School Anxiety: Information for Schools and Professionals for early intervention with school anxiety

Barnet School Anxiety Group

The School Anxiety Group was formed to raise awareness about school anxiety for parents/carers, young people and professionals in Barnet. Group members were:

Core group:

Kim Price, Hospital and Outreach Providers of Education (HOPE)
Jean Waitt *SENDIASS formerly Parent Partnership
Carole Wilding, Educational Psychologist, and
Mary Helmore, Advisory Teacher

Main group:
Breda O'Neil, Manager Primary and Secondary Project (CAMHS outreach)
Trevor Orr, Education Welfare
Karen Ali, Programmes and Interventions, Youth and Community (Y&C)
Rory Wilson, Deputy Head Teacher, East Barnet School
Michaela Carlowe, Multi-agency Support Manager
Caroline Quinlan, Senior Family Support Practitioner.
Rhoda Ben Aroya / Julie Sykes, School Nursing
Annie Etherington, Manager Autism Advisory Team,

Additional input from Fran Conley, Deputy Head Teacher, All Saints C of E Primary School NW2. Thanks to Rory Wilson and Catherine Cox for piloting the Improving Attendance Plan procedure at East Barnet.

*Special Educational Needs and Disability Information, Advice and Support Service (SENDIASS)

Introduction

Many children may become anxious about some aspect of school life at some point in their school lives. For some pupils, anxiety about a particular aspect of school life or home life may become overwhelming and sometimes the anxiety generalises to other aspects of school life.

When anxiety is acute and exists over a long period of time, this can adversely affect the pupil's health and well being. Similarly anxiety if not addressed can adversely affect academic progress, the pupil's overall 'engagement' with school may deteriorate, and attendance may decline. Anxiety is often behind difficulties with attendance and can affect arrival time at school. There may be signs in a pupil's attendance patterns that all is not well.

This leaflet aims to:
➢ Increase awareness of school anxiety,
➢ Present a framework for early intervention with children having attendance difficulties linked to anxiety, and
➢ Provide a referral flowchart so that appropriate professional support may be obtained promptly.

About school anxiety
Terminology
There are many terms used by professionals for this difficulty. 'School phobia' is a term often used by medical professionals and 'school refusal' implies a child who won't attend rather than can't). School anxiety is the preferred term here. Anxiety about things is common in everyday life, and is something that it is possible to learn how to manage over time.

What to look out for

Change of school is a key time when problems can arise. For example at primary-secondary transfer when the child has not yet developed relationships within school, with staff or with other pupils. Below are some times of key vulnerability.

- A pupil who is failing to engage with school, school staff or peers, where there are no signs of improvement,

- A recent change of school, or any other transition,

- A pattern of late arrivals and absences for minor ailments,

- A pupil with disturbed sleep patterns or difficulty getting to sleep,

- Possible avoidance patterns: a pupil who visits the medical room frequently or leaves class for the toilet frequently and for extended periods,

- A pupil with regular attendance who is unable to attend lessons,

- A pattern of absences at the beginning and end of term and/or half term,

- Frequent absences for minor illnesses,

- A pupil with limited social links,

- A withdrawn or very shy pupil who is hard to get to know, particularly where there are concerns about attendance or arrival time,

- Apparent unhappiness over the long term, for no identifiable reason,

- Any child who is reporting bullying where anxiety is shown both at school and at home,

- A return to school following a period of illness,

- A return to school or attendance at school when there has been a traumatic event (e.g. bereavement, divorce, or a parent/carers' illness (young carers)

- New learners, refugees/asylum seekers or other pupils with English as a Second Language.

Supporting Pupils with School Anxiety and Attendance Difficulties- *Key Professionals*

Described below are the professional groups who could be involved and how they might work with schools and families where there is school anxiety with attendance difficulties.

Schools

A key staff member in each school monitors attendance and should advise the appropriate staff (class/form teacher, year head, and inclusion manager/ special needs coordinator) of the need to monitor a pupil's attendance levels closely and discuss with pupil and parent/carers. All internal staff should be aware who this is and external professionals should be given this person's name and role.

Education Welfare Team and Youth + Community
School attendance problems in primary schools involve the Education Welfare Team. In secondary schools, attendance becomes the responsibility of the Youth + Community when a referral is made by the school and barriers to engagement can be identified.

Children with a range of anxieties and emotional issues come to the attention of Education Welfare Officers (EWOs) and Youth + Community (Y+C) because of their poor school attendance. Sometimes, attendance problems are an early indication that there is a problem that needs a wide range of expertise to resolve. EWOs and Y+C Workers seek pupils' reintegration into education, engaging with schools, other professionals, parent/carers and children to achieve the most positive outcomes. Y + C workers will identify barriers to engagement

School Nurses
School nurses', main remit is usually signposting or referral onto other agencies. They liaise with school and parent/carers where there are medical and related issues and may liaise with GPs with the permission of the family. Apart from initial assessments, they do not hold these cases.

Educational Psychology Team
The EP works with a group of schools at all age levels, advising where there are concerns about a pupil, whether learning, physical, or related to emotions and behaviour. They take referrals from schools. Where there are attendance concerns they may liaise with a wide range of other professionals. For assessing the function of school anxiety, schools can access the *School Refusal Assessment Scale (SRAS)* (see Appendix 8) via the allocated EP.

If learning difficulties could be a factor in school anxiety, the EP might work with school and parent/carers to identify what would help the child's learning, and advise on facilitating better levels of attendance for a particular pupil. If there are social, emotional or behavioural difficulties affecting the pupil's learning or time in school the EP might meet with school and parent/carers, observe in or out of class, and/or advise schools on the best way forward. EPs sometimes see older pupils to explore the factors in poor attendance and the pupil's perspective on these. They do not usually offer long-term work with children or families.

Primary & Secondary Project / Child and Adolescent Mental Health Service (CAMHS)
Primary and Secondary project workers regard the approach of helping the child/young person and family as a step by step process, involving partnership with the parents, the school and other agencies in a way that is both holistic and tailored to the individual child's needs.

When school anxiety is brought to their attention during a consultation, they would offer an initial meeting where the main issues and anxieties can be explored. This is often followed by short-term support, where appropriate, delivered at school over four to six sessions. This helps to assess whether a more intensive level of service is required, in which case they would refer on via their link with clinic-based CAMHS.

Hospital and Outreach Providers of Education (HOPE) Discovery Bay/Home Tuition
HOPE provide education for students who are unable to access mainstream education, often for medical reasons. Teaching may take place in hospital, home, library and community bases and school. It is usually a short-term intervention that aims to maintain academic progress and prepare each student for successful reintegration to school/educational setting or an effective transition to new provision when this is more appropriate.

Intensive Family Focus
Intensive Family Focus work with the whole family, getting to the root causes of families with multiple and complex needs. Practitioners, working with partner agencies, address issues that affect the family such as school anxiety.

Where there is school anxiety, practitioners will work creatively and flexibly with the young person and family, using various strategies. These may include facilitating access to counselling/ CAMHS; linking with schools to ensure a sensitive, joined up approach; and parenting strategies and parenting support , one to one or through parenting programmes.

Parent/carers can access information regarding our parenting programmes on the Barnet Website. Parent/carers need a referral from a professional who is involved with the family, in order to access a parenting programme. Please see link below:
> Link to Barnet Parental Support Course Timetable
> http://www.barnet.gov.uk/downloads/download/502/parental_support_course_timetable

Barnet Special Educational Needs Disability Information, Advice and Support Service (SENDIASS) formerly Parent Partnership

Barnet SEND Information, Advice and Support Service offers free, confidential, and impartial Information, advice and support for parents/carers of children with special educational needs (SEN) and/or a disability and young people with special educational needs and or a disability. The service is available to all young people or parents of children with a SEN and/or disability, between the ages of 0 and 25 years that live in the borough of Barnet.

Advisory Teacher for Autism

When a pupil has a diagnosis of an autism spectrum condition, some of the anxiety may be related to the condition. An advisory teacher specialising in autism will be involved in advising school on ways of managing or minimising anxiety for the child. Over time the child/young person will be helped to learn how to reduce their anxiety levels so that they can learn to manage these.

Specialist team

Additional support and advice is available to schools, professionals, parents and carers where children have defined medical or physical needs. These advisory teachers cover visual impairment, hearing impairment, and physical disabilities/complex medical needs and have community occupational therapists in the team. They may suggest strategies to reduce school anxiety in specific cases.

General Practitioner GP

Where a pupil shows high levels of school anxiety that are affecting their health and school attendance, the school nurse may liaise with the GP, the professional with a key role in supporting the family with medical issues.

The Early Intervention Framework

Improving Attendance Plans (IAPs) *provide an early intervention framework involving a positive planning to improve a pupil's attendance*. The plans perform a similar function to forms already used by Educational Welfare or Youth + Community Workers but are designed specifically to address underlying attendance issues for pupils with school anxiety. They help the anxious young person, his/her parent/carers and key school staff to identify positive times and particular areas of difficulty and move forward in a positive way. Please see Appendices 2a, 2b, and 2c.

Defining targets for attendance

We have used the benchmark of 90% (or higher) attendance levels as a criterion for success of the intervention framework. This attendance level should be the overall aim before direct intervention is withdrawn. The 90% level has been used as it reflects the triggers for attendance intervention where EWO/Y&C are involved. However, for anxious pupils, attendance patterns can remain erratic, and monitoring of attendance

should continue, particularly following any holiday break, or with reference to known patterns of attendance difficulty. A careful handover between year heads at secondary school is advised.

In cases of school anxiety, criteria may need to be adjusted to reflect appropriate success levels for a particular pupil. For example if a pupil is maintaining sufficient attendance to take and gain GCSEs, where insisting on an increased level of attendance could have negative consequences, this should be considered a successful attendance outcome. In such cases medical evidence is required to support a reduced timetable.

Patterns of attendance difficulty where there is school anxiety
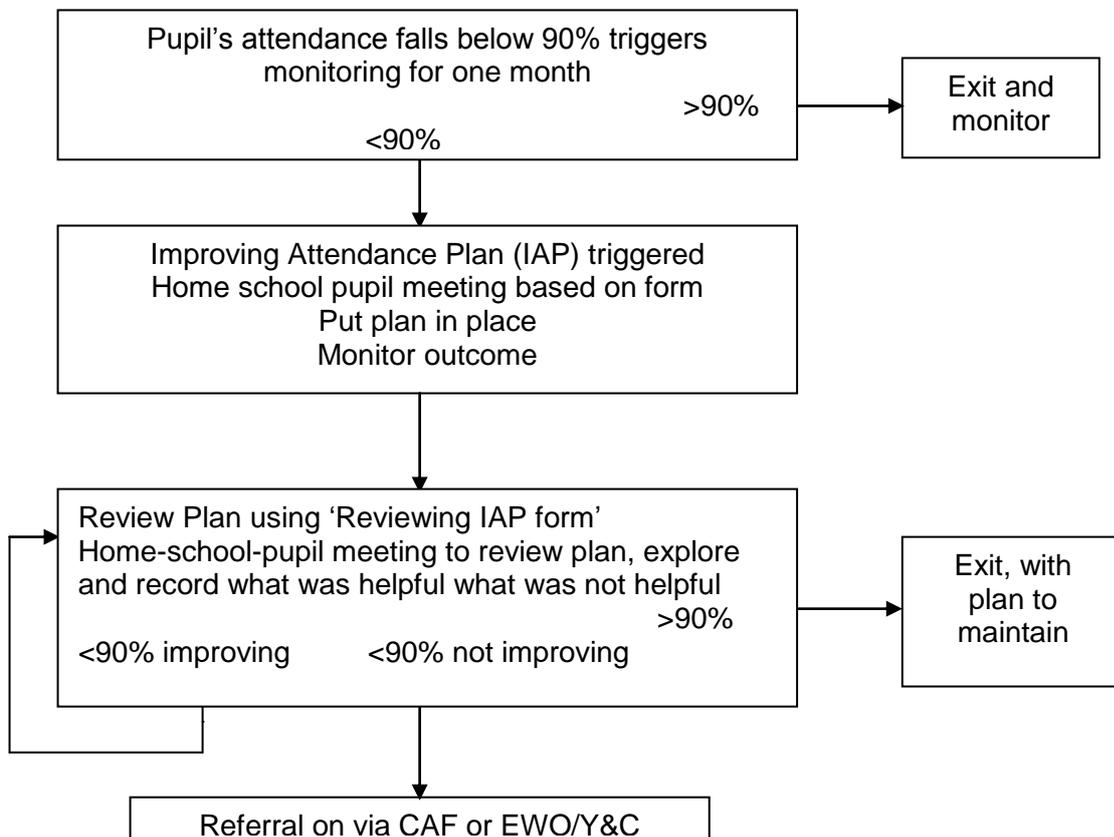What to do when attendance declines:
When attendance data (attendance falls below 90%) and parental concerns highlight the presence of school anxiety, a first step is to arrange a meeting between school, parent/carers and pupil either in school or occasionally in the home. This is an opportunity to explore the underlying issues and identify possible solutions to improve matters. The IAP Framework provides a structure for exploring the issues and making an explicit action plan. See Appendices 2a, 2b, 2c.

What to do when there is a total breakdown in attendance:
If attendance has completely ceased, it is vital that the parent/ carer takes the child to the family GP and seeks a referral to CAMHS or the school can refer to CAMHS via a Common Assessment Framework (CAF). A medical consultant's report is required if additional teaching is to be provided.

Flow chart of the Early Intervention Framework
The flow chart shows the early intervention cycle to improve school attendance by identifying and addressing the factors underlying the child or young person's anxiety. Please see Appendix 4 for a more detailed flow chart describing the process content more fully.

```
┌─────────────────────────────────────┐
│ Pupil's attendance falls below 90%   │          ┌──────────────┐
│ triggers monitoring for one month    │   >90%   │  Exit and    │
│                                       │─────────▶│  monitor     │
│              <90%                     │          └──────────────┘
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│ Improving Attendance Plan (IAP)      │
│ triggered                            │
│ Home school pupil meeting based on   │
│ form                                 │
│ Put plan in place                    │
│ Monitor outcome                      │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│ Review Plan using 'Reviewing IAP     │          ┌──────────────┐
│ form'                                │          │ Exit, with   │
│ Home-school-pupil meeting to review  │   >90%   │ plan to      │
│ plan, explore and record what was    │─────────▶│ maintain     │
│ helpful what was not helpful         │          └──────────────┘
│                                       │
│  <90% improving    <90% not improving │
└─────────────────────────────────────┘
                  │
                  ▼
┌─────────────────────────────────────┐
│  Referral on via CAF or EWO/Y&C      │
└─────────────────────────────────────┘
```

Examples of school anxiety outcomes

Please see Appendix 6 for example case studies for a successful, an unsuccessful outcome and a successful outcome for a pupil on the autism spectrum, where anxiety is known to be an aspect of the condition.

Helpful resources

Organisations

Barnet Young Carers and Siblings (BYCAS)
www.carers.org/local.../barnet-young-carers-and-siblings-**bycas**

Young Minds
www.youngminds.org.uk

Kidscape
Helping children to prepare for school transition
http://www.kidscape.org.uk/young-people/changing-schools/

Assertiveness training for children
http://www.kidscape.org.uk/training/positive-assertive-confidence-skills-(pacs)/aims-outcomes/

Mindfulness website
www.getsomeheadspace.com

The Child Exploitation and Online Protection Centre (CEOP) is partnered with anti-bullying charity Beatbullying.
http://www.ceop.police.uk/

See their information resource for targeted groups of children
http://www.thinkuknow.co.uk/

Information about school anxiety issued by other local authorities

Northamptonshire Booklet
http://www.northamptonshire.gov.uk/en/councilservices/EducationandLearning/sen/shoebox/Documents/PDF%20Documents/ANXIETY%20-%20TACKLING%20IT%20TOGETHER.pdf
A comprehensive and very useful document, which includes a section on Cognitive Behaviour Therapy

West Sussex
https://www.westsussex.gov.uk/learning/west_sussex_grid_for_learning/policies_and_guidance/inclusion_equalities_sen_ld/inclusion/inclusion_of_learners_with_soc/emotionally_based_school_refus.aspx

Books

For parents:
'Overcoming Your Child's Fears and Worries: A self help guide using cognitive behavioural techniques', by C. Creswell and L. Willetts (2007). London: Robinson

'Helping Your Anxious Child: A Step-by-Step Guide for Parents', by R. Rapee, S. Spence, V. Cobham and A. Wignall (2000). Oakland, CA: New Harbinger Publications.

For professionals:
'Understanding School Refusal – a handbook for professionals in Education, Health and Social Care', by M. Thambirajah, K. Grandison, and L. De-Hayes (2008). London: Jessica Kingsley.

Queries

Should you wish to discuss anything in this document further please contact either Kim Price, Hospital and Outreach Providers of Education (HOPE) or Carole Wilding, Educational Psychologist

List of Appendices

Appendix 1a: Parents' views

In February 2012 a group of parents of children with school anxiety were asked to give their views about what helped at first, what was helping at the time and what they would like from professionals in Barnet.

What is helpful at first
Some parents struggled to know what to do at first. For some it took a long time to feel that they were being helped. The themes that came up were:

       Good communication with school
       Identifying and accessing professional help
       Parents making changes themselves, such as taking a parenting course or spending more quality time with the child.

What is helpful at present?
Many parents had found a successful formula for their particular circumstances. This tended to emerge from the connections made in the first phase. The themes that came up were:

At school	Having a system in place for the beginning of the school day (teacher meeting pupil at school gate etc)
	Having programmes set up to address any learning needs
	Having a key worker, and consistency with that person,
	Having home tuition
	Occasionally a change of school was necessary.
At home	Parent taking pupil to school
	Parent successfully managing own anxiety
	Taking things a day at a time
	Regular quality time with child

What else would parents find helpful?
Parents felt that they would like more awareness at school, so that problems could be addressed early on. They wanted not to feel blamed for the problem and they wanted more awareness of the link between bullying and school anxiety. The other themes that came up were:

       More help in dealing with anxiety at home
       More support for the pupil in school (teacher, learning mentor)
       Key contact to be a full time member of staff
       Continued access to home tuition

Appendix 1b: Information Leaflet for Parents (Weblink below)

http://www.barnet.gov.uk/info/940396/school_anxiety_and_attendance/1086/school_anxiety_and_attendance

School anxiety and attendance: information for parent/carers

School attendance

As you know, parents have to make sure their children attend school but sometimes this is not an easy task. Each school will monitor all pupils' levels of attendance at school, and identify concerns about low or falling levels of attendance. A parent may be the first to see a change in their child's attendance patterns or feel that something is wrong. The fall in school attendance may be gradual or sudden. Looking back, there are often signs that all was not well.

School anxiety

Comfortable stress levels are needed to keep us all functioning but school anxiety may occur when a child experiences higher than usual levels of stress in relation to school attendance. We all experience higher levels from time to time but some people find it harder than others to deal with uncomfortable levels of stress in a helpful way.
As a parent, you are well placed to notice the signs that may identify school anxiety and lead to an early intervention.

Some common signs to look for:

- your child may experience anxiety as physical sickness, tummy aches, head aches and these feelings will be very real for your child
- some parents have told us that their child showed signs such as not wanting to socialise with friends or family, and increasingly withdrawing to their bedroom
- there may be a change in eating habits
- sometimes all of this can be happening while the child is still attending school where he or she may appear well behaved and a model student
- attendance may start to fall or even stop completely.

Moving forward:

- During this time you may be feeling anxious too; knowing what you can do and where you can find help will help reduce your anxiety
- Let the school know that you are worried and the reasons why
- Trust your instincts
- Take your child to see your doctor to eliminate the possibility of medical illness (this may take more than one visit but be persistent)
- Tell the school as soon as you suspect that the tummy aches or headaches may be symptoms of school anxiety rather than underlying medical issues
- Ask to meet with your child's teacher, SENCO (primary), tutor or Head of Year or SENCO (secondary); explain your concerns and look at your child's attendance pattern together

- With the school, explore what might help make your child feel safe; agree actions at home and school that may help, for example, a parent joining their child at breakfast club; a weekly session with a learning mentor; the steps will be different for each child but they can be quickly put into place and then reviewed to check that they are having a positive impact.
- If it is proving difficult to improve attendance, the Primary/Secondary project can provide support and discuss how the Child and Adolescent Mental Health Service (CAMHS) may also help.

Support services and professionals who are able to help include:
- Education Welfare Officers
- Doctor or General Practitioners
- School Nurses
- Youth + Community
- Educational Psychology Team
- SENDIASS (formerly Parent Partnership)
- CAMHS
- Hospital and Outreach Providers of Education (Discovery Bay/ Home Tuition Team)
- The Autism Advisory Team.

Click on one of the above above links for further information about a service, or ask your school for more information about these services and how to ensure that learning continues for your child.

If a number of services become involved, the school may suggest a Common Assessment Framework (CAF) form would be helpful to plan and coordinate the support.

Tips and strategies for parents

Severe anxiety symptoms typically last for 40 minutes. Help your child understand that they will pass. Talk again when they are calm. Explore ways to help your child relax.

Do everything you can to step back from your own anxiety so you are better able to hold your child through theirs.

If morning difficulties occur frequently and your child seems in distress, speak to your school and ask for arrangements to be made to allow for a slightly later arrival when he or she is feeling better and more able to cope.

If your child is not attending school, keep to the same routine as if he/she were attending school. It is particularly important to keep to the usual getting up time and to put on and wear school uniform during the day.

For absences beyond three days, ask the school to send home or email some work for your child to complete.

Refuse access to TV, computer games or other home entertainment until after the learning day is over. Do encourage your child to socialize with friends after school hours.

Remember to measure progress in small steps.

School anxiety is not uncommon. You are not on your own. There are professionals who can help you and it will all get better with time.

Getting help locally

- Barnet Special Educational Needs and Disability Information, Advice and Support Service (formerly **Parent Partnership)** (tel. 0208 359 7637) runs a support group for parents of anxious children. Parents/carers will need to refer themselves directly.

- Parenting groups are available for parents who feel they need to improve their parenting skills (being consistent, setting clear boundaries etc) the **Family Focus Team** in Barnet runs evidence based parenting courses which can be accessed via other professionals.

- The Youth + Community Service offers a counselling service for adolescents and youth activities in its centres at Woodhouse Road and Canada Villa (tel. 0208 359 3100).

Putting the Community First

BARNET
LONDON BOROUGH

**IMPROVING ATTENDANCE PLAN
PREPARATION FOR MEETING 1**

School:

Name: Year/class:

Date set for meeting:

Names of Parent/s / Carer/s:

Name and role of any additional professionals to be invited (e.g. EP or Primary/Secondary Project worker):

The Plan aims to:

- • reduce anxiety about school

- • improve attendance.

Ideally, create a person-centred meeting (see Appendix 4). Questions can be put on the wall and a flipchart used.   In preparation for meeting:
- *Obtain a current print out of attendance data.*
- *Have a reference copy of the young person's timetable.*
  Have red, orange and green colouring pencils available.
- *Complete relevant background data on this sheet*

Brief background and issues that may be affecting current attendance:

What was the pattern in primary school? How did child cope with transition? Changing schools or classes/Struggling to make friends/Bullying /Competitive sporting activities/Pressure over achievement of grades in school/Family history of emotionally based school refusal, anxiety, phobias, depression / Change in family set up, for example, birth of a new baby / Experience of loss through the death of a parent, parental separation, parent hospitalised.

Attainment, Academic Strengths, Personal Qualities: *(NC levels, outside interests and successes)*

Do you think this pupil has any additional or special educational needs that have not been identified?

Appendix 2b: Improving attendance plan: Meeting 1

IMPROVING SCHOOL ATTENDANCE PLAN
MEETING 1

School:

Name: Year/class:

Date:

Names of all attendees at this meeting:

The Plan aims to:

  • reduce anxiety about attending school or returning to school

  • improve attendance.

At the meeting:
- *Have a current print out of attendance data.*
- *Have a reference copy of the pupil's timetable.*
  Have red, orange and green colouring pencils available.
- *Have preparation sheet with background information and current levels of attainment*

What do you each feel you want to happen for this meeting to be worthwhile?

Pupil:

Parent/Carer:

School:

Refer to preparation papers and highlight any key points
- Brief background and issues that may be affecting current attendance:
- Pupil Achievements, Academic Strengths, Personal Qualities and Attributes:
- Do you think the child has any additional or special educational needs?

1) Looking for any underlying issues — to be completed by the young person (with a trusted adult if needed):

On a scale of 1 — 10 where would you rate the seriousness of the problem?

1= is not a problem or worry for me   to   10= makes me very anxious

Knowing it is a school day, waking up, saying good-bye and leaving home

1 ---------- 2 ---------- 3 --------- 4 --------- 5 -------- 6 -------- 7 --------- 8 --------- 9 ------ 10

Making the journey into school and/or being at the school entrance

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Sitting in lessons, understanding and completing the class work

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Sitting in lessons, and seeing the behaviour of other children in the class

1 -------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Having free time at breaks and lunch times and playing with other children

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Going to assemblies and /or into the dining hall and /or going to the toilet

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Teachers: do they make you feel welcome and supported or anxious

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Use this space to add or draw any other school based worries you have:

2) Summary of student's views:

What works well for you in school?

What is working less well for you in school?

What changes could make a positive difference?

3) Summary of parents'/carers' views:

What works well for you in school?

What is working less well for you in school?

What changes could make a positive difference?

4) Summary of school's views:

What works well for you in school?

What is working less well for you in school?

What changes could make a positive difference?

5) What additional support is needed? Could any of the following help?

- What could be done to make the journey into school feel better?
- Would a reduced timetable or a later start/ earlier finish be helpful?
- Look together at the child's timetable - child may use red, amber, green to highlight difficult, OK and comfortable times in school day
- Can there be a 'safe haven' / special place to go in school?
- Is it possible for the child to have an 'exit card'?
- Who is the key member of school staff who will support the child/family?
- Could a 'buddy system' give some extra support?
- Is there a nurture group in school that could help?
- Could some special work be prepared for times when the child is unable to be in class (to do in a quiet area/ library)
- Could parents/carers prepare a study timetable at home when the child is not in school and keep to school hours including getting up early)?
- What else might help, for example, mentoring sessions? Relaxation exercises ?
- Could the child keep a daily log to track feelings for two weeks?
- Which seating place is most comfortable for the child in each lesson?
- Would the child like the teacher to speak to the class before the return? If so, what will be said?
- Or how will the child answer questions about their absence?
- How will parents and school acknowledge and praise improving attendance?

- Review of anti-bullying policy and procedures.

Actions	By whom?	By when?

Other notes:

Appendix 2c: Review- Improving attendance plan

REVIEW - IMPROVING ATTENDANCE PLAN

MEETING NUMBER_____   **Outcome: Plan Number_____**

School:

Name: Year/class:

Date:

Names of all attendees at this meeting:

The Plan aims to:

- reduce anxiety about school

- improve attendance.

In preparation for the meeting:
- *Obtain a current print out of attendance data.*
- *Have a reference copy of the young person's timetable.*
  Have red, orange and green colouring pencils available.
- *Complete relevant background data on this sheet*

Looking at attendance pattern since Improving Attendance Plan (IAP) was agreed — has there been a change?

Summary of progress, issues and points arising from Improving Attendance Plan

---

1) Looking for any underlying issues — to be completed by the young person

On a scale of 1 — 10 where would you rate the seriousness of the problem?

1= is not a problem or worry for me   10= makes me very anxious

Knowing it is a school day, waking up, saying good-bye and leaving home

1 --------- 2 --------- 3 --------- 4 --------- 5 ---------6 --------- 7 --------- 8 --------- 9 --------- 10

Making the journey into school and/or being at the school entrance

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Sitting in lessons, understanding and completing the class work

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Sitting in lessons, and seeing the behaviour of other children in the class

1 -------—-- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Having free time at breaks and lunch times and playing with other children

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Going to assemblies and /or into the dining hall and /or going to the toilet

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Teachers: do they make you feel welcome and supported or anxious

1 --------- 2 --------- 3 --------- 4 --------- 5 --------- 6 --------- 7 --------- 8 --------- 9 --------- 10

Use this space to add or draw any other school based worries you have

2) Summary of young person's views

Where has there been some improvement?

What has stayed the same?

Where does there need to be more change or improvement?

3) Summary of parents'/carers' views

Where has there been some improvement?

What has stayed the same?

Where does there need to be more change or improvement?

4) Summary of school's views

Where has there been improvement?

What has stayed the same?

Where does there need to be more change or improvement?

Final

5) What additional support is needed?		
	By whom?	**By when?**
Which working-well actions should continue from IAP Number --?		
New actions		

What are the next steps?

- Has a referral to Primary/Secondary Project or CAMHS been made
- Would a CAF (Common Assessment Form) be helpful to create a professional team around the child?
- Is additional input is required from the following agencies? E.g.:
    - Child and Adolescent Mental Health Service – CAMHS Tier 3
    - Hospital and Outreach Providers of Education – HOPE
    - Educational Psychology Team – EPT
    - SEN Disability Information and Advice and Support Service (SENDIASS) (was Parent Partnership)
    - Youth + Community – Y+C
    - Intensive Family Focus –IFF

Key Recommendations

	Exit process and monitor with school and home based actions

	School to complete a CAF and set a 'Team around the Child' meeting, including referral/s to:
	
	    ▪
	
	    ▪

	Refer to Youth + Community / Education Welfare for consideration of Court Assessment

Appendix 3: How to run a person-centred meeting

A Person-centred 'Improving Attendance Plan' Meeting

A person-centred meeting is an opportunity to gather information about the young person; what support the young person needs; what is working and not working in their life at school; what can be done to support the young person in order for change to happen.

The aim is to encourage the young person, their parents/carers and professionals to participate throughout the meeting.

Who should be invited?
- The young person
- Parents/carers
- Important people in the young person's life
- Professionals who need to be there

Before the meeting:
 A 'preparation sheet' (Appendix 2a) could be distributed to those invited to encourage them to think about their contribution to the meeting.

At the meeting:
Flip chart paper should be put up on the walls with headings. Everyone should be asked to write their thoughts on the flip chart paper during the first part of the meeting. There should be someone there to help those who do not want to write things up themselves.

What are the headings?
- Who is here?
- What are…….'s strengths; qualities; achievements
- What is working well?
- What is not working well?
- What changes might be made and what support will be needed?
- Questions to answer and issues to resolve
- Action plan

What should happen first? Welcome and introductions

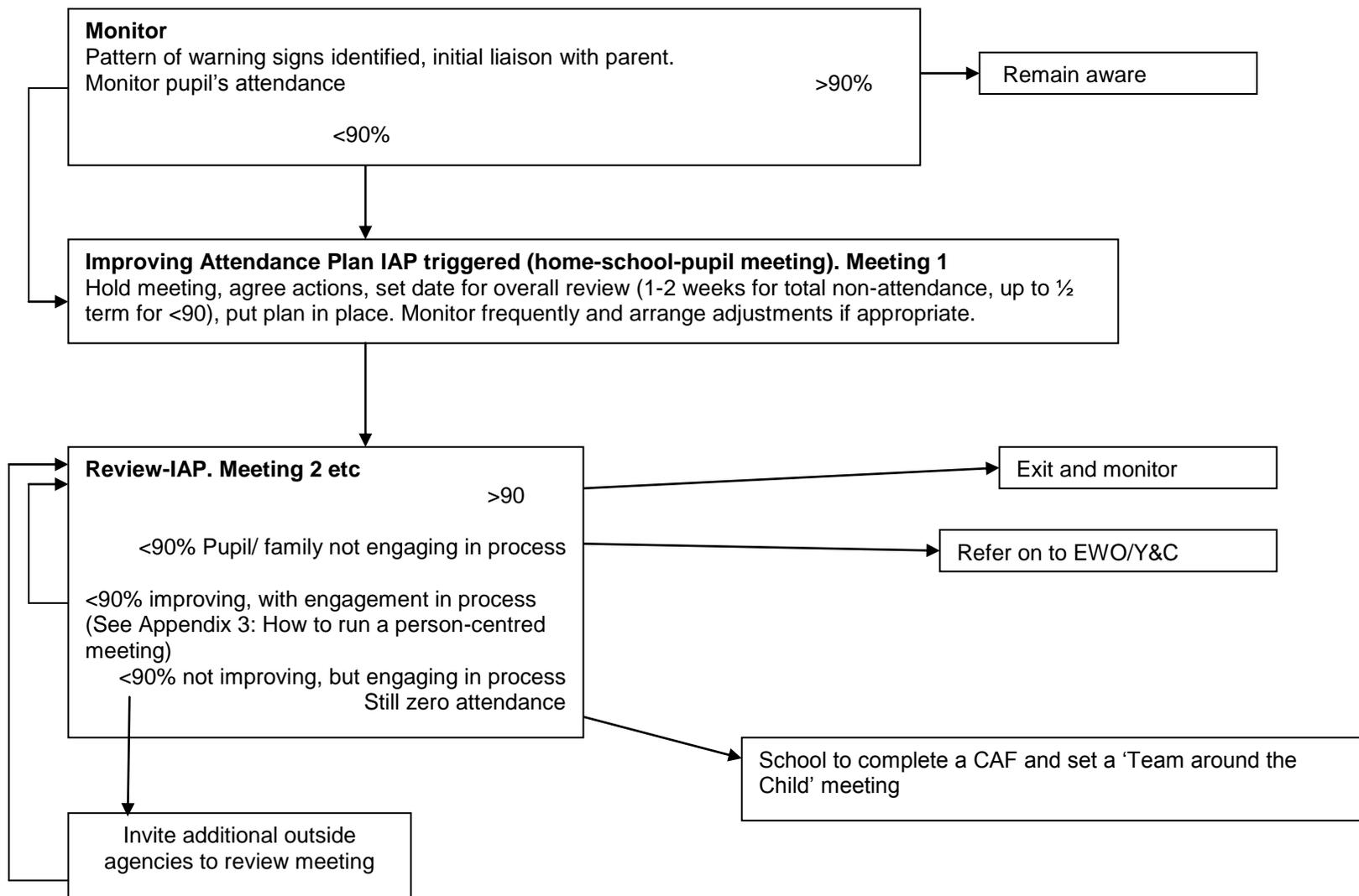> *Next?* The process should be explained so that everyone understands what is happening.

> *Next?* Ground rules should be agreed.

> *Next?* Everyone should get up and write their comments on the flip chart paper.

> *Next?* The group will look at the information and agree actions, detailing what, by when, by whom and where.

> *Finally?* A date and time for a review meeting and a list of invitees should be agreed.

Appendix 4: Extended flow chart

Monitor
Pattern of warning signs identified, initial liaison with parent.
Monitor pupil's attendance >90% → Remain aware

<90%

Improving Attendance Plan IAP triggered (home-school-pupil meeting). Meeting 1
Hold meeting, agree actions, set date for overall review (1-2 weeks for total non-attendance, up to ½ term for <90), put plan in place. Monitor frequently and arrange adjustments if appropriate.

Review-IAP. Meeting 2 etc
>90 → Exit and monitor

<90% Pupil/ family not engaging in process → Refer on to EWO/Y&C

<90% improving, with engagement in process
(See Appendix 3: How to run a person-centred meeting)
<90% not improving, but engaging in process
Still zero attendance → School to complete a CAF and set a 'Team around the Child' meeting

Invite additional outside agencies to review meeting

Appendix 5: Criteria for intervention

Barnet Hospital and Outreach Providers of Education

Criteria and processes for accepting referrals and allocating tuition

Introduction
Barnet Hospital and Outreach Providers of Education, a referral unit for pupils with medical needs, provides temporary educational provision for students who are currently unable to access mainstream education.

Provision includes a classroom situated in the Children's ward at Barnet General Hospital where we provide education to short and long stay patients. We additionally provide teaching in a range of venues taking into account the provision that meets the individual needs of the child. Our staff team consists of well-qualified, experienced teachers whose skills include SEN and specialist tuition, and subject specific expertise across both mainstream and alternative provision.

Continuity of education is supported through focus on the core subjects of English, Maths and Science, following the National Curriculum in all key stages. We also support the child's own well-being and self-esteem and encourage supported and independent learning where a child has a keen interest in additional subjects. HOPE uses assessment to measure progress and ensures children are entered for appropriate assessments, examinations and external accreditation.

An important part of our work is to prepare the student for successful reintegration to school or an effective transition to new provision when this is more appropriate.

Medical Referral routes
Barnet Hospital and Outreach Providers of Education will provide appropriate education when notified by the medical professionals and school as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative, as a result of a diagnosed medical condition. They will liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child. Every effort will be made to minimise disruption to the child's education: where there may be a delay in specific medical evidence from a consultant, evidence from a GP may be used provided that a referral to a specialist has also been made. If a child has a long term or complex health issue, then their individual educational provision needs to be regularly reviewed with school, medical professionals, parents/carers and Hospital and Outreach Providers of Education and amended as appropriate.

Where an absence is planned e.g. hospital admission or recurrent stay in hospital, educational provision should begin as soon as the child is well enough. Teachers in hospital settings will liaise with the school, where the child remains on roll, and work with them to minimise disruption to education.

Students are usually referred directly via medical routes (physical or mental health) Signed medical evidence is provided to confirm that the student is currently unable to attend school placement and is receiving medical treatment from hospital or GP, or is accessing CAMHS.

The school referral supports the medical referral. Schools provide a current attendance printout and complete a school referral form that details concerns, school interventions and current attainment

SEN students may be referred to HOPE directly by the complex needs panel – typically when a child is awaiting placement at or transfer to an appropriate mainstream setting. This also includes exclusions or cases where schools are unable to meet the specific needs of a student.

Occasionally referrals are received from other professional services working with a family e.g.: Social Services, and HOPE will then contact other professionals to obtain the required school referral information and evidence of medical intervention.

Allocation of teaching
Home teaching is typically delivered in 2 or more sessions of 2.5 hours. However, with young or very ill children it may be necessary to have shorter sessions. As far as possible, hours of teaching are increased along with each child's capacity to engage with education. As the child begins to recover and has increased readiness for learning, s/he will be encouraged to attend the base (a large classroom setting) where there is access to full time learning.

Whenever possible, teaching will take place in community settings and with other children in order to maintain and support a child's social skills and confidence out of the home environment.

Decisions regarding how best to provide suitable teaching are made after taking into account a number of factors:
- The needs of the student (high anxiety, illnesses, age, ability, planned next steps, special circumstances)
- Information from the risk assessment and from other professionals
- The best initial setting for delivering teaching (home, 1:1 in a library setting; small library groups; a place in the base; supported reintegration to mainstream school; stepped transition to a new setting) – it is also likely that students may move from home to library to the base as planned steps toward return to mainstream education
- Staff expertise and subject knowledge is matched to individual student's needs as far as possible
- Staff teaching commitments and timetable constraints are also considered

These variations mean that a personalised learning programme can be developed for each student. It also remains flexible and can be adapted to changing needs as the child progresses towards a return to full time education.

Home Visit and Risk Assessments
Once all required referral documentation has been obtained, the head teacher of the HOPE will arrange a home visit. This is usually undertaken with an additional member of the team (the teacher most likely to be allocated) OR in along with another professional where this is more appropriate due to their prior involvement with the child or family (e.g. a family support worker, a member of the specialist teams).

During this visit, factual information is checked for accuracy and additional data may be recorded. A risk assessment is completed. This enables factors in the home setting and in

the behaviour and well-being of the student to be discussed. Then actions will be put into place to minimise evident risks, as appropriate. It is made clear that the parent / responsible adult is to remain in the home at all times when home tuition takes place. Expectations are clarified and the teaching timetable is agreed.

Teaching and Transition Plans
Teachers liaise with home schools to ensure continuity of learning in core curriculum subjects. Lessons are individually planned and personalised to each student. Teaching staff will lead and attend meetings with other professionals, the student and family and will formulate a transition plan at an early stage of intervention. Often the plan will cover reintegration to the student's school and, if so, will include stepped support for gradual return to full time education. In other cases, the teacher will support the student in exploring, deciding upon and making a transition to a new educational setting.

Appendix 6: Case studies

A successful outcome

Peter found it hard to separate from his mother in infant school, but after a lot of support he settled down and there were no anxiety issues until the summer term of year 5. He started to feel anxious after school talks about secondary transfer and he began to have a lot of headaches and stomach aches. His attendance at school started to fall, but it wasn't low enough to inform the EWO service .

By the time Peter started in year 7 both he and his mother were feeling very anxious about whether he could cope. He would feel sick in the mornings and although he went into school he was withdrawn and found it hard to make friends and said he was being bullied. By year 8 Peter's attendance started to fall due to various illnesses and family bereavements, and then suddenly he woke up one school day and refused to go in any more.Peter locked himself into his room and refused to leave the house and would not communicate with his wide circle of friends. His mother informed the school and she had a meeting with the pastoral head and head of year who agreed to send work home and they referred him to CAMHS.

Peter refused to go to CAMHS and his mother didn't know what else to do. She was recommended Parent Partnership (now SENDIASS) who then made contact with the school. It was agreed he should be referred to the home tuition team as by this time he had been off school 2 months. The school and GP signed a referral form and the HT service started to work with him in his home.

The teachers helped Peter catch up with his core subjects but also gave a lot of emotional support in preparing him to go back to school. He decided he wanted a fresh start at a new school and when a place was found for him ,PP organised a meeting with the parent and year head, and HT team.

A very slow integration plan was made. It started with Peter just putting on his uniform and walking up to the school gate. Slowly he started to come into reception and when he felt comfortable he moved onto the next stage. Some boys were allocated as buddies and he went in for several lunchtimes and then he shadowed one of the boys in a couple of lessons. The teachers were all kept informed and there were weekly review meetings at the school to begin with. The HT team worked with Peter in the library so he could build up more hours at the school and gradually he started to attend more subject lessons. He started to make friends and at weekends go to other boys homes. He had never done this since year 6, so it was seen as a big achievement.

He now has completed 5 GCSES and achieved all A and B grades. He is attending the 6th form full time and studying 4 AS levels and is talking about university!

An unsuccessful outcome

Sara had no anxiety problems about school until year 8. She lost a grandparent whom she was very close to and kept her feelings bottled up inside. She started to experience panic attacks and found it very difficult to go into school. She also started to isolate herself from friends and found it hard to concentrate in class

After a couple of weeks off with flu in the spring term of year 8 she found it too difficult to go into school and complained of chest pain and feeling dizzy . Her mother took her to the GP who prescribed some medication and a referral was made to CAMHS. Sara refused to go back into school and her mother arranged for her to have work sent home. After a month a

referral was made to the HT team and Sara started at the home tuition base. She soon felt less stressed and attended every day.

Suddenly the family announced they were moving out of the area and that a fresh start would be best for Sara. The family found a new school in a different local authority, and when her mother and Sara met the year head they decided that since Sara said her anxiety was specifically due to the previous school and that she would be fine at another school in a different town.

Sara started on a full time table and she didn't want the teachers or anyone else to know at the school about her previous difficulties. She was convinced she would be ok. Within the first week she started to suffer anxiety attacks and has been unable to leave the house and is now under CAMHS. The parent was trying to engage services of the new authority and has contacted the appropriate Parent Partnership (now SENDIASS) for support

A successful outcome for a pupil on the autism spectrum

Katie has a diagnosis which places her on the autism spectrum. After a very successful experience at her primary school she moved to her local secondary school, a large comprehensive. A carefully planned transition programme was devised and the primary and secondary school staff liaised well to support Katie through the move. She settled well into Year 7 and had a small friendship group consisting of peers from her primary school.

After a positive start, as Katie moved into Year 8 her parents noticed that she seemed increasingly reluctant to attend school. By the summer term of Year 8, Katie started refusing to attend at all. It was thought that she might be struggling with the curriculum demands as her work was starting to deteriorate. Her friendship group was no longer functioning as most of her peers from the primary school had established new friendships. At home she had become increasingly withdrawn and was choosing to spend most of her time alone in her bedroom either reading on her computer.

When her parents or staff members tried to talk with Katie about her reluctance to attend school, she would become very distressed and would repeat that she hated school and didn't fit in. The staff team undertook some discreet observations and it became clear that Katie was being targeted by a group of pupils who were bullying her. The SENCo discussed this with Katie and as soon as she understood the focus of the exploration she was able to talk about what had been happening. The school had a robust anti-bullying policy but felt that it had been ineffective in this case.

The SENCo set up a small peer support group for Katie. This group included a couple of the pupils who had been targeting Katie. They were offered training in understanding Katie and appreciating the potential impact of their behaviour towards her. The group became her support network offering her companionship at break times (when she wanted it) as well as working with her in some classes, as appropriate. The bullying stopped immediately (it transpired that much of the unkind behaviour had arisen from the confusion over aspects of Katie's behaviour). Katie felt more confident at school and her anxiety levels dropped considerably. She reported often going to members of her group for advice and guidance. She started to attend school with greater enthusiasm and her withdrawn behaviour at home reduced. Her group continued to support her for the rest of her time at the school.

Appendix 7: Procedure for Initiating a CAF

The CAF is a shared assessment tool for use across the children's workforce. The process is intended to ensure that children and young people receive the right support at an early stage, before their needs increase, and that services are planned and delivered in a more co-ordinated way. The CAF is a holistic assessment that helps to gain a fuller picture of a child and family's needs and strengths.

Practitioners working in universal services (such as primary health care settings, schools, Youth settings, Children's Centres and community agencies) will initiate the majority of CAFs, as these practitioners are well placed to identify children at an early stage who have additional needs, requiring a multi-agency response.

The CAF is completely voluntary, so the child, young person and parent/ carer must agree to initiation of a CAF. The child, young person and parent/ carer also must agree the people/ professionals they wish the assessment to be shared with.

Practitioners undertaking a CAF should have first accessed the CAF Multi-Agency 1 day training, provided by the Children's Workforce Development Team. The CAF form and all guidance can be downloaded via Barnet's website at: http://www.barnet.gov.uk/caf-practitioner-info

In addition, the Multi-Agency Support Team can offer practitioners full support with the CAF process, and can advise if a child may already have a CAF. They can be contacted at: e-caf@barnet.gov.uk or by calling 0208 359 4405.

Appendix 8: A questionnaire assessing school anxiety

The School Refusal Assessment Scale (SRAS)
The School Refusal Assessment Scale (SRAS) (Silverman & Kearney, 1993, Journal of Clinical child Psychology, Volume 22, No 1, 85-96) can be a useful tool for professionals in helping to identify the function/ reasons for a student's school refusal. Whilst it should not be used as a stand-alone assessment, it can be useful alongside other information (interview, consultation, background history, analysis of school's attendance records, multi-agency liaison, etc). Schools should talk to the EP to access this questionnaire.

The scale is a one-page questionnaire with two versions: one to be answered by parent/carers and one by students themselves. Answers are rated on a scale from 1 (never) to 7 (always). The two scales are then scored up by the professional involved. Results may indicate a function for the behaviour, which may in turn help to determine an appropriate intervention.

The Key defines four categories of school refusal behaviour, namely:
1. Avoidance of Anxiety Provoking Stimuli at School   } negative reinforcement
2. Escape from Aversive Social or Evaluative Situations   }

3. Attention/ Proximity Seeking Behaviour   } positive reinforcement
4. Pursuit of Possible Tangible Reinforcement }

Examples of the each of the above:
- (1) Avoiding difficult school work, bullying, a scary teacher, an uncomfortable journey, fear of leaving the home, fire alarms, bus room, tests, teacher, classroom anxiety, depression, etc;
- (2) Avoiding bullying, friends, testing, exams, unsatisfying peer relationships, severe social anxiety, trouble speaking with others at school, etc;
- (3) Separation issues with parent, not wanting to leave parent where there has been domestic violence, tantrums to stay home, wanting to be at home;
- (4) Wanting to play video games at home, wanting to watch TV at home, play, visiting friends, being out of the house when supposed to be at school (truanting).

Interpreting the results
It was thought that students with school refusal behaviour maintained by negative reinforcement tended to fit with those presenting with anxiety, and students with school refusal behaviour maintained by positive reinforcement tended to fall into an SEBD (social, emotional and behavioural) category. However there is often overlap across all four categories and at least 1 in 4 students do not fall into a discreet category.

Once the function for school refusal behaviour has been established, treatment options/ interventions can be considered.

Intervention
Early intervention is key and research shows that the most effective methods of helping students return to school are:
- Cognitive behavioural therapy including relaxation, social skills, cognitive restructuring, and exposure. Students need to be supported by parents and teachers;
- Behavioural approaches such as systematic desensitisation, flooding, immediate return to school with escort systems, threat of legal intervention;
- Systemic interventions (e.g. staff training, improved school-community partnerships, training parents as coaches).