

## Supporting School Refusers

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### BACKGROUND:

What is a 'school refuser'?

**School refusal** is when a pupil refuses to attend school due to emotional distress. This is different from **wilful truancy** as truant pupils have no feelings of anxiety or fear towards school. The behaviours around school refusal differ from those around truancy as outlined in the table below:

Behavioural characteristics of school refusers and truants	
School refusal	Truancy
Severe emotional stress about attending school, which may include anxiety, tantrums, depression, physically lashing out, running away from the car/bus or somatic issues such as nausea.	Lack of excessive anxiety or fear about attending school.
Parents are aware of the absence or the child convinces parents to allow him to stay at home.	Children often attempt to conceal their absence from parents.
Absence of significant behavioural problems.	Frequent antisocial behaviour, often in the company of antisocial peers
During school hours, the child stays home because it is safe.	During school hours, the child is somewhere other than home.
A willingness to do homework and complies by completing work at home.	Lack of willingness to do schoolwork or meet academic expectations.

Development of school refusal:

Many children who refuse to go to school have been quietly attempting to stamp out feelings of anxiety and/or depression for some time before they refuse to attend school. It develops over a period of time and is sometimes related to the following:

- Separation anxiety (common amongst younger children) – an overwhelming fear of harm (including death) befalling parents or loved ones when separated.
- Social anxiety (including performance anxiety) – students with social anxiety tend to be preoccupied with being scrutinised by peers and adults, worry about how they are being judged, and experience significant anticipatory anxiety about public speaking.
- Generalised anxiety – excessive anxiety and worry about a number of events or activities, and this anxiety causes distress in social, occupational (school), or other areas of functioning.
- Depression – includes depressed mood, irritability, refusal to participate in normal activities, sleep disturbance, changes in eating habits, social isolation and suicidal ideation.

Risk factors for developing school refusal behaviours:

- previous or current periods of poor mental health (diagnosed or otherwise)
- family instability
- bereavement
- traumatic event
- ASD
- past episodes of school refusal

### **TEAM APPROACH TO WORKING WITH SCHOOL REFUSERS**

The best approach to helping a child struggling with school refusal is a team approach involving teachers and/or pastoral support staff at the College, the child, the parents, College Counsellors, College SEND team, and outside support agencies which may include CAMHS, the child's GP, or the local authority.

Underlying issues causing school refusal can include stress at home, social stress and medical issues (eg, a child with asthma might experience excessive worry about having an asthma attack at school).

1. **Assess:** The first step is a comprehensive medical and psychological evaluation. It's important to get to the root of the problem – this will likely include both family and school questionnaires or interviews. The school may refer the family to CAMHS to get this process started.
2. **Therapy:** depending on the outcome of the assessment, the child may be referred to therapy which might include cognitive behavioural therapy (CBT) or other therapeutic approach. The College will assist as appropriate throughout this process.
3. **Re-integration:** normally, the therapist/therapy team will work with the College to create a plan to help the child re-enter the classroom. Younger children sometimes benefit from arriving early and helping the teacher in the classroom or helping at the front desk. The plan should also include contingencies to help the child during anxious moments throughout the day. Some children will require a graded approach to returning to school – gradually building up the amount of time they spend in school.
4. **Home support:** anxious children benefit from predictable home routines, particularly in the mornings and evenings during term time. Parents may want to monitor sleep, as lack of quality sleep exacerbates symptoms of anxiety and depression. A good night's sleep also makes it easier to get up and out to school in the morning. Parents can help by establishing healthy sleep habits and keeping to a regular sleep cycle, even during holidays and on the weekends.

There is no quick fix for school refusal. It takes a team effort, and can be extremely distressing for children and their families. There may be periods of growth followed by significant setbacks. It is important to acknowledge the child's difficulty, engage in open and honest communication about it, offer empathy and pile on support.

### **ADDITIONAL WAYS IN WHICH THE COLLEGE CAN SUPPORT A CHILD WHO REFUSES SCHOOL**

- Authorising absence due to illness (absence due to physical and mental illness is a statutory defence)

- Recognising and supporting mental health difficulties in children and following the College Policy on Pupil Physical and Mental Health
- Assess (or help parents arrange assessment) for SEND, particularly when anxiety is a reported reason for absence
- Make or support a CAMHS referral
- Provide access to work and homework when the child is unable to attend school
- Work closely with the local authority to explore additional support provision, and notify the local authority if absence with a medical cause lasts for over 15 days (consecutive or cumulative)
- Collaborate fully with parents and other professionals to create a child-focused support plan
- Acknowledge and respond to any medical diagnosis, in line with the College Policy on Pupil Physical and Mental Health
- Apply the 'Reframe the Behaviour' approach to working with the child by understanding and helping minimise stressors, removing barriers to attendance and meeting previously unmet needs.

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