

ROTHERHAM EDUCATIONAL PSYCHOLOGY SERVICE

Emotionally Based School Avoidance (EBSA)

Good practice guidance for schools and practitioners working with children (or young people) and families produced in collaboration with the Early Help and Family Engagement Service and Rotherham parent/carers forum

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Introduction

Welcome to Rotherham Educational Psychology Service's (EPS) good practice guidance for schools and practitioners working with children (or young people) and families who are experiencing Emotionally Based School Avoidance (EBSA).

In order to produce this guidance, a group of Educational Psychologists from Rotherham EPS have drawn upon the current evidence base and information available. In particular, we would like to acknowledge West Sussex (for whom the full reference can be found at the end of this document) whose guidance greatly informed the development of our own. We would also like to acknowledge the involvement of both practitioners from the Early Help and Family Engagement Service, parents/carers from Rotherham parent/carer forum and parents/staff (from our local schools) who offered their contributions towards the creation of this guidance.

It is the intention of Rotherham EPS that the guidance document is used to provide information and advice for those supporting children, young people and their families experiencing EBSA. As such, it is particularly aimed at those based within the Rotherham Local Authority (LA) area, but some aspects may also be relevant to other contexts.

What is EBSA?

Emotionally Based School Avoidance (EBSA), also known as School Refusal, School Avoidance and School Reluctance, is a term which may be used to describe children (or young people) who do not attend an educational setting due to emotional factors or experiences. It is important to note that EBSA is different from school absence which is due to physical illness or truancy.

EBSA is often defined by an increase in the emotions (namely anxiety) being experienced by a child (or young person) in relation to attending their educational setting. This can lead to displays of significant distress and/or extended periods of time spent out of education. In many instances, the child (or young person) experiencing EBSA will still attempt to remain engaged with education and/or wish to return to their educational setting but feel unable to do so. Often, the anxiety or distress being displayed will appear to reduce over the weekends or during school holidays.

Whilst it is recognised that there is ongoing debate around the most appropriate terminology which may, or may not, be used to refer to this group of children and young people, it is felt that EBSA is the most well-known and used term within the current literature. Therefore, the term 'EBSA' has been drawn upon throughout this document.

What is the impact of EBSA?

The difficulties associated with EBSA are far-reaching. Across the literature it has been identified that, if left to continue, EBSA can have an impact on long-term outcomes including a negative effect on learning and achievement (Hancock, Shepherd, Lawrence, and Zubrick, 2013; Gottfried, 2014); poor emotional regulation (Lenzen et al, 2013); increased potential for becoming involved in the youth offending system (Garry, 1996); greater risk of unemployment (Attwood and Croll, 2006); as well as an increased risk of the development of psychosocial issues later on in adult life (Flakierska-Praquin, Lindstrom, & Gillberg, 1997; McCune & Hynes, 2005).

Prevalence: How many children (or young people)/families does EBSA affect?

A report by the NFER, School Phobia and School Refusal: Research into Causes and Remedies (2003) indicated that very few practitioners in Local Education Authorities (LEAs) and schools used definitions which distinguished between 'willful' non-attenders and those whose non-attendance had an emotional basis. Subsequently, the incidence is not reliably known. However, across the UK literature it is generally estimated to be between 1 and 2% of the population, with a slightly higher prevalence amongst secondary school students (Elliot, 1999; Gulliford & Miller, 2015).

Causes: What are the causes of EBSA?

It is likely that several factors may contribute to a child (or young person) experiencing EBSA. Thambirajah et al (2008) suggest that it is underpinned by a number of complex and interlinked factors including individual, family and school (environmental) factors. As such, it is important to remember that each child (or young person), and therefore situation, is unique so must be approached on an individual basis.

Anxiety and EBSA

Anxiety is recognised as a key component of EBSA. Whilst anxiety is a normal part of our human experience, heightened levels of anxiety can interfere with our ability to function in everyday life. With regards to EBSA, a child (or young person) may experience anxious and fearful thoughts in relation to attending school. In response to this, the child (or young person) may present physiological symptoms (e.g. complaints of feeling ill) or behaviours (e.g. crying, tantrums, sleep problems, refusal to get ready for school, etc.). Alongside this, the parent/carer may find themselves on the receiving end of some hostile behaviour(s) as the child (or young person) strives to avoid the 'threatening' situation.

Coronavirus and EBSA

Although no specific work has yet taken place exploring the link between EBSA and Coronavirus, it is important to acknowledge the possible impact that this period of time may have had. Previous research by Kearney & Graczyk, (2014) identified that absence - which may take place in the form of late arrival, returning home during the day, missing out on activities whilst at school, or absence for the whole day - has the tendency to lead to more absence. As such, it may be suggested that the extended periods of school closure over the national lockdowns may have contributed to the onset of EBSA for some children and young people. Alongside this, it is possible that the uncertainty, provoked by Coronavirus, may have led to increased anxiety amongst children and young people which could present itself in a number of ways, including EBSA (see section above; Anxiety and EBSA).

Taking all this into account, it is important to keep in mind that positive outcomes are achievable. Whilst progress towards a successful integration may sometimes feel slow it is hoped that this guidance document will provide the support you need to confidently approach this process and keep pushing forward until success has been achieved.

Risk and Resilience Factors

Within the literature, factors have been identified that place children (or young people) at higher risk of experiences of EBSA. These are usually accompanied by other changes in circumstances, and it is important to keep in mind the interactions between home, school, and the wider influences on the child (or young person).

Risk Factors:

Signs and Risk Factors associated with vulnerability of EBSA		
Individual (CYP) Factors	Home / Family Factors	School Factors
<ul style="list-style-type: none"> • Age (5-6, 11-12 & 13-14 years) • Special Educational Needs and/or Disabilities (SEND) (including AUTISM) • Poor self-confidence/self-esteem/fear of failure • Physical illness • Separation anxiety • Experience of traumatic events • Delayed social skills • Separation anxiety • Lack of independence skills • Not feeling safe and secure • Missed schooling • Sensory needs • Child exploitation 	<ul style="list-style-type: none"> • Unhelpful family interactions • Separation, divorce or changes in family dynamic • Parent/carer physical and mental health concerns • Overprotective parenting style • Being the youngest child in the family • Loss and bereavement • High levels of family stress • Domestic Abuse • Parental substance misuse • Young carer • Parental experiences of poor school relationships • Family history of EBSA and non-attendance 	<ul style="list-style-type: none"> • Bullying (the most common school factor) • Not feeling safe in school or on the way to school • Difficulties in specific subject(s) • Transition (key stage, secondary, or change of school) • Structure of the school day • Academic demands, high levels of pressure, and performance-oriented classrooms • Issues with transport or journey to school • Fears around exams • Peer or staff relationship difficulties

(Adapted from West Sussex Guidance)

Individual Factors:

The influence of individual factors may be complex. As such, it is important when taking these into consideration that we draw upon a holistic approach in order to reduce the potential for a 'within child' focus and give space for consideration of how this may have been impacted upon by other factors such as the environment and wider systems.

Autism

The experience of anxiety is commonly regarded as a feature of Autism. The factors which influence this are often multiple and complex but are suggested to be associated with: context blindness, poor executive functioning, limited theory of mind, difficulties processing language, focus on detail, and sensory processing differences (Ozsivadjan and Knott, 2016; Gaus, 2011; McLeod et al, 2015; Tin and Weiss, 2017). In addition, recent research has also considered 'intolerance of uncertainty' as a key contributing factor to anxiety in children (and young people) with Autism. As most of us are aware, schools are complex social environments which can prove exhausting for children (or young people) with Autism as they spend cognitive energy trying to manage the social experiences within this environment. As such, they may experience 'overload' resulting in an increase in the levels of anxiety experienced within this environment.



(Taken from the West Sussex EBSA guidance)

In order to prevent this, and thus reduce the risk of EBSA, it is essential that children (or young people) with Autism are provided with sufficient support to develop their social and emotional literacy skills, as well as opportunities for self-regulation, throughout the school day.

Looked After Children (LAC)

When we compare children (or young people) in care with their peers, children in care (also known as LAC) are statistically more likely to experience complex Social, Emotional & Mental Health (SEMH) needs as result of the trauma, abuse or neglect they have experienced. Sadly, this can mean that some children (or young people) experience feelings of exclusion or isolation, damaging their already low self-esteem. In addition, high levels of SEND needs,

alongside gaps in their education, sometimes also leaves them lagging well behind their peers in terms of educational progress and attainment.

In a small qualitative study of 32 children (or young people), Cameron et al (2010) noted that 14 reported significant absences (at least one period of three months or more) and 6 reported spending a year or more out of school. Movements in care have been seen to be a common cause of absences. Unfortunately, these can be a frequent occurrence in the care and educational experiences of LAC. In addition, poor attendance may result from factors such as: families that did not encourage regular attendance at school; 'chaotic' birth families, resulting in numerous changes of location and frequent crises and upheavals; parental sickness and incapacity due to drug dependency or alcohol misuse.

Evidence has repeatedly demonstrated that stability and continuity are essential contributors to ensuring that LAC achieve educational success; early onset of and long-term foster placements have been directly linked to educational success and higher educational achievement. Harker et al, (2004) found that social workers, teachers and carers did not give children's educational progress and standards of achievement priority, compared with the attention given to matters such as physical and emotional needs including care, relationships and contact with parents/cares. Studies report that, for those working with LAC, the emphasis was placed on immediate as opposed to long-term developmental needs, ensuring that children were fed, watered, clothed and sheltered.

It is interesting to note that very little evidence exists around levels of EBSA for children in care.

Difficulties during key transitions (e.g. moving to secondary school)

An association has been identified between key transition points (e.g. primary to secondary) and the onset of EBSA. As part of this, it is important to consider that alongside each of these transition points, as well as a change of setting, children (or young people) are experiencing a multitude of changes such as increased curricular demands at school; an increasing sense of their own self-awareness; and, particularly for the transition to secondary school, a reduction in the amount of parental involvement and control.

Resilience Factors:

When supporting children (or young people) experiencing EBSA, it is really important to identify and build from areas of strength and identify factors that are supportive of resilience. As before, this requires a holistic approach including the child (or young person), families, staff working within the educational setting, and any other services which may be involved.

Some examples may include:

Resilience Factors		
Individual (CYP) Factors	Home / Family Factors	School Factors

<ul style="list-style-type: none"> • Developing ambition, aspiration and motivation • Increasing confidence and self-efficacy • Providing positive experiences where they can experience success • Ensuring they feel listened to • Mattering 	<ul style="list-style-type: none"> • Developing parenting skills and understanding • Feeling valued in a working partnership • Networks and wider family 	<ul style="list-style-type: none"> • Flexibility and adaptation • Removing barriers • Developing feelings of safety, security and a sense of belonging • Working in partnership • Relationships with key people
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What can we do to support children, young people and families experiencing EBSA?

Early Identification

EBSA is a heterogeneous concept (Maynard et al, 2015); meaning that it cannot be treated as a single condition. Different children (or young people) will be hesitant to attend school for different reasons and it is usually a unique combination of various factors, and their interaction, rather than a single cause that leads to EBSA.

As with general mental health, there have been factors identified that place children (or young people) at greater risk of EBSA. It is usually a combination of predisposing factors interacting with a change in circumstances which leads to the pattern of behaviour that is described as EBSA. The systemic features of the school environment may trigger some predisposing factors in the family, community or the child (or young person) themselves.

The exact nature of the predisposing vulnerability and the precipitating events will vary according to the child's (or young person's) unique characteristics, circumstances, and experiences, but it is still possible to identify factors associated with that vulnerability and the potential triggers leading to EBSA. Being alert to these factors in relation to an absence from school can act as an early warning system enabling preventative action to be taken.

Information Gathering

When children and young people are at risk of EBSA, the school or setting they attend will play a crucial role in firstly identifying issues and then providing appropriate support. It is important for schools and settings to develop effective systems which identify and support children and young people. This will enable staff to be vigilant of early indicators so they can deploy effective processes. Schools may seek to have a discussion with their Early Help Link Worker or Early Help Integrated Working Lead for advice and guidance at this stage. Each individual and situation will be different, therefore placing the child (or young person) at the heart of the discussions is essential.

Potential Early Indicators of EBSA

Being proactive in identifying EBSA can help to avoid the situation spiraling. The longer the problems remain unaddressed the poorer the outcome, as the difficulties and behaviours become entrenched.

Key proactive behaviours include being vigilant when monitoring attendance and noticing any patterns in non-attendance or changes to behaviours, such as:

- Reluctance to leave home
- Reluctance to separate from parents/carers
- Regular absence without indication of anti-social behaviours
- Frequent absences or reports of minor illnesses
- Patterns in absences, for example, particular days and/or subjects, after weekends and holidays
- Reluctance to attend school trips

- Expression of a desire to attend classes but being unable to do so
- Evidence of under-achievement of learning potential
- Social isolation and avoidance of classmates or peer group
- Displaying challenging behaviours, particularly in relation to specific situations at school
- Severe emotional upset with excessive fearfulness, outbursts of temper and complaints of feeling ill on school days
- Depression and sense of isolation resulting in low self-esteem and lack of confidence
- Confusion or extreme absent mindedness shown in school due to a lack of concentration, resulting in lower attainments
- Physical changes, i.e. sweating, sickness, aching limbs, headaches, panic attacks, abdominal pain, rapid weight loss or gain

Thambirajah et al. (2008) suggests that the main aims of this analysis are:

- *To confirm that the child (or young person) is displaying EBSA as opposed to truancy or parentally condoned absence*
- *To assess the extent and severity of (a) a school absence, (b) anxiety and (c) ascertain the types of anxiety*
- *To gather information regarding the various child, family and school factors that may be contributing to the EBSA in a given child (or young person)*
- *To integrate the available information to arrive at a practical working hypothesis as a prelude to planning effective interventions*

Taking this into account, if you recognise several of these issues, it is important to consider if EBSA is an issue for this child (or young person) or if other factors are involved. In all cases, if a child (or young person) is not attending school, we should seek to identify the issues and needs affecting the child (or young person).

In order for any intervention or support plan to be successful, it is essential to gain an understanding of the various aspects causing and maintaining the EBSA behaviours. Rotherham's Early Help Assessment is a tool that can be used to understand need and co-ordinate support for a family. In all cases it is essential that the views of the child (or young person), possibly their friends, the family, and key school personnel are gathered and listened to. However, in doing so, we must proceed carefully and sensitively so we avoid blame and shame. As identified earlier, EBSA it is often an interaction of a number of factors. So, trying to find simple causation may lead to blaming and shaming which then leads to increased anxiety and defensive behaviours. Children (or young people) may feel guilty or scared, leading to a loss of trust, especially if they are forced to attend school when they are not ready.

Through the use of the Early Help Assessment schools can understand the issues, 'push and pull' factors (see page 18), and the risk and resilience factors which are affecting the child (or

young person) and their situation. Remember that swift action can prevent EBSA from becoming entrenched and often results in much better outcomes.

Multi-Agency Approach

Working Together to Safeguard Children 2018, outlines the responsibilities for all agencies, to intervene early to provide support to children and families when problems first emerge. Schools and partners should build strong and trusting relationships and work together to put the right support in place to address areas of need.

Where concerns emerge for children, including those which relate to EBSA and its impact on a child's attendance, schools should check whether the family have an Early Help Assessment already in place or whether the children have a statutory plan via Children's Social Care. For those who have an existing assessment and plan schools should work with the Lead Professional and Team Around the Family to ensure that there are actions within the plan to support the child and family to address the presenting needs.

If there is not an Early Help Assessment in place and the family is not open to Children's Social Care, it is important that school carry out the assessment. This assessment is vital to understand fully the issues within the family as poor attendance and EBSA is often a symptom of wider need and where required, bring in appropriate agencies to support the child and family. The Early Help Integrated Working Lead's (IWL's) are available to support schools in completing the Early Help Assessment and plan.

The Rotherham School Attendance Matters Pathway (SAMP) is a restorative, welfare based approach which provides a structured and consistent pathway for enforcement to address poor school attendance. The SAMP is underpinned by the Early Help Assessment. Poor school attendance is rarely an issue in isolation, with the barriers to children accessing education being wide and complex. It is important to understand underlying concerns for the child and family which impact on attendance and engagement with learning and ensure that support is implemented to address these.

For more information on Working Together to Safeguard Children 2018 please use the following link: [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/689047/Working-Together-to-Safeguard-Children-2018.pdf)

Working with the Child (or Young Person)

It is important to keep in mind that any child (or young person) currently experiencing EBSA may experience heightened anxiety when discussing their return. In order to manage their current feelings of anxiety they are employing 'avoidance' strategies (of not going to school), so any discussions around returning is likely to raise their anxiety as you are proposing changing their current coping strategies.

A good place to start with any assessment is to acknowledge their feelings and explain that you would like to understand why they think or feel this way. Throughout the discussion it is important that the adult does not dismiss the anxieties or worries expressed by the child (or young person) but instead empathises with their emotional experiences, without promoting the EBSA further.

The approach should take into account the child (or young person)'s age, level of understanding and language. Within this, it is important to bear in mind that even children and young people who are articulate may experience difficulty verbalising what they are thinking and feeling, so instead may prefer to draw and/or have visual prompts to support.

Any child (or young person) currently avoiding their setting will become anxious when asked to discuss returning. They might currently manage feelings of anxiety by employing the coping strategy of not going to their setting, so any talk about going back will increase their anxiety as you are proposing to take this away. Many children and young people voice that they would return to school if they felt they could.

A good place to start is to acknowledge it may be difficult, but you would like to know what they think and feel. It is important that the adult does not dismiss anxieties or worries the child (or young person) has (for example by saying, *"It will be fine"*) but lets them know they believe them when they talk about how they feel, and that they empathise (for example by saying, *"That must be really difficult"*). Being mindful of the language being used to describe what is happening for the child (or young person) is therefore crucial. This is not the same as collusion, and it avoids blame for the child (or young person), parent/carer or practitioner. An individualised approach that encourages trust is advised instead, focusing on strengthening relationships with a team or network of staff (rather than dependency on individuals).

If a child (or young person) is able to get to their setting but is then reluctant to enter the site or the building, thinking with them about what needs to happen so that it feels welcoming would be useful. This could include thinking about the barriers that exist for them and their coping strategies, for example: how they are received by members of staff and which responses are helpful and unhelpful (and how might helpful responses be employed consistently and by everybody); planning which enjoyable activity they could engage with when they first enter the setting, and what will happen after that; and who would the child (or young person) like to have in their support network?

Reward systems can induce anxiety-provoking demands that potentially lead to a sense of failure and the source of more avoidance. Working out with the child (or young person) how to positively encourage them without introducing demand driven rewards will be important. Having choices and options when planning next steps can introduce a sense of control, which in turn might bring confidence.

It is important to understand that strategies do not always work and not to take lack of progress personally. Building a relationship with the child (or young person) and acknowledging that there is a problem is the first and most important step. It is not about the practitioner trying to solve the problem on their own. Rather, it is about working together with the child (or young person) and their family to look at what the barriers might be, what else could be tried, and making a plan together. If the plan does not work on that occasion, then it is okay to try afresh the following day, acknowledging anything positive the child (or young person) did achieve.

The Four Cornerstones of Co-production might be supportive principles to keep in mind when working with children and young people:

- Welcome and Care
- Value and Include
- Communicate
- Work in Partnership



Working in Partnership with Parents/Carers

As mentioned previously, parents and carers may find it difficult to talk about the concerns they have and the difficulties they experience in trying to get their child (or young person) into their setting. It is important that the setting takes time to build a collaborative partnership with parents and carers so that they build enough mutual trust to work together in the best interest of the child (or young person).

Sometimes, parents and carers may have had similar experiences to their child (or young person) and may experience their own anxiety, making it especially difficult for them to have the confidence to engage with practitioners. During the initial meeting it is important to try and establish a relationship first and foremost (please see Working Together to Safeguard Children 2018). If we aim to break down and redress perceived power imbalances, parents/carers are likely to feel less threatened and more like equal partners. Once trust has been gained you should then gather background information, establish the current situation, and the parent or carer's views about their child (or young person)'s needs and environments that might support

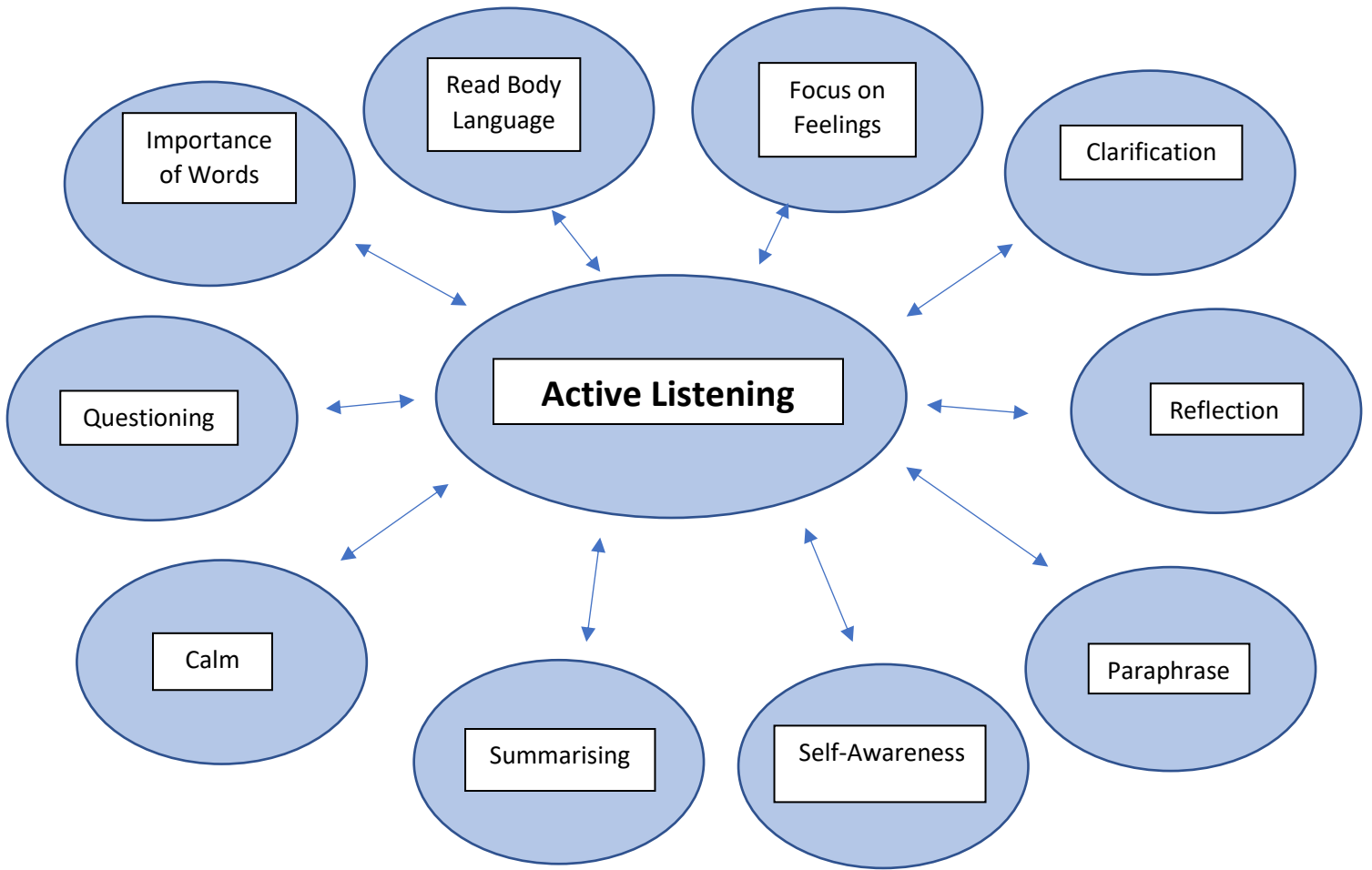
or hinder their child (or young person)'s attendance. If parents and carers are regularly struggling to get their child (or young person) to their setting it is helpful to acknowledge the emotional impact of this situation both on them and the wider family. Questions (examples of which can be found below) should be sensitive and the person asking should employ active listening skills. It is advised that regular contact is made with parents and carers. School staff should identify who the key person will be to communicate with parents and carers and agree with them how, and how often, they will do this, for example some parents and carers find weekly check-ins helpful. Establishing a relationship with parents and carers will encourage trust and communication will be key.

Ideally, plans for next steps should be individualised and co-produced. Working with parents and carers is essential to successful outcomes for the child (or young person). While the focus is on the child (or young person), it is also important to remember that parents and carers may need their own support, and consideration should be made to recommendations to services such as Special Educational Needs Information, Advice and Support Service (SENDIASS). Details can be found in the local support and resources sections as well as on Rotherham's Local Offer website.

Once again, the Four Cornerstones of Co-production might be helpful principles to keep in mind when working with family members:

- Welcome and Care
- Value and Include
- Communicate
- Work in Partnership





Creating an action plan

Once information has been gathered, it is important that it is triangulated so that there is a shared and agreed understanding of the help and support the family require. It would be recommended that the Early Help Assessment supports this process. This will help collate, integrate, and share the information gathered from a variety of sources to develop a whole family support plan.

An action plan should include the following key elements:

A description of the behaviour:

- What is the current rate of attendance?
- Are there any patterns to non-attendance (e.g. particular days or lessons)?
- History of behaviour; when did it first occur, have there been similar difficulties in the past?
- Behaviour and symptoms of anxiety – what does it look like? What does the child say about any specific fears and difficulties?

Risk factors (school, child (or young person) and family): refer also back to page 5

- Developmental and educational history (health, medical, sensory or social factors)
- Any changes in family dynamic (e.g. separation, loss, birth of a sibling, health issues of other family members)
- Any other needs within the family

Strengths and protective (Resilience) factors: refer also back to page 7

- What has been helpful in the past?
- What strengths have been identified?
- What goals, aspirations or ambitions have been identified?
- What positive relationships exist at home and at school (peers and staff)?
- What positive experiences have they had at school?
- Thinking about a time when these issues did not occur, what was different?

Formulation and integration of various factors:

- What risk factors have been identified (child, school and family)?
- What strengths have been identified that can be built upon?
- What is a shared perspective and where are there any differences of views?
- What explanation does the young person and other key stakeholders have for these behaviours?

The possible function of the behaviour - is it:

- To avoid something or situations that elicit negative feelings or high levels of stress (e.g. fear of the toilets; the noise in the playground; lots of people moving all together in the corridors between classes; anxiety about tests/exams)? Could it be sensory-related?
- To escape difficult social situations (e.g. feeling left out at playtime; reading out loud in class or other public speaking; working as part of a group)?
- To get attention from, or spend more time with, significant others (e.g. due to a change in family dynamic or concern about the wellbeing of parent/carer)?
- To spend more time out of school as it is more fun or stimulating (e.g. going shopping, watching TV, playing computer games, or hanging out with friends)?
- Reinforced due to the presence of any maintaining factors?

Other key ideas to include in the plan:

- Regular contact between parent/carers and key workers in school (how and when)
- Agree expectations around contact (frequency of contact and realistic response times)
- Clear and shared goal (i.e. return to school at the earliest opportunity)
- Establish and agreed dates for early home visits, if appropriate, to discuss action plans
- Ensure consensus so all parties agree to actions and keep to them until the next review period
- Create a personalised support package (e.g. flexible timetable, arrangements for transport, buddying, and provision of a safe haven)
- Ensure the child (or young person) has access to an identified member of staff who can be approached if anxiety becomes temporarily overwhelming in school (e.g. a key worker)
- Ensure all staff (including supply staff) are informed about the child (or young person)'s difficulties, particularly during changes of classes/key stages
- Identify safe spaces within school where the child (or young person) can go to if needed
- Identify a member of staff who can 'check in' with the child (or young person) throughout the day
- Evidence based programmes via the Early help AFE Evidence BH

Key questions when developing an action plan

- After the information gathering and analysis process has occurred a return to school or support plan should be made.
- All plans need to be co-produced with parents/carers, the child (or young person) and any other appropriate agencies, and all parties need to be signed up.
- Each plan will be different according to the actions indicated by the assessment - what worked with one child (or young person) will not necessarily work with another.

- The plans should always be realistic and achievable with the aim of reintegrating the child (or young person) over time at a pace which is comfortable for them.
- The return should be gradual and graded, with recognition by all that a 'quick fix' is not always possible.
- It may be necessary to agree a part-time timetable as part of this process but remember this should always be temporary and not seen as a long-term option as all children and young people are entitled to a full-time education.
- All parties should be aware that there may be difficulties implementing the plan and these should be anticipated and, when arising, solutions found.
- An optimistic approach should be taken. If the child (or young person) fails to attend school on one day, start again the next day.
- Parents/carers and schools should anticipate that there is likely to be more difficulty after a school holiday, period of illness or after the weekend.
- At the start of the plan, the child (or young person) is likely to show more distress. It is important everyone is aware of, and prepared for, this. School staff and parents/carers need to work together to agree a firm and consistent approach.
- Any concerns about the process should not be shared with the child (or young person) so a 'united front' is maintained, and any concerns should be communicated away from the child (or young person).
- Schools should take an individual and flexible approach to the child (or young person)'s needs, with all school staff that will meet them being made aware of the return to school plan and any adaptations to normal routines or expectations that are in place to support the child (or young person).
- Once actions on a support plan are agreed with a young person, i.e. returning to school in very finely graded steps, stick to what has been agreed for that week, even if things seem to be going well, as pushing things further can heighten anxiety, reduce trust, and cause things to backfire overall.
- The format of the support plan should be flexible and, if appropriate, a child (or young person)'s version should be created.

EBSA School Attendance and the Law

The Education Act 1996 places a legal duty on all parents/carers to ensure that their child (or young person) has an education. When this education is provided in a school setting parents/carers must ensure their child (or young person) attends regularly. If the parent/carer is unable to ensure this, then they can be held accountable for an offence under **S.444 Education Act 1996**; *failure to secure the regular school attendance of a child*. The term regular has recently been defined to mean 'as prescribed by the school'. For the majority of pupils, this means attending school full-time. Any unauthorised absence therefore constitutes irregular attendance.

As with any law, the parameters are firm, but the Education Act 1996 goes further in that it classifies the offence as one of strict liability. This means there are only certain permitted

defences the parent/carer can use for their child (or young person) missing school. One such defence is if the child (or young person) is unfit to attend school due to 'ill health'. The parents/carers must prove this to be the case. Only a Head Teacher can authorise absence from school. They may request supporting medical evidence from the parent/carer which shows the pupil is unfit to attend school. This request is often made to avoid the matter moving into a legal process. Medical evidence can include appointment cards, prescriptions, reports from medical practitioners, etc. The weight and value of the evidence is one for the Head Teacher to consider in their decision making of whether an absence is to be authorised or not.

When unauthorised absence occurs, and school staff are worried about a child's attendance they should follow the Rotherham *School Attendance Matters Pathway (SAMP)*. The School Attendance Matters Pathway (SAMP) is the local pathway for enforcement under the provision of the Education Act (1996).

Intervention and Strategies

Kearney and Silverman (1990) suggest that when looking to implement interventions around EBSA, schools should look back at the information gathered during the assess stage in order to understand the 'push and pull' factors.

In their research, Kearney and Silverman described four types of variable which can maintain school avoidance behaviour, however several of these may be involved and their effects will be interactive. Interventions should be bespoke to the individual and based upon the information which was gathered in the assessment and integration stage.

Variable 1 - The child (or young person) is seeking to avoid something or situations that elicit negative feelings or high levels of stress (e.g. fear of the toilets; the noise in the playground; lots of people moving all together in the corridors between classes; tests/exams)

Interventions should include learning about anxiety and worry, how it affects our thinking, feeling and behaviour and how avoidance of the feared situation makes things worse. The child (or young person) should be taught anxiety management techniques such as deep breathing and other relaxation strategies. Links to resources to support schools in this can be found in the Resource section. There should be a gradual re-exposure to the school setting using an avoidance hierarchy created with the child (or young person) from least feared school situations to most feared. School should consider the provision of safe spaces that pupils can go to, such as the pastoral zone and library; these may be less stigmatising for some pupils than learning support areas.

For each situation the young person will need to be supported to think about:

- What coping technique they will use (e.g. relaxation, thinking, distraction)
- What support will be in place (e.g. key worker available, time out card, access to secure and quiet base)

Example: Anxiety Hierarchy

Create an anxiety/avoidance hierarchy: the child (or young person) can be asked to name situations (or be shown cards representing possible fears) and asked to rank them in terms of how they feel about that situation or object from least worried about to most worried about. When thinking about next steps it is important to start with the item that causes the least amount of anxiety, helping them think about how they will cope with this situation and what support they will need. When they have overcome this fear and consolidated this a number of times, then they can begin to work their way up the hierarchy.

Most Feared	
Going into the dinner hall on my own	
Going to sciences lessons	
Being in tutor time	
Coming into school when school is open	
Being in the reception when school is closed	
Being outside school when it is closed	
Least Feared	

Variable 2 - The child (or young person) seeks to escape difficult social situations (e.g. feeling left out at playtime; working as part of a group)

As with the first function, intervention should include learning about anxiety and worry, how it affects our thinking, feeling and behaviour and how avoidance of the feared situation makes things worse. Therefore, the child (or young person) should be taught anxiety management techniques such as deep breathing and other relaxation strategies. In addition, the child (or young person) should also be taught specific social skills and then given opportunities to practice coping skills in real-life social and evaluative situations. It would be useful if the sessions started with low arousal scenarios before moving on up to more challenging practical situations.

Pre teaching may also be a useful strategy in preparing them for their return to school. This would mean that the child (or young person) is taught key work missed as well as being supported (e.g. through buddying, peer mentoring and role play) in knowing how to manage what they are going to say when peers ask about their absence from school.

Variable 3 - The child (or young person) seeks to gain attention from or spend more time with significant others (e.g. change in family dynamic, concern about the wellbeing of parent/carer)

Intervention would usually include work with caregivers supporting them to develop skills and techniques to:

- Manage the school avoidance behaviours such as tantrums or physical/somatic complaints
- Establish morning and bedtime routines
- Use problem solving techniques
- Use Emotion Coaching™ techniques
- Establish positive and individual time to spend with the child (or young person) outside school hours
- Focus on positive behaviours
- Limit the attention the child (or young person) receives when they do not attend school

Variable 4 - The young person seeks to spend more time out of school as it is more fun or stimulating (e.g. going shopping, watching TV, playing computer games, hanging out with friends)

Interventions would usually include:

- Provide disincentives for non-attendance, i.e. reduced laptop time, access to internet, phone credit, time with friends in town, etc.
- Limit the attention a child (or young person) receives during non-attendance
- If possible, take away the more stimulating activity
- Support their travel to and from school
- Teach them how to refuse offers from peers through assertiveness training
- Make school as stimulating as possible - find out the child (or young person)'s interests and, if possible, apply this to the work set in school

Review:

Holding a review meeting (or TAF meeting, if using Early Help Assessment) is an essential part of any planning process. Ensuring that the review takes place as agreed should increase a sense of confidence and trust within the systems and structures. It is essential that the child (or young person), parents/carers, and other key stakeholders are actively involved in the review. The review should identify and celebrate any progress made, and review whether further information has come to light to help inform clear next steps.

These next steps can include:

- Providing an update and review of the current plan (i.e. Have the agreed steps been achieved?)
- Consolidating and maintaining the current support plan

- Setting new outcomes and/or actions for the child (or young person), school and parents/carers
- Identifying that further consultation with other agencies needs to occur which may, if necessary, lead to a referral to other services

EBSA and Requests for Education, Health and Care (EHC) Needs Assessments

If, as part of the review, it is clear that the long-term support needs of the child (or young person) are beyond what is typically expected from the school's own resources you may wish to consider applying for an EHC Needs Assessment. It would be useful to discuss this as part of the reviewing process, potentially including the school SENDCo and SENDIASS as part of these discussions.

Whole School Good Practice

Taking a whole school systemic approach to EBSA may enable schools to consider the problem as part of the whole, rather than within the individual child (or young person). Acknowledging the value of the mental health and wellbeing of all individuals within a system is essential, as is viewing the EBSA as temporary - meaning that it is open to change (Thambirajah et al, 2008).

In order to create an environment within which '*EBSA does not exist*' it may be useful for schools to carry out an audit of factors to help identify those within the organisation which may limit the development of an '*anxiety friendly environment*'.



Many of the suggestions and approaches used to create such an environment may be suggested to fit within '*Trauma Informed Practice*', adopted already by many schools. By carrying out an audit, and opening up the opportunity for discussion, it is possible for schools to develop an approach which works specifically for their individual setting.

Key ideas Include:

- Senior Leadership Team (SLT) that is committed to inclusion, and values all pupils and staff
- SLT set clear protocols around emotional support and stress management for staff (including supervision) as well as for pupils
- SLT ensure that all staff have equal opportunities towards continuous professional development (CPD)
- SLT promote an ethos of positive emotional health and wellbeing
- SLT seek to highlight the importance of pupil voice and viewing the child (or young person) holistically as approaches which are embedded within the culture of the school
- Recognition of the importance of partnership working with parents/carers and external agencies
- Clear policies on attendance, behaviour (many schools choosing to favour relational policies now), bullying and transition which set out the responsibilities for all and the support in place
- Curriculum includes the teaching of resilience, coping and social skills
- Curriculum appropriately differentiated according to individual need
- Promotion of supportive literature for children and young people and parents/carers
- Clear roles and responsibilities for SENDCo and emotional wellbeing leads, with a member of SLT holding overall responsibility for over-seeing arrangements for EBSA students

- Clear systems in place for the early identification of school avoidance with a nominated member of staff who has a responsibility to investigate and act on concerns
- Provision of interventions within a graduated response - assess, plan, do & review
- Schools seeks to work with external agencies when necessary
- Access to indicated provision, e.g. safe spaces within the school, key worker
- All staff are aware of specific strategies and programmes in place to support those experiencing EBSA

Case Study

(NB – names have been changed to protect identities)

This case study has been chosen as an excellent example of joint working to co-produce an individualised plan that addressed Emma’s specific experiences, strengths and needs. Whilst some of the ideas used with Emma might be transferable to other children or young people, this would only be if they are identified as useful as part of their personalised assess, plan, do, review approach that is outlined in this guidance.

Emma stopped attending school for seven weeks from February of Year 4. Retrospectively, Emma had shown signs of anxiety in the previous term: changes in her eating and complaining of headaches and a sore tummy without any obvious physical cause. Emma had no identified special educational needs prior to this. Emma’s brother David had moved to secondary school as Emma started Y4. Initially, the school’s attendance team addressed Emma’s non-attendance, and then Mrs Smith, the Deputy Head took a lead role carrying out home visits, meet and greets in school, and leading a ‘team around the child’ approach which included the Educational Psychologist and Sarah, Emma’s mum. Gradually Emma returned to school, initially just for thirty minutes at first, which built up to hours in the morning, with afternoons added when she felt able. This gradual build-up of hours was interrupted by two COVID lockdowns. Emma has, however, attended school full time since April of Y5 with meet and greets and chats with the SENDCo when she needs them.

Sarah’s parental experience of EBSA

‘I didn’t understand it was anxiety at the start. I couldn’t pinpoint any experiences that had made her scared. What’s caused this? Why does she feel she can’t cope with it? None of us knew why. The full fear of her. She couldn’t verbalise it...couldn’t tell and work it out. About seven weeks later, Emma drew David in his school uniform: she had not been consciously aware that she missed him, and it was only then that I realised how close they were at school, and I quizzed them both separately and worked out that she had lost her supporter and had lost her confidence, as he was not there to help her navigate her friendship issues in the playground. She always had a friend in the playground if her brother was there, although they did play separately a lot. We never realised what help he gave: she would go to him if she had any problems, and he would talk it through with her or talk to the other child. She had missed skills and was not confident doing it herself.

Mrs Smith knew her the best. Emma trusted her; she was not involved in the forcing her into school. I sat down and apologised to her because I had not realised that she was anxious and had forced her to attend school when she felt scared. I realised I had to hand back the control to Emma and I had to promise not to force her to go. I use words like ‘it’s your choice to go’ and ‘I know you can do it; you have done so well already’. Once Mrs Smith knew it was a control issue and confidence issue, she knew what to do. Mrs Smith and Emma were bartering into school: Mrs Smith started with an hour and Emma went down to thirty minutes. The Head Teacher handed the power over to her: that’s amazing for a Head to do. If that had not taken

place, we wouldn't be at this stage. When we figured out the issues, we knew how to help her. The SENDCo is brilliant too. She is proactive if Emma struggles. I ring school and the SENDCo gets someone to meet her and then later chats with her. The Y6 teacher is brilliant: she knows how to handle her and what to say. It's a good team.

There was a turning point: a month after Emma was back in school, we asked Emma what she had achieved and wanted to achieve. Emma wanted to be in full days. She had said what she wanted, and we would help her achieve that, her foot first, and us following after and saying, *"Well done, this is great. What else do you want to do? We've got your back."* It was all about focusing on her achievements and praising her when she had achieved something. Mrs Smith gave Emma her folder: 'Emma's achievement plan'. Mrs Smith was so proud that Emma was achieving her own goals that it had brought her to tears, and the smile on Emma's face showed we were on the right track with that feedback. You have to look at Emma's face; it's all in her face... gauging her feeling... you could tell what was and wasn't working: relief, proudness, fear.'

What would you tell schools and parents about what worked for Emma?

Look at each child individually: what they are capable of and where their confidence is.

Communicate how your child is feeling: It was a lot of me telling school what was upsetting Emma, 'She's not dealing with this well, can we look at...?' It is a brilliant team at school, and they listened.

Be proactive: I was a proactive mum; others might not be. Being on the ball straight away.

Explore underlying contributors other than those the child might be communicating: It could be the child says it's 'that' and they are masking.

Explore other avenues of expression and get them to draw it: She did it herself; her drawing showed she missed David even though her mind did not realise that was the difference. There will be issues underlying that made it go that way. We didn't see or know that.

Ask the right questions about any changes in confidence or enjoyment: Ask, 'Has there been any changes in what she likes to do?' Emma was not settling in certain subjects that she was not confident in.

Rebuild confidence: The work focused on rebuilding her sense of confidence in her own abilities and not relying on her brother for her confidence.

Look for other tell-tale signs of anxiety: Emma wasn't verbalising her anxiety, so school didn't know. School refusal is not a 'behaviour': she had not done it because she was not listening to the teachers or not doing as she was told. She was frightened. There were physical signs that it was emotional. It was months into the work that Emma was able to identify that her 'sore tummy' was butterflies/an anxious tummy.

Involve staff who can recognise anxiety: Had the SENDCo gone to the house and spoken to Emma, in hindsight she would have seen it straight away, before it began.

Avoid physical force: Emma looked like a cat backed into a corner when physically taken into school. I thought, 'This isn't right. I'm not doing it.'

Avoid power struggles and rebuild trust if needed: The staff would likely say we learnt a lot from Emma's case. The power struggle was bigger because of the mistake of forcing her at the start. Emma no longer trusted me or staff. They had not recognised her emotional turmoil, and trust had to be rebuilt before they could do work with her. We took the power off her (at the start).

Staff listening to parents: Mrs Smith was honest, realistic, and listened all the way through. She had really taken on board what I had to say.

Share signs with school, so school can read your child's behaviour and facial expressions: It is dependent on the parent to help understand when their child feels happy, sad, anxious. E.g., if they are fiddling, biting their nails, this means they're anxious.

Have a list of questions to ask parents about tell-tale signs: Tell the parent, 'We ask every parent this.' Some parents might not read it in their child, so ask 'Have you noticed anything that is a sign of being anxious?' If I'd known there are tell-tale signs, I'd have worked it out. I would have just explored friendships, then she might have said why. If we had helped her with that in the autumn term, then it wouldn't have led to school avoidance.

Creating her own plan of what she wanted to achieve: It was after Emma had been attending half days that Emma was encouraged to hand write her own plan of what she wanted to achieve in school, and this was a significant turning point for Emma progressing to full days.

Reassurance that she had help to move forward: Knowing she had help went a long way to helping keep her in school in the long run.

Showing her the actual personal achievements she had made, and helping her realise how far she had come and how well she was doing: This was crucial to helping her back to school and in maintaining school attendance. In the second term of her return to school, Emma brought in paper bricks from home (laminated), each dated for each day of attendance, and she attached them to her 'wall of confidence' in class. Each brick was building her 'wall of confidence' in her own ability to attend school and tackle her challenges with the help of school.

Senior Leader in Emma's school

'We did not know the reason and that hindered our approach. We thought at first it was more home based than school based. We wished we had drawn on expertise sooner. We felt a bit helpless that we could not get to the crux of the problem.'

Non shaming approaches

In working with Emma, we tried at the very beginning to take the blame away. For example, insisting that attendance at school was the law and what we do in our country. This was to avoid Emma blaming her parents or school for the pressure to attend.

However, we had under-estimated the impact of her older sibling leaving school the year before. Emma had relied on him for most of her school career. We had no idea she was so dependent on David. She then became dependent on another child, so we brought in more varied relationships.

Emma did not want the attention and fuss from her peers on her return to school when she went into class. She felt pressure when her friends asked, 'Are you staying?' We had to explain that her friends were communicating a genuine 'like' for Emma as opposed to 'control' or pressure.

Emma's return to school was just after the first COVID lockdown. This helped to a degree because she was on an even footing when they were all coming back. She had been back into school for short times each day before the lockdown which helped.

What were the turning points?

There were several turning points in getting Emma back into school. The first turning point was when we got the Educational Psychologist involved and sat down as a team and talked it through.

Once we got Emma into school, we encouraged her voice to be heard by a piece of work the SENDCo put together, 'Emma's brilliant sheet: what I'm proud of; what I want to achieve and how can you help me to get there.' By using this information, Emma could give voice to her experiences. It felt like Emma was advising us on how to get into school. However, the timing of this piece of work may have been important, as she may have been too much in crisis before that. Another useful strategy was having a meet and greet. This was good as Emma found it difficult to separate from her mother.

The balance between support and challenge

We were negotiating her attendance initially. It was problematic as we were not sure when to stick to our guns...how far to push her in building up her attendance. Initially, we agreed that Emma would attend for half an hour, but Emma only wanted to attend for five minutes. We had a real dilemma over negotiating the time as it felt like a line between supporting and challenging Emma. We were keen to build up her tolerance for school but not to scare her off completely.

I realised that there were certain things I could not change like the National Curriculum but at least I could modify aspects of the school day to make them more comfortable for Emma.

What went well? What would you tell schools and parents?

Communication between home and school

We tried to be honest and realistic with home. We would often say, 'This is not a perfect solution, but we will try this,' and if it didn't go well, we were, 'What do we do next?'.

Changing mindsets

We shifted from, 'it's not a school problem' to getting to the bottom of what was happening...the whole of Emma. We thought some children just don't want to go to school. Once we realised it was rooted deeper, we were holistic.

Teamwork and getting support early on

We sat down as a team and got the Educational Psychologist involved. To find support earlier on is crucial and it may have been different. I'd have gone to the SENDCo or the Educational Psychologist sooner. It was a lot more than not wanting to come to school.

My biggest tip is to get the right practitioners to sit down together and look at understanding it. I am not an expert. It was asking searching questions and background knowledge. Posing it as a question, 'I wonder if...' and, 'Is it because...?' It helped us to see there was more about this and how to support her with her need for control.

Joint responsibility

We had a joint responsibility. It wasn't school dictating how it happened or mum: we learned to work together. Had either party had been 'this is how it's happening', we would not have had the same steps forward. When we were sitting down with the right practitioners, things started to change. It helped us rationalise the part-time timetable.

Rotherham Local Support Services

Early Help and Family Engagement Service

www.rotherham.gov.uk/family-support/early-help

Child and Adolescent Mental Health Service (CAMHS)

Rotherham Child and Adolescent Mental Health Service (CAMHS) provides advice and support to children / young people, their families / carers and practitioners working with them. Where need is identified we also offer mental health assessments, therapy and interventions for children and young people.

<https://camhs.rdash.nhs.uk/rotherham/>

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

Rotherham SENDIASS (Special Educational Needs and Disability Information, Advice and Support Service) offer impartial information, advice and support to:

- Parents/carers of children (or young people) up to age 25 with special educational needs or disabilities
- Children, up to age 16, who have special educational needs or disabilities
- Young people, aged 16-25, who have special educational needs or disabilities

Contact: <http://www.rotherhamsendiass.org.uk/contact-1>

Specialist Inclusion Team - Formerly the Learning Support Service (LSS) and Autism Communication Team (ACT)

The Specialist Inclusion Team (SI Team) are a team of teachers, specialist teachers and autism specialists all with a passion for inclusion. They are part of Rotherham's Inclusion Support Services and work within a range of educational settings in Rotherham, South Yorkshire and Derbyshire.

Service Leader: Kate Storer

Tel: 01709 334087

Email: Inclusionsupportservices@rotherham.gov.uk

Educational Psychology Service

The Educational Psychology Service (EPS) is made up of a friendly, diverse team of applied psychologists using creative problem-solving approaches to enhance the lives, learning and emotional wellbeing of children and young people between the ages of 0 and 25.

For more information, contact the Educational Psychology Service via the following methods:

Tel: 01709 822580

Email: eps@rotherham.gov.uk

Resources

Anxiety UK

Information and resources for parents/carers of children who are experiencing anxiety.

www.anxietyuk.org.uk

WeHeartCBT

A collection of resources aimed at helping CYP who are struggling with anxiety and/or low mood. Resources are based on Cognitive Behavioural Therapy (CBT) and aimed at mental health practitioners, schools and families.

www.weheartcbt.com/anxiety

Young Minds

Information, advice and publications on mental health with detailed sections on anxiety for young people, parents/carers and practitioners. Includes a parent survival guide and monthly live parents lounge sessions with mental health practitioners.

www.youngminds.org.uk

Not Fine in School

A parent-led organisation supporting families experiencing school refusal and attendance difficulties along with raising awareness of related issues. Lots of videos and support as well as guides for schools and families.

<https://notfineinschool.org.uk>

MindEd

Some free online courses on how to support young people with mental health difficulties.

<https://www.minded.org.uk/>

MindEd for Families

Online advice and information to help you to understand and identify early signs and best support your child.

<https://mindedforfamilies.org.uk/>

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