



Department
for Education

Support for pupils where a mental health issue is affecting attendance

Effective practice examples

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Summary

We have collated some sector-led examples of ways in which schools have supported children experiencing emotional or mental health issues to build up their confidence and support them to attend regularly. This is not an exhaustive list, but gives examples of the kinds of strategies that can help to support pupils to attend well.

In this document, any actions taken to support attendance are referred to as “reasonable adjustments”. This term is used throughout this guidance as a way of describing those actions in **general terms, as opposed to** a school’s duty to make reasonable adjustments for pupils with a disability under section 20 of the 2010 Equality Act.

Any names are pseudonyms.

Example one:

Context

Pupil John attends a special school and has a diagnosis of Autism Spectrum Disorder (ASD) with social interaction and communication difficulties and had been refusing to attend his previous school at all. He was 6 years old. During transition days to join the school in Autumn 2021, John refused to enter, choosing on his first visit to stay in the car and on the second and third visit getting out of the car but staying in the car park. John left with his mother and with pictures of the rooms and people he would have contact with in September.

During these transition sessions it was important we built a good relationship with his mother; we talked about the adjustments we should make for John. We considered carefully a range of options and ultimately agreed to a suggestion from her that she should initially join John in class as a short-term measure.

As soon as we became aware that John's attendance issues were likely to be significant, we reached out to the local authority (LA) that maintained his EHC plan to alert them. We then liaised with them regularly as we put a package of support in place and monitored its impact. The LA in turn kept under consideration whether any of the developments pointed to a need to review the plan.

Action

In September, John and his mother joined class later in the morning to both avoid the busy pupil arrival time but also to fit in with John’s agenda. John came into class and would stay with his mother for up to an hour playing with toys. As soon as John showed signs of anxiety, we agreed that his mother could take him home but verbalise that he would see us tomorrow.

From week 2, John was attending school for about 2 hours a week, largely play-based but joining the class for register songs and snack time if he was in school at that time.

From week 3, John began to stay for lunch, and his mother would also bring lunch so they could sit together and eat. We also began helping John to understand when his mother was going to go to the toilet or make a coffee. The first few times, a staff member had to

take John as well so he could see where his mother was going. Then, as trust developed, John accepted that his mother would be away for a few minutes but would return.

Soon, his mother was able to sit out of the classroom and have her coffee with a book. John would often stay by the door, but if the class were doing something he found exciting in the classroom, he could be enticed back in. The school staff didn't push John to do anything he didn't want to at this time, and this often meant he was in class but not doing anything except verbalising and confirming to himself that his mother was having a cup of coffee and reading her book.

From week 4, John was staying at school until around 2:00, and his mother was able to spend longer periods of the outside the classroom but within sight of John.

At the end of John's first half term, he was gaining familiarity and confidence with peers and adults in class, and the routines of the day, so the school agreed with his mother that, in order to continue making progress with attendance, she needed to leave the premises.

The school acknowledged the risk that John's hours of attendance might reduce initially, but felt he had made such good progress and enjoyed coming to school that it would ultimately lead to swifter integration.

Outcome

By the time we were approaching the end of the Autumn term, John was almost doing a full school day, arriving about 9:30 and leaving by 2:15.

This had been gradually built up from key points in the school day:

1. staying for snack
2. staying for lunch
3. playing after lunch with peers

By Spring term, John was happy to come into school daily by himself after waving goodbye to his mother and joining in all activities during the school day.

By Summer term, John began staying until the end of the school day and coped well with transition day visiting his new class.

At the end of Summer term pupils did an overnight camp. Work in class prepared them for camping, sleeping in a tent and having fun. Throughout the trip John showed no signs of anxiety. He fell asleep happy and woke in the morning happy.

He was one of only two pupils of his age that decided to take part in an overnight camping experience. His enjoyment of school is now such that his attendance will continue to be excellent as we move forward, premised on carefully managed transitions where necessary.

Example two:

Context

Luke, a year 7 pupil, attends a special school and has visual and hearing impairment and was struggling to attend school. He has also been diagnosed with Autism Spectrum Disorder and Attention Deficit Hyperactivity Disorder.

His disabilities meant that school could be intimidating and scary as things he hadn't seen or heard suddenly presented themselves. Managing that uncertainty led to anxiety, and emotional dysregulation that, when heightened, meant Luke would hit, kick and pull hair even when there was no immediately apparent trigger or cause.

The impact on classroom life was significant as there were occasions where Luke could become violent towards both staff and pupils. Luke's unpredictability and the extreme nature of the violence shown pushed the placement to the edge of breakdown.

As soon as we became aware that Luke's attendance issues were likely to be significant, we reached out to the LA that maintained his EHC plan to alert them. We then liaised with them regularly as we put a package of support in place and monitored its impact. The LA in turn kept under consideration whether any of the developments pointed to a need to review the plan.

Action

As the complexity of Luke's needs became better understood, school staff began to plan more appropriate responses to support him to regulate his emotions and behaviour more successfully. The school recognised that they had to take a step back and consider what he really needed. To access his education, Luke needed to relearn and rediscover how to feel safe and what safe behaviour looks like.

The school began by bringing Luke to school after other pupils had arrived and leaving ahead of other pupils so that stimulation remained low, and the environment was kept as predictable as possible.

Luke's timetable was reduced to three times a week for just an hour and a half. He was given a leave of absence the rest of the time. When Luke wasn't at school, he was given work to support the activities being done in school, including social stories and activities that helped him to regulate his emotions while at home.

The school also created a personal space for him out of class completely in the school gym with a 2:1 level of support. This gave him lots of time and space to regulate on his own terms with physical activity, provided a secure structure, and enabled staff to use each other to create a safe environment in which Luke was able to co-regulate.

Luke had 10-minute self-directed tasks offering high reward and low challenge before gradually building up tolerance by providing key points of repetition to create structure and routine, use of PACE, and gradually extending the amount of time at school.

At the same time, the school worked closely with partner agencies involving a thorough review of need, new diagnoses, and medication. Luke had an Individual Healthcare plan, so the school worked with his parents so that it could make any necessary changes as their understanding of his needs grew.

This all helped pave the way for a clear, behavioural approach to support, focused on helping Luke to regulate, and then relearn how to participate in adult directed tasks for short periods of time, with low demand and high reward.

Explicit work around transitions then fed into Luke returning to the class setting for 3-5 minutes at a time, and he was given activities he found intrinsically rewarding to build up his time and tolerance of other pupils.

Over time, the school increased the number of days that Luke was expected to attend school and began to widen the time frame.

Throughout this time, staffing, which had been kept consistent, was then gradually changed, by introducing one extra person in a planned way, before adding in known staff but at different, unplanned moments.

Outcome

Luke is now back in class full-time and can engage in learning appropriately. He is in a classroom designed to reduce arousal for pupils with high levels of sensory processing needs. He remains at school full time, his emotions and behaviour are well-regulated, he is happy and is building meaningful relationships with peers.

We know we may need to consider a phased return during future transition periods, but if this does become necessary, we hope to accelerate more quickly back to being full-time in school.

Example three:

Context

Sarah, a year 6 pupil in a mainstream primary school, had not attended school for two weeks. Sarah was refusing to attend, and her parents were unsure as to why. She had always been shy, but had previously been attending well. She would only tell adults that she, “didn’t like school”.

Action

Recognising the need for more information, the school’s Attendance Officer went to the child’s home to have a conversation with Sarah and her parents. The contributing factors discussed were: health and medical needs, social anxiety, physical responses to anxiety, learning needs and perceptions of confidence in relation to learning, difficulties with the sensory environment, family factors and reinforcing factors, such as what is good about being at home.

By demonstrating that the Attendance Officer understood the needs of the child and by asking both her and her parents open questions about what was preventing Sarah from attending, it was discovered that she was highly anxious about completing her SATs, and that she was fearful of failing.

The school and Attendance Officer made a plan to help Sarah to feel less anxious about this, which they agreed with all parties, including Sarah’s parents.

Sarah was told that upon returning to school, she would have two named and trusted members of staff who she would be able to go and see if she was feeling worried or anxious.

One was an adult with whom Sarah had a trusted relationship, and knows she can go to for support on a 1:1 basis if she is worried about school in general. The other adult was someone to help with the educational side of things, to help with her understanding of tasks/learning.

Finally, extra academic support in the form of pre teaching, additional TA support and scaffolding in lessons was also put in place for Sarah to help her to feel she was equipped to take the SATs.

Outcome

As a result of identifying the barrier to attendance and the driver of Sarah's anxiety, then putting reasonable adjustments in place to help to build her confidence, Sarah was able to overcome her anxiety about her SATs and school more generally. Her attendance dramatically improved, and she was reported to feel more comfortable being at school. She passed her SATs and has since successfully moved on to a local high school, where her attendance has continued to be good.

Example four:

Context

A year 9 child in a mainstream secondary school, Olivia, had been working with a Cognitive Behavioural Therapist, facilitated via the mental health support team. She was referred to the therapist as it was thought that she had social anxiety that was impacting her attendance in school. She engaged well in therapy, but her attendance was falling below 60%. The therapist recommended that adjustments were made by the school.

Action

The school had conversations with Olivia and her parents, and found that she had both a medical issue and a confidence issue, including a fear of failure. Ill health had been a big theme for the family, as the death of their grandad last year had taken its toll on their mental wellbeing.

The school implemented regular fortnightly meetings with Olivia and her mother with a view to improving her attendance while she continued to work with her Cognitive Behavioural Therapist.

They agreed that Olivia would be excused from her last lesson of each day in order to attend on-site 1:1 tuition. This allowed her some quieter time away from lessons at the end of the day, to help to build her resilience and confidence, and her relationship with a trusted adult.

They then worked on a consented plan to build Olivia back up to a full timetable in class, gradually lowering the number of 1:1 sessions she received until, after a time, she was in her scheduled classes for a full day. Olivia was made aware that her 1:1 tuition could resume if required, and the person who provided it was always on-hand to support if she required.

The school and parents continued to have the fortnightly meetings until Olivia and her parents felt her confidence was such that she didn't require them any longer. These meetings were crucial to allow for assessment of how Olivia was coping with the increased time spent in timetabled lessons, and ensured her parents' voices remained part of the process.

Outcome

By identifying barriers to attendance and introducing an agreed plan to improve, over time Olivia's confidence began to grow, and she started to join lessons that she had previously struggled with, for example the whole of her double art lesson on Friday afternoons. She also attended Duke of Edinburgh and sports day events for the whole day, which would not have been possible prior to the school's intervention.

Example five

Context

Mohamed, a year 7 pupil in a mainstream secondary school, attended school for one week at the start of term and then suddenly stopped. Mohamed had some historical attendance difficulties from primary school, which his secondary school had been made aware of.

Action

After a few days of non-attendance, the school arranged a consultation with Mohamed and his mother. His mother attended with the school's Senior Mental Health Lead and an Educational Psychologist, available through the school's Mental Health Support Team.

The consultation resulted in some rich dialogue around his mother's health needs, which meant she was unable to walk Mohamed into school, and he was anxious about walking alone. Mohamad was also anxious about leaving his mother at home, due to her health needs, and was experiencing some separation anxiety within the relationship.

Between the school, pupil, parents and support staff, they agreed an action plan to help to improve Mohamed's confidence and to alleviate some of his anxiety about attending school.

A follow up meeting was conducted also involving Mohamed's father. The action plan involved the following adjustments:

- In the early stages, Mohamed was accompanied by his father into school, both on the walk to and from school and in some lessons.
- Gradually, Mohamed's father created distance by walking slightly behind Mohamed on the journey to school, or by moving to a separate room while the child sat with a member of staff to do artwork, which had been identified as a strength.
- Over time, Mohamed did not need his father to be present on the walk or in school.
- In addition, Mohamed was allowed to have his mobile phone at intervals to text his mother and check on her, owing to her medical condition.

- Finally, Mohamed was allowed to wear a ‘comfort’ version of the school uniform due to additional sensory needs.

Outcome

These steps helped to alleviate Mohamed’s specific anxiety about walking to school and attending alone, as well as his concern for his mother’s wellbeing.

By involving parents in conversations, identifying Mohamed’s needs and implementing support to help to alleviate barriers, Mohamed is now attending school full-time and on his own.

Other types of support

Below is a non-exhaustive list of sector-led examples of the kinds of support and reasonable adjustments that schools have in place in order to support social, emotional or mental health issues affecting attendance, and to help to reduce pupils’ anxiousness about attending school.

Reasonable adjustments

- Pupils can pre-order lunch and it is collected by the staff and distributed to them to eat in solace.
- Pupils are supported by staff members to integrate into the canteen to build their confidence with eating in the assigned area. This gives them the confidence to meet friends and make friendships that ease their anxiety.
- Seating at breaks and lunches can be provided to support with anxiety.
- Pupils can be withdrawn from lessons on a short-term basis and do work on emotional regulation, to build their resilience and alleviate anxiety about attending school.
- Pupils can be provided with “Early Leave” cards, that will allow them to avoid main transition times in corridors between classes.
- Where required, a short period of phased timetabling to allow a transition back into school and to attend full-time, where the child is in school but does not attend all lessons, working with the pupil to support with any anxiety they are experiencing during time not spent in class.
- Some pupils will sit exams in smaller examination venues e.g. smaller rooms of 10 or 12 pupils.
- Ear defenders are provided to students who are particularly sensitive to noise. They wear these in and out of lessons as needed.
- Children with sensory difficulties are considered as part of the school uniform policy, such as allowing them to wear shorts instead of trousers, which helps to alleviate anxiety about attending.

Building confidence

- Pupils can attend draw and talk, baking and gardening therapy sessions, as well as group social skills lessons.

- Some pupils are offered a “meet and greet” at the school gate to support transition back into school after period of absence.
- Pupils are made aware that they can speak with anyone they have confidence in, and staff know that, where they need help, they should contact a member of the trained mental health team.
- Pupils can be paired up with buddies/mentors from Y11/13 who have received specific training to support, e.g. meet 6th form progress mentor during registration.
- Pupils are encouraged to take part in after-school clubs, to help to build confidence about attending.
- Pupils can access a pastoral/safeguarding drop-in chat team.
- Pupils are offered 1-1 coach support to “catch-up” on core content for English/Maths. Often a barrier to returning as pupils overwhelmed with content they have missed.
- Pupils are offered 1-1 or group sessions with a pastoral coach using sport, which can be an escape from the pressures of school life and help the pupil with any feelings of anxiousness they are experiencing.

Leadership

- Staff account for the needs of all children, including offering a safe place, someone to talk with and liaising with parents at home.
- Staff who have the requisite training wear ‘Mental Health Matters’ lanyards, which lets pupils know that we are trained and available to support directly if required.
- Staff take a bespoke approach to each child with an emphasis on breaking down barriers to attendance, so that children are ready to learn, feel safe and grow in confidence.
- The school has in place a well-trained, dedicated Mental Health team.
- Mental Health awareness days and sessions are arranged for pupils.



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