

Emotionally-based school refusal:

A guide for primary
and secondary schools

March 2020

In partnership with the MindEd Trust

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Introduction to the guidance

Emotionally-based school refusal (EBSR) is an umbrella term used to describe the experiences of a group of children and young people who have severe difficulty in attending school due to emotional factors. This difficulty often results in prolonged absences from school, despite the best efforts of pastoral members of staff, the child / young person and their family.

It is difficult to estimate the prevalence of EBSR as there is no single definition or cut off when considering what might constitute EBSR. EBSR presents on a continuum, and it is clear that the outcomes associated with EBSR are far reaching.

This guidance has been produced by Cambridgeshire's Special Educational Need and Disability Service, in conjunction with school partners, and has been written to inform staff at schools when they are supporting children and young people exhibiting EBSR.

Where appropriate, pre-existing resources that are openly available have been signposted to and credited. This guidance was originally published in the spring of 2020, and is scheduled for biannual review.

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Cambridgeshire's Special Educational Need and Disability Service would like to thank The MindEd Trust (www.themindedtrust.org) for their kind support in the production of this guidance.

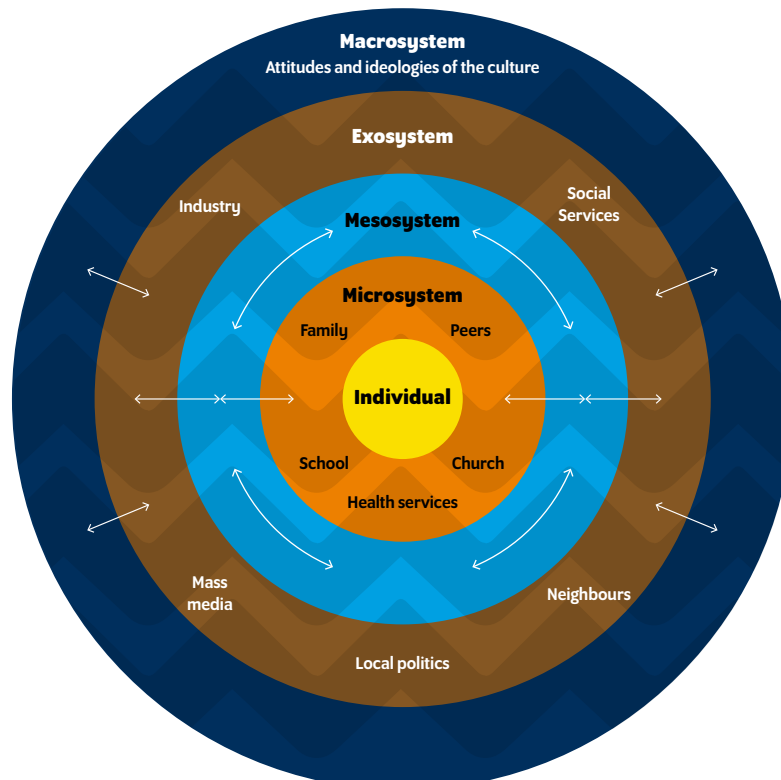
Theoretical and philosophical influences

Our work in this area has been influenced by a number of theoretical and philosophical influences. These include:

- Ensuring we root our understanding of EBSR in the systems around children and young people.
- Utilising positive psychology as the basis for intervention.
- Centring our planning on the needs and wishes of the children and young people.
- Acknowledging that, at least for most students, their thoughts and feelings are central in shaping EBSR (which represents a behavioural manifestation).

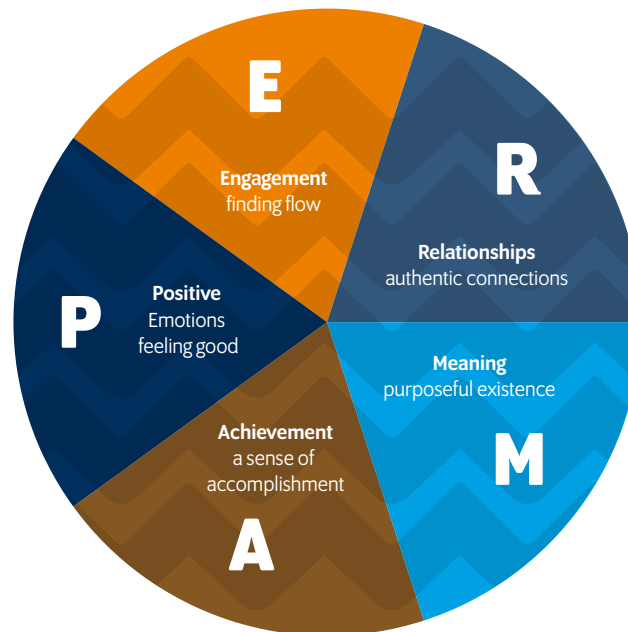
Understanding the systems around children and young people

Bronfenbrenner's ecological systems theory (1992) considers a child's development within the context of the system of relationships that form his or her environment. Bronfenbrenner's theory defines complex 'layers' of environment, each having an effect on a child's development. They are outlined below:



Positive psychology

'Positive psychology is the scientific study of optimal human functioning [that] aims to discover and promote the factors that allow individuals and communities to thrive' (Seligman, 2002). Positive psychology focuses on well-being, psychology of happiness, flow, personal strengths, wisdom, creativity, imagination and characteristics of positive groups and institutions. The PERMA model (Seligman, 2002) encourages professionals working with children, young people and their families to build on five facets of their lives:



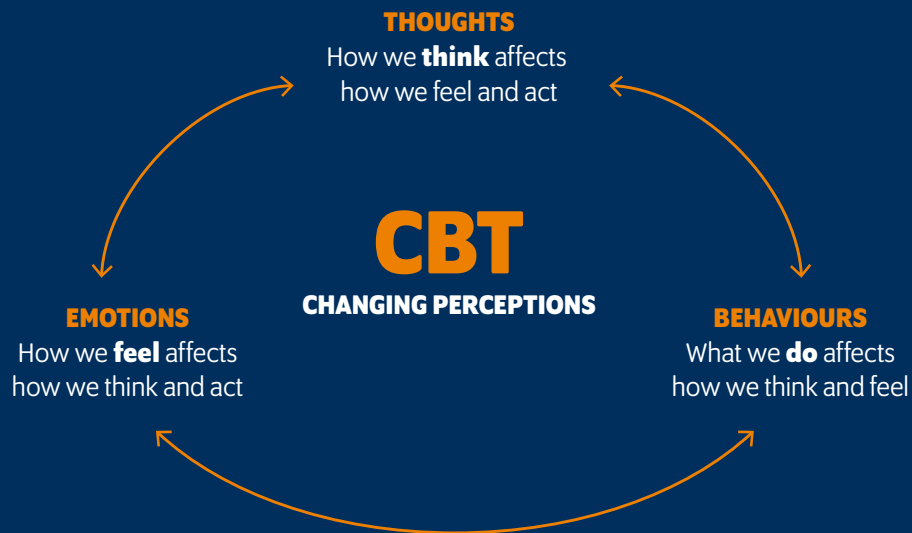
Person centred in our planning

Person centred planning (PCP) provides a way of helping a person plan all aspects of their life, thus ensuring that the individual remains central to the creation of any plan which will affect them.



Cognitive behaviour therapy oriented

Cognitive behavioural therapy (CBT) is a type of talking therapy which focuses on how one's thoughts, beliefs and attitudes affect one's feelings and behaviour. An approach rooted in CBT principles is likely to acknowledge the centrality and importance of understanding predominant thinking patterns and identifying coping strategies for particular situations.



Conceptualising emotionally-based school refusal

Definitions and terminology

For the sake of this guidance, EBSR has been understood as:

- Severe difficulty in attending school, often amounting to prolonged absence.
- Severe emotional upset when faced with the prospect of going to school.
- Staying at home with the knowledge of parents, when the child should be at school.
- Absence of significant antisocial disorders such as stealing, lying, wandering, destructiveness and sexual misbehaviour.

The term EBSR is often used interchangeably with school refusal, school anxiety, school phobia, emotionally-based school avoidance and anxiety-based school refusal. EBSR presents on a continuum. It differs from truancy, where children are more likely to exhibit a lack of interest in school and are more likely to choose to engage in more appealing activities other than attending school (Berg et al., 1969).

Context

Legislation re: school attendance

The 1996 Education Act places a legal responsibility upon parents and / or carers to ensure that their child receives an appropriate, full time and effective education (suitable to their educational needs). In England, the vast majority of parents fulfil their parental responsibility in relation to education by putting their child on a school roll, and ensuring that they attend regularly. However, if a child who is on a school roll and fails to attend regularly then it is possible that the parents will have committed an offence contrary to s444 Education Act 1996, unless one of the four statutory defences apply.

If a child cannot attend school due to a medical reason (including difficulties they are experiencing with their mental health), then most Local Authorities expect a medical professional to provide supporting evidence. The Children and Families Act (2014) places a duty on maintained schools and academies to make arrangements to support pupils with medical conditions.

The Education Act (1996) and The Children, Schools and Families Act (2010) places local authorities under a duty to arrange full time education for all children, unless reasons that relate to their medical condition means that this would not be in their best interests.

Ofsted assessment

Ofsted inspection criteria regarding ‘personal development, behaviour and welfare’ suggests outstanding schools will ensure that ‘the attendance of pupils who have previously had exceptionally high rates of absence is rising quickly towards the national average’.

The education inspection framework (published in May 2019), states that inspectors will make a judgement on behaviour and attitudes by evaluating the extent to which:

- The provider has high expectations for learners’ behaviour and conduct and applies these expectations consistently and fairly. This is reflected in learners’ behaviour and conduct.
- Learners’ attitudes to their education or training are positive. They are committed to their learning, know how to study effectively and do so, are resilient to setbacks and take pride in their achievements.
- Learners have high attendance and are punctual.
- Relationships among learners and staff reflect a positive and respectful culture. Leaders, teachers and learners create an environment where bullying, peer-on-peer abuse or discrimination are not tolerated. If they do occur, staff deal with issues quickly and effectively, and do not allow them to spread.



Scope of the guidance

As previously referred to, EBSR is frequently conflated with other terms. Although related, this guidance does not cover:

- Policies, procedures and guidance related to school attendance.
- Non-attendance that is understood to have its roots in non-emotional factors.
- Wider mental health conditions or provision in school.
- Building resilience in children and young people.
- Other health conditions that are likely to have an emotional consequence, such as chronic fatigue syndrome.
- Alternative provision for children and young people accessing a flexible timetable (often off site).
- Post 16 provision.

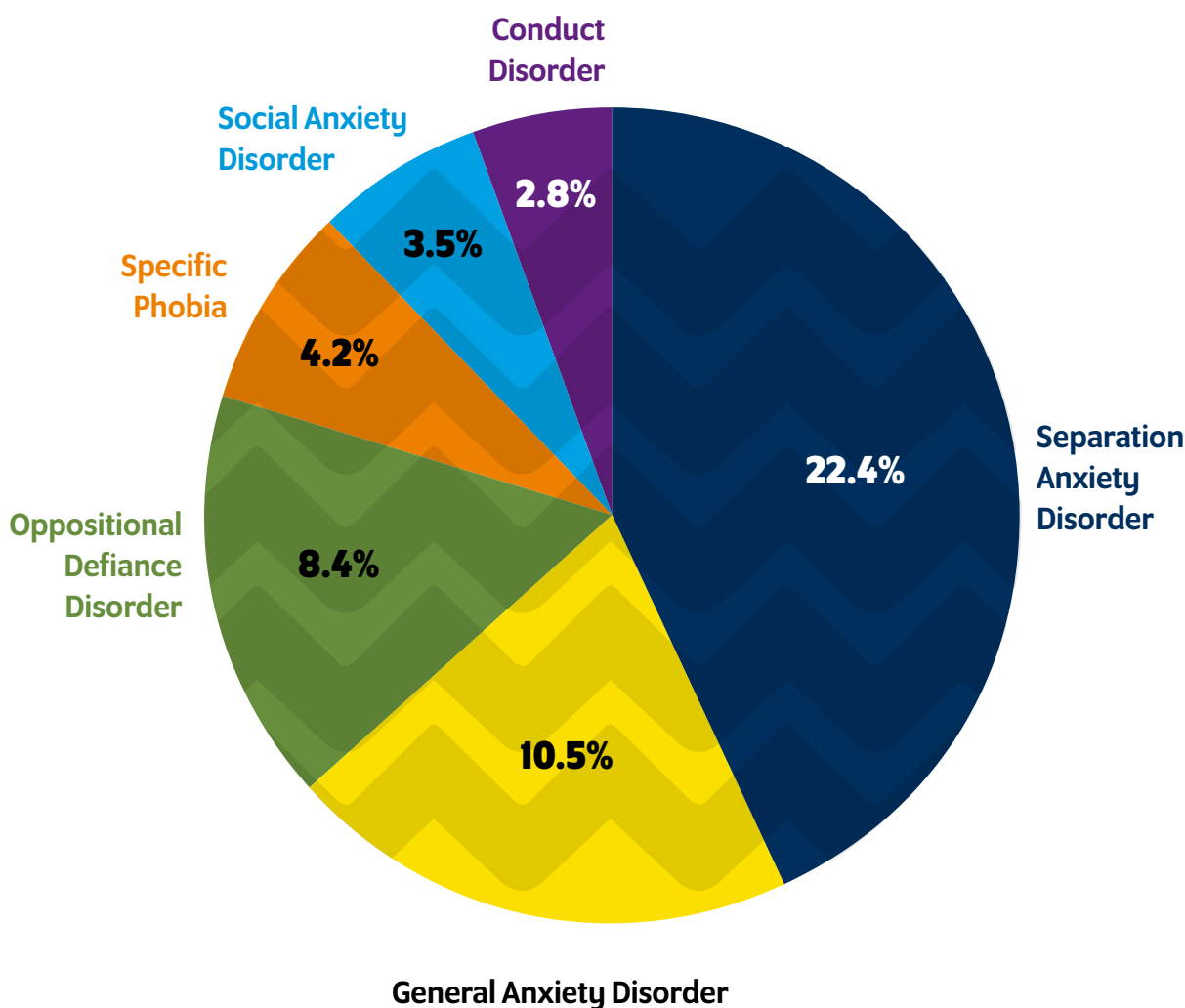


Frequency and comorbidity

There are no formal statistics relating to the extent of school refusal within the UK. Sewell (2008) suggests that school refusal may occur in 15% of all children. Kearney (2001) suggests that the problem affects between 5% and 28% of all school aged children at some stage.

Longitudinal research published by the Education Policy Institute in 2019 suggested 8.1% of the 2017 GCSE cohort moved to a different school or left the state school system entirely for unknown reasons. Further, 24.3% of students with social, emotional or mental health needs experienced at least one unexplained exit in the 2017 cohort.

In many cases, school refusal is comorbid with other mental disorders, especially separation and generalised anxiety disorders.



Signs and symptoms

EBSR can result in a complex presentation of both internalising and externalising behaviours (Kearney & Bensaheb, 2006). These might include:

Internalising behaviours

General and social anxiety.

Fear.

Self-consciousness.

Depression and suicidal behaviour.

Fatigue and somatic complaints.

Externalising behaviours

Defiance and non-compliance.

Running away from home or school.

Verbal and physical aggression.

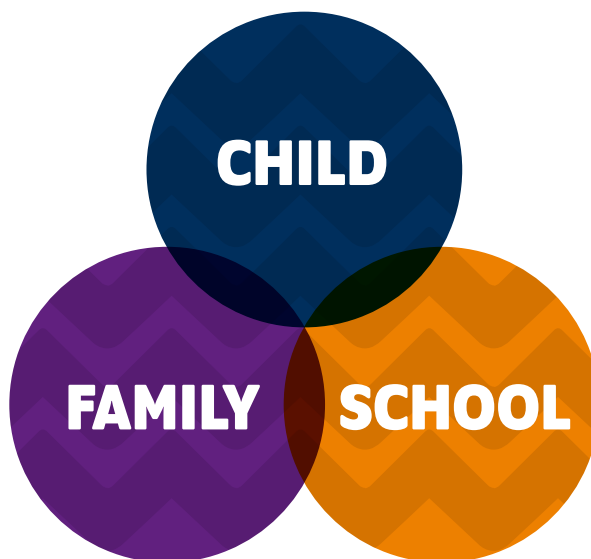
Temper tantrums and clinging.

Refusing to get ready or get out of the car.



Precipitating factors

There is little agreement amongst researchers regarding the factors associated with the onset of EBSR (precipitating factors). The exact combination of vulnerabilities will be unique to the individual and therefore requires careful assessment. The following factors may be a useful starting point for school staff in thinking about a child and young person's needs:



Child

Difficulties with social interaction.

Undiagnosed needs that make it hard to access the learning environment and curriculum.

Feeling overwhelmed by academic or social demands.

Medical difficulties.

Temperament (some children may have a predisposition to developing problems relating to anxiety).

School

Size of the school.

Bullying, including cyber bullying.

Transition to secondary school and associated adjustment in terms of

Expectations and staff.

Poor special educational needs or pastoral provision.

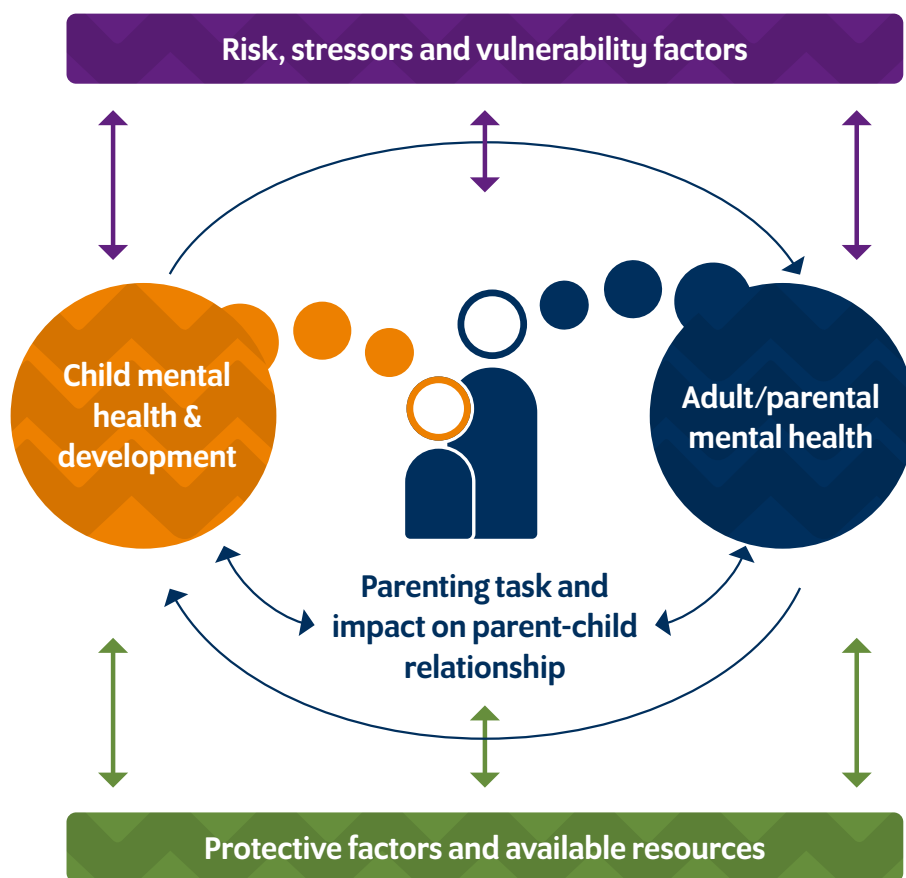
Family

Family events such as: divorce or separation, loss or bereavement.

The mental and physical wellbeing of parents.

The young person taking on the additional role of young carer for siblings or parent.

Research has clearly established the links between parental and child mental health. It suggests that parental mental ill health (when parents find it hard to cope with their own anxiety or sadness) can have an adverse impact on their child's mental health and development. In a cyclical effect, child psychological and psychiatric disorders, and the stress of parenting children with additional needs, can impinge on adult mental health. The diagram below (Diggins, 2011) explores the links between parental and child mental health, with children and young people experiencing their own mental health difficulties likely to be those exhibiting EBSR:




Family factors influencing EBSR may be explored through the use of tools such as:

- The NSPCC's graded care profile 2 (GCP2, Srivastava (2018)). The GCP2 helps professionals measure the quality of care being given to children.
- Cambridgeshire County Council's child and family single assessment framework (Cambridgeshire County Council, 2015), which provides practitioners with a working model for conceptualising parental neglect.

Understanding the basis of emotionally-based school refusal

Kearney and Silverman (1990) concluded that there are four motivating factors or functions surrounding school refusal behavior:



Avoidance of specific fearfulness, or general over anxiousness related to the school setting or something within in the school setting.

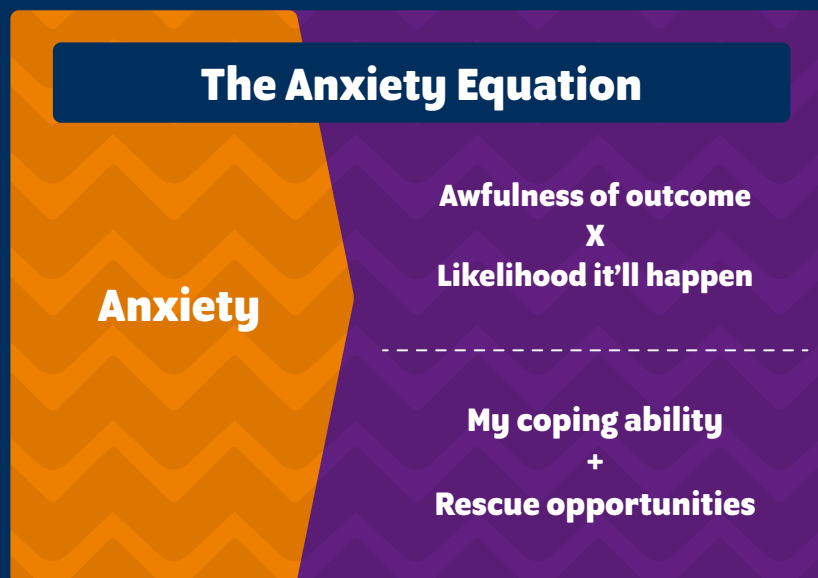
Avoidance of aversive (uncomfortable) social situations.

Attention getting, or separation anxious behaviour.

Rewarding experiences provided outside of school, e.g. the child gains opportunities to engage in preferred activities.

It has been estimated that 41% of students were missing school for positive tangible rewards, whilst 24% missed school to avoid or escape negative situations (Kearney and Albano, 2004). Dube and Opinas (2009) suggest that the majority of children's attendance problems are positively reinforced. Of their sample, 60% missed school to gain parental attention or receive tangible rewards.

Salkovskis (1997), created the anxiety equation based on the work of Beck & Emery (1985). Children and young people that are anxious tend to overestimate something will happen and that it will be worse than they think if / when it does happen. They also tend to underestimate their capacity to cope, and what would help even if something did happen. The higher the former two factors, and the lower the latter two, the more anxiety the child is likely to feel.



Various processes are thought to maintain anxiety, and they are outlined below:

Maintaining processes in anxiety

Process	Manifestations
Safety-seeking behaviours	Avoidance of certain stimuli / environment Regular return to secure adults
Changes in attention	Heightened monitoring of oneself Heightened awareness as to the attention of others
Involuntary imagery	The constant imagining of expected scenarios / outcomes
Inadvertent emotional reasoning	Thoughts and feelings are considered 'true' and permanent
Changes in memory	Recall of events is selective, biased and congruent with mood
Rumination	Repeated cycles of similar thoughts, with no outlet

The implications of emotionally-based school refusal

Research (Sammons et al. 2014), suggests ‘learners’ attendance’ as rated by Ofsted inspectors was a statistically significant predictor of academic attainment in Year 11. Students from secondary schools rated as ‘outstanding’ on the ‘learners’ attendance’ achieved higher grades in GCSE English and maths than students from secondary schools characterised as ‘inadequate’ while controlling for other influences. The probability of achieving 5 A*-C and 5 A*-C including English and maths was significantly higher for students from schools with ‘outstanding’ attendance.

Other implications include:

Short term

Delays in learning.

Conflict and distress arising from the impact of refusal behaviour on family life.

Difficulties maintaining friendships, which can lead to further negative feelings.

Decrease in feelings of being able to cope; low mood may worsen and link with a sense of hopelessness.

Legal issues as a result of prosecution for non-attendance.

Long term

Future financial difficulties.

Reduced career choices / difficulty maintaining professional routines.

Future mental health issues.

Heightened risk of future social isolation and difficulties coping with life.

Information gathering and assessment

Prior to any intervention, it is recommended a structured approach to gathering information and completing relevant assessments is undertaken. How information is gathered and / or assessment undertaken should be informed by the specific circumstances of the case.

For professionals in schools

- School audit tools are available for download at <https://www.babcockldp.co.uk/inclusion-and-ehwb/anxiety-based-school-avoidance/support-for-schools> and in appendix 5 of the guidance at <http://schools.westsussex.gov.uk/Page/10483>.
- A tool for identifying students at risk of anxiety is available at <https://www.babcockldp.co.uk/inclusion-and-ehwb/anxiety-based-school-avoidance/support-for-schools>.
- When considering specific cases, it may be helpful to complete a 'push and pull' analysis of the relevant factors. Below is a step by step process:
 1. Identify factors that might be influencing attendance at school.
 2. These factors might be split into 'within the child', 'within the family', 'school', 'peers' and 'community'.
 3. The 'push' factors are those that may be encouraging the student to go to school.
 4. The 'pull' factors are those that may be promoting school non-attendance.
 5. When the 'pull' factors outweigh the 'push' factors, young people generally choose not to attend school.
- Scaling can be a useful tool in terms of taking a quick measure of how a young person might be thinking or feeling. For example:
 - On a scale of 0-10 with 10 being 'I feel fine about school' or 'I enjoy school' where would you put yourself on the scale right now?
 - How about last year?
 - What would need to happen for you to be one point higher?

Case study

Student 'A' arrived into Y5 at primary school. She had been home schooled for 2 years previously, so limited educational information was made available to her new school. Initial attendance at her new school was <20%.

A 'push and pull' analysis involving 'A' and her family identified a number of 'pull' factors that had previously been unidentified. These included:

- An ongoing / incomplete dialogue with health services regarding an autism diagnosis.
- Further information on national curriculum assessments completed in key stage 1 at her previous school (that showed academic progress against peers at this time).

As a result, 'A' was referred back to health services to ensure her needs were clearly understood. Further national curriculum assessment was completed to ensure that work she was accessing at school and at home was pitched at the correct level.

For professionals supporting schools

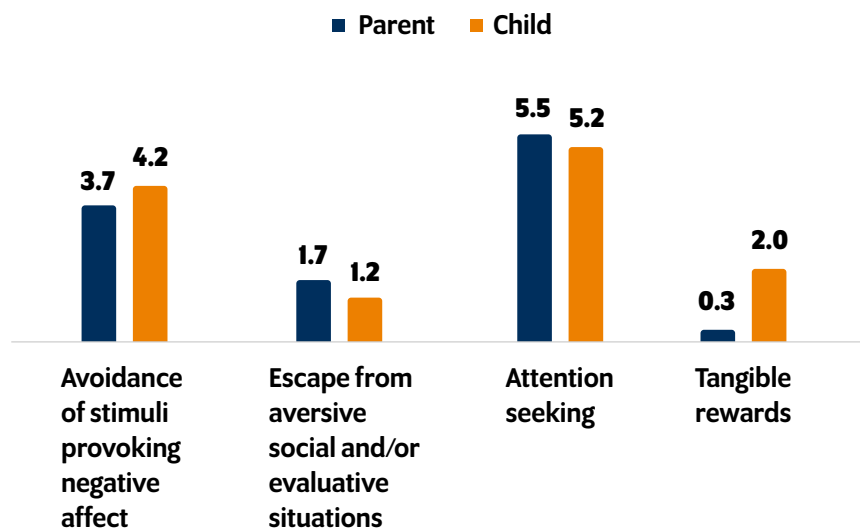
- Administration of the school refusal assessment scales (parent version and child version, Kearney (2002)) may inform an understanding of emotionally based school refusal.
- Ideas for gathering information from schools is available in appendix 2 of the guidance at <http://schools.westsussex.gov.uk/Page/10483>.
- Think through the '5Ps of formulation' associated with the request for support:
 - Presenting problem(s).
 - Predisposing factors: the factors that increase vulnerability to develop psychological problems.
 - Precipitating factors: the factors that trigger the onset or exacerbation of the psychological problems.
 - Perpetuating factors: the factors that maintain the psychological problems and prevent its resolution.
 - Protective factors: the factors that prevent any deterioration in the condition.

Case study

Student 'B's attendance gradually declined throughout his primary education, until he became extremely upset separating from family members when being dropped off in Y6.

With the support of an Educational and Child Psychologist, both 'B' and his parents completed the school refusal assessment scales. The results from the assessment are below:

SRAS-R Results



There was broad alignment in how 'B' and his parents understood the functional drivers of 'B's upset and EBSR. However, it became clear that 'B' experienced the rewards for not being in school that were unrecognised by his parents.

The assessment encouraged 'B' parents to think through how they might offer 'B' appropriate attention and reassurance whilst he was at school, and ensure the reinforcers for being out of school (whilst at home) were minimised.

'B's' attendance at secondary school is now >90%.

Intervention

Supporting students

A systematic review of psychosocial interventions for school refusal with primary and secondary school students (Maynard et al., 2015) concluded:

- There were relatively few rigorous studies of interventions for school refusal.
- The current evidence provides tentative support for CBT in the treatment of school refusal, but there is an overall lack of sufficient evidence to draw firm conclusions of the efficacy of CBT as the treatment of choice for school refusal.

Case study

Student 'C' arrived into Y3 at primary school from a small independent setting. Her family had separated and relationships in the home were previously understood to have been abusive. At first the transition into school went well, but then 'C' became reluctant to attend and extremely distressed at drop off.

With the help of their GP a referral was made to child and adolescent mental health services. Over the course of a two-year period, 'C' was diagnosed with generalised anxiety disorder. She received a time limited therapeutic intervention from a specialist clinician. Elements of the intervention involved her Mum, who had also experienced guilt and anxiety. The intervention encouraged 'C' to explore, understand and accept relationships at home, and provided her with the skills to navigate secondary school independently.

'C' is now in Y8 at secondary school, working on a part time timetable. She attends all the timetabled sessions, both in school and the community.

Ideas for supporting students can be found at <https://www.babcockldp.co.uk/inclusion-and-ehwb/anxiety-based-school-avoidance/support-for-students>.

Supporting parents

Ideas for supporting parents can be found at <https://www.babcockldp.co.uk/inclusion-and-ehwb/anxiety-based-school-avoidance/support-for-parents>.

The learning modules at https://mindedforfamilies.org.uk/Content/refusal_to_go_to_school/#/id/59faef4f768f5e9649724d03 and https://portal.e-lfh.org.uk/Catalogue/Index?HierarchyId=0_39474_39501&programmeld=39474 may also be helpful.

Support available in schools

Any efforts to reduce EBSR should be within the context of a robust whole school model to support the mental health of children and young people in schools. An example whole school model is defined as: ‘A whole school framework for emotional well-being and mental health’ (NCB, 2016). Support should be offered as part of a graduated approach (NASEN, 2014) to meeting the special educational needs and mental health of children and young people.

Cambridgeshire Steps is a therapeutic approach to behaviour management built on the principles of Positive Behaviour Support. An introduction to Positive Behaviour Support is available at <https://www.bild.org.uk/about-pbs/>. The links between mental health and behaviour are well established (DfE, 2018), and Cambridgeshire Steps can be used with parents and professionals working with children (and adults) who present with behaviour that causes concern. It is well-researched, frequently updated and puts the emphasis on a therapeutic approach to understanding behaviour and mental health.

Multiple cycles of ‘assess – plan – do – review’ are likely to be required prior to the involvement of any specialist external agencies. Specialist external agencies are detailed at <https://www.keep-your-head.com/prof/cp-mhs> and also include specialist teachers and psychologists from Cambridgeshire’s Special Educational Need and Disability Service.

Ideas for supporting class teachers can be found at <https://www.babcockldp.co.uk/inclusion-and-ehwb/anxiety-based-school-avoidance/support-for-schools>.

It is recommended schools develop a plan to support students. Example structures for a plan are available at <https://www.babcockldp.co.uk/inclusion-and-ehwb/anxiety-based-school-avoidance/support-for-schools> and in appendix 4 of the guidance at <http://schools.westsussex.gov.uk/Page/10483>.

Case study

Student 'D' attended a specialist setting. His attendance was <70%, and he was described as disengaged and unmotivated. He was exposed to, and complicit in, risk-taking behaviour.

Staff at school worked with 'D' to develop a support plan for a return to school. The plan clearly detailed the staff he should go to at times of stress. Regular home visits were built into the plan. Working with social care and a young person's worker, 'D' was offered more positive social experiences outside school, which led to a reduction in the risk-taking behaviours that were acting as barriers to his engagement in school.

'D's' school attendance in Y12 stands at >90%.

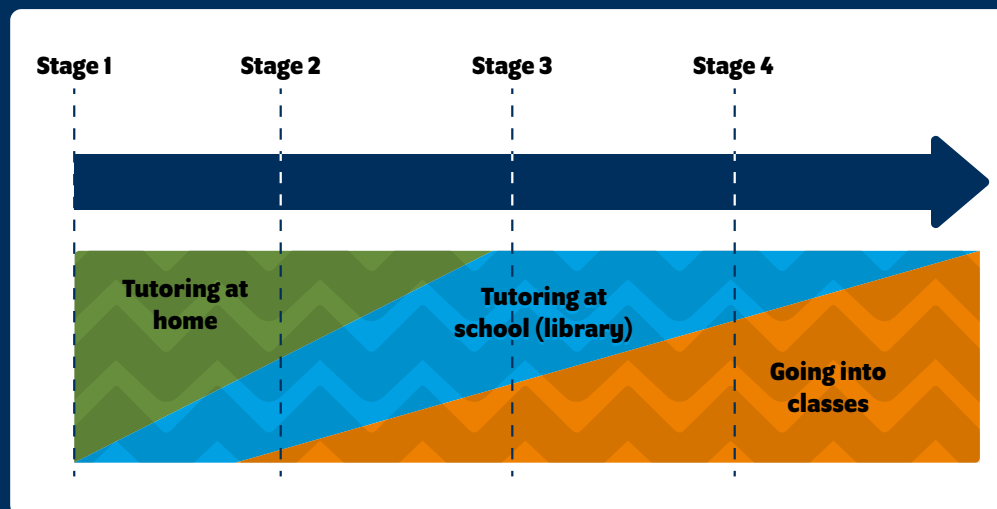
Where a gradual return to school is required, information in section 8 of the document at https://schoolrefuserfamilies.files.wordpress.com/2018/01/derbyshire-eps-emotionally-based-school-refusal-guide_tcm44-233526.pdf should be reviewed.

Case study

Student 'E' is in Y9 at secondary school. She experienced a period of prolonged absence in Y7 following a difficult transition.

In discussions with 'E', her family and staff at school a re-integration plan was defined. Important elements of the plan included:

- The plan had four stages, and at each stage 'E' was very clear of the expectations. Stage 1, for example, included four sessions with a tutor at home and one session with a tutor at the school library.
- The plan gradually extended 'E's time in school.
- The plan was flexible, and would be reviewed with 'E', her family and staff at school on a weekly basis.
- The criteria for continuation onto the next stage (which were related to 'E's attendance and her anxiety being tolerable) was clearly defined. It was made clear that 'E's progress may not be linear (she may regress after making progress).
- There was a single point of contact at school responsible for implementing the re-integration plan.
- Peer support was built into the plan, so she was supported when she started to attend classes (stage 2/3).



The BBC have produced a guide to graded exposure, available at http://downloads.bbc.co.uk/headroom/cbt/graded_exposure.pdf.

It may also be helpful to consider the child and young person’s readiness to change. Prochaska and DiClemente’s Stages of Change Model (1983) assumes an element of progression through the stages of change that they have defined. The stages of change, and the associated characteristics, are outlined below. An understanding as to which stage of change the child or young person inhabits is likely to inform how the discussions and planning that is undertaken.



It may also be helpful to consider the individual steps that are understood to be necessary to effect change. The ‘thinking-small’ approach to problem solving is explored by Gallagher (2017), and the seven steps are outlined below:



A Freakonomics podcast from 2017 explores the important elements of each step. For example:

- The goals and the plan outlined in steps 1 and 2 must be explicit and non-negotiable.
- In step 3, the appointment of a commitment referee (someone willing to keep you on task) is considered important.
- Step 4 is informed by research that relates to temptation bundling (Milkman, 2016). This refers to attaching a positive reward to a behaviour that's hard to commit to.
- Step 5 references the need to ask for help and the importance of leveraging social networks and group power.
- Step 6 underlines the importance of gaining feedback as to where you stand in relation to your goal.
- Embedding changes (step 7) requires individuals to demonstrate deliberate practice, which requires focus and effort. This stage requires individuals to test their progress, whilst reflecting and celebrating success.

Resources / references

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Thank you

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