communicate* to the adults around them what these factors are. There is much data to support this idea. Due to the increasingly diversified school-aged population, especially in our big towns and cities, it’s clear that the pressures on teachers are increasing as they strive to meet academic and *inclusive* targets for all schools. If teachers are perceived to be failing in their ability to recognize, meet and adapt to these changing needs, it’s hardly surprising that some children won’t feel safe or happy in their school setting. Over time, a proportion will feel unable to attend or participate in school and opt themselves out.

Emily Bailard, CEO of a US-based company Everyday Labs, describes absenteeism as a ‘pervasive challenge’, stating that one in six students have missed 10% or more of their school days. These figures increase among disadvantaged and vulnerable students.¹³ The young people I interviewed indicated that their experience of ‘opting out’ was a slow, almost unconscious, move towards permanent school absence and safety.

In October 2020, 75,668 children and young people were being home educated across all 151 local authorities in England, an increase of 38% compared to estimates for 1 October 2019.¹⁴ While this increase may point to the nervousness experienced by parents and children alike around COVID-19, if we unpick it, we may find a more mixed picture, with COVID-19 being the tinder that triggered the fires of educational change. Additionally, the data doesn’t identify what percentage of home-schooled children were previously long-term absent from school, but anecdotally, according to posts on parent support forums across the UK, there appears to be a direct correlation. Electing to home educate your children is a huge commitment, especially in an economic scenario where both parents need to work, or in single-parent households where the sole parent may also be in employment.

In my experience, the decision to home educate is fraught with the difficulties of unsatisfactory placements or long assessment waiting lists for suitable schools. If you overlay the number of children identified as persistent absentees, according to the UK government data in 2018/19, the figure is a staggering 783,425 children.¹⁵ Since COVID-19, the spotlight has been shone on anxious non-attendees, but the issue was bubbling under way before then, especially for our neurodivergent learners. It’s a complex topic and one that needs to be addressed with sensitivity and mental health knowledge as well as an understanding of different neurotypes.

In the UK, all schools, including independent schools, must maintain an *Admissions Register*, and all schools, except boarding schools, must have an *Attendance Register*. The

12 www.eif.org.uk/resource/why-does-early-intervention-matter

13 www.everydaylabs.com

14 Lewis, P. (2021) ‘Elective home education: Time for a compulsory register?’ House of Lords Library, 6 July. Available at: <https://lordslibrary.parliament.uk/elective-home-education-time-for-a-compulsory-register>

15 www.teamsquarepeg.org/statistics

2006 Registration (Pupil Registration) Regulations¹⁶ require a school to put the child's name on the Admissions Register on the first day that the child is expected to attend school. If the child does not attend, they will be marked as absent using a range of attendance codes, either authorized (with the school's permission) or unauthorized. In UK secondary schools the attendance rate dropped to fewer than 87% of children at the end of September 2021, according to Department for Education figures.¹⁷ Pre-pandemic absentee rates were about 6%–7% of school sessions. The figures showed more than 3% of secondary school students were absent for COVID-19-related reasons, leaving the remainder unaccounted for.

Many parents say to me that the UK education system is broken. I'm sure many stateside colleagues would agree, but just saying a thing is broken doesn't fix it; talking, understanding, trialling, flexible thinking, planning and negotiating does.

Flexible thinking starts with belief, a positive mindset and problem-solving ability. There are some excellent guidance documents about, but the stories young people and their families are sharing with me make me scratch my head. The impact of a child not going to school regularly can be catastrophic on their mental health and for the whole family. It can also be liberating for the young person to have much-needed emotional respite. Parents share creative and useful suggestions, which sometimes fail to materialize...all of the policies and practices are worth nought if the people or organizations delivering them are rigid and inflexible in their approach.

As founder of the #happyinschool project¹⁸ I have worked with hundreds of families whose children have a variety of school-related issues, mainly due to their neurodivergence diagnosis or as yet undiagnosed status. Although my philosophy is that a diagnosis is merely a starting point to understand the individual child, support should not be dependent on it.

I was intrigued to understand the impact of another traumatic event on these already complex lives. Nursery and primary school is usually the first institutionalized system that a young person encounters, after the family unit. It is here, in the full glare of peers and teachers, that infant personalities are moulded, repressed and expressed.

The daily imprint of school life on a personality that deviates from the majority can lead to negative self-beliefs that last well into adulthood. There have been studies investigating the long-term trajectory of problematic child–teacher relationships on future psychiatric disorders.¹⁹ The number of neurodivergent children attending mainstream schools and colleges appears to be increasing globally.²⁰ Numerous studies, as well as my personal experiences as a practitioner, indicate that disability discrimination, limited understanding of mental ill health and neurodiversity characteristics in children, make the school experience for many a trial to be endured.

16 www.legislation.gov.uk/uksi/2006/1751/contents/made

17 <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak/2021-week-38>

18 www.happyinschoolproject.com

19 Lang, I.A., Marlow, R., Goodman, R., Meltzer, H. and Ford, T. (2018) 'Influence of problematic child–teacher relationships on future psychiatric disorder: Population survey with 3-year follow-up.' *The British Journal of Psychiatry* 202(5), 336–341. Available at: www.cambridge.org/core/journals/the-british-journal-of-psychiatry/issue/0298360E089F04E0991CC5FBFE80EC04

20 Conditt, S. (2020) 'Neurodiversity in the college setting: A basic overview for fostering success.' 22 April. Available at: <https://storymaps.arcgis.com/stories/dd1f45e1f2da4ec38f60852226e68928>

Even before COVID-19, many hundreds of youngsters ‘dropped out’ of school and off the education radar. Current estimates vary wildly as to the number of children and young people who ‘should’ be accessing a formal education in school, but figures have been inflated by health and novel virus anxieties. Whatever the reasons, vast numbers of children dip and rise in and out of education from city to city.

In 2021, the UK government launched a plan to tackle school attendance, as figures showed ‘persistent absence increased to 16.3% in secondary schools in Autumn 2020, compared with 15.0% in 2019, not including non-attendance in Covid circumstances.’²¹ According to GOV.UK, the core rationale for the plan is because it believes ‘being in school is the best place for their development and wellbeing’.²² I wholeheartedly agree with this statement in principle, until we take into account the real struggles that children with mental health difficulties, disabilities or neurodevelopment conditions experience in some mainstream or specialist school settings.

It was the UK 1918 Education Act that made schooling for children with disabilities compulsory, a milestone piece of legislation. This was undeniably the start of a break-neck train towards diversity and inclusion in education. It wasn’t always a smooth journey, though, with many station stops at cruelty, brutality and ignorance along the way. Thankfully, legislation has moved on, providing a more protective environment for children with disabilities in schools. Training bodies abound, offering education professionals expert guidance on working with children with additional needs. But difficulties persist, and not all those who avoid school do so due to neurological difference.

Mental ill health can be transitory, especially if treatment is accessed early. Some children are harmed by their school experiences, so they are unable to continue attending. Engaged parents can intervene protectively, which potentially embeds the avoidant behaviour, prolonging their child’s absenteeism. Whether the issues are caused by the experience of school, or by the child’s inner emotional landscape, the result is the same: being away from the school environment is preferable to the detrimental impact of attending.

YOUR TAKEAWAY

Don’t be lulled by the statistics; there are millions of ways to build a story, and statistics do this so well. But each data point represents a person, and that person, that child or young person, is relying on your help, which could literally save their life. In Arthur’s words (recounting some bullying incidents at school): ‘It was always the same guy who picked on me, some of the teachers were not good, I don’t think they knew how bad it was...’ He was upset as no one seemed to notice that it was the same boy who was hurting him.

21 www.gov.uk/government/news/education-secretary-launches-new-attendance-alliance

22 www.gov.uk/government/news/education-secretary-launches-new-attendance-alliance

School Non-Attendance

A SOCIAL AND COMMUNITY ISSUE

The language used to describe children who refuse to attend school regularly used to be called ‘truancy’, and then ‘school refusal’, which became ‘school phobia’ or ‘school avoidance’. Current terminology is ‘emotionally based school avoidance’ (EBSA), which describes children and young people who experience difficulties attending school due to emotional distress.¹ ‘Anxiety-based school avoidance’ (ABSA) is another term.

This language evolution indicates that attitudes towards children not attending school is changing, but there is one element that is consistent: not attending school is largely perceived as child-led, that is, that it incorporates an element of choice. Semantics play a huge part in education. The use of the word ‘persistent’ in relation to school avoidance has negative tones that ‘consistent’ doesn’t. This is a small point, but if we want to genuinely understand and solve an issue, as any lawyer will tell you, the language used to describe it is powerful and persuasive.

Not attending school is largely perceived as a child-led phenomenon. But it’s more nuanced than that. I describe it as the point where the child’s inability to function due to their intense personal discomfort meets with their caregiver’s realization that they’ve lost any meaningful connection.

In this book, I will share the words and feelings of parents and their children who are not attending school. You will see in most cases that it’s more than wilfulness on behalf of the child, or laziness or parental collusion. There is usually a great deal of pain, guilt and frustration for everyone involved, especially if the young person is being assessed for a neurodiverse or medical condition.

As schools reflect society’s changing demographics (greater numbers of children with neurological and ethnic difference), it follows that teaching practice needs a seismic shift to enable subject knowledge to be taught in a way that is both culturally relevant and accessible for neurodivergent learners.² This teaching approach seeks to affirm students’ critical approach to learning is intellectually rigorous and inclusive, and certainly not discriminatory or ableist. One of the aims of culturally relevant pedagogy is to help students identify and critique the causes of social inequality in their own lives.

The predisposing factors for school avoidance usually fall outside of the child’s control:

1 West Sussex County Council (2022) *Emotionally Based School Avoidance: Good Practice Guidance*. Available at: <http://schools.westsussex.gov.uk/Page/10483>

2 See www.cde.ca.gov/pd/ee/culturalrelevantpedagogy.asp

- Socio-economic
- Neurodiversity
- Family issues or safeguarding
- Traumatic event or ongoing trauma.

School issues (external or environmental causes):

- Type of school, such as grammar school
- Level of understanding or teacher training about special educational needs and/or disabilities (SEND)
- Environmental – quiet space, sporty school (child hates sport)
- Teaching style
- Length of lessons
- Discipline in school, behaviour policy
- SMT (senior management team), leadership, whole-school SEND
- Autism spectrum or other undiagnosed neurological condition
- Bullying or friendship issues
- Child's unmet academic needs, emotional and behavioural needs and aspirations
- Is the school a good match for the child?

The child or young person (internal issues):

- Sensitive
- Sensory, HSP (highly sensitive person)
- Temperament or personality
- Low self-esteem
- Fear of failure or a perfectionist
- Is the school a good fit for the child's strengths/personality/needs?
- Insecure attachment.

The family:

- Poverty, housing, income
- Expectations of school
- Distance to school
- Number of children
- Caring responsibilities
- Parental engagement or disengagement.

Like other emotional difficulties, long-term school absence is a *cyclical* phenomenon in which the young person can get 'stuck' in patterns of behaviour that create a stronger desire not to attend school. This is complicated by the buffering of the child's internal and external worlds. Even if the avoidance issue isn't *directly* rooted in anxiety, the precipitating factors are often psychological, socio-economic or traumatic in origin.

UK guidelines on school attendance refer to ‘children missing education’ (CME).³ There are many examples of best practice, and some UK local authorities have developed comprehensive written educational psychology guidelines for managing anxious non-attenders. While this makes the approach to school avoidance regionalized and subject to differing approaches, it is not necessarily negative. Behind an overarching strategy, there must be room to apply individualized approaches, drawing on a multimodal therapy.

According to an article in *The Lancet*, ‘Poor attendance at school, whether due to absenteeism or exclusion, leads to multiple social, educational, and lifelong socioeconomic disadvantages.’⁴ *It should be these social disadvantages that we seek to reduce.* School may be the obvious route to side-step disadvantage, but it is not the only path to security and self-actualization.

As founder of the #happyinschool project,⁵ I work in an holistic, therapeutic and intuitive cognitive behavioural therapy (CBT) capacity – with neurodivergent children and young people and their families. Children from African, Caribbean and Asian heritage who are also neurodivergent experience anxiety, mood, behaviour and conduct disorders as a direct result of sitting at the ‘intersection’ of environmental disadvantage.⁶ They experience feelings of ‘otherness’ and misunderstandings that may contribute to school avoidance.⁷

I feel the aspect of racialized children, and their experience of school non-attendance is sadly under-explored in this book, however in time I hope to address this particular issue.

School needs to be a safe space for all children. It needs to provide a haven that young people can find refuge in, in the event of unforeseen circumstances or emergencies. The institution of school must sit at the heart of the community, creating a strong bond between home and the outside world. Writers, police officers, traffic officers and members of the clergy used to give regular talks at my primary school, and for those hours I sat and listened, I felt fully connected to my community and the people in it.

I learned a lot about how to be a good citizen and to feel part of a community. While I knew bullying existed in my school, it seemed to be more overt. Bullying in schools has evolved into a more complex occurrence, much of it happening in tribe or turf wars, via social media or other cultural or social cues. Additionally, popular culture and polarizing world politics have introduced new tensions and divisions among pupils.

In the UK, parents of children of compulsory school age (between 5 and 15 at the start of the academic year) are, by law, required to ensure that their children receive a suitable education through regular attendance at school or otherwise. The ‘or otherwise’ opens up a world of possibility for parents who may wish to opt out of the state education system. A period of non-attendance and difficulty returning to school can trigger officials to investigate the ‘otherwise’ solutions more fully. If there are family issues, or the child

3 www.gov.uk/government/publications/children-missing-education

4 John, A., Friedmann, Y., DelPozo-Banos, M., Frizzati, A., Ford, T. and Thapar, A. (2022) ‘Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: A nationwide, retrospective, electronic cohort study of children and young people in Wales, UK’ *The Lancet Psychiatry* 9(1), 23–34. Available at: [www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(21\)00367-9/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00367-9/fulltext)

5 www.happyinschoolproject.com

6 Rowland, S. (2021) ‘Where is the research into Black autism and ADHD?’ Open Access Government, 8 October. Available at: www.openaccessgovernment.org/black-autism/91621

7 Tirraoro, T. (2020) ‘Joining the dots of neurodiversity with Suzy Rowland.’ Special Needs Jungle, 7 October. Available at: www.specialneedsjungle.com/joining-the-dots-suzy-rowland

is going through a neurological, mental health or medical assessment, changing schools in the midst of this isn't the optimal time, although it may be the only option.

The decision to negotiate a school move needs to be carefully handled to avoid losing the child and family's trust in the authorities and in themselves. A decision to move school should be a last resort after a full re-integration plan has been implemented, given time to bed in and any adaptations made. Any school move is a major transition, which can reinforce a sense of failure in a child who is likely to feel sensitive about not 'fitting in' to their existing school. When a child is first 'noticed' as persistently absent, the issues the child or family has been facing may have been going on for some time. A school move, if carefully managed, may present an opportunity for a fresh start.

The list of school-based risks to children's mental health on the Anna Freud National Centre for Children and Families webpage⁸ – absenteeism, bullying, peer pressure and transition – demonstrates that school isn't always a place of sanctuary for young people. Some parents feel schools are harming their children, which is evident in the prevalence of anxiety-related issues in relation to young people and school. Much of this harm could be minimized by minor adjustments and improved parent or school communication. Children are required to navigate school pressures in addition to environmental and socio-economic stressors, many of which are outside their control. It's possible to imagine that for some young people, the impact of school in addition to environmental factors must feel like a constant encroachment on their wellbeing.

Despite this, in some countries, parents are at risk of incurring fines⁹ or being prosecuted by local authorities if their children don't attend school. A UK organization set up a parliamentary petition to stop fines for parents on the grounds that school avoidance is a mental health issue and should not be punishable in law. Unfortunately, this petition didn't receive the threshold 10,000 signatures to receive a response from the UK government.¹⁰

Extreme scenarios, like a pandemic, are useful to sociologists as they serve to highlight any weak points in the system and how successfully or not governments and states are able to coordinate intersecting elements of their health, education and social services infrastructure.

The issues that precipitate school non-engagement, such as access to targeted support, long wait times for face-to-face psychotherapy, classroom intervention, resilience and acceptance training, were augmented by the impact of COVID-19. The prevailing opinion is to ensure that these young people, whose wellbeing and ability to access education was already compromised, should be prioritized so they are not further neglected in any challenging scenario.

As Sonuga-Barke and Fearon state, 'We argue that these scenarios highlight further the need to focus on individuals with pre-existing vulnerabilities...these associations being strongest in, or even limited to, individuals with pre-existing mental health and neuro-

8 See <https://mentallyhealthyschools.org.uk/risks-and-protective-factors>

9 Jack, P. (2021) 'Fall in number of school absence fines in Derbyshire.' *Derbyshire Times*, 29 December. Available at: www.derbyshiretimes.co.uk/education/fall-in-number-of-school-absence-fines-in-derbyshire-3508930

10 Petition: 'Train education workers on school refusal (condition) and stop attendance fines', <https://petition.parliament.uk/archived/petitions/222843>

developmental vulnerabilities.¹¹ Sonuga-Barke espouses a hypothesis of transactional escalation, whereby a series of unconnected events can create a developmental cascade, which means that even after the initial trigger is no longer there, the brain is still expecting and reacting to adversity and further trauma,¹² which can predispose the young person to longer term mental health difficulties. This theory is linked to the neuroscientific theory of brain plasticity and the development of neural pathways. It is from this standpoint, I believe, that the work of managing school avoidance should begin.

The rate of recovery depends on where you start. My own conclusion here would be that these young people require *extended nurture* and support to re-build neural pathways, encouraging them away from trauma responses towards neutral and eventually resilient *bounce-forward* patterns of emotional reactivity. It's a long process, and I would counsel health and educational professionals to take this into account and resist the urge to 'rush and return'. As one school teacher said, 'When we see a student's grades plummeting due to persistent non-attendance, schools are keen to get their empty seat filled quick time to avoid a bad school result.'

The psychology of being locked in physically becomes a metaphor for mental confinement, being locked into their own heads (bedrooms), not knowing how to free themselves. With feelings of fear triggered by a mass emotion of confinement, anxiety is no longer personalized – if everyone has had the same experience, how can it be worse for some, for example those who are neurodivergent? Everyone says 'Covid's been awful for everybody', which of course it has, but for those young people with pre-existing emotional 'lockdown', for example, obsessive-compulsive disorder (OCD), generalized anxiety disorder (GAD), social anxiety disorder (SAD) or pathological demand avoidance (PDA), their dissociation is no longer unique. How can this young cohort be truly heard when their environment is generating more 'noise' than ever?

This is why proper investigative causation of school avoidance is critical: is poor, intermittent, low attendance regarded as seriously as long-term non-attendance? Do poverty, hunger or a complex family life create more or less of an impact on a child's welfare than anxiety or mental health concerns? What if the issues are interrelated, symbiotic? How does a school implement a fair attendance policy without adversely making the issue more serious? School leadership issues are complex and dependant on the jurisdiction of the school's local and state education policy, type, size of school and headteacher's individual leadership style.

With so many variables at play, it's easy to see how some families can feel isolated, confused and vilified. Similarly, teachers, health and social care professionals are bound by their respective professional codes and practices, and the requirement or desire to share best practice between agencies. All of which culminates in a sticky dough, making it hard to cut through to the child at the centre.

11 Sonuga-Barke, E. and Fearon, P. (2021) 'Do lockdowns scar? Three putative mechanisms through which COVID-19 mitigation policies could cause *long-term* harm to young people's mental health' *Journal of Child Psychology and Psychiatry* 62(12) 1375–1378. Available at: <https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcpp.13537>

12 Sonuga-Barke, E.J.S. (2021) "School of hard knocks" – What can mental health researchers learn from the COVID-19 crisis? *Journal of Child Psychology and Psychiatry* 62, 1–4. Available at: <https://acamh.onlinelibrary.wiley.com/doi/full/10.1111/jcpp.13364>

Psychosocial behaviour

During my research for this book, it was no surprise to see how much a child's inability to attend school impacts the whole family: the siblings ('Why do I need to go if they don't?'), and parents ('How are we going to manage if I have to go to work?'; 'I can't work from home as I need to home educate and take care of my child'). The impact is also widely felt among friends who miss the child not attending or feel that they are receiving special treatment. The wider family, grandparents and neighbours can also be drawn into this complex web of non-attendance, with casual remarks about 'No school today?' This can throw an already emotionally vulnerable young person into a pit of anxiety and guilt.

The child's anxiety can be heightened by their sense of 'shame' of not being able to go to school, and this can spill out into social and community settings that used to feel safe. For example, a child may spot a friend or teacher at the local supermarket and decide that going to the supermarket is no longer a safe space to be as 'someone might see me'. Fear and worry are contagious. What started off as fear of attending school may spread to anxiety about being out and about in the community. It might be a good idea to counsel parents to talk to staff at a few key places such as the local library or shops so that they're aware that the child is not currently going to school and may feel vulnerable. This does, however, depend on the family's own sense of being part of the community and whether they, too, attach shame to their situation.

Are children picking up adult anxiety? Child psychotherapist, Dr. Colman Noctor, thinks so, as reported in the *Irish Examiner*.¹³ In her opinion, many parents have anecdotally reported their children's struggles with being back in a formalized school setting. This is potentially a situation that can occur after any change in circumstance: a bereavement or a loss or a new baby in the family, for example. Everyone is vulnerable to anxiety if the situation they've been through has been prolonged and threatens their sense of safety. This raises the interesting question about the degree to which parents unknowingly contribute to their child's level of school anxiety. Scientists have coined the term 'social contagion',¹⁴ which is when 'our own anxiety can be cued or triggered simply by talking to someone else who is anxious'.

In Albuquerque, New Mexico, September is Attendance Awareness Month, where the authorities focus on what families can do to ensure their children attend school regularly. When a child's absence level reaches 10%, this is recorded as *chronic* absence (that is, missing 10% of the school year).¹⁵ It's recognized that this level of absence affects the child's performance, and if it continues, their future earning potential, confidence and wellbeing. Chronic absence disproportionately affects children from low-income families and communities of colour, creating attendance gaps that exacerbate achievement gaps in schools.

In the US, parents in Missouri face similar sanctions if their offspring's attendance drops to 90% or less, which places the responsibility for school attendance squarely at the

13 Noctor, C. (2021) 'Children need our support as they readjust to school life.' *Irish Examiner*, 28 September. Available at: www.irishexaminer.com/lifestyle/relationships/arid-40707497.html

14 Brewer, J.A. (2020) 'A brain hack to break the coronavirus anxiety cycle.' *The New York Times*, 13 March. Available at: www.nytimes.com/2020/03/13/well/mind/a-brain-hack-to-break-the-coronavirus-anxiety-cycle.html

15 https://en.wikipedia.org/wiki/English_school_holidays; <https://www.aps.edu/news/news-from-2021-2022/september-is-attendance-awareness-month>

parents' door.¹⁶ Having spoken to many young people and their families, I feel all parental penalties need to be a last resort measure, even if the parents are unknowingly colluding in their child's school absence due to their 'social contagion'. Regardless of the cause, school non-attendance is a real issue for a generation of children whose experience of not being heard or believed causes them great pain. It's a pain that the adults around them need to acknowledge before they can begin to resolve it. The goal of getting back into school can literally feel like asking the child to put their head directly into the mouth of a lion.

Poverty is a key socio-economic reason why some children don't attend school – if they can't afford the uniform or equipment this is embarrassing and can lead to avoidance behaviour inherited from their parents who feel shame about their financial circumstances. Parents go to extraordinary lengths to hide their economic reality from their children or the authorities. Poverty, housing status, parental occupation and major life events also impact the young person. Reasons for school avoidance are as varied and complex as the lives our children live. While it's not always easy to investigate a range of social issues that families may be used to concealing, some forward-thinking schools, authorities and charities have come up with creative and proactive solutions, for example, the UK Academy that used their hardship fund to set up a uniform shop.¹⁷ The same concept could be used to sell second-hand equipment, textbooks and even have support staff available to chat about any other physical barriers to the child's attendance.

Although the reasons for a child to be absent from school are complex, many of the causes are anxiety-related, even when a young person has been excluded for discipline issues. The life paths for *all* of these children can be hugely problematic, leading to mental health issues or episodes of self-harm. It could be argued that there is a symbiotic relationship between neurodevelopmental disorders and school exclusion or avoidance, and it's academic to try to identify where the issue originates, as the outcome is the same. With this insight, my recommendation is to activate therapeutic, restorative approaches as soon as the child shows signs of any longer term non-attendance. There is usually a slow build-up to avoidant behaviour that can be identified early on, but every child is different. If the school changes staff frequently or children have multiple subject teachers, spending little time with their form teacher, it can be hard to build up a picture over time. All of the children I spoke to had experienced longer term trauma before they began to opt out. They required 'ground-up' engagement before any serious therapies could be instigated.¹⁸

16 Nelson, A. (2021) 'Montgomery City State representative wants to tie welfare benefits to school attendance.' Missouri.net, 20 December. Available at: www.missourinet.com/2021/12/20/missouri-legislator-wants-to-tie-welfare-benefits-to-school-attendance

17 BBC News (2021) 'Derby school's attendance rise helped by "uniform shop":' 23 November. Available at: www.bbc.co.uk/news/uk-england-derbyshire-59387064

18 John, A., Friedmann, Y., DelPozo-Banos, M., Frizzati, A., Ford, T. and Thapar, A. (2022) 'Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: A nationwide, retrospective, electronic cohort study of children and young people in Wales, UK.' *The Lancet Psychiatry* 9(1), 23–34. Available at: [www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(21\)00367-9/fulltext](http://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(21)00367-9/fulltext)

Ground-up engagement

I created this term to visualize Maslow's hierarchical approach, starting with the child's own feeling of safety – physical or psychological – and their ability to build trust-based relationships from that point. Any attempt to activate the young person emotionally or to seek to ask difficult or rhetorical questions before you've established whether the child is 'grounded' is likely to end in failure. A wounded child will make a swift retreat into their own world or anywhere they regard as safe, if they do not feel they have established a connection based on trust.



Spend a penny?

A good example of feeling trusted to speak without fear, embarrassment and in safety is this news report I came across: I was amazed to read a global report about how the poor quality of school toilets can create stress and anxiety for a high number of children.¹⁹ (Disclaimer: The report was commissioned by a major cleaning brand.) However, the findings highlighted the extent to which unpleasant toilet issues can create deep anxiety for all children of school age. Of the 981 UK pupils in the study, 88% never told an adult how bad the school toilets were or shared their concern or discomfort with an adult. The impacts extended to school absence, with 7% of children missing days at school to avoid using school toilets. I have personal experience of this – my teenage son goes for several hours without drinking at college in order to avoid using the toilets. I have heard similar stories from other parents of autistic youngsters.

The transition trigger

The transition trigger: Another danger area for school avoiders is the re-introduction into school after a key school transition, from primary school to middle school or middle school to secondary school: 'Our counsellors have already identified school avoidance and anxiety as especially prevalent among students who transitioned to a new school this year but

19 <https://www.domestos.com/uk/our-mission/lets-talk-school-toilets.html>

have never set foot in their new school due to preferences for remote learning.²⁰ Teachers are well aware that a key academic transfer is a difficult time for young learners and invest considerable time in managing school transitions, building visiting timetables, buddy systems in the year above, etc., but for some children, school transition acts as another stressor that pushes them outside their zone of tolerance.

School anxiety can strike at any age, but the most common age clusters for emotional-based school avoidance are: ages 5–7 at primary school, learners aged 10–14 – Key Stages 3 and 4, and at secondary school level, a mean age of approximately 14. A particular risk factor for all children is the transition from primary to secondary school and in the years following transition. This is because the familiarity and safety measures that may have existed in the primary setting are severely disrupted. The severing of friendship ties with peers as well as teachers and other adults is a factor, as well as the requirement to adapt to a multitude of sensory, environment and social changes. The resulting overwhelm and lack of emotional ‘balance’ experienced can create ripples of worry in the young person.

Nadia, diagnosed as autistic aged 19, attends college. Her anxiety started at primary school: ‘I wanted to switch schools at primary school, but we never did. I used to hide in the toilets at break time and lunchtime; does that count as school avoidance?’ Nadia’s dad picks up the thread: ‘Because girls tend to get later diagnoses, the problems come later. Nadia survived through masking and got through her GCSEs at school then she sort of, fell apart.’

Because the transition to secondary school requires a higher level of autistic, ADHD masking, and the demands for social interaction and language ability are more intense, many young people who manage their condition ‘successfully’ at school simply run out of energy by the time they reach college. Many hit peak burnout, which can literally take a year to recover from. A year can seem a long time in our fast-paced world, but if the recovery time isn’t taken, the stress just gets carried over into the first year of university or the next stressful life event.

My key message is this: if the persistent emotional or psychological issue isn’t dealt with, it just reappears, causing deeper harm to the young person and the people around them. From a physiological perspective, being in a state of constant heightened anxiety or psychological and sensory arousal is harmful and cannot be sustained without eventual ‘burnout’. Children have described to me how exhausting and stressful it is trying not to be ‘found out’. The energy and effort it takes to mimic and observe others leaves them bent out of shape.

Nadia’s mum, whose late-diagnosed daughter masked at school, explains her frustration: ‘My daughter is 19 and is finally going through the diagnosis process. She has always done well academically at school but has struggled socially. In Year 9 we had an enormous battle to get her to school every day, without any support or understanding as to why she was refusing school.’

20 Wayne Township Public Schools (2021) *District Goals 2021–2022*. Available at: www.wayneschools.com/cms/lib/NJ02210894/Centricity/Domain/14//District%20Goals/District%20Goals%202021-2022%20presented%206-10-21%20approved%206-24-21.pdf

YOUR TAKEAWAY

So if school avoidance isn't entirely a school issue or a parent issue, I guess it's for all of us to solve, right? A community thing, like gently chatting to the boys and girls playing football or hanging around on the estate, like they're vulnerable small humans, instead of pests to be avoided at all costs? It's horrible to admit that we all feel that way sometimes...

3

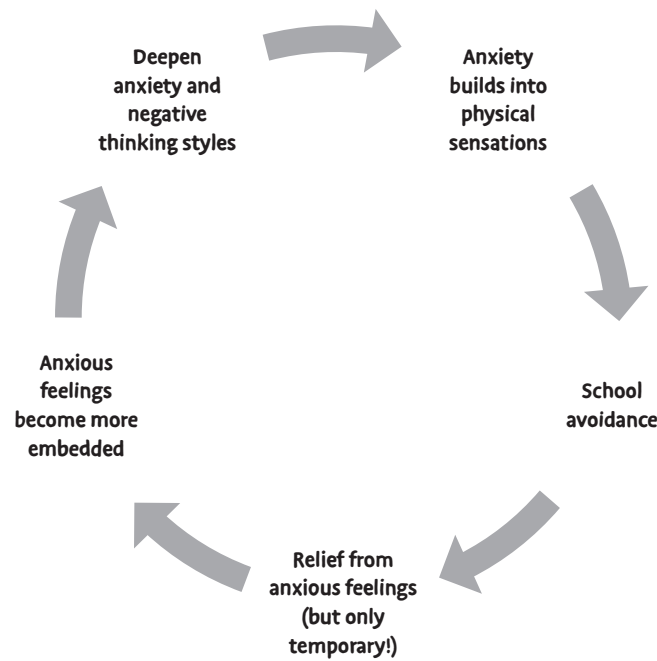
Causes and Patterns of Persistent School Avoidance

What's the real reason that the child isn't going to school? We've discussed the amalgamation of issues that can pile up in the child's mind, making the daily commute to school feel impossible. The sheer number of barriers can prevent them from being able to pinpoint any one specific barrier. Conversely, some children are perfectly able to articulate their grievance/s clearly, which is helpful. Difficulties arise when the child's issues are seen as solvable to the school and teachers but appear insurmountable to the child. Or their eye view of the issue may not correlate with their parents' views.

In delicate cases, there may be a deep fault-line in the relationship between the child and their teachers or a member of staff, which may be unpalatable to hear, a child 'not liking' a certain teacher or saying that they 'hate' school and want to be at home. Both of these reasons are resolvable through looking at a number of options and building an alternative programme that works both for the child and the school. This needs to be taken seriously by using skilful mediation techniques taking into account the power dynamics of the school setting. The core aim is to achieve a successful outcome, with all parties feeling validated. I experienced this sort of teacher-pupil relationship breakdown first-hand when my son confided in me his uneasiness about his teacher's use of sarcasm when talking to him. It's not uncommon for autistic young people to feel 'caught out' by in-jokes, idioms and sarcasm – it can feel socially excluding and result in intense feelings of inadequacy.

Getting to the root cause of school avoidance is like peeling back layers of an onion: external bullying, peer acceptance, social isolation, schoolwork, fear of failure, parents' divorce, illness in the family or personal illness, birth of a sibling, etc. Reports from other parties including schools and nurseries can help, but they can also cloud your vision. Catrina Lowri, a specialist inclusion teacher, describes this escalating process: 'Triggers for non-attendance may be a specific incident or the result of longer-term social exclusion or feelings of failure.'

Using the CBT technique of the 'hot thought' might help the child to lock on to a key trigger or precipitating event, which became the starting point for avoidance. This technique can open doors to further dialogue, and you can work backwards to fill in the gaps as your meetings with the child continue.



Avoidance provides only temporary relief, and unless it is addressed, it will persist over time.

Avoidance works – but not forever

Psychologically, the function of avoidant behaviour is to displace one uncomfortable activity with another to remove the discomfort. When viewed in this way, school avoidance is a temporary solution to an ongoing issue. For example, avoiding school may provide some respite from school bullies. In this instance, it's understandable for parents to seek to facilitate avoidance behaviour, as avoiding school becomes the lesser of two evils: 'Focused psychosocial support can have an important role in protecting against negative outcomes and promoting wellbeing.'¹ A statutory requirement to attend school every day means that the bullies need to be faced, eventually. A targeted programme of psychosocial support has the potential to build a young person's self-confidence through strategies to manage adversity.

Another example of school avoidance could be relating to the environment around school rather than in the school setting itself. If, for example, the young person is at risk of being pulled into county lines activity on the school journey, skipping school provides a breathing space from the intensity of criminal activity, especially if the young person doesn't have a good support network or positive role models around them inspiring them towards achievement. At the crux of understanding anxiety is understanding that avoidance provides a highly effective strategy for anxiety reduction. But it's temporary, and leaves the young person feeling powerless rather than powerful.

A school and clinical psychologist, Dr. Jessica Macklin, who works for a district on Long Island, comments that she's seeing a lot of school avoidance. She needs to go out to the

1 Kohrt, B.A. and Song, S.J. (2018) 'Who benefits from psychosocial support interventions in humanitarian settings?' *The Lancet Global Health* 6(4), E354–E356. Available at: [www.thelancet.com/journals/langlo/article/PIIS2214-109X\(18\)30102-5/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30102-5/fulltext)

parking lot many mornings and coax the children out of their parents' car and into the building: 'Many kids just wanted to sit in my office, last year, they sat in one class, six feet apart, even for lunch, for the entire day. This year, they're switching classrooms with hundreds of other kids in the hallway. They are traumatized by many of the normal routines of a school day'.²

An example of a more targeted programme would include:

- Psychoeducation
- Intrapersonal skills
- Thinking styles (possibly CBT, cognitive distortions, e.g., black and white thinking)
- Communication skills, assertiveness, a positive and growth mindset
- Relaxation, somatic awareness, progressive muscle relaxation
- Identifying triggers and reactions to emotional distress, a 'stress ranking scale'.

Avoidance activity is a useful strategy for some children, but they eventually realize that the anxiety is only *temporarily resolved* as the same issue must be faced again another day. Postponing the return leaves the child in a state of 'suspended anxiety' or hypervigilance, which is detrimental to their health and wellbeing, and merely extends and deepens the feelings of anxiety. It's important to pinpoint with the child the events or emotions that will keep the absence going.

Avoidance is a 'safety behaviour' – what does this mean?

Avoidance is a sure-fire way to remove feelings of anxiety – if you don't like clowns, avoid the circus, right? But what if the expectation is that you *must* go to the circus every day to achieve your education? First of all, you need to understand what it is about the circus that makes you feel uncomfortable. Safety behaviours are interestingly named as they don't actually keep us safe, but it is our belief in them that we think protects us from harm. They could also be described as diversionary behaviours. A good example would be carrying a piece of paper around with family contact details on it in case you have an accident. You might believe that you will be free of accident or injury because you carry that piece of paper. If you lost it one day, you would be unable to go anywhere for fear of having an accident. A safety behaviour is an attempt to prevent fears from coming true.

School avoidance is more helpfully treated if it is considered a mental health issue rather than a criminal or disciplinary issue. 'Borrowing' from other disciplines assists and supports both the young person and the professionals and parents around them. If initial approaches to the young person are punitive, they will respond with defensiveness or non-compliance. The therapeutic approach has the potential for the young person to respond with greater self-reflection and honesty.

Adolescent anxiety steals childhood, turning young people into violent and withdrawn versions of themselves. They are driven to do things to fit in, appear cool, make friends and survive in hostile circumstances. But before we tackle anxiety, we need to understand

2 Goldenberg, S. (2021) 'Low stamina and school avoidance: For tweens, this year is unusually turbulent.' First Person, Chalkbeat, 10 November. Available at: <https://ny.chalkbeat.org/2021/11/10/22762766/teaching-middle-school-post-covid>

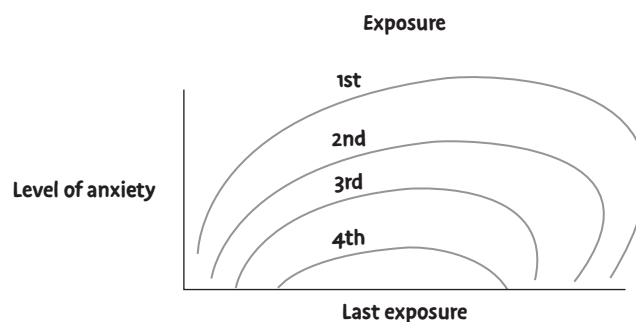
what function the avoidance is serving. This will provide insight and measurement into the ‘thing, people or experiences’ that the child seeks to avoid. To do this it is useful to use a specific daily symptom tracker or scale³ over a fixed period of time.

The cycle becomes embedded:

1. Attendance levels drop.
2. The child gets behind with schoolwork.
3. The school’s policies kick in.
4. The child is at risk of exclusion (1996 Education Act – the legal duty on parents to ensure the child has an education).
5. Stress makes school and the family feel worse.
6. Issues remain unresolved or the cycle continues.

You’re probably aware that it takes several weeks of repetition before doing something becomes a habit. The human brain needs time to ‘catch up’ with physical changes in the body, a sort of habituation. Meaningful and lasting change takes time. This is why a re-introduction to school should be gradual; otherwise the child’s brain will naturally want to spring back into old behaviour patterns. A rushed return could also damage a child’s fragile self-esteem if a failed return is interpreted as a personal failure. It usually takes many months, if not years, for a child to seek refuge from school. A hurried return (as little as six weeks in some cases) is unfair and often unrealistic.

Studies show that levels of anxiety will increase at initial exposure to the fear trigger, and eventually level off and decrease.⁴ The double effect of exposing oneself to the fear is that each exposure will reduce the intensity of the anxiety over time.



The eventual reduction in symptoms of anxiety over time during prolonged exposure (without avoidance) is over a 20- to 60-minute period. The intensity of the feelings will diminish over time.⁵

3 Kearney, C.A. and Silverman, W.K. (1990) ‘A preliminary analysis of a functional model of assessment and treatment for school refusal behavior.’ *Behavior Modification* 14(3), 340–366. doi:10.1177/01454455900143007

4 Whalley, M. (2019) ‘Delivering more effective exposure therapy in CBT.’ *Psychology Tools*, 10 January. Available at: www.psychologytools.com/articles/delivering-more-effective-exposure-therapy-in-cbt

5 See www.cognitive-behaviour-therapy.co.za/disorders_anxiety.htm

Exclusion is a last resort

Some young people experience considerable and prolonged discomfort at school, and their avoidance of school is a way of avoiding this discomfort. But it is clear that, considering the societal norm of 'education for all', permanent exclusion for serial avoiders is neither a useful nor compassionate tool. Exclusionary practice serves to fulfil only the negative projection that the non-attender will under-achieve socially and economically. At the extreme end they risk becoming dependent on longer term state support and possibly unable to lead independent lives. While there are many studies to support this, the immediate harm of non-attending is to the young person and those immediately around them. Professionals in all agencies must seek to understand the interplay of causation and avoidant behaviour, leaving their bias in a suitcase (or small handbag). The professional's job is to patiently untangle the rope that the child is bound by, to help them avoid the negative spiral. The time you invest will be worth it.

Unlocking the negative spiral

School leadership needs to be at the centre of all these practices

Inclusive school across all policies and practices	Well trained pastoral and teaching teams, social model of disability
Child, family and compassionate approach	Whole-school approach, emotional wellbeing prioritized

The correlation between youth school absence and youth criminality and violence are two halves of the same coin. National, state and local educational, social justice, health and criminal authorities must coordinate to close the social, economic and accessibility gaps to education for all families. Failing to do so means some sections of the community remain locked in negative cycles that travel through families, generations and postcodes.

Pupils most at risk of school avoidance, exclusion, under-education, lower attainment and poverty fall into one or more of these categories:

Autism spectrum, Asperger's, adopted attachment disorder, ADHD, anxiety, bullying, bereavement, body dysmorphia, chronic illness, child abuse, criminal or gang involvement, dyslexia, depression, domestic violence, eating disorder, fostered, neurodivergence, sensory processing difficulties, separation anxiety, trauma, post-traumatic stress disorder (PTSD), poverty.

With early and appropriate guidance, their trajectory can be improved.

As one anonymous young man I spoke to said: 'I'm different, other people have people who like them, I felt I couldn't get better, but I did.' There is no inevitability about early childhood difficulty or disadvantage. There is always the potential for positive change, but the infrastructure surrounding the young person needs to have sufficient time and space in it for professionals to act with compassion.

In 2021, the UK government's Education Department launched a scheme comprised of 10 'SAFE' (Support, Attend, Fulfil, Exceed) taskforces, to be led by local school leaders

in targeted areas, to help prevent pupils becoming involved in criminal activity, with a focus on improving attendance, reducing permanent exclusions and maintaining a focus on education.⁶

Schemes such as these, established by political parties, are positive, due to their wide sphere of population influence. They are also vulnerable to change and abandonment when a new party is in power. Continuity of policy and personnel can impact hours of good work done at grass-roots level. Where possible, teams should agree and devise a use of shared password-protected digital drives, ensuring protocols, sensitive information and history is accessible to everyone in the team around the child, including a designated safeguarding lead.

Holistic information-gathering, planning and therapeutic interventions are worthwhile goals to shoot for, especially when cross-departmental digital and administrative teams are fractured and complex. You may only have one opportunity to get to the heart of the issue, hence the need to record statements accurately early in the process. This can literally save lives. Young people can get anxious about ‘snitching’ or admitting to issues regarding drug and alcohol misuse, or sexuality. Capturing their story accurately ensures that the team can direct time and attention to the right areas to start implementing a programme of change.

Avoidance behaviour presents through a variety of physical anxiety symptoms such as a headache, stomach ache or feeling poorly, with visible signs of distress, tearfulness or anger that don’t abate until the child has confirmation that they won’t be going to school. Some children are unable to remain at school for the whole day despite their best efforts. If an additional event is introduced into the young person’s life, such as a family bereavement, parent’s divorce, new baby, illness or house move, that extra factor can mean the whole pack of cards comes tumbling down.

Specific anxieties that may lead to school avoidance tend to start in primary school (aged around 10), and peak at age 14 due to external examination choices coinciding with hormonal changes and the expectation for higher levels of peer engagement. Primary school children tend to be more compliant and attend school because they are told to! If pupils aren’t travelling to school independently, skipping school is more difficult, although this doesn’t exclude them from school avoidance anxiety and behaviours.

Other school avoidance risk factors, in addition to neurodiversity, are:

- Pre-existing health and/or education needs
- Known to social services
- Minority background
- Families experiencing significant financial hardship
- Bereavement or family trauma.

This is a COVID-19-era book, with school communities across the world forced to focus on attendance and students’ mental wellbeing. Schools and local agencies have had to review their policies around pupil absence, online teaching and procuring provision for

6 Department for Education and Ford, V. (2021) ‘Targeted support for vulnerable young people in serious violence hotspots’ Press release, 3 September. Available at: www.gov.uk/government/news/targeted-support-for-vulnerable-young-people-in-serious-violence-hotspots

environmental factors to ensure physical and emotional safety. This benefits all children, with more teachers attuning themselves to early signs of child anxiety that may lead to avoidance. A key part of creating a (psychologically) 'safe' school is building a framework where learning about emotional literacy and developing good practice for communicating difficult feelings is normalized. The protective instinct to keep a child safe from harm is strong. If school leaders aren't demonstrating how parental concerns are taken seriously and their concerns are heard, it's unlikely that parents will be rushing to bundle their child through the school gates.

Research from the Anna Freud National Centre for Children and Families,⁷ summarized below, points to a noteworthy proportion of adolescents who have met the challenges of a changing world with a considerable degree of resilience; some even felt their wellbeing improved. This appears to be closely related to a young person's ability to engage in *self-directed learning*. This is a key message for teachers, pastoral leads and therapists unlocking school avoidant behaviour:

Disruption to a young person's sense of control and sense of meaning.

Mental health difficulties such as anxiety and depression have markedly increased.

For some, the pandemic has had a positive mental health impact due to reduced stressors, such as social pressures at school.

YOUR TAKEAWAY

The causes of avoidance are complex and interlinked. There are reverberations of blame from both 'sides' of this complex journey. While there are parenting courses aplenty (which some parents won't attend), the area where there is some capacity to implement change is in school. Areas to focus on are: school ethos, school attitude, values, e.g., attainment vs. wellbeing, school environment, willingness to make adaptations, school staff wellbeing and school leadership.

⁷ Gilleard, A., Lereya, S.T., Tait, N., Edbrooke-Childs, J., Deighton, J. and Cortina, M.A. (2020) *Emerging Evidence: Coronavirus and Children and Young People's Mental Health*. Issue 3, 26 August. Evidence Based Practice Unit and Anna Freud National Centre for Children and Families. Available at: www.annafreud.org/media/12234/coronavirus-emerging-evidence-3-final.pdf

4

Working with the Child and Family to Understand the Reasons for Anxious School Avoidance

Communication with the wider family

Trying to get to the route of the avoidance can be hindered by the fact that children are good at deflecting adults they perceive to be prying into their private world. Focusing your early interactions with the child on a mutually satisfactory entry point of communication is a good place to start. Concentrate on building mutual trust and respect rather than attempting to rush in towards ‘solving’ the problem.

Close family mapping

In the early stages of building rapport and clarifying family history and connections, use coloured arrows to denote positive connections and broken lines to suggest weaker links, for example, if the child lives apart from the key family member or is adopted. Next layer out – who is in the wider circle? Aunties, uncles, grandparents? What is the strength and quality of the connection? And so on, as you widen out into the school community, friendship groups, clubs and organizations, and finally, the wider world. Watching whether the child’s body language is open or closed, levels of enthusiasm and how much information is volunteered rather than probed should provide some insight into their influencing and emotional ‘web’.

While the young person may not appear to have any connections in the wider world, a few questions about how they feel about the wider world and their place in it will be informative. Make sure you enquire about any friends they may have in the digital space too. My son’s friends are mainly in cyberspace, which is a big part of who he is. I would that say understanding this is the key to engaging him in many aspects of his life. Once the young person’s world is drawn out and you start to see it through their lens, you are able to build an informed picture of their perspective, feelings and specific emotional or developmental needs to improve their understanding of themselves and the world around them.

Parent engagement

When parents describe a completely different behaviour at home to at school, it is usually the result of masking. The meltdown at the end of the school day is the child’s way of letting

go of the tension and anxiety of pretending to be someone they're not. The requirement to mask experiences of non-acceptance are under-estimated by many professionals and parents, many of whom are fooled into thinking that the child appears to be 'coping' well.

Nadia's dad explains: 'Nadia started sixth form at a grammar school but was soon struggling again, despite having made a nice group of friends. The school did try to help by reducing her timetable and offering counselling, but again, autism wasn't part of the conversation. By the January of her first year we all decided it was better if she left. She started a different school, she's two years older than many of her peers, but she's happy!'

Building a bridge with parents

Consider the initial communication with parents if an attendance issue is highlighted. Ideally, parents will get to the school first with an explanation, before emails and letters start thudding into their inbox. Most schools have a defined protocol for parental engagement embedded in their school policies. There are many points in the 'process' where communication fails or is out of sync, to the detriment of the young person. As Nadia's mother recalls: 'I feel angry with "the system" for not helping – at that time she had already had several mental health professionals involved.' If parents receive a letter or email about their child's ongoing absence, hopefully the tone is helpful and advisory rather than accusatory and threatening.

An 'escalation' process is just that – a process. It won't always yield a result; the banks realized this and changed the way they communicate with customers who may be getting into debt. Threatening letters are of no use if they remain unread. Banks now use a variety of communication channels and softer, friendlier tones to encourage customers to get in touch before they are at crisis point. A paternalistic, legalistic, punitive approach is not conducive to building a spirit of co-production with parents. Such an approach can create barriers to communication that escalate for the duration of the absence or subsequent absences.

Forming good relationships between school staff and families is important. Do parents genuinely lose track of their children's absence? If their own lives are chaotic, it's possible. Nudging reminders from school can be received in different ways, according to the tone of what's happening in the family. Ad hoc attendance can act as an early warning system: taking cues from parents and the child is useful. Attendance issues are reflected in the child's work output and scores, but again, there may be more going on here than meets the eye. As Nadhim Zahawi, the then UK Education Secretary said in 2022: 'Where children aren't in school without good reason or don't want to be in school something has gone substantially wrong and needs fixing'.¹

In a UK news article, Lisa Diaz pulled her nine-year-old daughter Helena out of classes in March 2020 because she strongly believed that the government's precautions for protecting children from COVID-19 were inadequate.² Core beliefs are strongly held views that influence your actions and behaviours; they tend to be not easy to disprove, unshaken

1 www.gov.uk/government/news/education-secretary-launches-new-attendance-alliance

2 Layton, J. (2021) 'Mum keeps daughter off school for nearly two years saying they are "Covid petri dishes"' *Metro*, 6 December. Available at: <https://metro.co.uk/2021/12/06/mum-keeps-daughter-off-school-for-20-months-out-of-covid-fears-15723297>

by ‘the herd’. From a psychological perspective, the actions of the herd can serve to re-enforce those strongly held beliefs. People will often seek news or information from their social media or news ‘echo chamber’, and this information bias will only affirm what they already believe. This is a complex area of study, particularly as news sources can be difficult to prove or disprove.

Lisa Diaz’s case is a good example of a parent acting as the main cause of the school avoidance but believing that they have their child’s best interest at heart. In this case it would be useful to work therapeutically with the parent to develop a plan to ensure her daughter doesn’t miss too much of her education while the teaching team seek to reduce parental anxiety about any possible risks to her daughter’s health.

If you encounter a parent with logical reasons for their actions, trying to change their perception by force (in this case, legal action) is rarely going to work. Where do we draw the line in terms of human rights violations? I’m sure case law on this will evolve in the coming years. Parents can be your biggest ally or your strongest barrier. The key to success is always handling and positioning. Criminalizing parents is attracting increasing legal notice – for example, is a parent denying their children a right to education if they don’t force them to attend school?³

I’m interested in the communication with parents in terms of how they are ‘triaged’ between school staff, area-based educational psychologists, health agencies and social services. Family members may perceive a home visit as intrusive, especially if the psychologist wants to speak to the young person without their parent present. I have been in situations where the child is reluctant to share their school concerns openly, knowing that they may be reviewed by the teacher.

Action plan for parent and child engagement

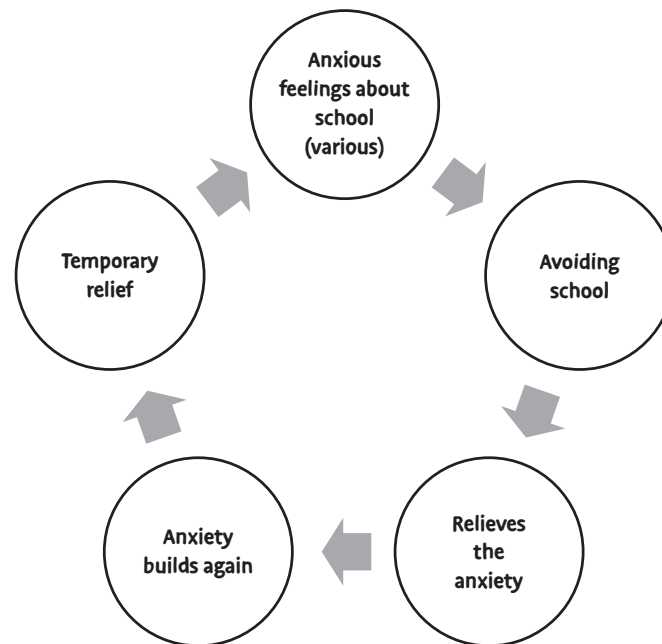
(Many of these points concern confidentiality and data protection.)

- What was the pre-existing relationship between the family and the school?
- What are you basing this on, and how reliable are the sources?
- What mechanisms exist for the family to share their concerns without judgement? *Is there an ‘off the record’ option?*
- How is the parent, child or family report shared with the school?
- Do the child and family get the opportunity to review any notes before they go back to the child’s school?
- If you need to send the child’s statement to the school, do you need the child’s consent?
- Be open about why you need separate child and parent statements.
- If you need permission from the young person to share their statement with members of the family, ask for their consent.
- Does the school feel able to raise safeguarding concerns without jeopardizing the process or alienating the family? Consider how this is done and recorded.

3 Kyprianou, M. (2021) ‘Pandemic: Parents, children, school, take note: X (absence)’ 29 December. Available at: www.kyprianou.com/en/publications/ppp-300/en/publications/pandemic-parents-children-school-take-note-x-absence/ppp-301/323

Before you engage the parents, find out when the school attendance policy was last reviewed. Does the policy take into account the challenges of vulnerable children? Understanding the school's values and the headteacher's leadership style, even the views of the governing body, all provide useful background to inform your approach. A big part of working towards a successful outcome to school avoidance is taking a thorough history, and really listening to answers and understanding the role of functionality or the *purpose* that the behaviour serves in the developing of a school avoiding pattern.

Functional behaviour 1 – removing the (school-related) issue



While it may appear that parents are part of the problem in terms of maintaining it, the parents I have spoken to are in fight and/or flight mode. They may have experienced school moves, exclusions and a change of career and loss of income during the period of their child's school life. The impact of raising a neurodivergent child cannot be overstated. Why would any parent want their child to be unhappy *every day* because they can't keep up with their schoolwork, haven't got any friends, are struggling with sensory overload, overwhelm, bullying and come home crying? Parents have reported to me hearing their child say: 'I will kill myself if I go back to school' and 'I want to go back to school, but I'm not ready yet, I need more time.'

Protective parental behaviours are not the same as wilfully encouraging non-attendance. Parental behaviour, like all human behaviour, is complex, with unseen motives and desires for children interplayed with close relationship dynamics. Many of us inherit parenting patterns from our own parents; memories of our own school experiences can evoke powerful feelings when we are faced with difficulties in our own child's schooling. As professionals, we cannot assume to know the motives for families keeping their child off school, and whether that decision has been made in collaboration with the child. This email from a parent explains these conflicted feelings: 'I feel so guilty about putting her through that, and she is still traumatized by it to a degree. She did go to school most days and achieved

a good set of GCSEs, at great cost to her own mental health and that of myself and my son, 3 years her junior.'

School staff making a home visit will start to build a picture

Child's recent history:

- Any past history of avoidance, bullying, exclusion, etc., and recent triggering events. Is the child in a key transition year – Year 7, Year 9, Year 11?
- Has the child presented with any SEN (special educational needs) or SEMH (social emotional and mental health) needs?
- Is the child on the diagnostic pathway?
- Has the child experienced any major life changes recently, that is, moved to a new house, been ill or experienced the birth of a sibling, for example?
- How well is the child able to communicate their perspective of what's happening in their life and why attending school creates a problem for them? Is the child able to articulate what they want in terms of help and support?

If the young person is known to you as neurodivergent

Being on the diagnosis pathway for any neurodiverse condition is an unsettling time for a child – their identity is on the line. They may not yet be accessing the right support in school, and have fallen 'behind' in their schoolwork, and these are real barriers. If they've shared any specialist areas of interest with you, this is usually a good, safe, entry point for conversation, helping them to feel relaxed. Establish their preferred communication style, and consider visuals. Don't insist on eye contact. Be sensitive about re-awakening old hurts. Break the conversation into small, timed sections, to avoid overload, allowing for processing time. Neurodiversity is not a homogenous condition, so try not to make generalizations about the young person's abilities or disabilities. Their neurodivergent presentation is as individual as they are. At one moment in time, they can display huge emotional resilience; in the same situation on another day, they may be unable to function. Their behaviour will be nuanced in different situations, so it's important to take your cue from them. They will be dealing with hundreds of sensory distractions you may not even be aware of; they may even 'zone out' due to the stress of the situation.

I tend to start my sessions with young people with simple 'breathwork', for example, box breathing and belly breathing, or drawing exercises, tactile activities and simple stretching exercises, all of which helps to calm down the sympathetic nervous system. Active listening skills are helpful when communicating with neurodivergent learners – observe subtle body language signs or 'blockers' to alert you to when you're venturing into sensitive territory, or when they are experiencing sensory distress. Eye contact can be intense, painful sometimes and tolerable on other occasions. Be aware of how you interpret eye contact patterns, which differ to those of neurotypical young people. Tease out the positives in the child's daily life – what they enjoy, look forward to, what makes them feel comforted etc.; reassure them that they won't be in trouble, or judged. If progress is initially slow, consider a sensory

therapy, for example, art therapy, sand play or a doodle pad and coloured pens. This will serve as a channel for the excess energy or emotions that can't be easily articulated.

A key starting point for the successful delivery of any plan that involves another person is to establish mutual trust. Once you've gained this trust, it will act as a gateway for collaboration, cooperation and conflict resolution in the activities you will be working on to deliver the goals of your plan.

1. Build trust – balancing emotional power and equity

When a young person has taken themselves out of a situation that is causing them harm, it's vital to re-frame their avoidance behaviour as a positive starting point to learning a suite of self-affirming behaviours. For example:

You stopped going to school because of the emotional hurt you were experiencing...you recognized this wasn't a good feeling.

You are gaining self-awareness, starting to understand your feelings. You decided to take action for yourself by letting your parents know that school isn't a happy place for you right now. This shows me you're growing up and taking personal responsibility.

You're talking to me and sharing your feelings; I think it would be great if we could develop a plan together to make these uncomfortable feelings go away. With your ideas and maturity, we can work out how to manage these feelings in a way that doesn't require you to miss out on your schoolwork or your friendships.

We can work out how to start to [insert specific outcomes here that may resonate, e.g., make more friendships, improve your confidence, make lessons a bit quieter etc.], which means school will feel more welcoming. How does that sound?

Remembering to verbalize or show the '3 A's' may help you to build 'immediate' rapport with the young person and their family:

- Acknowledge their extreme distress and their desire to prioritize their mental health.
- Agree that they will be able to learn and get the full benefits of being part of the school community if they feel emotionally well and are fully integrated and included.
- Accept that there are things that could be improved on all sides to enhance the child's daily school experience.

2. Measure baseline anxiety

Once trust and communication style is established, a simple five-point anxiety scale tool is a good way to measure the emotional impact of not going to school, where 5 is terrible and 1 or 2 is low-level anxiety or none at all. If anxiety peaks to 5 before a school test and

returns to 1 or 2 after the test, equip the young person with tools to manage school test stress:

- Breathing exercises
- Revision techniques, e.g., mind maps, recordings, timed practice
- Good preparation
- Adjustments if required
- Good rest the night before the test, etc.

Frame the young person's stress reactions as a 'normal response' to stress using diagrammatic psychoeducation. Focus on the symptom most experienced by the child (shortness of breath, racing heart, feelings of nausea, etc.). If the child or their family is unable to articulate reasons for the distress, consider using visuals for children of *any age*; visuals are a universal tool, and many adults are visual thinkers and learners too.

Here's a quick reminder why visuals are powerful, especially when we are trying to heal a 'broken' situation:

Visuals convey emotions → help communication and expression when vocabulary is limited → convey strong emotions → in humans, the visual system collects up to 80% of all the sensory data received from the environment⁴ → help with process sequencing events, now, next and then → help visualize time and the passing of time → allow non-verbal connection with our emotions.

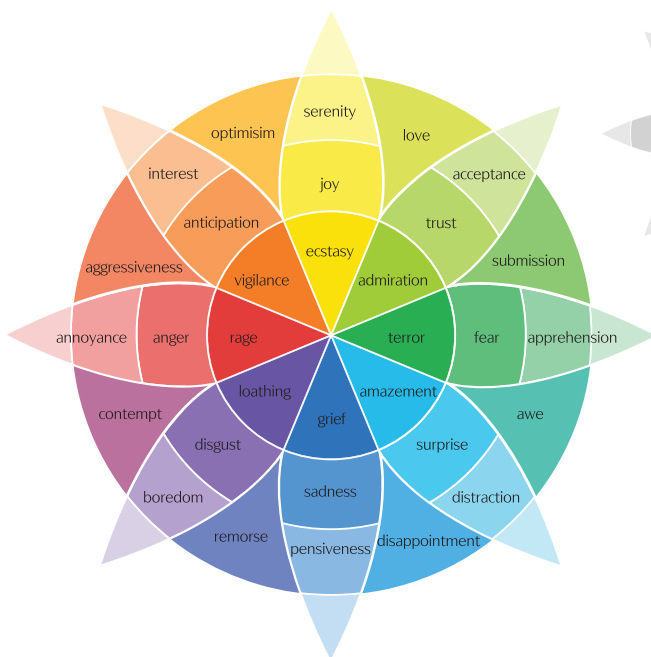
I particularly like psychologist's Robert Plutchik's colourful Wheel of Emotions,⁵ which visualizes a literal rainbow of emotions, showing the multitude of words we use to describe emotions, meanings and feelings. It also shows how the meanings and feelings behind words can be interlinked and overlap with emotions, according to their intensity. Plutchik's Wheel stimulates discussion and insight into how one emotion can bleed into another, and reinforces the need for professionals to look behind behaviours to seek deeper motives behind what is seen. As a writer, I am reminded about the complexities of language, especially if we're working with neurodivergent thinkers who experience life in a non-typical way. Some autistic people develop their own lexicon to describe emotions, feelings or even nouns, which are only used and understood by themselves and the people close to them.

4 Neuroscience News (2019) 'How the brain processes images' 22 February. Available at: <https://neurosciencenews.com/image-processing-brain-10793>

5 See https://en.wikipedia.org/wiki/Robert_Plutchik#Plutchik's_wheel_of_emotions

PLUTCHIK'S WHEEL OF EMOTIONS

Two-dimensional circumplex model



PRIMARY EMOTIONS



OPPOSITE EMOTIONS



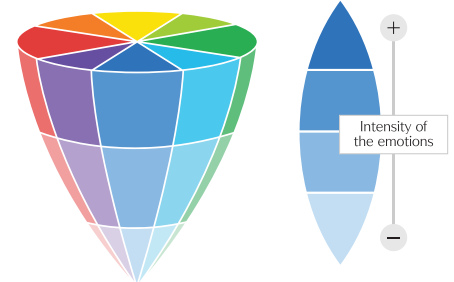
COMPOUND EMOTIONS



OPPOSITE PRIMARY EMOTIONS



Three-dimensional circumplex model



Behind each emotion there is usually a precipitating (activating) event) or incident that tips the child into a state of emotional collapse or shutdown. 'A' is the antecedent or event, before the 'B' representing the beliefs (sometimes triggering a set of behaviours), followed by the 'C' of consequences. Using an anxiety measure before, during or after a traumatic event (when a child has an angry or tearful outburst, resulting in staying in their room all day) is helpful. Taking the temperature of the child's emotion is the very start of emotional co-regulation, which precedes emotional self-regulation:

How bad do I feel right now → have I felt this bad before → what triggered this most recent feeling → is the trigger the same today (*antecedents*) → what caused my reaction? (*beliefs*) → I don't have any friends, I'm stupid, unpopular, I feel so sad → what was the consequence? (*consequences*) → I cried all day, I didn't eat anything, I hit my little brother at breakfast.

Other useful visual communication tools include PECS (Picture Exchange Communication System) and Social Stories™. The Spence Children's Anxiety Scale is a benchmark tool⁶ that has versions for parents and professionals. Another great visual that measures anxiety intensity is SUDS (Subjective Units of Distress Scale).⁷ Seek out some of the colourful visuals available online.

6 www.scaswebsite.com

7 See, for example, www.teacherspayteachers.com/Product/SUD-Subjective-Units-of-Distress-EMDR-Therapy-5467709 and www.havening.org/media/articles/04c490_42c325da785c49e5ba972866d7058c8a.pdf

Multimodal approach

I am particularly encouraged by the impact of using a multimodal approach to tackle anxious or other behaviours that can create barriers to school attendance and wider social engagement. As human beings, we feel joy or are saddened by a variety of stimuli, so it follows that we will respond to therapeutic support in a variety of ways too. This approach also provides the professional with a scope of tools with which to provide support and guidance.

- Each child is an individual and will require an individualized approach, especially at the stage of investigation and building dialogue.
- Beware of jumping to summary conclusions and interventions too early.
- Share information intelligently.
- Effective planning requires genuine co-production with the family and child, unless there is an evidenced reason not to (e.g., child safety).
- Ensure your plan is unambiguous and understood by colleagues and family, and captures the child's views.
- What are the agreed school attendance goals? Is this a realistic target? (Consider the need to avoid early default and demotivation.)
- What contingencies are in place to overcome any barriers to achieving these goals?
- Carefully monitor each stage of the re-introduction. You could include the child and family in the monitoring, using some of the anxiety tools you have introduced.

YOUR TAKEAWAY

Parents, children and professionals are all working towards the same end, so why does it go wrong so often? Because we each have our own individual temperament, history and value system. My recommendation is that you approach this issue with an open-minded, multifaceted approach, based on mutual respect and the thought that the other party is a partner and helper rather than an adversary. Put belief at the heart of your discussions, especially concerning the delicate issue of FII (fabricated or induced illness).

Why Are Autistic and Other Neurodivergent Young People Most at Risk of School Avoidance?

Neurodiversity

The term ‘neurodiversity’ was coined in 1998 by an autistic Australian sociologist, Judy Singer,¹ and was quickly adopted by the autistic activist community. The word ‘neurodiversity’ is derived from the root words ‘neuro’ (Greek for nerves) and the Latin root of diversity meaning ‘facing both ways’. It’s an umbrella term that summarizes the deeply complex area of human neurological difference, which presents as divergent thinking and learning styles, social interaction, communication and a wide range of behaviours. Autism and ADHD are two familiar neurotypes other neurotypes include dyslexia, dyspraxia or other cognitive styles that differ from the majority. (An aside: The UK’s ADHD Foundation uses the image of an umbrella as part of its brand identity.)

Neurodiversity is a vast field of study, which encompasses neuroscience – a field of study focusing on how the brain’s chemical messengers (neurotransmitters) work as they fire messages between the brain and the body in milliseconds, via the central nervous system, masterminding the entirety of our human behaviour. The study of neurodiversity, which encompasses a wide range of neurotypes, is in its infancy.

What we *do* know is that neurodifference is a significant and notable cause of persistent school non-attendance for many young people. It is well documented that children with ADHD struggle to achieve while at school. The incidence of school-aged children with ADHD ranges between 2% and 5% (UK estimates),² with US prevalence data at between 8% and 11%,³ with more boys school avoiding, which is a similar trend to the UK. This could be because more boys are diagnosed with autism and ADHD than girls, because these neurological conditions present differently, and the original diagnostic criteria for both conditions were studied in boys. In reality, prevalence of school avoidance is likely to be more equally spread across genders. Add to this the intersectionality between neurodivergent young people and gender difference or non-conformity, and it’s clear we need to radically re-think how we diagnose, educate and support young school-aged children with difference.

1 www.myspectrumsuite.com/meet-judy-singer

2 www.adhdcoaching.org/adhdfacts

3 See www.cdc.gov/ncbddd/adhd/data.html

Employment figures for autistic, neurodivergent young adults

One of the worrying outcomes for the group of children who are at risk of school non-attendance or are absent from full-time school for long periods of time is the reality of lower attainment and future employment opportunities. Current data for UK autistic young adults in employment is dismal.⁴ This raises an urgent need to ensure neurodivergent young people are encouraged to receive a full and varied vocational or academic education. Investigating employment figures for your country may show a similar profile of disability discrimination in employment. Neurodivergent individuals are disproportionately impacted not only at school, but long into their future – an inequality that needs to be stringently addressed through policymaking and practice. According to Tumi Sotire, a university academic who is black and dyspraxic, and other colleagues, their experience of disability discrimination in the workplace is such that they may choose not to disclose, and they struggle with their difficulties without the right support.⁵

School-based or other trauma

The reason that autistic learners in particular are at greater risk of school avoidance is a direct result of misunderstanding how the condition presents in learning and school environments. Social interaction and social communication differences, a heightened or atypical sensory profile, friendships, working memory, speed of processing and transition challenges are a few of the issues faced. Transition impact goes beyond changing year groups in the neurodivergent learner; it's environmental and neurological change, going from one emotional 'state' to another – a change of cognitive patterns is required for different academic lessons, shifting energy, noise and cognitive levels – the 'come down' from the physical exertion of PE, for example. The transactional energy it takes to manage different teachers, children and classrooms all day creates overwhelm, leading to exhaustion.

To be successful in a mainstream setting, autistic or ADHD pupils may mask their difficulties behind disruptive behaviours or conceal their special interests to fit in, or even change their whole personality. The resulting physical and mental strain takes its toll, and families report autistic fatigue and burnout if adjustments⁶ do not properly accommodate a child's difference.⁷ Burnout can also lead to a variety of physical and mental health impacts.⁸

A sizeable proportion⁹ of school non-attenders will experience written or verbal communication difficulties, such as developmental language disorder, social communication

4 Cusack, J. (2021) 'Autistic people still face highest rates of unemployment of all disabled groups' *Autistica*, 18 February. Available at: www.autistica.org.uk/news/autistic-people-highest-unemployment-rates; see also www.autism.org.uk/what-we-do/news/new-data-on-the-autism-employment-gap

5 Quoted in Doyle, N. (2020) 'The intersection of race and neurodivergence: "The Black dyspraxic" shares on overcoming barriers.' *Forbes*, 7 August. Available at: www.forbes.com/sites/drnancydoyle/2020/08/07/the-intersection-of-race-and-neurodivergence-the-black-dyspraxic-shares-on-overcoming-barriers

6 See www.goodschoolsguide.co.uk/special-educational-needs/your-rights/adjustments-for-sen

7 Cutting, A. (2019) 'Reasonable adjustments for autistic pupils' sensory differences.' *National Autistic Society Advice and Guidance*, 9 September. Available at: www.autism.org.uk/advice-and-guidance/professional-practice/adjustments-sensory

8 See www.autism.org.uk/advice-and-guidance/topics/mental-health/autistic-fatigue/professionals

9 Mandy, W. (2019) 'Social camouflaging in autism: Is it time to lose the mask?' *National Autistic Society* 23(8), 25 September. Available at: <https://journals.sagepub.com/doi/10.1177/1362361319878559>

disorder, social anxiety, an undiagnosed speech, language or communication disorder or undiagnosed neurodevelopment condition. Being neurodivergent impacts the entirety of how the individual experiences the world: emotionally, and internally, interrelationally as well as neurologically. This is definitely not about being ‘a little bit autistic’ or having a love of trains. It is holistic. Some of the sensory and ‘othered’ feelings of disorientation are frightening and difficult to understand until the child or young person is fully able to comprehend their diagnosis.

Attention-deficit hyperactivity disorder (ADHD)

ADHD and other hidden disabilities create a deeper complexity in terms of school attendance. ADHD learners are more likely to drop out of school or be excluded and have few or no friends at school. For some ADHD youngsters the appearance of COVID-19 and not being at school was a revelation, the chance to move, enjoy life without the restrictions of school (‘No running down the corridor!’; ‘Tuck your shirt in!’) and the daily stress of forced social interaction in a stressful stimulating environment. The downside to the freer atmosphere has been difficulty concentrating on schoolwork due to the constant and intense distractions of social media, leading to some runaway dopamine reactions and explosive temper tantrums.

It would be remiss to omit the presence of daily medication in many of our young people’s lives. Anti-depressants, ADHD medication, melatonin, anxiety medication – I know from personal experience that the symptoms your child experiences due to their condition can be highly incompatible with school, and, to an extent, home life, so when the psychiatrist suggests they ‘try something to help’, you go along with it.

Even medication that’s licenced for children will have side effects. As they start to wear off, some will mimic the thing they are trying to overcome – sleeplessness with melatonin, restlessness with some of the stimulants prescribed for ADHD. Stimulants suppress appetite, they alter brain chemistry by increasing dopamine levels and stimulating dopamine production, and some can improve mood and emotional regulation. The psychological research on emotion in the neuroanatomy of ADHD shows that the amygdala (the gateway to the emotional limbic system) works back and forth between emotional and executive circuitry. It’s complicated stuff. This could explain why the child who, in one moment, is tapping their pen on the table and chatting excitedly to their friends, is zoning out and quiet in the next moment, unable to remember what the teacher just said.

Suffice to say, every child will react differently to their medication, with dosages and compound changes a routine part of their care. If the child loses or gains weight, this will alter the effectiveness of the medication. So will puberty hormones, and so will daily life. Because ADHD is still misunderstood, it can cause trauma, leading to PTSD. Issues such as late diagnosis, school exclusions and friendlessness can pile up to an extent where the child doesn’t feel safe in the world, least of all at school. This is something to consider when the child clams up or fails to respond. How can we expect a pre-teen or teenager to put all of that into a sentence?

Pathological demand avoidance (PDA)

Working with a young adult with PDA requires a particular set of skills, as the engagement and discovery process may feel like an extension of the school atmosphere to them, and therefore be seen as a 'demand'. Any requirements to cooperate will be met with resistance, defiance, tears, anger, silence or a combination of all these responses. Specialists are still researching the extent to which PDA is part of the autism spectrum, as there are some overlaps with the spectrum condition, as well as some significant differences.

Children in emotional distress who present as demand avoidant can either appear as highly engaging or borderline totally disengaged, sometimes in the same day. One child confided to me that saying 'yes' to everything was a great way to end an uncomfortable conversation quickly, to avoid being pressed to make any decisions or answering a long string of questions. Unfortunately, their forced responses only create more issues down the line. To many children who aren't attending school, the concept of consequences is alien and removed from the immediate pain they are experiencing. Deferring decision-making is much easier for their cognitive load than having to make a decision for now and for later. The children I have talked to are acutely aware of the benefits and challenges of modern school life. We are less aware, however, of how their specific school experience is working for them.

PDA youngsters are highly vulnerable to prolonged school absence

The primary causation of school avoidance in this group is the disconnect between how the child presents and their actions. This group have been described as manipulative with adults, highly cooperative and articulate, which frames their non-attendance as poor compliance to the adults around them, including many educational professionals.¹⁰

Acknowledging that school avoidance has specific prevalence among neurodivergent youngsters, especially those on the autism spectrum, is a key factor in progressing the dialogue around school avoidance I have worked with many young people with a PDA profile who are not able to go to school. PDA was first identified by Professor Elizabeth Newson, a consultant clinical psychologist, at the UK's University of Nottingham in 1983. While PDA is closely aligned to the autism spectrum and sits closely with the autism spectrum diagnostic criteria, according to Professor Newson, 'discriminant functions analysis shows PDA to be significantly different on many counts from classic autism and Asperger's syndrome'.¹¹

In her clinic, Professor Newson and her colleagues noted a striking characteristic in the young people in the study:

an obsessional avoidance of the ordinary demands of life coupled with a degree of sociability that allowed social manipulation as a major skill...150 children aged 4-16

10 Christie, P., Duncan, M., Fidler, R. and Healy, Z. (2011) *Understanding Pathological Demand Avoidance Syndrome in Children: A Guide for Parents, Teachers and Other Professionals*. London and Philadelphia, PA: Jessica Kingsley Publishers. [Available from: www.wob.com/en-gb/books/margaret-duncan/understanding-pathological-demand-avoidance-syndrome-in-children/9781849050746]

11 Newson, E., Le Maréchal, K. and David, C. (2003) 'Pathological demand avoidance syndrome: A necessary distinction within the pervasive developmental disorders' *Archives of Disease in Childhood* 88(7). Available at: <https://adc.bmj.com/content/88/7/595>

diagnosed consecutively as having PDA in the two clinics headed by EN between 1975 and 2000 manipulation as a major skill.¹²

I worked with a family whose 15-year-old was highly school avoidant, autistic, PDA, ADHD and ARFID (avoidant/restrictive food intake disorder). His notable characteristic was high intellect in engaging adults with humour and clear recognition of his difficulties and what he needed to do. His family said he would make an excellent politician! But he was totally rigid in his avoidance of school, and his attendance dropped from 78% to almost 50% over two consecutive terms. He used his charm, charisma and social capital to great effect, while remaining unbending about going to school. Use of the word 'manipulation' is contentious within education and psychology professionals, but I'm sure this was used advisedly, especially in so far as capturing the essence of the difference between PDA and autistic children.

Some helpful suggestions

Awarding the young person some *engagement* or 'control' during the assessment and planning process, if they are persistently non-attending, sends a strong message to them that they have a voice and some agency in the situation – inclusion rather than exclusion. One-to-one meetings, discussing the extent of parental involvement etc., will encourage them to be part of the conversation about them, gather their thoughts and recognize that their input is central to their success. Including caregivers in the conversations and inviting them to actively listen to their child – this subtle way of putting the young person in the driving seat is highly effective. Working with parents who feel the pull of school while offering their child a gentle, assured push from home is a supportive message for the anxious child: 'We are all rooting for you'.

Autism spectrum condition (ASC) and attention-deficit hyperactivity disorder (ADHD)

Increasing numbers of young people are receiving dual diagnoses of ASC and ADHD. In some children a dual or triple diagnosis is not unusual, and these co-morbidities (or co-occurring conditions) can create simultaneous emotional and cognitive challenges, as well as specific learning difficulties. Additionally, the young person may be experiencing side effects from ADHD medication, and melatonin effects or the impacts of disturbed sleep, for example, restless legs, a known phenomenon that affects children and young autistic and ADHD youngsters. Early recognition, assessment and management of ADHD can re-direct the educational and psychosocial development of most children with ADHD.¹³ Emotional regulation and executive functioning ability are two aspects of an ADHD diagnosis,

12 Newson, E., Le Maréchal, K. and David, C. (2003) 'Pathological demand avoidance syndrome: A necessary distinction within the pervasive developmental disorders.' *Archives of Disease in Childhood* 88(7), p.596. Available at: <https://adc.bmj.com/content/88/7/595>

13 American Academy of Pediatrics (2000) 'Clinical practice guideline: diagnosis and evaluation of the child with attention-deficit/hyperactivity disorder.' *Pediatrics* 105(5), p.1158-70.

although emotional dysregulation isn't yet in the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edn (DSM-5), it is hoped to be included in the next edition.¹⁴

National clinical advisor on children's mental health for NHS England, Professor Peter Fonagy, states: '...we must all be very concerned whenever a child's absence from school is protracted, while at the same time recognizing that the reasons for their absence may be complex and determined by multiple factors'.¹⁵

Masking – a pernicious fakery

What's behind the mask? Surface emotions, such as:

- Fear and worry
- Unmasked questions
- Lack of confidence
- Confusion.

Seams of deeper emotions:

- Rage
- Frustration
- Sadness
- Despair.

Children's masking was covered earlier in the book (see Chapters 2 and 4), but when we consider it in the context of the anxieties faced by children with multiple learning needs, and that the child may also be taking ADHD or sleep medication and be struggling with an eating disorder, it's undeniable that coping with the impact of all this will create mental strain. If the child believes something is wrong with them, or hasn't fully understood the nature of their neurodivergence, the pressures of academic work are likely to creating a 'tipping point'. Many neurodivergent children get through primary school without too much harmful fall-out until a year or so into secondary school. Although professionals are aware of autistic masking, there may be a lack of understanding that autistic masking can lead to burnout and trauma.¹⁶ There is growing evidence that children with a range of 'hidden disabilities' mask too.

I believe that long-term masking affects the body in the same way as long-term exposure to stress. Children and young people who mask continually at school to conform are depriving themselves of the chance to discover who they are, and to build their individuality

14 www.appi.org/dsm; see also Mitchell, J.T., McIntyre, E.M., English, J.S., Dennis, M.F., Beckham, J.C. and Kollins, S.H. (2017) 'A pilot trial of mindfulness meditation training for ADHD in adulthood: Impact on core symptoms, executive functioning, and emotion dysregulation.' *Journal of Attention Disorders* 21(13). Available at: <https://journals.sagepub.com/doi/abs/10.1177/1087054713513328>

15 www.westminsterinsight.com/events/school-attendance-digital-conference/speakers

16 Tabb, E. (2018) 'Autism and mental health.' National Autistic Society Advice and Guidance, 20 February. Available at: www.autism.org.uk/advice-and-guidance/professional-practice/mental-health; Lowri, C. (2021) 'Issues in persistent non attendance at school of autistic pupils and recommendations following the reintegration of 11 autistic pupils.' *Good Autism Practice (GAP)* 22(2), 12–20.

and self-confidence. In trying to be someone else, there is little energy left to discover their own divine talents and skills.

Thinking back to the young man I worked with, he displayed a variety of school avoidance behaviours, including sleeping in, stomach aches, nausea, saying his schoolwork was done, saying he was going to 'fail anyway', and presenting cogent arguments as to why he was 'wasting his time' going to school. This suite of techniques was highly effective with the defined school 'demands'. His school attendance dropped from 90% to 75% after the first global lockdown during the COVID-19 pandemic. His confidence in his academic ability plummeted and he started on ADHD medication, melatonin and anti-depressants to manage his self-harm, ARFID, mood swings, depression and low self-identity.

Significantly, he was only one year into his multiple diagnoses and frequently said how much he 'hated' having all of those things 'wrong' with him and wished he was normal. His mother was in despair about his inability to get to school, and his teenage hormones added to the defiant mixture. His mother was committed to his education and wellbeing, and was open and transparent with the school teaching and support team. She was also emotionally worn down and carrying a huge burden of guilt. This quote published by the ADHD Foundation is the view of so many parents, especially mothers, who take on the majority of school liaison: "My son gets very worked up over school, it's easier to give him the odd day off here and there" (Angie, mother of Jackson, age 12)¹⁷

The interconnectedness of neurodiversity and school non-attendance sets up a devastating trajectory for pupils, which can be charted from their earliest days in mainstream school. The clarion call for early intervention is loud and clear, but the barriers to specific and targeted intervention depend on the following:

- A strong interplay of a commitment to whole-school SEND
- A disability positive ethos in the school (commitment to diversity and equality)
- Sufficient funding
- Well-trained and empowered teaching and support staff.

There is nothing new about any of this. What is new, however, is the demand on school and teaching staff, parental frailty and exhaustion when faced with what appears to be a series of insurmountable issues, including the long delays in achieving diagnoses. Best practice policies recommend schools apply adaptations and pupil support while awaiting formal diagnoses. The assessment pathway can be circuitous depending on the provision matrix and where you live. Weeks and months can be lost in limbo, adversely impacting the child's sense of worth and ability to function.

A holistic approach

Neurodivergent girls

Ever since primary school, I've had problems with self-esteem, I've felt chubby and ugly. I still have a bit of social anxiety and depression, but it's much better now. (Nadia, 19, autistic)

¹⁷ <https://adhdfoundation.org.uk>

I have already told them what would make it easier, why hasn't it been done? Perhaps they want me to leave, I don't feel heard or listened to. (Samila, 17, autistic and ADHD)

These quotes are by two teenage girls, both not going to school and both neurodivergent, with loving, engaged parents who felt that not forcing their children into school would be the best option all around, after seeing the impact on their children at the end of the school day. In both young women I saw pragmatism in their understanding of the situation, and a willingness to listen to the adults around them and consider their points of view. I witnessed their disappointment when they went back to school, and *things were exactly the same*. It's clear to me that the school offer needs to be genuinely good and align with the child's needs and desires for it to be reasonable to consider asking them to return to a place that makes them unhappy. If the educational psychologist or occupational therapist suggests environmental changes at school, then, as far as possible, changes should be made, to enable a swift and successful return. If these environmental barriers have not been removed, the young person has effectively been disincentivized.

As the family is a holistic unit, and a parent is unable to sleep as they are in fear for their child's mental state, it's imperative that the treatment plan considers parental mental health as a precursor to the child's recovery and return. How is a child expected to attend school when their parents are on the edge of losing their property due to rent arrears, which may not have been disclosed earlier? Keeping a child at home during a turbulent time is an understandable option in the face of potential homelessness. School can only be a safe place for children if home is equally safe. In the family's hierarchy of problems, a child having one day off school here and there doesn't seem like the worst eventuality. Active listening and slowing down the process can introduce considered signposting, filling any administrative gaps that could enable a prolonged or permanent return to school.

Neurodivergent trauma

For many families with a child with a disability, especially where a diagnosis and/or targeted support came later in the process, the pattern of not going to school is easy to fall into. It can be taxing and take many months (up to a year, in some cases) to unravel the set of circumstances that led the child to being stuck at home in their bedroom, with the walls closing in on them. Avoidance is a logical response, especially for an autistic learner, many of whom follow the 'extreme logic' approach to problem-solving.

Neurodivergent children, especially those who are undiagnosed and insufficiently supported in their learning, have endured bullying, ableism (disability discrimination) and poor social integration while struggling to access the curriculum. This is a prolonged trauma. Their withdrawal or retreat from school is a subconscious way to keep themselves away from further emotional harm. It is neither reasonable nor feasible to expect the young person to instantly engage with professionals in negotiating a return to school, because they are 'behind'. The level of trauma and shut down may be so severe that they require intense and sustained therapy to be able to unravel their own motives for self-isolation.

Once the child has reached shut-down stage and decides opting out of school is their best solution for respite, it can take weeks or months to build their equilibrium to a point where they can confidently re-enter a daily school experience. A further period of work is

required to enable them to name and share their feelings with another person. Simply put, a traumatized child needs time before they emerge from their cave.

They are seeking:

- Safety
- Reassurance
- A renewed sense of self.

Anxiety in neurodivergent learners

Many parents and young people I've interviewed professionally or chatted to in a friendly capacity report a definite change in their child's personality after they start full-time primary education. The transition from the free-form, sensory, nurturing, home-style nursery, day care setting to a formalized, stricter, school environment can trigger a sensitive, neurodivergent child to dissolve into a wall of worry and eventual low self-esteem. If there was a specific point in time when the intense work of 'masking' starts, I would wager the transition from primary to the secondary school environment is where it would be.

I tend to be quite misunderstood; others think I'm overbearing/annoying. I don't see myself as being valued as a desirable friend/person to be friends or in a relationship with. I generally have low self-esteem and don't think highly of myself with anything. It started at the beginning of primary school, I saw things on phones that I couldn't unsee which upset me, but you don't want to be different to your friends. The jump is too big, you're so sheltered in primary school, then you go to high school and there are kids as old as 18 there, mixing with 11-year olds. It's intense and stressful. (Samila, 17, autistic)

The link between autism spectrum and types of anxiety disorders is well researched: the prevalence figures of anxiety in autism range between 11% and 70%, and if we look for guidance on the level of any mental health disorder among the neurodivergent population, it peaks at approximately 80%.¹⁸ In the quote above, Samila seems to be describing early exposure events that she wasn't emotionally prepared for. Anxiety is one of the most common psychiatric co-morbidities among children and adolescents with ASD.¹⁹ It is thought that anxiety co-exists in up to 40% of autistic people, potentially due to neurobiological interactions between the conditions.²⁰ While neurodiverse conditions including autism, ADHD and dyslexia may share headspace with a variety of anxiety and depressive conditions, including anxiety disorders, panic attacks, obsessions and compulsions, fears and phobias, low mood, etc., it's important to recognize that mental health issues do not *automatically*

18 Wijnhoven, L.A.M.W., Creemers, D.H.M., Vermulst, A.A. and Granic, I. (2018) 'Prevalence and risk factors of anxiety in a clinical Dutch sample of children with an autism spectrum disorder.' *Frontiers in Psychiatry*, March. Available at: www.frontiersin.org/articles/10.3389/fpsy.2018.00050/full; see also www.autistica.org.uk/downloads/files/Mental-health-autism-E-LEAFLET.pdf

19 Johnco, C. and Storch, E.A. (2015) 'Anxiety in youth with autism spectrum disorders: Implications for treatment.' *Expert Review of Neurotherapeutics* 15(11), 1343–1352. doi:10.1586/14737175.2015.1111762

20 Zaboski, B.A. and Storch, E.A. (2018) 'Comorbid autism spectrum disorder and anxiety disorders: A brief review.' *Future Neurology* 3(1), 31–37. doi:10.2217/fnl-2017-0030. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC5772195

occur in neurodivergent children and young people. Many of these mental health issues arise from the prejudice, misunderstanding and cruelty experienced by this community.

Tackling neurodivergent anxiety

Anxiety is a complex mental health condition with many derivatives and unique presentations. Dysregulated or disruptive behaviours can erupt to disguise crippling anxiety, especially if the young person can't access the speech, language and communication tools to articulate their unmet needs. The emotional component (anger) and the anxiety component (defiance or oppositionality) will combine, resulting in an emotionally unstable young person, with limited capacity to self-regulate or explain the origins of their outburst.

Placing the onus of regulation on the neurodivergent learner – who already feels socially outcast – is setting them up to fail. Aim for a *co-regulated* approach that can be activated in a time of high emotional intensity. This needs to be rehearsed. The social component of emotional regulation is going to create internal tensions for the child; neurodiversity intelligent training is vital, as it explains and visualizes the areas where communication can become confused.

For example, Social Stories™ is an excellent tool, but must be devised to take into account the neurodivergent perspective. Otherwise, it can reinforce behaviour prejudices. The inclusion of parents in training in partnership with teaching, speech and language and occupational therapist professionals will improve outcomes in the school setting as they can be rehearsed at home.

Parents who are coached in the benefits of consistency when introducing new ideas with their child, and the need to be *proactive* in reinforcing strategies when they're in a relaxed environment, will build greater child–parent–professional cooperation for positive outcomes:

- Teachers and the team involved in supporting the child back into an educational setting know that it is usually the child's *neurological difference that causes the emotional dysregulation they experience*, rather than a wilful desire to be oppositional. It is very rarely about discipline or parental styles.
- Research on child behaviour rating scales shows elevations on subscales reflecting low frustration tolerance, anger and emotional excitability for neurodivergent young people: symptoms are consistent with presentations of inattentiveness and impulsivity.
- Developmental studies of preschool children find that negative temperament, irritability and poor emotion regulation in early childhood is a strong predictor of risk for ADHD diagnosis by school age or earlier.
- In many cases, the young person's anxiety is not intrinsic to their diagnosis; it has developed after years of misunderstanding, punitive responses, shame, learning difficulty and peer social isolation.
- It is estimated that those with ADHD receive 20,000 more negative messages by

age 10 than they do positive messages.²¹ They view themselves as fundamentally different and flawed.

YOUR TAKEAWAY

If you are able to coach your families through the process, and also coach them to coach their children, you have the potential to build a system of sustainability. Holding all of the 'power' in the room will only serve to make the process more drawn out and the anxious behaviours more embedded for everyone.

²¹ https://cdn.mdedge.com/files/s3fs-public/issues/articles/70231_main_7.pdf; see also <https://chadd.org/adhd-weekly/use-summer-to-improve-your-parent-child-relationship>

Guidance and Strategies to Address Low School Attendance

Intrinsic to the complexity around school avoidance is the communication gap between the child and their outside world. Essential to clarifying the causes of the avoidance behaviour and developing a plan is getting to the heart of the child's speech, language and communication ability. In my experience, children with delayed language and communication skills or an undiagnosed neurodevelopmental condition, showing up as dysregulated behaviours, are signalling a distress flair to the peers and adults around them. It can be a difficult barrier to break through, and requires a team around the child that actively listens, empathizes and collectively has a mandate to take action to mitigate their distress. No one person, body or agency will have all of the answers; these will emerge from examining the *shared narratives* and developing a holistic approach.

Breaking the cycle: resilience vs. avoidance

Punishing a child for taking care of their mental wellbeing is counter-intuitive and can result in extending the length of time they are out of school. Building resilience is a core developmental skill that is an excellent goal for children who are not already encumbered with emotional or physical challenges. They are usually pretty good at resilience as they use this skill to navigate their unique challenges of daily life. My difficulty with the word 'resilience' centres on who is responsible for a child's resilience, and the premise that developing resilience is something you do by yourself. In reality, you are shown or encouraged how to get back up and dust yourself off. To suggest 'they're not trying hard enough' is tantamount to expecting a depressed person to 'cheer up' and 'snap out of it'. Which surely doesn't happen anymore?

The content in Jonathan Haidt and Greg Lukianoff's book, *The Coddling of the American Mind*,¹ is certainly thought-provoking, especially the quote: 'If you want to help someone with an anxiety or fear, avoidance will only worsen the problem...helping people with anxiety disorders avoid the things they fear is misguided.' Psychological theory evidences this – for example, exposure therapy is a first line treatment for anxiety, OCD and phobias.²

The success of any behaviour change strategy falls into three distinct parts:

1 Lukianoff, G. and Haidt, J. (2018) *The Coddling of the American Mind: How Good Intentions and Bad Ideas Are Setting Up a Generation for Failure*. Available at: www.thecoddling.com

2 www.psychiatrytimes.com/view/exposure-therapy-anxiety-disorders

1. Identify the emotion behind the behaviour.
2. Use psychoeducation (ideally with visuals, if the child is neurodivergent or learning disabled).
3. Adhere to a consistent schedule over a sustained period of time to monitor progress (reflecting back progress visually to remain motivated), and correct any areas where the client isn't working to plan and resuming the plan.

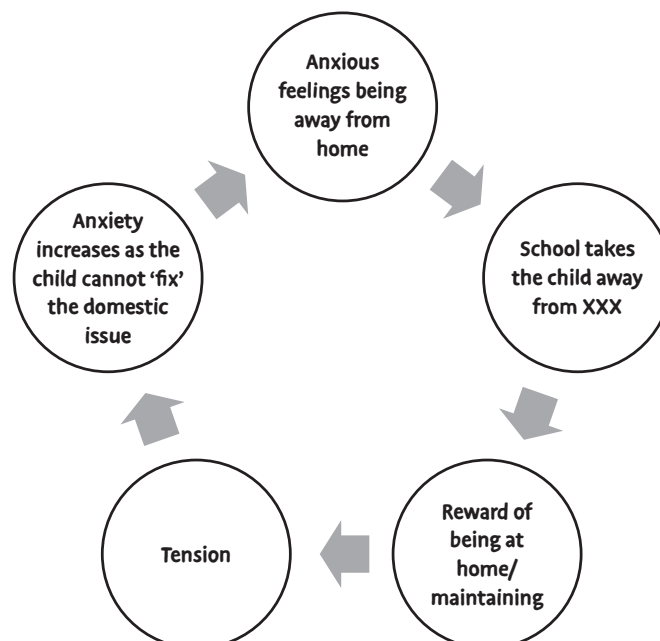
Some external factors that may disrupt or delay the effectiveness of your plan:

- Ill health of child
- Safety behaviours
- Little external or parental encouragement or feedback
- Fear of change, fear of failure, wanting to remain in a state of stasis (the outside world ignites fear)
- Belief it's taking too long
- Belief that the child has greater 'control' of their behaviour.

Apart from ill health, these barriers are also psychological, and need to be addressed one by one to enable the recovery plan to continue. The educational barriers will be easier to break through utilizing trauma-informed approaches with children who are 'hard to engage'. Weak childhood attachments, the trauma response and PTSD adversely impact the developing brain by creating neural pathways that work against a child who needs to be able to trust others and believe that sometimes things work out well. Negative beliefs and negative automatic thoughts become hard-wired, setting up barriers to accepting help that the child may not even be aware of.

Attachment

Functional behaviour 2 (insecure attachment)



Children with insecure attachments, which have developed since infancy, do not spring into a healthy attachment phase as soon as they start to receive support. Poor infant attachment behaviours can persist into adolescence and even adulthood. Insecure attachments start in infancy and are family-based in origin, but will transfer themselves to all environments and relationships, particularly those where the child finds themselves in situations where they may need to 'compete' for attention and recognition, such as school, for example. The dynamics of classroom behaviours and the challenges of peer relationships are recognizable when viewed through the prism of Bowlby's attachment theory.³

Bowlby's diagram demonstrates one type of attachment issue in which the child is compelled to stay at home and help their mother look after a younger child, or care for an elderly relative, for example. A child who hasn't formed a secure attachment with their mother wishes to stay at home where they feel useful and wanted, and this presence is rewarded with the parental affection and love they crave. Going to school means a separation from their mother's attention, and creates in the child a deep fear that their role may be usurped. The additional anxiety – we can regard anxiety as a by-product of trauma – about the mother's ability to cope with a young baby (a rival) or an elderly relative (also a rival) creates overwhelming feelings in the child of being needed and loved – basically securely attached to their mother at home. We can assume that the child feels more dispensable at school, and certainly doesn't receive those attached feelings by any of the caregivers at school.

Anxiety cycle

If we concur that school avoidance anxiety is a cyclical activity, and that in the cycle of avoidance there is a fear of failure, low mood, which creates more fear, is a self-perpetuating pattern. A sensible approach would be to 'break' the cycle at the easiest point for the child, that is, without creating additional distress or trauma.

Common types of anxiety in children and adolescents:

- Social
- Separation
- Uncertainty
- Fear of change or new-ness/fear of failure/perfectionism
- Generalized anxiety disorder.

Even for those 'successfully' getting into school, the price they and their families pay can be very high, and the fall-out is demonstrated through a range of physical difficulties, including:

- Disturbed sleep
- Increased or intensified periods of anxiety

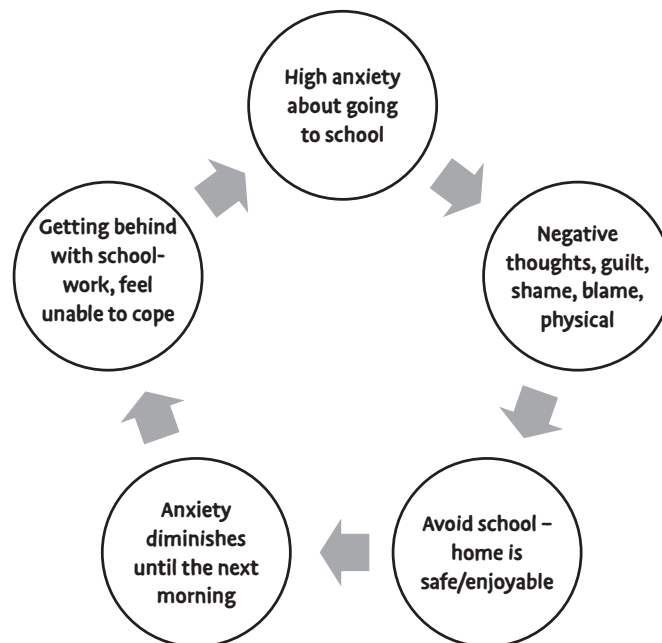
3 Harlow, E. (2020) 'Attachment theory and children's learning in school.' *Headteacher Update*, 1 June. Available at: www.headteacher-update.com/best-practice-article/attachment-theory-and-childrens-learning-in-school-trauma-sen-pastoral-education-timpson-1/227496

- Increased irritability
- Changes in appetite (restrictive, not eating with hands, etc.)
- Emotional volatility
- Rumination
- OCD behaviours
- Self-harm
- Unhelpful thoughts or thinking styles
- Socially remote (not talking as much to family and friends)
- Increase in worry signs: repetitive actions, stimming, difficulty in switching tasks, greater absorption in specialist interests
- Compulsions to alleviate anxiety (cleaning, tidying, excessive handwashing).

Among some parents of neurodivergent children, especially autism and PDA, the period of COVID-19 was a time of respite. But for many, they experienced a sort of loss, possibly the loss of the secure life they had established to cope with their daily lives. Many young people have required significant therapeutic intervention to help them find their footing again.

The trend has been a focus on the dual impacts of anxiety and trauma on the young people’s psyche. The current first-line intervention from professionals and parents is an *integrative approach* of talk therapy, anxiety management and trauma-informed practice.

Working with protected characteristics



Your role is to facilitate the child to become ‘unstuck’ and enable them to loosen the grip of the avoidance cycle. Their non-attendant behaviour is a sentence or even a whole paragraph that you need to de-code – a puzzle, dear reader, that you need to figure out – with or without helpful clues! The situation of being ‘stuck’ is one that unfortunately can grow like mould: a day off school grows into a few days, then a couple of weeks, or a pattern of

intermittent attendance, and in extreme cases, complete inability to activate any part of the process towards regular school attendance without extreme emotional discomfort and distress. By this point the child is so stuck, that even if they want to become unstuck, the stress response is so ingrained they are unable to break the cycle without external help.

We must interrupt this cycle that our non-attendant children are locked into.

Kearney and Silverman⁴ suggest that choice of intervention should be governed by a functional analysis of school avoidance behaviour:

- Information-gathering, where we are now (including anxiety measure).
- What is the extent/duration of the non-attendance?
- How willing is the child to accept help to return to school?
- Do they need more intensive support?
- Where are we now? With strict and punitive attendance policies, are schools asking children to prioritize their education over their mental health and wellbeing?
- Develop a child-led action plan.

Where can we ‘break in to’ the anxiety cycle?

The anxiety cycle can be broken into three distinct phases. They could be incorporated into the back to school plan, but could also be done as stand-alone activities. These phases are more therapeutic than strategic planning.

Phase one

Using guidance from the child, we will have a good idea of some the causes of their anxiety. With our brief history of early childhood, we may also be able to ascertain whether the child has attachment issues. If they are older (11+) and going through an assessment for a neurodiverse condition, they may have issues with social anxiety and challenges with their sensory environment and communication issues in addition to any specific learning difficulties. Using a co-produced low intensity plan we could suggest areas to break into the cycle while gauging the child’s response.

Dr. Pooky Knightsmith has an inspired approach to working with vulnerable non-attenders: Ask the right questions, look for patterns, be curious – ‘What stops you feeling safe in school?’ She identifies four types of safety:

- Physical safety (child may be bullied or have PTSD)
- Emotional safety (child is able to speak their feelings, good or bad)
- Social safety – playtime/lunchtimes, what is expected of the child?
- Cognitive safety – confidence in learning, knowing how to ask for help.

A child I spoke to with sensory processing disorder and a diagnosis of autism aged 15 described the noise levels in the classroom as ‘painful’ and the close proximity to the

⁴ Kearney, C.A. and Silverman, W.K. (1990) ‘A preliminary analysis of a functional model of assessment and treatment for school refusal behavior.’ *Behavior Modification* 14(3), 340–366. doi:10.1177/01454455900143007

male pupils in the class as ‘disruptive’. She’d been asked by her teacher to sit between the boys to ‘calm them down’. Pupils like this benefit from a staggered introduction back into the school environment, to acclimatize to the noise levels and other sensory triggers. Ear defenders are not ideal when you’re a teenager. She wasn’t impressed with what she had to endure.

Schools need to commit to making adjustments to demonstrate that the child’s comfort at school is important to them. It can take many weeks or months to build up to full assimilation. This young person didn’t feel she could advocate for herself, especially with regards to her boisterous desk buddies, and found that even after many months at school, a full day of lessons was impossible. The final outcome was a flexi-schooling option that was arranged weekly with her class teacher.

Phase two

The pupil may opt for some structured self-learning time in a quiet room, plus a lesson with the main class until the end of the school day, and meeting a parent and walking with them to the bus stop to travel home together, to allow shared decompression time.

Phase three

All of the above, with the pupil achieving four days of all lessons and a day where they are in the school building and work on a number of therapies to support their anxiety or increased communication skills.

Whatever the orientation of the plan, it needs to work at the child’s pace, ensuring all of their other needs are also met. We’re aiming for a child-centred approach that balances their desire to return to school with the environmental changes required for a re-introduction into the learning environment that isn’t an assault on their nervous system. Child A requires more time to transition between lessons, because for them, the physical change in locations creates anxiety and mood escalation due to the desire to remain in one place. Child B requires greater sensory support at each stage of the process, or may opt for an entirely ‘static’ learning environment during the school day. For example, this child has fine motor difficulties or working memory challenges that make collecting belongings and shifting equipment highly stressful. (*Reminder: The aim is to arrest the anxiety at a specific point in the cycle, rather than push it along the anxiety cycle only to pop up somewhere else in the child’s experience.*)

Some of the tools that are used to aid social skills and communication with neurodivergent young people could potentially be used when working with children who are school avoidant due to their dual benefits of building rapport, self-advocacy, social emotional learning (SEL) and co-regulation. Other key elements for success in any supporting strategy are the requirement of continuity between home and learning settings and to allow for processing time. (A note on use of spoken language: Use open-ended question structures and allow time for the pupil to decode your language, intonation and subtle body language signs.)

Some tools to consider for building rapport and developing pupil self-advocacy in anxious school avoiders are:

- SCERTS®⁵ framework
- Zones of Regulation®⁶
- PECS®⁷

(Be aware that while these tools are powerful and enable some children to mentalize, they are not always suitable for every child. Some will require adaptation to suit their cognitive or developmental stage as well as any neurodivergent differences.)

Breaking the pattern, with speech, language and communication

There are three elements to the success of any child engagement, especially when this meeting or conversation happens in school:

1. Understanding the process and clarity about the desired outcomes – the child is not seen as ‘at fault’.
2. The child has a high level of trust in the adults around them.
3. The child feels a sense of agency, cooperation and engagement in the process.

1. Understanding the process

Discussions about returning to school, reasons why going to school is difficult, frightening etc., need to include the child’s voice in their own words. Depending on the child’s communication skills, their voice needs to sit at the ‘centre’ of the page with the core issue broken into parts, with micro-solutions dropping out of each of the issues. For example:

Going to school is hard because I don’t like going on the bus:

- I don’t like the bus because it’s very noisy and the children say rude things to each other.
- I’m worried they will bully me because I don’t say very much.
- They talk about drugs and sex in a disgusting way.
- Some of the boys look at me and touch me when it’s my turn to get off the bus.
- I usually rush to the toilets when I get to school as I feel upset and silly that I don’t fit in.
- Sometimes I cry and don’t want to go into lessons.
- Miss tells me off and says I need to get to her lessons on time.

Asking the *magic question* can unlock many answers:

Q: ‘If there was *one* thing that would make all of this easier for you, what would it be?’

A: ‘I would prefer not to get a bus to school. I feel sick in the mornings and would rather not go in, than face being on the bus.’

5 <https://scerts.com/the-scerts-model>

6 www.zonesofregulation.com/learn-more-about-the-zones.html

7 <https://nationalautismresources.com/the-picture-exchange-communication-system-pecs>

This issue could be resolved with the local authority providing transport for the young person so she's able to go to school every day. This may not be a long-term solution, as she will need to grow in confidence and find a way to manage other difficult situations in daily life. She may need talk therapy to work through her anxieties, and social skills to help her become assertive if she is touched or questioned inappropriately. Can the school arrange for her to get in half an hour early if there is a member of staff available to supervise her? A short-term fix is still a fix and can prevent the school avoidance cycle becoming entrenched.

2. Child's level of trust in the professionals around them

A fun model is the 'TIP' sandwich. Let's consider the motivation/reward cycle, as human beings are all driven on some level by a source of motivation. Once we work out what a child's primary driver or motivation is, we have another route to break into the cycle of anxiety. While the study of theories of motivation seems rather academic(!),⁸ we can compress into child terms: what would you prefer? To have 1000 friends or £1000? Imagine it's your birthday and you love cake – would you eat your whole birthday cake, or would you eat half and share the other half with your classmates? You're really good at singing – what would make you most happy, singing in front of a crowd or 70,000 screaming fans at Wembley Arena or in front of your whole school? You get the idea! I liken this approach to a deep-filled sandwich – let's call it the 'TIP' sandwich. When you've got to know the child and what drives them, *pick the motivation theory (T)* you think would work best for them, *introduce their special interest (I)* to underpin this, and apply *lots of patience (P)*.

Using motivation theories to encourage school engagement

Early (content) theories	Contemporary (process) theories
'Emphasis on what motivates individuals'	'Emphasis on the actual process of motivation'
1. Maslow's hierarchy of needs ⁹	1. Cognitive evaluation theory ¹⁰
2. Alderfer's ERG theory ¹¹	2. Goal-setting theory ¹²
3. McGregor's theory X and theory Y ¹³	3. Self-efficacy theory ¹⁴
4. Herzberg's two-factor theory ¹⁵	4. Reinforcement theory ¹⁶
5. McClelland's theory of needs ¹⁷	5. Equity theory ¹⁸

8 <https://pt.slideshare.net/devz1235/reward-motivational-theories/12>

9 Cherry, K. (2022) 'Maslow's hierarchy of needs.' Verywell Mind, 14 February. Available at: www.verywellmind.com/what-is-maslows-hierarchy-of-needs-4136760

10 https://en.wikipedia.org/wiki/Cognitive_evaluation_theory

11 <https://courses.lumenlearning.com/wm-introductiontobusiness/chapter/alderfers-erg-theory/>; https://en.wikipedia.org/wiki/Cognitive_evaluation_theory

12 https://en.wikipedia.org/wiki/Goal_setting

13 https://en.wikipedia.org/wiki/Theory_X_and_Theory_Y

14 www.sciencedirect.com/topics/psychology/self-efficacy-theory

15 Nickerson, C. (2021) 'Herzberg's motivation two-factor theory.' *Simply Psychology*, 16 November. Available at: www.simplypsychology.org/herzbergs-two-factor-theory.html

16 McLeod, S. (2018) 'What is operant conditioning and how does it work?' *Simply Psychology*. Available at: www.simplypsychology.org/operant-conditioning.html

17 www.managementstudyhq.com/mccllellands-theory-of-needs-power-achievement-and-affiliation.html

18 www.sciencedirect.com/topics/social-sciences/equity-theory

If you take the theory that most closely aligns with the child's individual motivations, you start to build an individualized profile of their drivers. You can then instigate the most suitable therapy. With this approach, school and engaging in school life becomes more appealing, because you are engaging their emotional reward triggers.

From a neuroscience perspective, everyone responds positively to each of the following four brain chemicals: dopamine, endorphin, serotonin and oxytocin. Understanding this will help you get under the skin of the motivation theories. The most rewarding part of this process is that if you are lucky enough to have a prolonged amount of time with that young person, you can help them to understand their own motivations – a great life skill!

How human needs motivate actions

Maslow	Alderfer	Herzberg	McClelland
Self-actualization Esteem	Growth	Motivators	Need for achievement Need for power
Affiliation	Relatedness	Hygiene factors	Need for affiliation
Security Physiological	Existence		

This is *not* the same as rewards and consequences, as the sanctions element is 100% absent, and rightly so. Schools that prioritize wellbeing for all children, not just those with emotional, speech, language and social communication challenges, are nurturing and exciting places for young people – places they will want to return to:

Escalation process social communication challenges → difficulty making and sustaining friendships → rejected in school community → social isolation, emotional dysregulation in class/playground → bullying or being a bully → school exclusion, personal rejection, depression, social anxiety.

De-escalation

Empathy and recognition that child's emotional intensity isn't deliberate → limit punishment/intense vocal patterns/implied criticism/isolate child without physicality → calm emotional inflammation through focused attention → sensory soothing → when child is calm listen and validate.

This process shows how easy it is for a neurodivergent child, or any child, to become disenfranchised from the community. At any stage of the process the child can feel extreme low self-esteem that shows up as oppositional, defiant, challenging behaviours, argumentative, rudeness or bullying. This can lead to further exclusions and a sense of

¹⁹ www.potentialunearthed.co.uk/wp-content/uploads/2017/11/Vrooms-Expectancy-of-Needs-theory.pdf

hopelessness. Negative cycles exist in many variants in most aspects of child behaviour. Emotional wellbeing is fundamental to learning. If the brain is in fear mode, close the algebra exercise book until the child's fear mode has dissipated. We need to recognize that for most non-attenders, these children are prioritizing their own mental wellness.

YOUR TAKEAWAY

Working with neurodivergent children requires an open discussion about what 'neurodivergence' means to the family and to the child. There may be 'deficit' and 'lack' narratives swishing around that feed into the anxiety. Being able to highlight strengths, positives and possibilities can help to reframe your conversations around education, and focus on the need to lobby for environmental changes at school to enable learning.

7

Pushing Boundaries, Creating New Responses

BUILDING THE SPEECH, LANGUAGE AND
COMMUNICATION NEEDS (SLCN) NARRATIVE

Trialling plan and review

What is the plan for re-introduction into school?

Time is an elastic concept! This is an expression we use in our household to encourage people to move more quickly, a more eloquent way of saying get your a*se into gear! When reality bites, time is paramount as far as the mental wellness of our young people is concerned. This is why the tiers exist in CAMHS (the UK's Child and Adolescent Mental Health Service). When a young person is in distress or threatening to take their own life, the systems need to move fast. We need to assemble a multi-disciplinary team (MDT) quickly, that can assess, suggest, signpost or treat. I wish that didn't sound so idealistic. Until we reach Nirvana, I want to share with you a great technique to use when the core investigative and therapeutic work is done... Drum roll, introducing...

The ideal classroom¹

This is a great tool to 'switch on' a child who has lost interest or motivation in what their interests and motivations are, and whether it would indeed be best for them to return to their former place of learning. Very much like LEGO Therapy™ the idea is that the child makes their 'ideal' classroom using LEGO while the adult makes notes on the child's reasons for certain placements, for example a garden, a cafe, no science block, etc.

The facilitator asks the child a series of nine questions while they are creating their ideal classroom. A photograph is taken with the child's voice and comments annotated onto the paper with the photograph.

The exercise is repeated, only this time the child is asked to build their non-ideal classroom while the facilitator records the child's comments about this building. A picture is taken, and their comments are annotated next to this 'unhappy' place. It's a liberating exercise as we are giving the child an active role in co-creating their ideal school, and the resulting discussion can liberate issues that were previously unearthed. This exercise

1 Adapted from Morgan-Rose, H. (2014) 'Pupil Voice: Building the "Ideal Classroom" with PCP and Lego.' In H. Moran, *Personal Construct Psychology*. Available at: <https://theidealclassroom.co.uk>

also utilizes a tactile or 3D expression of space, which encourages the child to use their imagination to 'see' things differently and give themselves a different perspective.

The ideal classroom could help these children to recognize that their need is different and help them to visualize a school environment that would be more suited to their needs. Some children do need a change of culture or environment after a prolonged period of school absence: they may move to a Pupil Referral Unit (PRU) or another sort of alternative provision (AP) rather than where they were before.

YOUR TAKEAWAY

While a mainstream school can work for some neurodivergent youngsters, it's vital to explore a variety of options, taking into account the child's opinions. Some children, in spite of significant efforts, are unable to settle or achieve their attainment levels. This is not necessarily anyone's fault, but it can indicate that a move may be the only remaining option. A change of school is a big transition for any child who already feels vulnerable, and anecdotally, many children can regress emotionally and academically after a major school change. Conversely, if the new setting is a good fit, improvements in mood and learning can improve exponentially.

8

Building the Team and Developing a Child and Family-Centred Plan

Supporting a child back into school and education requires a plan, developed by a committed group of professionals who are mandated to activate and implement the plan systematically:

- The plan should not be too ambitious (not trying to achieve too many goals at the same time).
- Aggressive planning, goals and timescales can create anxiety for the young person, causing their eventual failure.
- A simplified routinized plan is most likely to be successful using incremental activities to gradually reduce anxiety while increasing the amount of exposure to the changing situation. For example, focus on environmental changes first for a set number of weeks, with the child sitting somewhere different in the classroom or in an annexe or library, until they feel comfortable and habituated.
- The child will be allocated work to do in this setting and be supervised or intermittently supervised until they are ready to activate the next stage of the plan.

A child's special educational needs (SEN) will form a fundamental part in the parents' decision on the 'best' place for them to be educated. In your discussions with the family, specialists and the child, considerations should be child-centred, as far as possible. A discussion about home learning should also be given fair and full consideration, especially if previous attempts to re-introduce the young person have not succeeded.

Families with a neurodivergent child are entitled to request *evidence* of a school's ability to meet their child's needs (inspection reports, examples of adjustment provided for other pupils, etc.). A checklist enables all parties to review a school's provision and its willingness to cater for a child's specific needs. This will either assuage any uncertainty about the child's welfare on a return to school or build significant confidence.

Here are some points to consider when you're preparing the young person for a return to the school environment:

- Willingness to attend
- Reduction in pre- and post-school anxiety

- General emotional anxiety rating, remaining lower most days
- Ability to deal with small changes to routine and unexpected events
- Teacher observations
- Positive child engagements with peers
- Less catastrophizing
- Specific learning needs (sensory, emotional, cognitive)
- Previous exclusions (internal or permanent?)
- Specific issues (trauma, attachment)
- Health needs (describe impact on learning)
- Previously unmet needs
- Self-awareness
- Environmental adjustments required? Specific equipment etc.

Does the school 'offer' meet the child's needs – from the parents' and child's point of view as well as the school leaders' perspective? Are there any gaps? When the child described 'the ideal school', are their wants available in their current school? (See Chapter 10 in the workbook, 'I can't go to school!')

Who needs to be in the team?

- Educational psychologist
- Clinical psychologist or psychological therapist
- Welfare officer
- SENCO
- Creative therapist (art, drama)
- SaLT (speech and language therapist)
- Class teacher
- Parent, child (family members)
- Social worker.

You may wish to include additional members of your professional, decision-making or clinical team.

Catrina Lowri, among others, believes that 'autistic pupils are often traumatized by their experiences and so using trauma informed approaches [to encourage non-attenders back to school] can be successful.'

Here is a (suggested) checklist for your re-introduction plan:

- Have we got all of the information we need? From the child, family, school stakeholders?
- Child or young person's voice – what is the child's eye view of the world? Map this out using various visual models, e.g., a concentric circle, starting with the child at the centre of their world
- Who are the key players in their world? (*important for trauma-informed practice*)
- How attached is the child to these individuals? (*important for trauma-informed practice*)
- Voice of family and siblings

- Peers or friends
- School's voice/suggestions/recommendations
- Professionals' reports (e.g., speech and language, educational psychologist) in Plain English, seen by the young person (*desirable*)
- Timescale for re-entry
- Is this harmful or helpful attachment? Is it a nurturing connection?
- Who is in the next layer out, in terms of family or close relatives?
- What is the level of influence of wider connections?
- Whole-school approach in place?
- Systems for early identification of children at risk
- Early support and intervention – who leads? All staff briefings
- Style of escalation in event of emotional dysregulation
- Scope to implement adjustments
- Reduced timetable – 'RAG' timetable¹ to highlight problem areas/reduced hours
- Return days – who is on duty? Teaching assistant support?
- Timescale for team review.

When all of the preliminaries have been done, planning documents, tasks, actions and responsibilities will be agreed after these discussions. Review and discussion dates can be diarized – closer at first, and gradually spacing out assuming the child is doing well, and the school is happy with their progress.

Managing the child's and family's expectations will be important, as the school will outwardly have changed very little in comparison to the changes that will have taken place inside the child's emotional body. If you've ever gone back to work after a period away due to a major life change – a bereavement, a wedding or the birth of a child – you will recognize that 'out of body' feeling. Everything looks the same, but you feel very different. Does the school have a designated recovery or quiet zone (ideally not the library)? Is there a key worker or designated adult to encourage the returnee for the first few weeks? Has someone provided the child with a panic code or person to alert if they think the pace is too fast or feel the urge to 'bolt'? Running away is a clear risk to the child, and may scupper any chances of a long-term re-integration.

A *scripted exit strategy* can save hours of worry, especially if a child is unable to communicate clearly due to overwhelm. Helping the child overcome their instinct to 'flee' is important, but if there's a big deterioration in their ability to cope and the school want to avoid a major outburst, consider a 'call home' scale to support regulation, especially if it takes the parent or carer an hour to get to school from work if their phone is switched off etc.²

Range of evidence-based interventions for school avoidance:

- Mindfulness

1 Red, Amber, Green, a traffic light system to help educators know what a child can or can't manage and what level of support might be required. See, for example, <https://www2.uwe.ac.uk/services/Marketing/about-us/SCPS/HHP%20Plus%20resources/SC-HHP-Plus-Self-Assessment-RAG-Rating.pdf>

2 <https://www.autisticuk.org/post/report-of-data-from-our-survey-regarding-autistic-school-non-attendance-and-possible-links-to-trauma>

- Meditation
- Adapted CBT
- Engage educational psychology service
- Talk therapy – emotional wellbeing lead/school counsellor
- Adjustments – flexible, reasonable, specific (in the UK reasonable adjustments are a legal requirement if the child is registered disabled)³
- Whole-school systems promoting emotional wellbeing.

YOUR TAKEAWAY

The planning process needs to be fully integrated, with the child's needs at the centre. And remember that any plan needs to be elastic, taking into account unforeseen events and even being prepared to go back to base if the initial plan doesn't seem to be working.

³ Department for Education and Department of Health and Social Care (2014, updated 2020) *SEND Code of Practice: 0 to 25 years*. Available at: www.gov.uk/government/publications/send-code-of-practice-0-to-25

Systems and Processes

PLANNING FOR FAILURE, CREATING SUCCESS

School systems are designed to organize and structure a process, but sometimes, unintentionally, they can stymie proceedings, creating animosity and misunderstanding, not to mention emotional damage. Whatever policies and practices are in place, it is often brave individuals who sew together the holes in bureaucracy, creating delicate tapestries, to enable faltering progress. There are undoubtedly some stunningly committed individual class teachers, school leaders and SENCOs. However, some teaching and practice policies exist that inadvertently discriminate against neurodivergent learners, for example, SLANT,¹ which requires all children to sit up straight, look the teacher in the eye, nod their head and track the teacher while they are speaking. Hmm...

My son was out of school for almost a whole academic year after a disastrous transition to secondary school, while his EHC (education, health and care) plan was updated and a suitable school placement was found. The first year at secondary school is a big change, which is challenging for most young teens, but for those who are struggling with a brain that thinks, emotes and learns differently to their peers, the shift can be catastrophic. Peer pressure, sexual ignorance or immaturity and learning difference are just a few of their challenges. How many of this group become persistent absentees or persistent non-attenders?

Let's consider for a moment the reasons why more parents in the UK are opting to remove their children from the school register in order to home educate them.² The last three reasons strongly overlap as reasons why youngsters feel unable to go to school:

- Ideological or philosophical views regarding benefits of the wider school system
- Religious or cultural belief
- Bullying
- SEN
- A child being unwilling or unable to cope in a school environment.

1 Sit up, Listen, Ask questions, Nod, Track the speaker; see www.naset.org/publications/classroom-management-series/slant-a-new-behavior-management-system

2 Long, R. and Danechi, S. (2022) *Home Education in England*. House of Commons Library. Available at: <https://researchbriefings.files.parliament.uk/documents/SN05108/SN05108.pdf>

What does success look like?

In an article published through UC Berkeley, Rita-Marie Conrad outlined key points to consider when valuing the importance of mandating attendance.³ The overview of these is as follows:

- Tip #1: Explain to students why going to school regularly is important.
- Tip #2: Make the lessons engaging and dynamic to the year group.
- Tip #3: Hold the student to account, not just for showing up, but also for demonstrating that they've learned something.

The two main factors that underpin successful re-integration into mainstream school are first, whole staff training on the implications of autistic masking, and second, attending a school that uses a combination of trauma-informed approaches and relational practice (Lowri⁴). I agree with Lowri's summary. I also believe that in every country a newly qualified teacher (NQT) and those at the end stages of their academic training or teaching practice need more in-depth training in neurodiversity, disability and child and adolescent wellbeing, because for sure, they will all encounter all of this in their teaching practice and further careers.

As Nadia's mum said:

During 18 months of not going to school, we tried private counselling, after talking to a sympathetic GP about the possibility of autism. She referred us to a counsellor who is herself autistic. This counsellor confirmed to us that Nadia is indeed highly likely to be autistic, although she has no authority to diagnose. This gave us the confidence to seek diagnosis formally, and that's another saga in itself!

Mr Kehoe⁵ said the Oireachtas Education Committee has backed calls for in-school counselling and therapeutic supports to be made available on a pilot basis to respond to growing needs: 'This kind of early intervention could help prevent issues like anxiety over school attendance building up into a crisis, we know there are long waiting lists to access HSE [Health & Safety Executive] mental health services, but a model like this could provide a speedy response at a low cost.'

Catherine Hallissey, a senior child psychologist and former teacher, said that while school absence has been an issue prior to the pandemic, school closures have led to a surge in cases: 'There are children who might have struggled with anxiety before as well as those who never presented with any issues, the hallmark of anxiety is avoidance and, because children weren't going out, they were avoiding anxiety-provoking situations. This avoidance feeds anxiety. Then, all of a sudden, they were expected to jump right back into

3 Conrad, R.-M. (2017) 'Taking attendance – must we?' Berkeley Center for Teaching & Learning, 29 October. Available at: <https://teaching.berkeley.edu/news/taking-attendance-must-we>

4 Lowri, C. (2021) 'Issues in persistent non attendance at school of autistic pupils and recommendations following the reintegration of 11 autistic pupils' *Good Autism Practice (GAP)* 22(2), 12–20.

5 Chair of the Joint Committee on Education, Further and Higher Education, Research, Innovation and Science, Irish Government, Dublin.

a school routine. With therapeutic assistance which involves the child, parents and the schools, these issues can be overcome.

YOUR TAKEAWAY

There are many types of anxiety that can affect children, such as social anxiety, generalized anxiety disorder and panic attacks, and school anxiety is another one of those fears. Some of them exist alone in some children, and others may feel the effects of a number of anxiety triggers. There is a lot of information available relating to child anxiety as well as school anxiety. My instinct is that schools will need to include more information in the curriculum that relates to their complex emotional lives.

Alternative Educational Settings

Professionals and parents are advised to work in partnership using a range of evidence-based techniques to alleviate some the debilitating symptoms of anxiety, and hopefully restore the child's wellbeing and self-esteem sufficiently to enable a graduated return to the school environment: 'Much of the worry and stress children and young people are experiencing has been in regard to difficulties around managing work or study time and uncertainties about their academic future from primary through to college and university age.¹ As policies and governments change, it is essential to keep track of the legislation as it affects children, families, educational settings, and local authorities. For the protection and safety of everyone concerned, if you're in doubt about the status of a young person who is of legal school age, but who is not being educated in school, you should seek specialist legal advice.

Return to school (or alternative provision)

The essence of the return to school demonstrates the extent to which the child has been listened to and their needs have been met. If these two have not been adequately attended to, a repeat of non-attendance is pretty much guaranteed. Ask the child, 'When do your feelings of discomfort start? Do they intensify when you're there or decrease a little? What part of the school day is most unpleasant for you?' Listen carefully to the answers – you may be surprised by what you hear: 'I feel sorry for the elephants, it's so cruel.' 'I think the lions are going to bite the head off the trainer and there will be blood everywhere.' 'I don't like heights and I'm waiting for the trapeze artists to fall and break their necks'...etc.

Out-of-hours learning

This is broadly an arrangement between the school, the child and the child's family whereby the child's learning takes place at a time and place that meets the child's learning needs. There are a number of options for out-of-hours learning, including:

- Flexi-learning
- Reduced timetable
- Home tuition.

1 Gilleard, A., Lereya, S.T., Tait, N., Edbrooke-Childs, J., Deighton, J. and Cortina, M.A. (2020) *Emerging Evidence: Coronavirus and Children and Young People's Mental Health*. Issue 3, 26 August. Available at: www.annafreud.org/media/12234/coronavirus-emerging-evidence-3-final.pdf

Online learning became much more commonplace during the COVID-19 pandemic. School leaders around the world had little option, as people could not come into physical contact with each other.² So, an obvious choice is to push out the curriculum and meet teaching obligations this way, but there is much to do to ensure this type of teaching and learning is equitable across all learners.

Elective home education (EHE)

A recent pilot study by Ofsted, conducted in 130 schools, found that approximately 33% of them had ‘unusually high numbers’ of students taken off the register at the beginning of 2021.³ In the UK, instances of parents opting to educate their children at home (EHE) are increasing, and they must also comply with education law and statutory guidance.⁴ In 2021, councils in England reported a 34% increase in EHE. The actual figures are likely to be higher as registration is currently voluntary.

Without delving into the granularity of the politics of home education, the 1996 Education Act states: ‘Full-time education is compulsory for all children aged 5 to 18, either at school or otherwise...The parent of every child of compulsory school age shall cause him [sic] to receive efficient full-time education suitable: (a) to his age, ability and aptitude, and (b) to any special educational needs he may have, either by regular attendance at school or otherwise.’⁵

In a statement, the Irish Department of Education said that ‘in exceptional cases it approves home tuition for students with diagnoses of school phobia or depression or anxiety that causes major disruption to their attendance at school.’⁶ A spokesman said this occurs when a continued absence from school is required to facilitate medical or therapeutic intervention with a view to the re-integration of the student in their school.

Many hundreds of thousands of parents in various US states have opted to home educate their children, and this is an accepted part of the suite of options available for many families. Home-educated children are referenced in films and in popular culture. In spite of its popularity, however, it is still only a minority of children, with current estimates between 2.5–3 million families who are educating their children this way. Some sections of the UK government are now calling for a mandatory register of all children who are home educated – registration for home education is currently voluntary, and there are concerns that children may be in danger of not receiving a full educational curriculum if their education falls outside of the established formal structure.

2 Kulkarni, T. (2021) ‘Private schools record dip in attendance, revert to online classes.’ *The Hindu*, 29 November. Available at: www.thehindu.com/news/cities/bangalore/private-schools-record-dip-in-attendance-revert-to-online-classes/article37759416.ece

3 Department for Education (2007) *Elective Home Education*. Available at: www.gov.uk/government/publications/elective-home-education

4 <https://childlawadvice.org.uk/information-pages/school-attendance-and-absence>

5 Department for Education (2007) *Elective Home Education*. Available at: www.gov.uk/government/publications/elective-home-education

6 O’Brien, C. (2021) ‘Rise in “school phobia” as children stay home due to anxiety.’ *The Irish Times*, 6 October. Available at: www.irishtimes.com/news/education/rise-in-school-phobia-as-children-stay-home-due-to-anxiety-1.4692025

Flexi-schooling

For some families, the flexibility to educate their children partly at home and partly at school is a workable compromise to achieve the child's emotional and academic goals. UK guidelines suggest that children who are flexi-schooled are marked as absent when they are learning at home. It can be a game of cat and mouse for parents to find and clearly understand the current guidance from the education authorities.

Deferring

Deferring means that the family and child can consider delaying an automatic move into a higher year group due to age. For example, if a child has missed a significant amount of the school term due to a return to school after a period of extended absence, there is the option to delay the automatic move up. This is a particularly helpful strategy, especially if a child is transitioning to a new school after being in an early years setting. Deferring can also be helpful for summer-born children who may be behind their peers with some developmental milestones.

Offsetting

When the child is in a year group that is different to their age group – previously and colloquially called being ‘held back a year’ – this can be positive for those recovering from school-related anxiety. The anxiety will quickly return, though, if the school puts enormous pressure on the child to ‘catch up’ at a rate that is beyond what is comfortable or academically achievable for them. When full or partial recovery is achieved, children who are able and well motivated will want to learn and progress – particularly if they have been consistently coached and encouraged throughout the process. Smaller successes will generate bigger ones, which, over time, can lead to great ones.

Depending on the child's school ethos and leadership, there may be a variety of return-to-school options instead of a complete withdrawal or a new placement, such as flexible timetables and late starts, as agreed by the school leaders, the child and the parent. Blended or hybrid learning is usually an arrangement between a family, the pupil and the school.

EOTAS is a special educational package that sits within an Education, Health and Care (EHC) plan, and the local authority is legally responsible for delivery of that package. EOTAS should *not be confused* with Elective Home Education (EHE). Although they both may have the outcome in that the young person may be educated at home, they place different obligations on the local authority. Some schools permit students to ‘drop’ academic subjects or focus on their best subjects, making a reasonable adjustment that the child no longer sits French, for example, after age 14. Some schools are more open to these arrangements than others. The difficulty is that a school's desire to accommodate specific needs is not always clear until it becomes a deal breaker.

Policies

There are key policies that are relevant to pupil attendance, registration procedures and following up on pupil absence which, for your convenience, are listed here: admissions, anti-bullying, child protection and safeguarding, exclusion, safeguarding, SEN, teaching and learning and behaviour and rewards.⁷

Marchelle is a 15-year-old autistic girl, who was kind enough to share her story. She's in Year 11, getting ready for her GCSEs:

It was boring for me, and I really wanted to learn but it was really hard for me as none of the teachers really understood. Schools don't really understand how I feel. I moved around to a lot of schools; when I was in Year 7, I stopped going to school. And when I was in Year 8, I got put into a PRU in another off site at my school; there were a lot of boys there and I felt uncomfortable, so I left there, then I started doing tutoring at home. After the home tutoring, I went to a college for children with social, emotional and behavioural issues, and ASD or ADHD. I was there for a year – it was a SEN school with mixed ability children. I really wanted to learn but it was really hard for me as none of the teachers really understood ASD.

Carol, a parent, said:

She started taking three subjects but found it too much so dropped to two. We had enormous pressure from the college to switch back up to three subjects because of funding issues (I think they don't get funding for part-time students). In the end they let her do one of the subjects twice, so she qualifies as full time, but she finds that pointless, boring and lacks motivation. I spent much of the next 18 months taking her to clubs and such, with her agreement, ensuring that she didn't completely drop out of society, and her mental health improved. In fact, she started a different sixth form last September and is coping pretty well there – two years older than many of her peers, but she's happy – I can't tell you how much it means to me that she has said that to me several times lately.

The future – the child and family

- As a wider conclusion, I would examine whether for some children the concept of going into a school building every day, full of other complex human beings, is too difficult to sustain.
- A change of educational setting – such as permanent home school, forest school or a continued reduced timetable – may need to be considered to ensure the balance between the child's wellbeing and education is achieved.

⁷ Department for Education (2013, updated 2022) *School Attendance: Guidance for Schools*. Available at www.gov.uk/government/publications/school-attendance; Department for Education (2022) *School Attendance: Guidance for Maintained Schools, Academies, Independent Schools and Local Authorities*. May. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1073591/School_attendance_guidance_May-2022.pdf; www.thesafeguardingcompany.com/resources/blog/attendance

- Telling the parent and child the desired plan of action isn't the same as collaboration or co-production.
- Co-production requires an acceptance that the parent's and child's view are equally as valid as the professional's view.
- Put all views, strategies and decision-making capabilities in full transparency of all parties and discuss a consensus approach. This is particularly important if the non-attending child is autistic with a PDA profile.
- Consequently, the view of the professional should not be discarded in preference of the view of the parent, family or child.
- If the communication, therapy and re-integration approach has included the young person from the beginning, explaining the process step by step, it is highly unlikely that the family will wish to discard the opinion of the professionals.
- It is the point of delivery and the degree to which the approach is embraced by the child and their family that will ensure eventual success. It is the degree of trust between the professionals and the young person that will create the *desire* in the young person to engage fully in the process.

The future – school staff

- Training will provide information. It will not, however, provide the exposure, creativity and compassion required to truly engage young people who are scared or scarred.
- Some CAMHS professionals recognize the need to ensure parents are supported through the process so they're able to work closely with their young person and apply course correction strategies if (and when) there is a wobble in the process. This is not uncommon.
- School leaders who embrace whole-school SEND will be in demand, which will be reflected in school inspection reports.
- References to 'fault' or 'blame' need to vanish from the narrative about school avoidance. Many children feel the weight of responsibility on their shoulders due to their inability to attend school. These feelings of guilt transfer to parents or the family for their apparent impotence in being able to do anything positive to help. The atmosphere in the family can feel tense and broken. Not attending school is a visible beacon of distress, and it must be responded to as such.
- Professionals in the team require supervision, adequate training and time to reflect on individual cases. Examining personal bias and aspiration and goals for the young person also needs to be viewed from a prism of fairness and equality.
- 'We will get the child back into school for five hours a day, five days a week!' said a school leader once. Her ambition was unshakeable, but I wondered if her goals would be achievable for all of her non-attenders. I would bottle the confidence in her team but sprinkle pragmatism and increased flexibility in her approach, and acceptance that her goals may not work for everyone, that her school may not be the right fit. None of this would be a personal slight on her school or her leadership.

- The circumstances that lead a child to drop out of education, either intermittently or more long-term, are unique to that child, their temperament, family and environment.
- The response plan to that young person needs to be as individualized as they are.
- There may be existing therapeutic elements that can be applied that are generic and powerfully effective, but gaining the child's trust, confidence and mode of communication must be achieved first before any plan is conceived or implemented.

YOUR TAKEAWAY

We're in the grip of a huge change in how we deliver education, and out of any crisis must come change. What are you going to do that's different? There are as many types of school as there are the children to fill them. Sometimes we need to accept that trying to fit a square peg into a round hole doesn't work, and might even hurt. Exploring schooling options is time-consuming but can help to preserve a child's wellbeing for the rest of their life.

Conclusion

The mainstream (and sometimes specialist schools) system can be difficult for young people to cope with. Hopefully you now have a deeper insight into some of the causes behind anxious school avoidance, and some tools and suggestions as to how to begin to unravel this complex issue and provide the young person with some practical strategies to re-engage with education.

More schools need to consider blended learning solutions, as remote learning is an acceptable tool for some learners. COVID-19 has forced families to evaluate how their children's education is delivered. School avoidance forces us to delve into current and future school attendance and engagement patterns that are likely to continue. Notice that all cases of school avoidance are as unique as the children who experience it. Children with cultural difference *and* neurodivergence may face additional challenges in attendance.

Some of the alternatives in the previous chapter acknowledge that school doesn't work for all children. A fresh start in another setting is sometimes the best solution, an idea that takes time to absorb. If our educational settings are not equipped to manage and nurture them, increasing numbers of our young people will seek refuge from them. For some, the absence from the school setting will be liberating, and for others, it will mark the beginning of a spiral of mental ill health, employment inequality and even criminal involvement.¹ There is plenty of scope for research into the healing psychology of young people who disengage from education for many reasons. Whilst many schools adopt trauma-informed approaches to improve connection and behaviour, there are multiple possibilities yet to be explored.

Make it enjoyable

Fun experiences are easier for the mind to process as they carry a lower cognitive load. Subjects with increased cognitive load can be more difficult for learners with processing challenges. So, if learning is presented as fun, student engagement is more likely to be increased. This increased engagement can keep students coming to class – key point!!

The way in which we support those children for whom formal, classical or mainstream education isn't working needs a greater level of collaboration and intelligence. Making links with charitable organizations, businesses and government schemes on a bigger scale

1 DutchNews.nl (2021) 'Vulnerable youths at growing risk of being exploited by criminals – report' 22 December. Available at: www.dutchnews.nl/news/2021/12/vulnerable-youths-at-growing-risk-of-being-exploited-by-criminals-report

is desirable, to ensure parents aren't isolated in their decisions, and the young person is protected from crime and provided with genuine opportunities to develop their skills. Technology is there for everyone to learn from. Nature is there for everyone to learn from. Elders, family members and younger or older peers are key points of learning. Books and galleries exist to provide intellectual wonder, stimulation and learning. 'The box' works for many. Let's use our imagination to support those who don't see 'the box' or who prefer to dance around it or paint it. Because they are still learning.

Here is a planning checklist for an IEP (Individualized Education Plan):

- Academic demands
- Anger thermometer
- Arrangements if a teacher is absent
- Date, de-escalation plan
- Devising an individualized support plan with a sample checklist, e.g., standard assessment tools, age recommendations
- Equipment for school
- Exam protocol
- Exemptions (from sports, trips, etc.)
- Expert engagement
- General school rules (use of phones, storage of phones, coats, games kit)
- Homework
- How lessons are structured – length, number of pupils in lessons
- In-lesson support (excluding EHC plan, but including SEN and pastoral support that schools are responsible for)
- Key policies: behaviour, attendance, SEND
- Lunchtime rules
- Map of school
- Meeting points in event of emergency
- Names of all teachers and their responsibilities
- Personal equipment child may need (medication, inhaler etc.)
- Playground rules
- Safeguarding protocol
- SEND, behaviour, diversity and inclusion, attendance
- Supporting positive transitions – clear rules and guidance for children, parents and practitioners including a bespoke timetable
- Training for use of IT
- Signed and review date.

Thank you for reading, and hopefully digesting, my thoughts on this huge topic. I hope you found it helpful and illuminating as you continue to explore an educational path that works for the young people in your care. I would love to hear about your success stories. If you like the sound of my approach, and would like to work with me, do send me a message via the contact page at www.happyinschoolproject.com, it's important work.

Suggestions for Support, Guidance, Further Reading and Information

Anna Freud National Centre for Children and Families, 'Mentally healthy schools.' Available at: www.mentallyhealthyschools.org.uk

Centers for Disease Control and Prevention (2021) 'Anxiety and depression in children.' Available at: www.cdc.gov/childrensmentalhealth/depression.html

Define Fine (formerly known as Not Fine In School) has been created by a small but committed team of parents and professionals who have lived experience of school attendance difficulties: [http://definefine.org.uk/resources¹](http://definefine.org.uk/resources<sup>1</sup)

The #happyinschool is a forum for peer-to-peer parental support, coaching and development for educators and families. It provides a safe space for professionals to discuss how educational settings can reduce stigma and improve wellbeing for all children: www.happyinschoolproject.com

Square Peg was set up as a social enterprise in April 2019, to effect change for children who struggle to attend school and their families: www.teamsquarepeg.org

West Sussex County Council (2022) *Emotionally Based School Avoidance: Good Practice Guidance*. Available at: <http://schools.westsussex.gov.uk/Page/10483>

Young Minds, 'School anxiety and refusal.' Available at: <https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/parents-guide-to-support-school-anxiety-and-refusal>

¹ See NFIS: *Define Fine Schools Guide Summary V3*. Available at: <http://definefine.org.uk/wp-content/uploads/NFISDefine-Fine-Schools-Guide-Summary-V3.pdf>

About the Author

Suzy Rowland is an author, autism and ADHD specialist and trainer, mindful cognitive behavioural therapist (MCBT), speaker and poet. Her son was diagnosed with Asperger's and ADHD aged nine, after many primary exclusions. Suzy founded the #happyinschool project to create meaningful change for neurodivergence and equity in the education system, re-positioning neurodivergence as gifts to community and industry. Addressing the intersectionality of race and neurodiversity, Suzy encourages young people to explore self-advocacy and connectivity. Suzy is committed to raising the bar for wellbeing, particularly for children with autism and ADHD, and the mental health stigma they face. Suzy works with families, young people, schools, colleges, charities and companies and other agencies.