# Collaborative working to promote Attendance and Psychological Wellbeing





# **CONTENTS**

#### INTRODUCTION

Collaborative working to promote Attendance and Psychological Wellbeing	3
Focusing on promoting school Attendance and Psychological Well-Being	3
Definitions	5
Prevalence	6
Why does it happen?	6
Risk factors of emotionally based school avoidance	8
The Solihull response to emotionally based school avoidance	10
GETTING ADVICE	
Whole school approaches to mental health and wellbeing	11
GETTING HELP	
Awareness, curiosity and recognition	18
Assess: Information Gathering	19
Formulating an understanding of the behaviour	26
Intervention planning and delivery	29
Intervention, monitoring and evaluation	39
GETTING MORE HELP	
APPENDIX 1: Profile of Risk of emotional based school avoidance	41
APPENDIX 2: SYSTEMIC PUSH AND PULL FACTORS TEMPLATE	45
APPENDIX 3: FORMULATION TEMPLATE	46
APPENDIX 4: ACTION PLAN	47
REFERENCES	48

#### **INTRODUCTION**





# Collaborative working to promote Attendance and Psychological Wellbeing

Working in partnership, Solar and the Community Educational Psychology Service (CEPS) are supporting schools to develop their understanding and ability to support children and young people who find it difficult to consistently attend and positively engage in school.

The pathway outlined in this guidance follows a graduated approach of support, intervention and services; it is designed to complement and work alongside existing good practice that is happening across schools in Solihull and incorporate support from other SMBC services.

# Focusing on promoting school Attendance and Psychological Well-Being

School attendance is not only important for academic achievement, but to support the holistic development of young people as citizens within their community (Pellegrini, 2007). CYP not engaging in education are 'at significant risk of underachieving, being victims of harm, exploitation or radicalisation, and becoming NEET (not in education, employment or training) later in life' (DfE, 2016, p.5). Disengagement with education can result in reduced access to support programmes and professional input. Long-term outcomes and difficulties associated with school non-school attendance include: reduced future aspirations, poor emotional regulation, mental health difficulties, limited academic progress and reduced employment opportunities (Gregory and Purcell, 2014, Hughes et al, 2010, Lyon and Cotler, 2007, McShane et al, 2001). Detrimental effects are evident in individuals' learning and achievement, with many disengaging from education all together (Carroll, 2010). Those who do not return to education are more likely to have underdeveloped social skills, family conflict and poor mental health (Maynard et al, 2015). One might suggest that a bidirectional relationship between these factors is likely.

The pathway and guidance have been produced by Solar and Solihull Community Educational Psychology Service (CEPS) and is based on the current evidence base of the factors which are associated with positive outcomes. These include:

- Early intervention
- Systemic working: working with families, school staff and the young person
- Formulating and intervening according to individual case presentation
- Emphasis on the need for a rapid return to the educational setting alongside intervention, support and adaptations with the school and home environment (Baker and Bishop, 2015).

Alongside this guidance for educational settings, information booklets for families and children and young people will be produced and a series of workshops will be offered to families.

The guidance and information booklets can be found on Solihull's Local Offer website, Solar's webpage and the Community Educational Psychology Service website.

#### **Contributors:**

Dr Louisa Jones Senior Educational Psychologist

Dr Harvey Tagger Clinical Psychologist & Psychological Therapies Lead – Solar

Dr Holly Ackland Educational Psychologist

Dr Amy Humphries Educational Psychologist

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#### **Definitions**

The discourse and terminology surrounding school non-attendance has continually been evolving in response to emerging literature and research findings. Previous terms include 'school phobia', 'school refusal', 'school withdrawal' and 'truancy' (Kearney, 2008, Pellegrini, 2007). More recent definitions used within practice include 'emotionally based school avoidance' as coined by West Sussex Educational Psychology (2018). See definitions below:

**Truancy**: 'generally refers to unexcused, illegal, surreptitious absences, non-anxiety-based absenteeism, absenteeism linked to lack of parental knowledge about the behaviour, absenteeism linked to delinquency or academic problems, or absenteeism linked to social conditions such as homelessness or poverty' (Kearney, 2008, p.452).

School phobia: 'generally refers to fear-based absenteeism, but youths are rarely phobic of school and so this term has been deemphasized in recent research literature (Hanna, Fischer, & Fluent, 2006; Suveg, Aschenbrand, and Kendall, 2005)' (Kearney, 2008, p.453).

**School withdrawal:** where parents deliberately keep a child home from school for economic purposes, to conceal maltreatment, to prevent abduction from an estranged spouse, to protect a child from perceived school-based threat, to assist a parent with psychopathology, or for other reasons (Kearney, Lemos and Silverman, 2004)' (Kearney, 2008, p.452)

School refusal: 'generally refers to anxiety-based absenteeism, often from separation, generalized, or social anxiety' (Kearney, 2008, p.452). School refusal is a psychosocial phenomenon defined by a prolonged absence from school, with parents'/carers' knowledge, and the prospect of going to school causing severe distress (Maynard et al, 2015, Berg, 1997). Kearney and Silverman (1993) proposed school refusal occurs when children experience lowered anxiety through avoidance of the school setting, which results in negative reinforcement.

**Emotionally based school avoidance**: a 'broad umbrella term used to describe a group of children and young people who have severe difficulty in attending school due to emotional factors, often resulting in prolonged absences from school' (West Sussex Guidance, 2018, p.3).

#### Prevalence

Onset of emotionally based school avoidance may be sudden or gradual and is most common during adolescence. It is equally common in males and females (Ingles et al, 2015, Kearney, 2008). The frequency of emotionally based school avoidance is difficult to measure accurately; although research indicates prevalence rates amongst children and adolescents is approximately between 1-2%. Thambirajah et al. (2008) stated that children's difficulties in communicating their distress and difficulties that families and school staff have in understanding a child's emotional experience of school are often key barriers in identifying and supporting young people at risk of emotionally based school non-attendance. For some young people, it may be obvious in their presentation of extended non-attendance and distress, for others they may not be so easily identifiable. These young people may have inconsistent attendance, missing odd days or particular lessons, for others they may be only able to attend with high levels of support or modified timetables. Less recognised than that are those that may attend but are not engaged in school activities.

It is also important to note that some young people with emotionally based school avoidance may appear to recover relatively quickly from the initial upset of the morning, which may lead some to dismiss the possibility of emotionally based school avoidance; however as Thambirajah et al. (2008) highlight, it is important to hold in mind models of anxiety, as it is not unusual for the anxiety to quickly dissipate once the perceived threat is removed.

Maynard et al (2015) indicated that nearly 50% of clinic-referred youth characterised by school non-attendance have an anxiety disorder. Crump et al (2013) found children with mental health difficulties had the highest rates of absenteeism. Autism Spectrum Condition (ASC) was not specifically linked with increased school absence. In contrast, research findings from Norway (Munkhaugen et al, 2017) suggest higher prevalence amongst CYP with ASC. There appears to be a lack of literature, however, which investigates the link between ASC and school refusal in the UK.

# Why does it happen?

Within the literature, a wide range of factors have been associated with non-school attendance including transitions; for example, emotionally based non-school attendance has been known to increase around the time that CYP move from primary to secondary school (Pellegrini, 2007; Thambirajah et al, 2008; Goodman and Scott, 2012; Nutall and Woods, 2013).

Kearney; the leading researcher in the field, has highlighted the importance of understanding the underlying reason for CYP's school non-attendance. Kearney identified four potential functions of EBSA: avoiding school related stressors, avoiding social situations

and/or activities, attention needing and reinforcing activities (see Table 1 for further description). These four functions can be separated into two categories: negatively reinforcing and positively reinforcing.

Table 1: Four functions of school non-attendance (Kearney, 2008)

	Function	Description
Negatively	Avoiding school related stressors	<ul> <li>'Avoidance of school-related stimuli that provoke negative affectivity or general anxiety In some cases, the child's discomfort can be linked to difficulty with transitions between classes or time periods, entry into a school building or classroom, or riding a school bus' (Kearney, 2008, p.457).</li> <li>'To avoid uncomfortable feelings brought on by attending school, such as feelings of anxiety or low mood' (WSCC, 2018, p.4).</li> </ul>
reinforcing	Avoiding social situations and/or activities	<ul> <li>'Escape from aversive social and/or evaluative situations at school. This function applies typically to older children and adolescents with difficulty interacting with peers or others at school or difficulty with evaluative situations such as examinations, oral presentations, recitals, athletic performances, and eating in the cafeteria. In many cases, youths have problems assimilating into middle or high school or feel ostracized from peer or racial groups' (Kearney, 2008, p.457).</li> <li>'To avoid situations that might be stressful, such as academic demands, social pressures and/or aspects of the school environment' (WSCC, 2018, p.4).</li> </ul>
Positively	Attention needing	<ul> <li>'Pursuit of attention from significant others. This function typically applies to younger children who refuse school to remain home with parents or others. In this case, school itself is not aversive but the child prefers to be home or at a parent's workplace. Common misbehaviours include tantrums, running away from school, and noncompliance. This function is commonly associated with separation anxiety though excessive worry about separation is not always present' (Kearney, 2008, p.457).</li> <li>'To reduce separation anxiety or to gain attention from significant others, such as parents or other family members' (WSCC, 2018, p.4)</li> </ul>
reinforcing	Reinforcing activities	<ul> <li>'Pursuit of tangible reinforcers outside the school setting. This function typically applies to older children and adolescents who refuse school to pursue more alluring activities outside of</li> </ul>

school such as watching television, playing videogames,
spending time with friends, or engaging in day parties or
substance use. This function may be most analogous to the
traditional concept of truancy. Common problems linked to
this function include family conflict as well as delinquent, rule-
breaking behaviour' (Kearney, 2008, p.458).
<ul> <li>'To pursue tangible reinforces outside of school, such as going</li> </ul>
shopping or playing computer games during school time'
(WSCC, 2018, p.4).

# Risk factors of emotionally based school avoidance

Emotionally based school avoidance cannot be defined and treated as a single condition as individual children will be reluctant to attend school for a variety of reasons and factors which are unique to them.

Just as with general mental health, there have been factors identified in the research that place children at greater risk of emotional based school avoidance and it is typically a combination of factors that lead to patterns of behaviour that are described as emotionally based school avoidance.

#### Environmental / contextual risk factors

As a school, it is important to consider how environmental and contextual factors may be promoting and/or maintaining non-school attendance. 'Contextual risk factors refer to those having an indirect or less immediate effect on school refusal behaviour' (Kearney, 2008, p.458). These include: school ethos and environment; curriculum, teaching and learning; parent/carer attitudes, and family and community (see Table 2 below for examples).

Table 2: Environmental and contextual risk factors for school non-attendance

Risk factor	Description
School ethos	A young person may:
and	<ul> <li>Experience bullying (found to be the most common school factor)</li> </ul>
environment	<ul> <li>Have a lack of involvement in extra curricula activities</li> </ul>
	<ul> <li>perceive behaviour management policies/approaches to be punitive</li> </ul>
	and harsh
	<ul> <li>feel unsafe within the school environment</li> </ul>
	<ul> <li>lack a sense of belonging within the school setting</li> </ul>
	<ul> <li>have poor relationships with teaching staff</li> </ul>
	<ul> <li>not feel valued</li> </ul>
	<ul> <li>fall through the net due to poor attendance processes within the</li> </ul>
	setting

Curriculum,	A young person may:
teaching and	struggle to access the curriculum due to lack of appropriate
learning	differentiation and/or unrecognised needs
	<ul> <li>perceive lessons as boring</li> </ul>
	<ul> <li>not feel supported with academic or other additional needs</li> </ul>
	<ul> <li>perceive learning tasks to be unachievable</li> </ul>
	<ul> <li>lack opportunities to experience success in their learning</li> </ul>
Parent /	Parents/carers may:
carer	<ul> <li>have little involvement or interest in their child's academic lives</li> </ul>
attitudes	adopt a disciplinary approach to school non-attendance
	<ul> <li>have poor relationships, difficult interactions and/or conflict with</li> </ul>
	school professionals
	<ul> <li>have experienced difficulties within their own education</li> </ul>
Family /	A young person may:
community	<ul> <li>have experienced high levels of conflict within the home</li> </ul>
	<ul> <li>have parents/carers who have difficulty caring for them due to lack of</li> </ul>
	capacity
	<ul> <li>live with parents/carers who have mental health difficulties</li> </ul>
	<ul> <li>live in unsafe or problematic neighbourhoods</li> </ul>

Kearney, (2008)

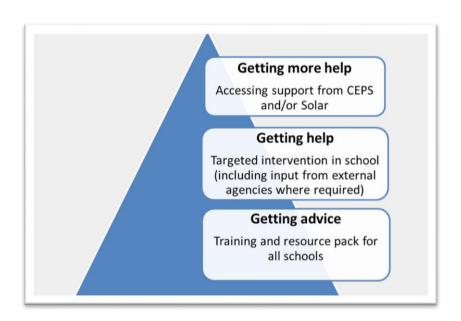
To support the identification of risk factors The Profile of Risk Schedule has been included in Appendix 1. The Profile of Risk schedule consists of five key areas, each of which contains a number of items you are asked to consider in terms of their possible importance in influencing emotionally based attendance difficulties.

# The Solihull response to EBSA

Solihull MBC is promoting a graduated approach to supporting CYP with EBSA which involves three stages (see figure 1):

- Getting advice: Whole school, evidence-based approaches should be utilised to
  promote wellness enhancing, resilient environments and reduce the likelihood of
  EBSA concerns emerging. Whole-school training can be accessed to support staff
  members understanding of what such approaches look like in practice and how they
  can be successfully implemented.
- Getting help: If staff members identify concerns about a CYP in relation to EBSA, targeted, evidence-based interventions should be implemented following a plan, do, review cycle. Interventions should be tailored to each individual CYP based upon information gathered about the CYP and the reasons known for school nonattendance.
- **3. Getting more help:** CYP who are identified as requiring external involvement from psychological services (e.g. CEPS, Solar) as evidenced through the Plan, Do, Review process.

Figure 1: Solihull MBC's graduated response to EBSA



#### **GETTING ADVICE**

# Whole school approaches to mental health and wellbeing

The first stage of the model focuses on educational settings creating environments and policies that adopt whole school, evidence-based approaches to promote wellness enhancing, resilient environments and reduce the likelihood of EBSA concerns emerging. The National Institute for Health and Care Excellence (NICE) advises that school settings should be supported to adopt a comprehensive 'whole school' approach to promoting the social and emotional wellbeing of children and young people. Such an approach moves beyond teaching and learning to be incorporated in all aspects of school life.

Mental wellbeing is not simply the absence of mental illness but is a broader indicator of social, emotional and physical wellness. The Anna Freud Centre defines mental wellbeing as 'children and young people's happiness, life satisfaction and positive functioning'.

Public Health England (2015) highlighted eight principles to promoting whole school approaches to emotional health and well-being, and builds on the mental health Wheel of Resilience.



Taken from Promoting children and young people's emotional health and wellbeing: A whole school and college approach (Public Health England, 2015).

# Leadership and Management

Support from the senior leadership team is essential to ensuring the efforts to promote emotional health and well-being are accepted and embedded. NICE recommends that head teachers, governors and teachers should demonstrate a commitment to the social and emotional wellbeing of young people. They should provide leadership in this area by ensuring social and emotional wellbeing features within improvement plans, policies, systems and activities. These should all be monitored and evaluated.

School leaders have an important role in advocating for the needs of children and learners within the context of wider local strategic planning.

#### School ethos and environment

The physical, social and emotional environment in which staff and CYP spend a high proportion of each week day has been shown to affect their physical, emotional and mental health and wellbeing as well as impacting on attainment.

Relationships between staff and CYP, and between CYP are critical in promoting CYP wellbeing and in helping to engender a sense of belonging.

NICE guidance recommends that:

Primary education providers:

- create an ethos and conditions that support positive behaviours for learning and for successful relationships
- provide an emotionally secure and safe environment that prevents any form of bullying or violence

#### Secondary education providers:

- Foster an ethos that promotes mutual respect, learning and successful relationships among young people and staff. Create a culture of inclusiveness and communication that ensures all young people's concerns can be addressed (including the concerns of those who may be at particular risk of poor mental health)
- provide a safe environment which nurtures and encourages young people's sense of self-worth and self-efficacy, reduces the threat of bullying and violence and promotes positive behaviours

#### Why relationships are so important...

Education settings give children a sense of connectedness (Department for Education, 2016) and help to support children's emotional wellbeing by providing opportunities for children to build secure relationships with adults (Ubha and Cahill, 2014). For children described as

vulnerable, relationships help children to adapt and recover from past experiences, making the child feel secure, and in turn ready to learn (Bomber and Hughes, 2013).

Positive teacher-child relationships are important to children's social, emotional and behavioural development (Bergin and Bergin, 2009; O'Connor, Dearing, and Collins, 2011), and can act as important protective factors for young people with emotional and behavioural difficulties (Sheffield and Morgan, 2017). Teacher-child relationships that are emotionally supportive rather than only focusing on instructional support are suggested to be more beneficial (Mcnally and Slutsky, 2018).



'In schools, we can best... enable children to engage in education, by valuing the importance of relationship in all the work we do with them' (Bomber, 2007, p.9)

'Through the relationship, we can help... children to learn adaptive, healthy responses, supporting them to think differently and take control over their physical states, feelings and behaviour' (Bomber, 2007, p.9)

#### P.A.C.E: An evidence-based relational approach

Arguably, if the targeted support offered to a child or young person is to be successful, there needs to be strong relational foundations. Dan Hughes introduced an approach called 'P.A.C.E' to help create environments which aid attunement, connection and facilitate healthy relationship development. The four aspects of this approach are: Play, Acceptance, Curiosity, and Empathy:



**PLAY:** Joint play activities can aid a sense of connection through shared experiences of fun. Enjoying play activities together can help communicate to a young person that they are valued and liked. We tend to be great at providing and encouraging playful activities for younger children, but play is important at all ages and helps support positive mental health, social skills and emotional regulation.



**ACCEPTANCE:** It is important that adults can separate their responses to behaviour, and their feelings towards the CYP (e.g. I like you but I did not like your behaviour), thereby, reducing feelings of shame or guilt. By displaying acceptance of the CYP's emotions, it is communicating that incidences can be moved on from and relationships can be repaired.



**CURIOSITY:** being curious about the function of a CYP's behaviour communicates that you want to understand them and aids connection. Wondering aloud can be a helpful technique to make best guesses regarding the CYP's underlying thoughts or feelings e.g. 'I wonder if you're feeling angry because...' Sharing feelings with others can help reduce the intensity of that feeling.



**EMPATHY:** Even when you do not agree with a CYP's behaviour, we are able to empathise with the emotion underlying the behaviour, as we will have felt the same way ourselves before. Rather than trying to fix the behaviour, we are taking time to relate to what the CYP is experiencing and communicating that they are not alone. Just remember 'connection before correction'.

# Curriculum, teaching and learning

School-based programmes of social and emotional learning have the potential to help young people acquire the skills they need to make good academic progress as well as benefit CYP health and wellbeing. CYP are more likely to engage in lessons that focus on emotional wellbeing if they are of practical application and relevant to them.

#### NICE guidance recommends that:

#### Primary education providers:

 include a curriculum that integrates the development of social and emotional skills within all subject areas (these skills include problem-solving, coping, conflict management/ resolution and understanding and managing feelings)

#### Secondary education providers:

- Provide a curriculum that promotes positive behaviours and successful relationships and helps reduce disruptive behaviour and bullying. This can be achieved by integrating social and emotional skills development within all areas of the curriculum. Skills that should be developed include motivation, self-awareness, problem-solving, conflict management and resolution, collaborative working, how to understand and manage feelings and how to manage relationships with parents, carers and peers
- Tailor social and emotional skills education to the developmental needs of young people. The curriculum should build on learning in primary education and be sustained throughout their education, reinforcing curriculum learning through, for example, extra curricular activities

#### Student voice

Involving CYP in decisions that impact on them can benefit their emotional health and wellbeing by helping them to feel part of the school and wider community and to have some control over their lives (sense of belonging and sense of mastery). At an individual level, benefits include helping CYP to gain belief in their own capabilities, including building their knowledge and skills to make healthy choice and developing their independence. Collectively, young people benefit through having opportunities to influence decisions, to express their views and to develop strong social networks.

# Staff development, health and wellbeing

It is important for staff to access training to increase their knowledge of emotional wellbeing and to equip them to be able to identify mental health difficulties in their CYP. This includes being able to refer them to relevant support either within the school or from external services.

Promoting staff health and wellbeing is also an integral principle of the whole school approach to emotional health and wellbeing.

NICE guidance recommends:

#### That primary education providers:

- offer teachers and practitioners in schools training and support in how to develop children's social, emotional and psychological wellbeing
- Train and develop teachers and practitioners so that they have the knowledge, understanding and skills to deliver a curriculum that integrates the development of social and emotional skills within all subject areas effectively. The training should include how to manage behaviours and how to build successful relationships
- Ensure teachers and practitioners are trained to identify and assess the early signs of anxiety, emotional distress and behavioural problems among primary school children. They should also be able to assess whether a specialist should be involved and make an appropriate request

#### That secondary education providers:

- integrate social and emotional wellbeing within the training and continuing professional development of practitioners and governors involved in secondary education
- ensure practitioners have the knowledge, understanding and skills they need to develop young people's social and emotional wellbeing

## Identifying need and monitoring impact

There are a variety of tools that education settings can use as the basis for understanding and planning a response to CYP's emotional health and wellbeing needs ranging from simple feedback forms to validated measures which can focus on both wellbeing and mental health.

#### Some examples of these tools include:

- the Stirling children's wellbeing scale this is a holistic, positively worded scale, developed by the Stirling Educational Psychology Service, that is suitable for educational professionals looking to measure emotional and psychological wellbeing in children aged eight to 15 years
   www.friendsforlifescotland.org/site/The%20Stirling%20Children's%20Wellbeing %20Scale.pdf
- The Warwick-Edinburgh mental wellbeing scale (WEMWBS) this is also a positively worded scale that can be used to measure wellbeing with young people aged 13 and over. It is recommended that it is used with samples of over 100 people. The shorter version, which has seven questions, can be found at: <a href="https://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/swemwbs\_7\_item.pdf">www2.warwick.ac.uk/fac/med/research/platform/wemwbs/swemwbs\_7\_item.pdf</a>
  The more comprehensive scale and advice on how to calculate a wellbeing score can be found at:

www.nhs.uk/Tools/Documents/Wellbeing%20selfassessment.htmWorking with parents/carers

# Working with parents/carers

The family plays a key role in influencing children and young people's emotional health and wellbeing. Research suggests that the engagement of parents/carers has a bigger impact on a child or young person's academic learning than any other factor, including the quality of the school. By bringing parents/carers and teachers together, it is possible to provide a child or young person with a trusting circle of adults who will support them.

There is also strong evidence that well implemented universal and targeted interventions supporting parenting and family life that offer a combination of emotional, parenting and practical life circumstances have the potential to yield social as well as economic benefits.

# Targeted support

Some children and young people are at greater risk of experiencing poorer mental health. Delays in identifying and meeting emotional wellbeing and mental health needs can impact on all aspects of children's lives. The next section of this guidance will focus on targeted support for those children who have been identified as displaying behaviours that may be associated with emotionally based school avoidance.

# Action plans and audits to support mental health and wellbeing in schools

There are many tools and resources available for schools to audit and create development plans to facilitate the delivery of whole school mental health and wellbeing approaches.

Below are useful websites for these:

https://www.brighton-hove.gov.uk/sites/brighton-hove.gov.uk/files/EMHWB%20framework%20(PDF%20482KB).pdf

https://www.mentallyhealthyschools.org.uk/resources/emotional-health-and-wellbeing-framework-for-schools/?page=1&IssuePageId=1408

https://www.annafreud.org/media/4612/mwb-toolki-final-draft-4.pdf

#### **GETTING HELP**

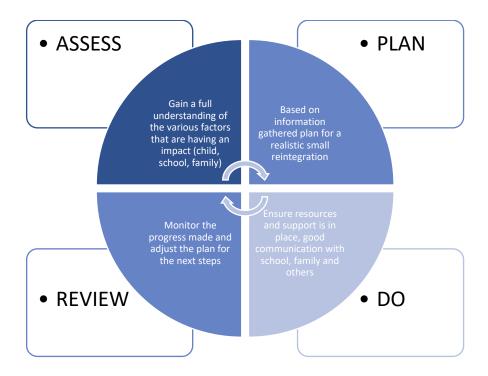
## Awareness, curiosity and recognition

As a staff team, it is important that there is a shared understanding and awareness of ESBA indicators, so that CYP at risk of EBSA can be identified as early as possible so that effective support can be put in place. It may that young people present with few or many different indicators of EBSA. Please see Table 3 below which outlines some possible early indicators of EBSA (those you may notice before the CYP's patterns of behaviour become entrenched) and indicators of EBSA (those you may notice once the CYP's patterns of behaviour are more established). In order to recognise the possible indicators of EBSA it is important that staff members remain curious about CYP's behaviour, try to refrain from making assumptions and share information with colleagues to establish a holistic picture.

Table 3: Indicators of EBSA

Early indicators of EBSA	Indicators of EBSA
<ul> <li>Sporadic attendance and/or lateness</li> <li>Parent reporting that CYP does not want to come to school</li> <li>Physical signs of</li> </ul>	<ul> <li>Periods of prolonged absence</li> <li>Persistent lateness</li> <li>Parent/carer unable to support CYP to attend school</li> <li>Identifiable patterns within non-school attendance e.g. specific days, subjects, staff members</li> <li>Providing minor reasons for school absences</li> </ul>
stress believed to be linked to stress (e.g. stomach ache, sickness, headache) or complaining of feeling ill.  Behavioural changes or fluctuations e.g. interactions with others, reduced motivation and engagement in learning tasks	<ul> <li>CYP experiences anxiety in relation to home factors e.g. parental separation, divorce, conflict, loss, bereavement</li> <li>CYP displays greater reliance upon family members e.g. separation anxiety, increased proximity</li> <li>Concerns around academic progress due to nonschool attendance / missed education</li> <li>CYP displays increased anxiety in relation to their learning and/or poor self-concept as a learner</li> <li>Low self-esteem and/or lack of confidence</li> <li>Struggling in relation to peer relationships and/or social situations</li> <li>Physical signs of stress believed to be linked to stress (e.g. stomach ache, sickness, headache) or complaining of feeling ill.</li> <li>Displays of emotional dysregulation and/or distress</li> </ul>

Where risks of emotionally based school avoidance are identified, it is important to gather further information from the young person, families and school staff involved with the young person and put in place strategies to support them **as soon as possible.** Fast action can prevent emotionally based school avoidance from becoming entrenched and result in much better outcomes. The Solihull CAPW pathway advocates that schools should follow thorough assess, plan, do and review cycles with the young person at the centre of the planning and interventions.



# Assess: Information Gathering

Once there has been a difficulty identified there should be a prompt information gathering process to explore reasons for the difficulties. The main aims of this are to gather information regarding the various child, family and school factors that may be contributing to the emotionally based school avoidance experienced by the child.

#### Working with the Child/Young Person

Once it has been identified that a CYP is displaying indicators of EBSA, it is important that staff begin to gather further information regarding the child's thoughts, feelings and wishes so that any support or intervention can be tailored and personalised accordingly. Remember that any child currently avoiding school will become anxious when asked to discuss returning; they are managing their feelings of anxiety by employing avoidant behaviour, so any talk about going back will raise their anxiety as you are proposing taking away their

coping mechanism. Always a good place to start is to acknowledge it will be difficult, but you would like to know how they think and feel. It is important that the adult working with them does not dismiss anxieties or worries.

There are numerous ways in which staff members may choose to do this, tailoring the approach to the CYP's individual strengths and needs. Below there are some ideas for resources which may be helpful:

Additional resources and ideas can be sourced here:

http://www.sheffkids.co.uk/adultssite/pages/communicrateworksheets.html

Table 4: An Example of an information gathering tool

	What makes it more likely that I will come to school?	What makes it less likely that I will come to school?
Child/ YP	<ul> <li>How I would describe myself as a learner</li> <li>Things I like about school</li> <li>What I find easy</li> <li>What I am good at</li> </ul>	<ul> <li>How I would describe myself as a learner</li> <li>Things I don't like about school</li> <li>What I find hard</li> <li>What I am not so good at</li> </ul>
Family/ Home	<ul> <li>Some good things about my family are</li> <li>I would describe my family as</li> <li>How others might describe my family</li> <li>Things I miss about school when I am at home</li> <li>To help me get / feel ready for school in the morning, I like to</li> </ul>	<ul> <li>Sometimes I don't like leaving my family/home and coming to school because</li> <li>I would describe my family as</li> <li>How others might describe my family</li> <li>When I stay at home, I like/enjoy</li> <li>Things I miss about home when I come to school</li> <li>People I miss at home when I come to school</li> </ul>
Peers	<ul> <li>Other children at school and/or friends make me feel</li> <li>People I enjoy spending time with at school</li> <li>During my free times (break, lunch etc.), I like to</li> <li>Social situations/activities that I look forward to in school</li> </ul>	<ul> <li>Other children at school and/or friends make me feel</li> <li>Activities / social situations that I do not look forward to in school</li> <li>I don't like play/free times in school when</li> </ul>
School	<ul> <li>I would describe school</li> </ul>	<ul> <li>I would describe school as</li> </ul>

	<ul> <li>as</li> <li>Lessons I enjoy</li> <li>because</li> <li>Things about school that I find difficult</li> <li>When I think about school, I feel</li> <li>I would describe my teachers in school as</li> <li>Things that people do that helps me in school</li> </ul>	<ul> <li>Lessons I don't enjoy         because</li> <li>Things about school that I find enjoy</li> <li>When I think about school, I feel</li> <li>I would describe my teachers in school as</li> <li>Things that I feel worried about in school</li> </ul>
Neighbourhood	<ul> <li>Things I link about the area I live in</li> <li>When I'm not at school, I spend time doing</li> <li>Where I like spending time when I'm not at home</li> <li>When I'm not at school, I spend time with</li> </ul>	<ul> <li>Things I don't like about the area I live in</li> <li>When I'm not at school, I spend time with</li> <li>When I'm not at school, I spend time doing</li> </ul>

#### Rag activities:

To gain a better idea of how a CYP thinks and feels about their school environment it may be helpful to use a copy of their timetable and/or diagram of the school layout. You can then ask the CYP to 'RAG' (red, amber, green) their timetable and/or diagram of school layout according to a self-made rating scale.

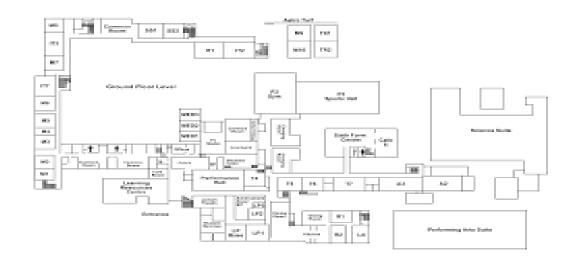
Collaboratively agree upon a key; for example:

- Green = I am happy here or I enjoy this subject
- Amber = I feel ok here or I find this subject alright
- Red = I feel uncomfortable here or I do not enjoy this subject

These activities can provide useful conversation starters, further exploration around what may be causing a CYP difficulty and/or anxiety within the school setting can be further explored through follow-up questions. Try using open questions rather than closed.

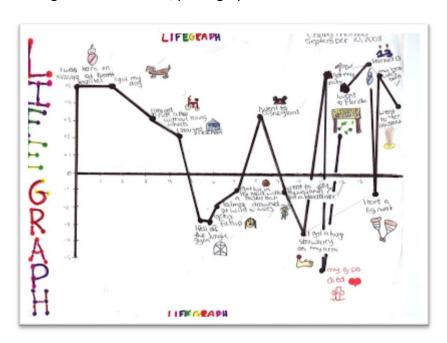
	Mon		Mon Tue			Wed		Thu		Fri	
	Bi		N	¶a			1	Py	(	Ch	
1	NKA	C212	MRO	E212			KWH	G203	JEM	C209	
		Bi	Ma				1	Py	Ch		
2	NKA	C212	MRO	E212			KWH	G203	JEM	C209	
	I	у	I	y	Ps					Bi	
3	KWH	G203	KWH	G203	JAG	G204			SAK	C209	
	I	у	I	у						Bi	
4	KWH	G203	KWH	G203					SAK	C209	
			(	Th .			N	И́а	1	у	
5			JEM	C210			LHA	E303	HRA	G203	
				Th .			l l	Л́а	1	Py	
6			JEM	C210			LHA	E303	HRA	G203	
	Ch		1	Bi				Bi	1	Ла	
7	RMA	G107	NKA	C212			SAK	C209	MRO	E212	
	(	Ch .	1	Bi				Bi	1	Ла	
8	RMA	G107	NKA	C212			SAK	C209	MRO	E212	
	N	Ла			(	Ch					
9	LHA	E303			RMA	C209					
	Ma				(	Ch					
10	LHA	E303			RMA	C209					





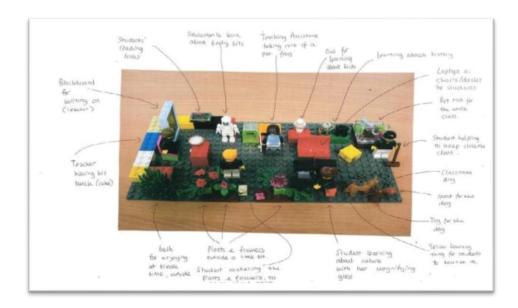
#### Life Graph:

Collaboratively developing a life graph with the CYP may help to consider when their EBSA started, what else was happening in their lives at this time, what events and experiences led up to this point and how the CYP interpreted these. It may be helpful for the young person to categorise their life events as positive or negative. Practical and/or visual aids could be used to aid recall e.g. childhood items, photographs.



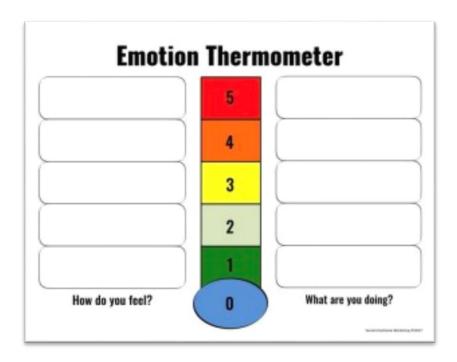
#### Ideal Classroom (Williams and Hanke, 2007)

By facilitating an activity which focuses on the CYP's 'ideal school', adults can gain an insight into what elements of the school (people, environment, lessons etc.) the CYP would like to change and why. This activity can be undertaken using Lego, play equipment and/or colouring.



#### **Emotion Thermometer or Scale**

Using a scale can be a useful way for a CYP to start, making links between their emotions and environmental/contextual factors. This tool can aid CYP to think about and consider when they are feeling heightened and what is happening around them during these times to identify links or triggers.



#### Working with Families

It is important that time is taken to build collaborative partnerships working together with families in the best interests of the young person. Families may find it difficult to talk about the concerns they have and the difficulties they experience in getting their child to school. During the initial meeting it is important to gather background information, establish the current situation and the family's views. There should be regular contact with families throughout the assess, plan, do and review cycles and schools should identify a key person to communicate with parents.

There are a range of strategies that can be used to support families to give views and some of these are outlined below:

#### Life journey/family dynamics

It can be helpful to gain an understanding the young person's life journey and significant events which may have impacted upon their lived experiences. You could use the following questions with family members:

Could you describe your family? Or draw your family tree?

- Who is X closest to in the family? Has this always been the case?
- Has there been any changes within the family recently?
- Was anything different in your family at the time that you noticed X's difficulties increasing?
- Has there been any significant life events that X has experienced? Or any important losses/bereavements?
- When X does not attend school, how does this impact upon the family? What are you doing if X does not go to school?

#### **Exception finding**

Using an exception finding approach can help shift the focus away from the presenting problem, to consider aspects within a situation which are working well or supporting the young person not to get worse. Possible questions or sentence starters may include:

- Tell me about the times when X is not feeling X
- Tell me about the times when X is feeling less X
- Tell me about the times when X has coped well
- Tell me about the days/times of day when you think something has gone well for X. What is different during these times?
- Tell me about the times when X has managed to go to school. What was different about these times?
- Tell me what other people have done that has been useful/helpful for X.

#### Typical day

What does a typical day look like for X / yourself when they do/do not attend school?

Take me through it, what happens from the moment they wake, to the moment they sleep...

#### Strengths based questions

- What are X's strengths?
- What are they good at?
- What does X enjoy?
- What are X's hopes for the future?

#### Working with school staff

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

Key information to gather includes:

- The young person's strengths?
- What is going well?
- Any difficulties they have noticed
- Peer relationships
- Relationships with adults
- Response to academic tasks
- If they have witnessed emotional distress what did thus look like and what caused it.
- What support or differentiation is put in place and how the young person responds to this?
- Any ideas for further support.

# Formulating an understanding of the behaviour

Following the gathering of information from the child, family, school and other professionals involved it is important that 'sense' is made of it. In other words, an overview of the whole picture and various factors are obtained and potential formulations or hypotheses regarding the behaviour are formed. These should then inform the intervention and return to school support plan.

In order to understand the cause of EBSA, professionals must consider the CYP's underlying needs and how these may be contributing towards their presenting behaviour. It can be helpful to consider what the function of the behaviour is and what it may be communicating. Try to separate behaviours from feelings and underlying needs.



#### Adopting a systemic perspective

Behaviour does not emerge within a social vacuum; therefore, it is important to consider how systemic factors may be influencing the CYP. A range of underlying, intertwined, casual

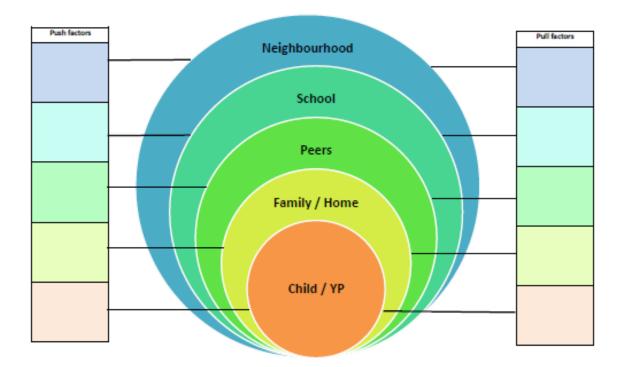
factors may be promoting and/or maintaining EBSA behaviour across the CYP's systems (e.g. family/home, peers, school, and neighbourhood). This figure below depicts how a CYP can be conceptualised as sitting within a wider range of systems; influencing factors within these systems can affect one another and also the CYP.

#### **Push and Pull Factors**

The diverse range of influencers that may exist across CYP's systems are often referred to in the literature as 'push' and 'pull' factors:

- Push factors: influencing factors that push a CYP away from attending school
- Pull factors: influencing factors that pull a CYP towards attending school

Push and pull factors are likely to be present across systems. The balance between these factors is likely to fluctuate. The diagram below can help you to formulate the push and pull factors present for individual children.



As well as utilising the diagram above in formulations, there is a form provided in Appendix 3 that may help collate, integrate and analyse the information gathered from a variety of source. To support this the following questions could be answered under each section:

#### Description of behaviour:

- What is the current rate of attendance?
- Are there any patterns to non-attendance e.g. particular lessons or days?
- When did the behaviour first occur?
- What does the behaviour look like? What does the child/young person say about specific fears and difficulties?

#### Risk factors school, child and family:

Using the risk factor analysis (Appendix 1) record relevance risk factors

#### Strengths and protective factors:

- What strengths does the CYP person have?
- What are the CYP's aspirations or ambitions?
- What positive relationships do they have at home and school?
- What positive experiences have they had at school?
- What was different about the times when the young person was able to get to school?
- What has been helpful in the past?

#### Formulation and integration of various factors:

- What is people's understanding of why the young person is demonstrating these behaviours?
- Are there any differences of views?

#### Function of behaviour:

These are based on Kearney's (2008) four factors. Is the behaviour:

- To avoid something or situations that elicits negative feelings or high levels of stress?
- To escape difficult social situations
- To get attention from or spend more time with significant others (e.g. change in family dynamic, concerned about the wellbeing of a parent).
- To spend more time out of school as it is more fun or stimulating (e.g. play computer games, hang out with friends).

Are there any maintaining factors?

# Intervention planning and delivery

#### **Action Plans**

After the information gathering and analysis process has occurred an Action plan should be co-produced with parents, the child and any other professionals involved with outcomes that focus on a return to school.

The outcomes on the action plan should be individual to that child and therefore each plan will be different. The outcomes should be realistic and achievable with the aim of reintegrating the young person. The return should be gradual and graded. A part time timetable may be necessary as part of this process but this should always be temporary and not seen as a long term option as all children are entitled to a full time education.

An optimistic approach should be taken, if the child fails to attend or carry out the actions as described in the action plan one day, start again the next day. It should be anticipated that there is likely to be more difficulties following a weekend, illness or school holiday.

At the start of the plan the child is likely to show more distress and everyone involved should be aware of this and work together to agree firm, consistent approaches. A unified approach is recommended between all involved and any concerns should be communicated away from the young person.

The format of an action plan is flexible but an example of one can be found in Appendix 4.

#### Key elements of a plan

The literature in this area has identified key elements of support that should be in place in in order to increase the likelihood of successful reintegration. These are:

- A return to school at the earliest opportunity.
- Early home visits if appropriate to discuss the young person's reluctance to attend school.
- All parties to agree actions and keep them until the next review date.
- A personalised programme for each young person.
- Ensuring the young person's needs are clearly communicated with all staff in the setting.
- Identification of a key member of staff who can be approached by the young person if anxiety becomes temporarily overwhelming in school.
- A safe space in school that the young person can go if needed.
- Consideration of what support the family requires.

#### External agency support as part of the graduated response

External advice and guidance should be sought if professionals are unsure or under confident planning or implementing interventions, and in instances where:

- The CYP has significant, on-going mental health needs or a history of such
- The CYP is on a waiting list for therapeutic support with an external agency
- The CYP is unable to come into school
- The CYP does not have a trusting relationship with an adult in school

Services that are able to support schools with the initial assess, plan, do and review cycles are:

- SISS SEMH team
- SISS ASC team (for those young people with an ASC diagnosis)
- SISS C&L team
- Any other professional currently involved in supporting the young person and/or their family.

#### Interventions

As part of the schools graduated approach following the plan, do, review process, it is important that evidence-based interventions are offered to CYP to support them to reduce the barriers to non-school attendance.

Questions to ask when considering whether a school-based intervention is appropriate:

- Is the CYP in the right place emotionally and psychologically to access an intervention?
- Does the child want to change their behaviour? What is their readiness to change?
- Is the environment able to facilitate and harness change?
- Are parents/carers in agreement of such support?
- Does the CYP require more specialist mental health support?
- When would you stop an intervention?
- What are the aims of the intervention? How will you know once you have achieved them?
- What pre and post measures can you use to monitor impact over time?
- Is there someone who could deliver this intervention that the CYP has a good connection with?
- Is the person delivering the intervention adequately trained?
- Does the person delivering the intervention have access to adequate support and supervision?
- Is an individual intervention appropriate given the CYP's needs, or are the issues broader (e.g. across home, neighbourhood) and require external agency support?

Interventions may support CYP to understand their thoughts, feelings and behaviours and plan a way forward. On the following pages, three different psychological approaches to intervention are outlined and some worksheets are provided that may be useful when planning and delivering interventions.

#### What is a solution focused approach?

Solution focused approaches are underpinned by solution building as opposed to problem identification or problem solving. As part of this process, the young person is supported to define a preferred future, identify best hopes and consider what is already working well. The CYP is encouraged to focus upon the future as opposed to the past. Young people are able to move closer towards their preferred future by drawing upon their own resources.

#### When might a solution focused approach be helpful?

CYP can feel a sense of hopelessness and become overwhelmed by the challenges they face. A solution focused approach can support a shift in the young person's thinking, to envisage a positive future and how they are able to achieve this through their own personal resources.

#### Key concepts

- Rather than spending time exploring historical aspects or origins of the presenting problem, solution focused approaches are centred on exploring the individual's hopes for the future and possible solutions.
- It is believed that the young person is an expert in their own life and the behaviours required to build a solution already exist, therefore, the focus is upon increasing the frequency of helping behaviours.
- There are always exceptions to the problem! Exceptions can be defined as times when the problem is not happening, occurs less or the young person is less affected by it.

#### Examples of solution focused activities:

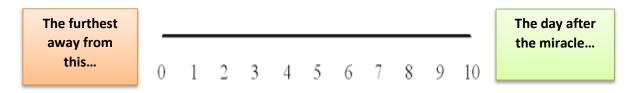
- see miracle day and miracle day: salmon line worksheets
- In order to identify the young person's areas of competence it can be helpful to ask them to describe previous achievements (no matter how small) and explore these through questioning; for example, 'what helped you to be able to do that?', 'How did you manage to do that when things were more difficult?'
- suggested resource: <a href="https://learning.nspcc.org.uk/research-resources/2015/solution-focused-practice-toolkit/">https://learning.nspcc.org.uk/research-resources/2015/solution-focused-practice-toolkit/</a>

#### Miracle Day

Ask the young person the following



#### Miracle Day: Salmon Line



#### **Suggested Questions**

Where might you place yourself on this scale now?

Where would you like to be on the scale?

Have you ever been higher up on the scale? When was this? Can you describe what your life was like at this time?

Where would you have rated yourself last year? What was going well then? What would it take to get back there?

What would help now? What would need to change to move further up the scale? What would you need to do? What would others need to do?

#### What is a Cognitive Behavioural Therapy (CBT) approach?

CBT is designed to help individuals through a process of self-discovery, to consider alternative ways of thinking and acting through a range of cognitive and behavioural techniques. The provider of CBT aims to empower the CYP by providing an open forum where they can explore, grow and experiment by taking an active role in the problem-solving process (Beck et al, 1979).

#### When might a CBT approach be helpful?

CBT has a robust evidence base (Hofmann et al, 2012) and has proven to be an effective form of intervention for use with YP in schools (Werner-Seidler et al, 2017, Stallard, 2005). Typical difficulties that can be supported through CBT-based approaches include: emotional regulation difficulties, social relationships and barriers to learning (NICE, 2013). The time-limited, goal-orientated and flexible nature of CBT is well suited for use within educational settings (Mennuti et al, 2012).

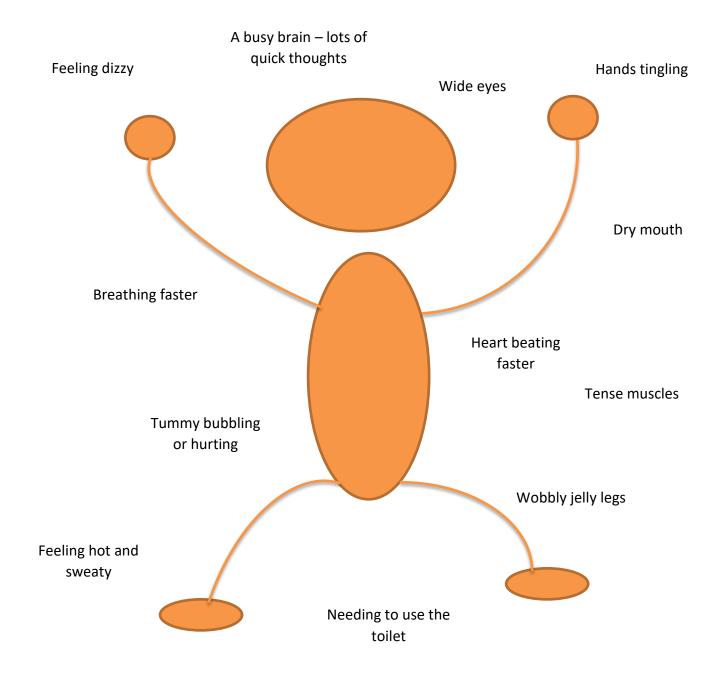
#### Key concepts

Thought patterns are believed to form the basis of behaviours; therefore, by challenging 'unhelpful' cognitions, an individual can be supported to develop healthier behavioural responses that support emotional wellbeing (Hofmann et al, 2012). Thoughts can be described as 'helpful' or 'unhelpful':

- Helpful thought: a balanced thought that takes into account presenting evidence.
   This often involves rational thought patterns, weighing up the evidence and being realistic about your ability to manage situations.
- Unhelpful thought: a thought that could be unrealistic and not based upon factual
  information. This may involve jumping to conclusions or 'worst case scenario'
  thinking. Unhelpful thoughts may involve underestimating your ability to cope with
  situations.

#### Examples of CBT activities/resources:

- See 'hot cross bun' and 'unhelpful vs helpful thoughts' worksheets
- Suggested resources: Think Good Feel Good by Paul Stallard
- Worksheets utilising a CBT approach can be sourced here: <a href="https://www.getselfhelp.co.uk/freedownloads3.htm">https://www.getselfhelp.co.uk/freedownloads3.htm</a>

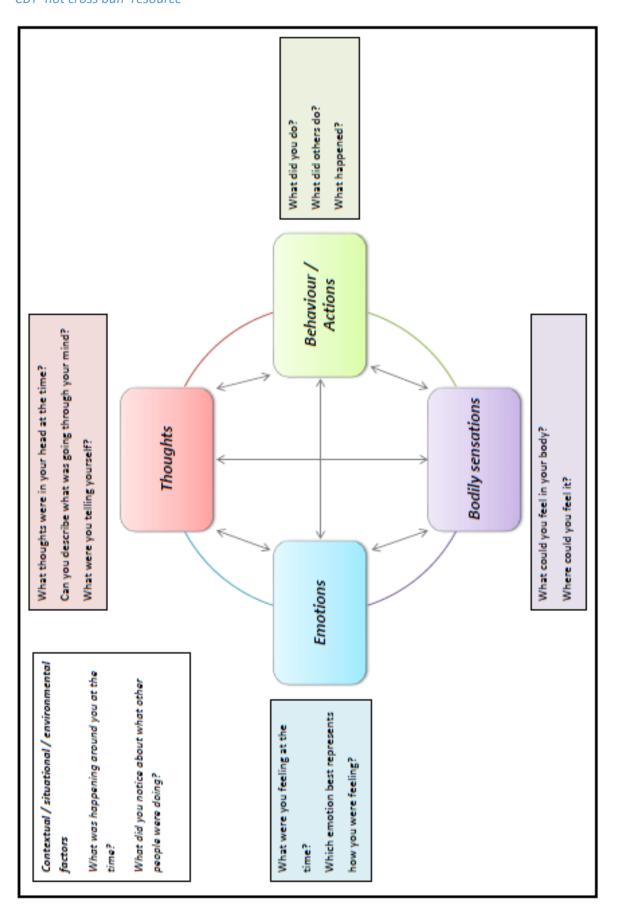


When children are feeling anxious, they may experience one, many or all of the above symptoms. These symptoms are perfectly normal and not dangerous. It is just our bodies preparing to fight off danger or run away from it.

Look at the diagram. Have you ever felt any of the symptoms?

These symptoms can be really horrible and scary, but they are normal and won't hurt you (provide examples of when you have felt this way).

Together we can try to calm some of the symptoms through relaxation techniques, such as progressive muscle relaxation or a breathing techniques.



### Challenging unhelpful thoughts

Can you think of an 'unhelpful' thought you have had this week? Keeping this in mind, can you answer the following 'challengers':

Is this a fact or opinion?
What is the evidence that this is true? What is the
evidence that this is not true?
What is the worst that could happen? Could you cope
with this?

What is the best that could happen?

How have you coped with similar thoughts before?

What would you say to a friend if they were experiencing

#### **Event diary:**

Using the example as a guide, write down a significant event that stands out for you during this week. Consider what you were thinking at the time, if there is any evidence to support these thoughts and what the alternative 'helpful' thoughts could have been. Do you think these alternative helpful thoughts could have led to different feelings and/or actions?

Situation / context	What I was	Is there any evidence	Alternative 'helpful'
	thinking	to support these	thoughts
		thoughts?	
Maths exam	'I can't do thís'	'I dídn't do as much	'I have coped with
	'I'm rubbish at	revision as I wanted,	maths exams before'
	maths'	however, my results	
	"I'm going to fail"	have been ok and	'My teacher tells me
		my teacher always	I'm better than I
		tells me I am more	thínk'
		capable than 1 think'	
		,	'I've never failed a
			maths exam before'

#### PERSONAL CONSTRUCT PSYCHOLOGY APPROACH

#### What is Personal Construct Psychology (PCP)?

Personal Construct Psychology (PCP) was devised by George Kelly, a clinical psychologist in the USA during the 1930s Great Depression (Burr, King and Butt, 2012). The underpinning theory of PCP is that people are proactive in making sense of themselves and their world and they do this through their constructs, which are bi-polar dimensions (Beaver, 2013). An example of a construct is generous ------ mean, and there is usually a preference towards one of the poles. Constructs are ordered in a hierarchy of their importance to the individual in which they belong and the 'core' constructs, the most important, help to maintain an individual's identity and existence in their daily lives (Beaver, 2013).

### When might a PCP approach be helpful?

Therapeutic support using PCP can help an individual to discover and test out their construing before revisiting their theories after the consideration of new experiences (Butler and Green, 2007).

#### How can a PCP approach be utilised in practice?

A philosophical assumption of PCP is 'constructive alternativism' and proposes that our existing views and perspectives are open to question and reconsideration (Butler and Green, 2007). As the way in which we construe determines our actions, this suggests that by reconsidering our constructs we can alter our behaviour. Tom Ravenette (1980) indicates that construing lies at a low level of awareness and therefore an individual may not know their own constructs until they are required to produce them in a certain situation.

### Examples of PCP activities:

Suggested resource: https://theidealclassroom.co.uk/home/

# Intervention, monitoring and evaluation

As with all interventions, it is crucial that we monitor the impact of the interventions that we utilise. By assessing the CYP's progress in response to the intervention, adaptations can be made accordingly and we can identify an appropriate end point.

Data collection can take the form of qualitative and/or qualitative measures, such as:

- quantitative data: attendance figures and progress data
- Qualitative data: such as exploring the views and experiences of CYP and families or measuring behavioural changes.

Suggested resources for monitoring impact of interventions over time:

- A range of different measures are available via the Child Outcomes Research Consortium (CORC) website: <a href="https://www.corc.uk.net/outcome-experience-measures/">https://www.corc.uk.net/outcome-experience-measures/</a>
- strengths and difficulties questionnaire: <a href="http://www.sdqinfo.org/a0.html">http://www.sdqinfo.org/a0.html</a>
- Emotional literacy assessment and intervention: <a href="https://www.gl-assessment.co.uk/products/emotional-literacy/">https://www.gl-assessment.co.uk/products/emotional-literacy/</a>
- Boxall profile: <a href="https://boxallprofile.org/">https://boxallprofile.org/</a>
- SPENCE anxiety scale: <a href="http://scaswebsite.com/">http://scaswebsite.com/</a>
- The Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS): https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/

### **GETTING MORE HELP**

When there has been limited or no progress in response to targeted intervention over time, following the plan, do, review process, it is advised to seek psychological support. The appropriate service to refer to depends upon the perceived 'function' of the school avoidant behaviour (see below).

Function	Referral service
-ive reinforcement in school	Community Educational
setting (i.e. avoidance of social	Psychology
interaction or learning)	
+ive reinforcement in	Community Educational
family/home/peer contexts	Psychology
Mental health need	Solar

When making a referral to either Solar or the Community Educational Psychology Service (CEPS) settings should include evidence of their graduated response including, but not limited to, a completed risk factors assessment, a formulation report (e.g. systemic push and pull factors, or the Formulation Form found in Appendix 3) and copies of reviewed action plans.

### Solihull Community Educational Psychology Service

To make a referral to the Community Educational Psychology Services school settings should contact their link EP. If educational settings do not already commission support from CEPS, packages of support can be purchased by contacting <a href="mailto:edpsych@solihull.gov.uk">edpsych@solihull.gov.uk</a>

#### Solar

To make a referral to Solar, a referral form should be completed. This can be found at:

https://www.bsmhft.nhs.uk/our-services/solar-youth-services/professional/referrals/

#### What happens next?

When a referral is received by either of the psychological services a practitioner will come alongside the existing team and support the 'assess, plan, do and review' cycle. Depending on the psychology service, and the individual needs of the young person each stage of the process will vary and therefore no two involvements will look the same. However, what will

remain consistent is that the psychology services will attend reviews that are negotiated and agreed by the team working to support the young person.

#### APPENDIX 1: Profile of Risk of emotional based school avoidance

The Profile of Risk schedule consists of five key areas, each of which contains a number of items you are asked to consider in terms of their possible importance in influencing emotionally based attendance difficulties.

You should be as objective as possible when completing the schedule and base assessments on evidence.

During the process of completing the schedule, it may be useful to not factors associated with particular items, such as:

- This has been an issue in the past, but doesn't appear to be now.
- This has been an issue in the past and has persisted as an important item.

Items on the scale are not rated numerically, like a typical rating scale, as one single item (e.g. death of a parent) is so important it cannot be rated in the same way other items might be rated.

If the profile suggests to you that the CYP is at risk of emotionally based school avoidance, the next step would be to obtain the views of the young person, parents and other staff.

		Lev	el of con	cern	
Loss and Change	High	Med	Low	Not an	Not
				issue	known
Death of parent, relative, friend					
Death of pet					
Sudden traumatic event					
Sudden separation from parent					
Moving house, school, area					
Loss of classmate					
Parent, relative, friend illness					
Note on key items					
			I		ı
Family Dynamic	High	Med	Low	Not an	Not
	High	Med	Low	Not an issue	
Inappropriate parenting	High	Med	Low		
Inappropriate parenting Birth of new child	High	Med	Low		
Inappropriate parenting Birth of new child Parents separated	High	Med	Low		
Inappropriate parenting Birth of new child Parents separated Parents arguing/fighting	High	Med	Low		
Inappropriate parenting Birth of new child Parents separated Parents arguing/fighting Practical problems bringing child to school	High	Med	Low		Not
Inappropriate parenting Birth of new child Parents separated Parents arguing/fighting	High	Med	Low		

Social Personal	High	Med	Low	Not an issue	Not known
Being bullied				13340	KIIOWII
Seems to have few friends/friendship issues					
English as an additional language					
Dislikes play/break times					
Few leisure interests					
Note on key items					
Curriculum/Learning issues	High	Med	Low	Not an issue	Not known
Low levels of literacy					
PE and/or games issues					
General learning difficulties					
Subject specific difficulties					
Exam or test anxiety					
Difficulties with a particular teacher/adult					
Problems keeping up in lessons					
Note on key items					

Psychological wellbeing	High	Med	Low	Not an issue	Not known
Often seems tired					
Low self esteem					
Appears depressed					
Appears anxious					
Keeps feelings to them selves					
Has a pessimistic nature					
Other issues	High	Med	Low	Not an issue	Not known
Note on key items					



### **APPENDIX 3: FORMULATION TEMPLATE**

Name		School	
Year Group		Key school staff	
Other			
agencies involved			
Description of I	   Dehaviour		
Risk factors sch	ool, child and family		
Strengths and p	protective factors		
Formulation an	d integration of various factor	 S	
Function of beh			
Function of ber	laviour		

### **APPENDIX 4: ACTION PLAN**

Name		Year Group	De	Date:	
Contributors:					
Shared desired outcomes	Agreed Action (Intervention/	Agreed Action (Intervention/Strategy)	Pre-intervention evaluation	evaluation	Post-intervention evaluation
What do we hope to see as a result? What is a realistic expectation given our starting point? How can we write this as a SMART target?	What? Who? How often? For how long?	ر اهري	What does it look like now?	k like now?	What does it look like now? Have we achieved our shared desired outcome? If not, have we made steps forward towards our shared desired outcome?

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