

SCHOOL ATTENDANCE POLICY

THIS POLICY IS REVIEWED ON AN ANNUAL BASIS

Policy reviewed by: Robert Bannon - Headmaster

Policy approved by: Robert Berry – Director of Operations

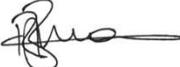
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Please note: 'School' refers to Chatsworth Schools; 'parents' refers to parents, guardians and carers.

This is a whole school policy, which also applies to the Early Years Foundation Stage.

At Hall School Wimbledon, we see education as a partnership between the family and the school. The school is committed to providing the highest quality of education for pupils and we look to parents to support this objective.

School attendance, published by the Department for Education in September 2018, highlights that regular attendance at school is central to raising standards and ensuring that pupils fulfil their potential.

Being physically present at school with access to the learning environment and curriculum is a prerequisite to learning for the majority of children and young people. The Department for Education guidance reports that children with poor attendance tend to achieve less at both primary and secondary school. The evidence shows that they are more likely to be not in education, employment or training when they leave school. Procedures, such as attendance monitoring, are in place to ensure that any issues regarding attendance are promptly addressed, to enable pupils obtain the maximum benefit from their education. Our procedure, Managing Emotionally Based School Refusal, detailed below, aims to resolve any underlying issues which may hinder attendance.

All pupils are required to be in school before registration. In Years 1 and 2 this is 8:50am and for the remainder of the school, this is 8.30am. The school day ends at 3pm for Year 1 and 2 children, 3:20pm for the remainder of the Junior School and 4pm at the Senior School, although many pupils remain later to take part in extra-curricular activities under the supervision of a member of staff. Pupils are normally expected to leave by 5pm

Pupils are not allowed to leave the site during the school day, unless accompanied by a member of staff, for a trip or to visit a sporting fixture, the dates of which will have been notified to parents in advance.

Requests for absence must be made in writing and reach the school at least 1 day in advance, except in an emergency, when parents are asked to telephone the school before 8.30am]. Requests for exceptional absence (i.e. absence for days other than religious festivals, medical or dental appointments or for illness) should be sent to the Head at least one week in advance.

If your child is ill, the school should receive an e-mail or telephone call before 8.30am on the first day of absence. The child should bring a letter signed by a parent on his/her return to school giving a reason for the absence. The school will always telephone the home on the first day of an unexplained absence in order to make sure that your child is accounted for.

The school always sends parents the term dates in advance in order that parents can arrange their holidays without disrupting their child's education. Please note that it is the school's policy not to allow holidays to be taken during term unless there are exceptional circumstances.

All pupils are registered twice a day before the start of morning school, and immediately after lunch. A list of absentees is emailed to all teaching staff. Attendance data is stored in our electronic database.

Procedures for managing pupils presenting with emotionally based school refusal (EBSR)

Sustained patterns of non-attendance over a period of time can impact on an individual's opportunity for social interaction with peers, their self-esteem and mental health.

The Government expects schools and local authorities to:

- promote good attendance and reduce absence
- ensure every pupil has access to full-time education
- act early to address patterns of absence.

There are a variety of reasons why pupils do not attend school or attend school with difficulty, which are important in terms of distinguishing between emotionally based school refusal and other forms of non-attendance. However, it is for specialists rather than school staff to differentiate causation.

School Refusal or School Phobia includes young children with relatively mild separation anxiety and more severe cases where a pupil misses weeks or months of school because of debilitating anxiety or depression. As school refusal may have serious long-term social and educational consequences, the problem needs to be addressed promptly and firmly with a team approach that includes, teachers, parents, administrators, support staff and in some cases, specialist medical and counselling practitioners.

Development of School Refusal A range of predisposing or risk factors can be identified in terms of increased vulnerability to EBSR. However, research shows that it is typically the result of a combination of predisposing factors at the level of the child, family and school interacting with a particular trigger.

School refusal is often the result of separation anxiety, social anxiety or performance anxiety (e.g. fear of embarrassment or failure when speaking in front of others,) or anxiety related to taking exams, sporting competition or academic demands. Pupils may refuse to attend school to escape from a situation that causes anxiety or to gain attention from a parent or carer. Some pupils may feel that the school environment is cold and unwelcoming and a place where they experience failure or threat. Some pupils feel unsafe at school due to bullying and experience emotional difficulties associated with coming to school.

School refusal has been found to occur more often after holidays, weekends, or at the beginning and end of the school year. Events that prompt school refusal include death of a loved one, a prolonged illness, moving or changing schools, entering school for the first time and the transition from junior to senior school. The problem is more severe in older children than younger children.

Characteristics of pupils with school refusal Anxiety, depression and physical complaints e.g. headaches and stomach aches, are frequently associated with school refusal.

Anxiety Pupils will often exhibit separation, social/performance, or more generalised anxiety reactions as well as other anxiety disorders.

- Separation anxiety. Pupils with separation anxiety (mostly younger children) become preoccupied with thoughts of harm befalling a loved one and are overly dependent on parents and other carers. They may cry, kick or run away to avoid coming to school. Many young children experience separation anxiety in preschool or when starting Reception. This is normally short term and effectively managed by good teaching staff. However, if the behaviour continues for weeks or months, it is more serious and needs to be promptly addressed.
- Social/performance anxiety. Pupils with social/performance anxiety worry about what others think, are concerned about how they will be judged and fear humiliation. They may have intense anticipatory anxiety about giving speeches, taking tests or participating in sports.
- Generalised anxiety disorder. Pupils with generalised anxiety disorder (GAD) have excessive anxiety and worry about any number of situations and events. Their worry and anxiety is over and above what the situation calls for. These pupils are concerned about their competence, unsure of themselves and perfectionist about their schoolwork. They tend to perceive the work as threatening and may experience anxiety about situations such as war or catastrophic events like hurricanes or earthquakes. Their anxiety interferes with school performance and can cause fatigue, restlessness, difficulty concentrating, irritability, sleep disturbance and muscle tension.
- Negative thinking or rumination can lead to further feelings of worry and if left unaddressed may undermine any reintegration attempts. Individuals experiencing a high level of anxiety often report finding it difficult to stop thinking about a particular situation, which in turn can lead to more negative thoughts and feelings of helplessness.
- Other anxiety disorders, such as obsessive compulsive disorder (OCD), post traumatic stress disorder (PTSD), panic attacks and agoraphobia, can be associated with school refusal.

Depression - Depression may be the cause of school refusal behaviour for some pupils. Common characteristics of depression in children and adolescents include depressed mood, lack of interest in activities, irritability, difficulty getting along with others, rebellious or risk-taking behaviour, sleep difficulties, physical complaints, fatigue or lethargy, feelings of inadequacy or excessive guilt, difficulty concentrating or indecisiveness, and thoughts of death or suicide. For pupils who refuse to go to school, the presence of depression is associated with more severe symptoms than for those pupils with anxiety alone. Many pupils suffer from both anxiety and depression, two disorders that often occur together.

Physical Complaints School refusers frequently express physical complaints (headaches, stomach ache or 'stomach migraine') without the presence of a medical condition – psychosomatic illness. Some pupils ask to go to the person assigned to their care on a daily basis with complaints about stomach aches or headaches. Sometimes an actual illness, like asthma, contributes to a pattern of school refusal.

Here, a pupil's asthma may be the initial reason for school absence. Later, anxiety about returning to school serves to maintain the school avoidance, even after the pupil recovers physically.

A child may also display defensive aggression as a means of trying to control a situation that feels 'out of control'. Typically, this might be directed towards a parent or carer who is encouraging the child to go into school and may include verbal abuse or physical aggression directed at objects or people.

School staff will consult medical practitioners if necessary, to determine if there are any medical restrictions for a child at school. If there is no medical reason for staying at home, the child should be in school.

Factors to consider in the assessment of school refusal

Adults should consider a child's:

- Feelings
- Thoughts and
- Physical sensations

Child factors:

- Difficulties with social interaction
- Undiagnosed needs that make it hard to access the learning environment and curriculum
- Feeling overwhelmed by academic or social demands
- Medical difficulties
- Temperament – some children may have a predisposition to developing problems relating to anxiety

Family factors:

- Family events such as: divorce, separation, loss or bereavement
- The mental and physical wellbeing of parents
- The young person taking on the additional role of young carer for siblings or parent

School factors:

- Size of school
- Bullying, including cyber bullying
- Transition to secondary school and associated adjustment in terms of expectations and staff
- Poor special educational needs or pastoral provision

Common Warning Signs

Just as the combination of factors contributing to school refusal are complex and largely unique to the individual and their family, symptoms and associated behaviours can also present in a variety of ways.

It is critical that both parents and educators learn to recognise common warning signs of school refusal and respond quickly. These include:

- Severe difficulty attending school, with periods of prolonged absence
- Staying away from school with the knowledge of the parent/carer
- Patterns in absences, for example particular days and subjects
- A history of anxiety (including EBSR) within the family
- Reluctance to attend school trips
- Frequent absences for minor illnesses
- Episodes of self-harm
- Anxiety on separation and inappropriate dependence on family members
- Evidence of under-achievement of learning potential
- Poor personal hygiene
- Social isolation and avoidance of class mates or of the peer group in general
- Regular absence without indication of anti-social behaviours
- Challenging behaviours, particularly related to specific situations within school
- The young person expressing a desire to attend classes, but being unable to do so
- Severe emotional upset with excessive fearfulness, outbursts of temper and complaints of feeling ill on school days
- Depression and a sense of isolation, low self-esteem and lack of confidence
- Confusion or extreme absent-mindedness demonstrated in school work by a lack of concentration and lowering of attainments
- Physical changes - sweating, sickness, aching limbs, hyperventilation, panic attacks, abdominal pain and headaches, rapid weight loss or gain
- Disruption of day to day activities, affecting the family and often putting a great deal of pressure on parent/carers and siblings
- The fear is persistent and is maintained in spite of reasoning

Some pupils with Emotionally Based School Refusal appear to function well when they are in school. Likewise, they may happily socialise with friends outside school or attend specific clubs or activities. This can lead school staff and others to question whether a pupil is actually experiencing EBSR and in turn, can lead to potential misunderstanding with parents who are experiencing significant problems at the beginning or end of the school day.

School Strategy to support school refusers When teachers or parents suspect that a pupil is presenting with the common warning signs and is likely to begin to refuse school for emotional reasons, they should take immediate action. A team approach to assessment and early intervention that involves family, school and community support specialists, increases the probability of a successful solution. The team can include the teacher, Head of Year or Form Tutor, Headmaster, Deputy Headsl, counsellor, child psychologist, social care worker and specialist therapist working with the child (Cognitive Behavioural Therapist or physician) as well as the pupil's parents. When appropriate, a pupil may also be a member of this team.

Generally, the longer the period of absence, the harder it can be for the individual to successfully return to school. Early identification, assessment and intervention are therefore important in terms of outcome.

Assessment A team assessment can include observations, interviews, attendance history, family and medical history. A questionnaire may be used to gain an understanding of the pupil's emotional and developmental status. (e.g. Appendix 1 - Strengths and Difficulties Questionnaire). These can be conducted at school or by a psychologist or general medical practitioner. Parents will often seek private help in assessing their child.

Teams need to consider whether there is a parent-related reason for the pupil not coming to school, as in the case of abuse or school withdrawal. Some parents are dealing with their own mental health problems; in these situations, treatment needs to start with the parent. School staff assessing the reasons for a pupil's absences often find that refusal to attend school is the result of a complex combination of factors and may be unqualified or insufficiently resourced to undertake adequate assessment. Psychiatric or specialist help might be sought through local authority Social Care provision or by GP referral to Child and Adult Mental Health Services (CAHMS).

Interventions - Mental Health services. For pupils with anxiety and/or depression, intervention provided by mental health professionals often includes cognitive-behavioural approaches that teach coping strategies such as relaxation, problem solving, reducing negative self-talk, and increasing healthy self-talk. Other strategies may include teaching about anxiety, goal setting and setting up contracts.

Medication may be used in combination with cognitive-behavioural therapy for a pupil who has a psychiatric disorder such as severe anxiety or depression.

Re-entry Plans A plan that addresses what steps will be taken when the pupil refuses to come to school should be developed in collaboration with the parents. Forced school attendance may be appropriate for younger pupils or those with mild school refusal. A gradual re-entry plan is often recommended for older pupils or those who are extremely anxious or depressed.

Gradual re-entry may start with having the pupil arrive at school but not go inside on day one, enter and visit the school office on day two and identify which class is most comfortable and stay just for that

class on day three. The pupil should be helped to identify the staff members with whom he or she feels safest and who can greet the pupil and provide a safe harbour. For older pupils or those with significant anxiety or depression, allowing for progressive re-entry over a 1-2 week period may be effective. Teams might consider temporary part-time schooling, or they might temporarily allow a flexible school day for pupils with extended absences (e.g. over 2 years) due to extreme levels of anxiety and depression and when other interventions have been unsuccessful.

The team will agree a plan that establishes progressive targets for attendance and reintegration. These should be reviewed as therapeutic measures change and the child's anxiety lessens or increases. Monitoring attendance will provide indicators of anticipated reintegration success or an increase in a child's anxiety and therefore, the need for a new strategy or referral to further specialist help and support.

Other Supportive Strategies

Where appropriate, the school will:

- Encourage parents to set up regular evening and morning routines, reinforce their child's positive behaviours (participation efforts) and ignore negative behaviours (crying, whining)
- For younger children, assist parents in bringing a reluctant or acting-up child into the school.
- Work with parents to effectively respond to their child's complaints about school, while clearly ensuring that the child attends school
- Work with parents to monitor attendance, particularly for older pupils
- Welcome the separation-anxious child when he or she arrives at school. Help the child become involved in getting organised for the day. Give the child special jobs, such as handing out papers or collecting books. Praise and encourage the child and provide comfort to younger children when they are upset.
- Assign a friend at break times and lunch to help a socially anxious child feel more comfortable. Occasionally issue personal invitations to events and activities to help pupils feel welcome.
- Provide tutoring and other academic interventions and support for pupils who have academic difficulties.
- Show sensitivity to pupils with performance anxiety. Reduce the need for the pupil to give speeches or provide an alternative test-taking environment
- Provide a safe place where the child can go to if anxious and where responsible adults and teachers can intervene when they feel unsafe or threatened.
- Create a welcoming, engaging environment that helps pupils feel connected to the school and teachers.

Formally recording 'approved' or 'unapproved' absence
Absence due to a medical condition is deemed to be approved. School Refusal is considered to be a mental health disorder and as such,

related absence is approved by the school. However, in order for absence to be approved, evidence must be provided that confirms consultation with a General Practitioner and any treatment given or onward referrals made to specialists. The school will also request a report from a specialist to confirm the diagnosis and the nature of the treatment or therapeutic help being provided. Under exceptional circumstances, the school may consider the reasons for approved absence insufficient and will recommend referral to the local authority on the basis that future absence will be unapproved.

If absence is unexplained, no medical documentation can be provided to explain it, or it is deemed insufficient to merit approval, absence will be recorded as unapproved and after a period of 10 consecutive days of unapproved absence or after 20 days of non-consecutive unapproved absence in an academic term, a referral will be made to the local authority's Education Welfare Officer.

References

1. Mary Wimmer PhD. 2010. *School Refusal: Information for Educators*. National Association of School Psychologists. Milwaukee. USA
2. Derbyshire Schools Net. Accessed November 2016. *Emotionally Based School Refusal – A guide for primary and secondary schools*. <https://schoolsnet.derbyshire.gov.uk>.
3. Archer, T., Filmer-Sankey, C. and Fletcher-Campbell, F. (2003). *School Phobia and School Refusal: Research into Causes and Remedies* (LGA Research Report 46). Slough: NFER.
4. Department for Education (2013) Advice for School Attendance <http://www.education.gov.uk/aboutdfe/advice/f00221879/advice-on-school-attendance>

Appendix 1

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True(1), Somewhat True(2) or Certainly True(3). It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name Male/Female

Date of Birth.....

	1	2	3
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children (treats, toys, pencils etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often has temper tantrums or hot tempers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, tends to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally obedient, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries, often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets on better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sees tasks through to the end, good attention span	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date

Parent/Teacher/Other (please specify:)

Signature