

Persistent Absence From the Grassroots

Understanding the impact of policy and practice
on children, young people & their families

Excluded Lives / Dept of Education / University of Oxford



S Q U A R E P E G

introduction

Square Peg & Not Fine In School



S Q U A R E P E G

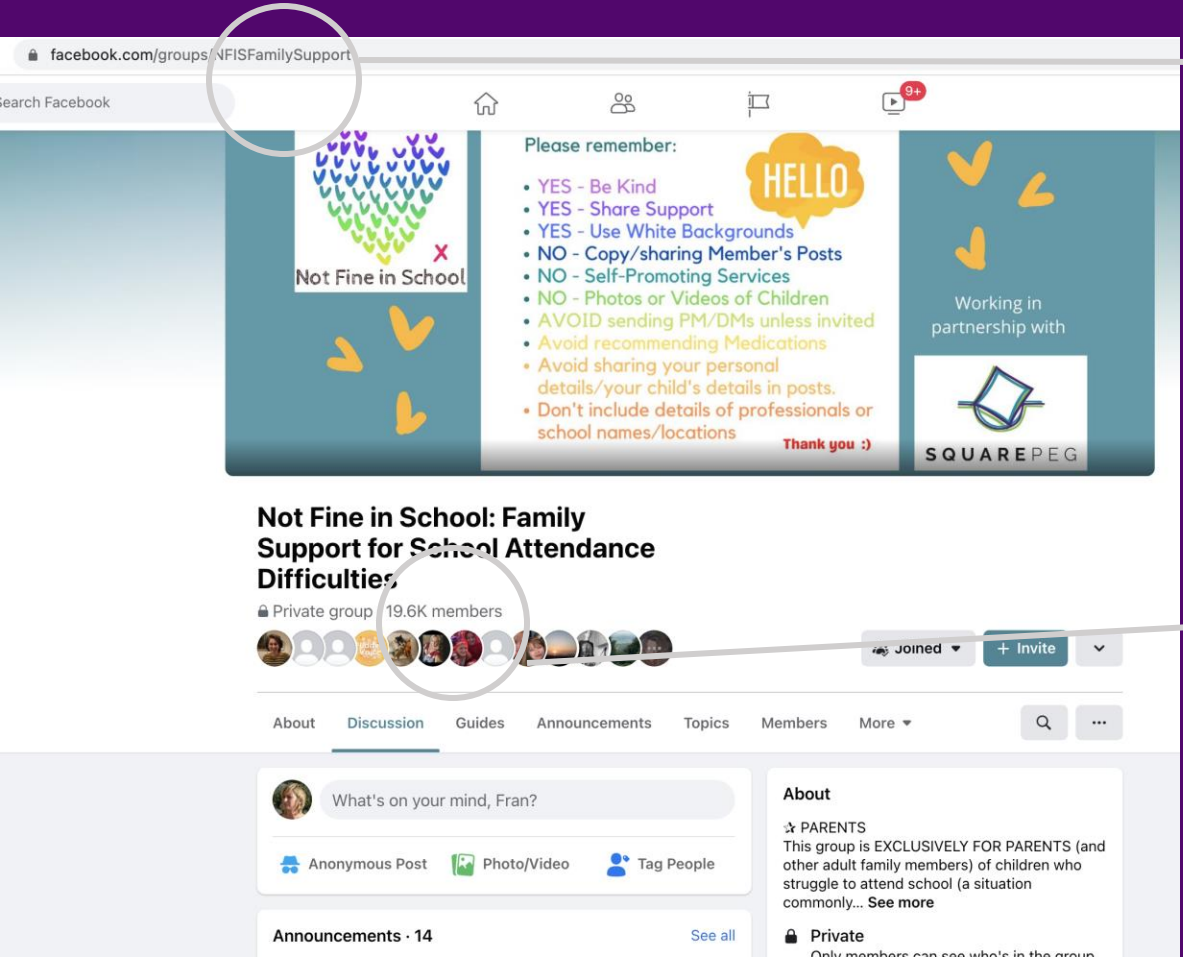
Effecting change, via legislation,
academic research and
campaigning/lobbying



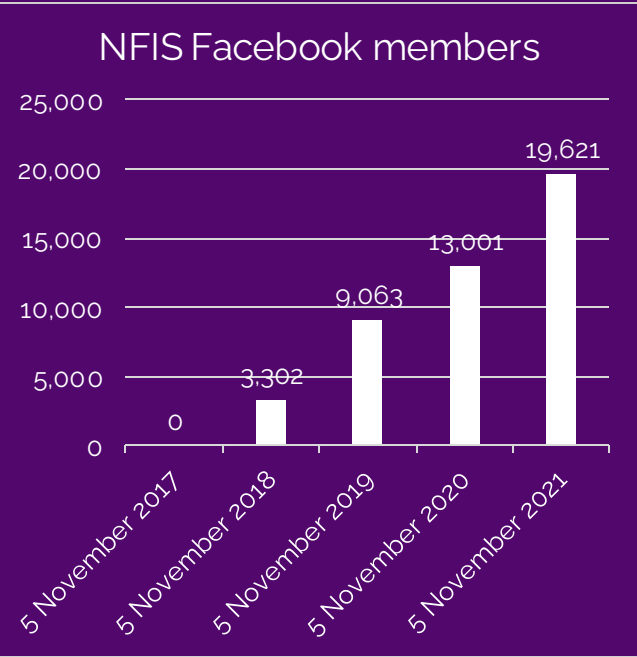
Not Fine in School

Providing support via a closed
Facebook Group and website

Not Fine in School



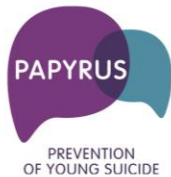
facebook.com/groups/NFISFamilySupport



We work with...



In support of



Nuffield Department of POPULATION HEALTH



The British Psychological Society



Children & Young People's Mental Health Coalition



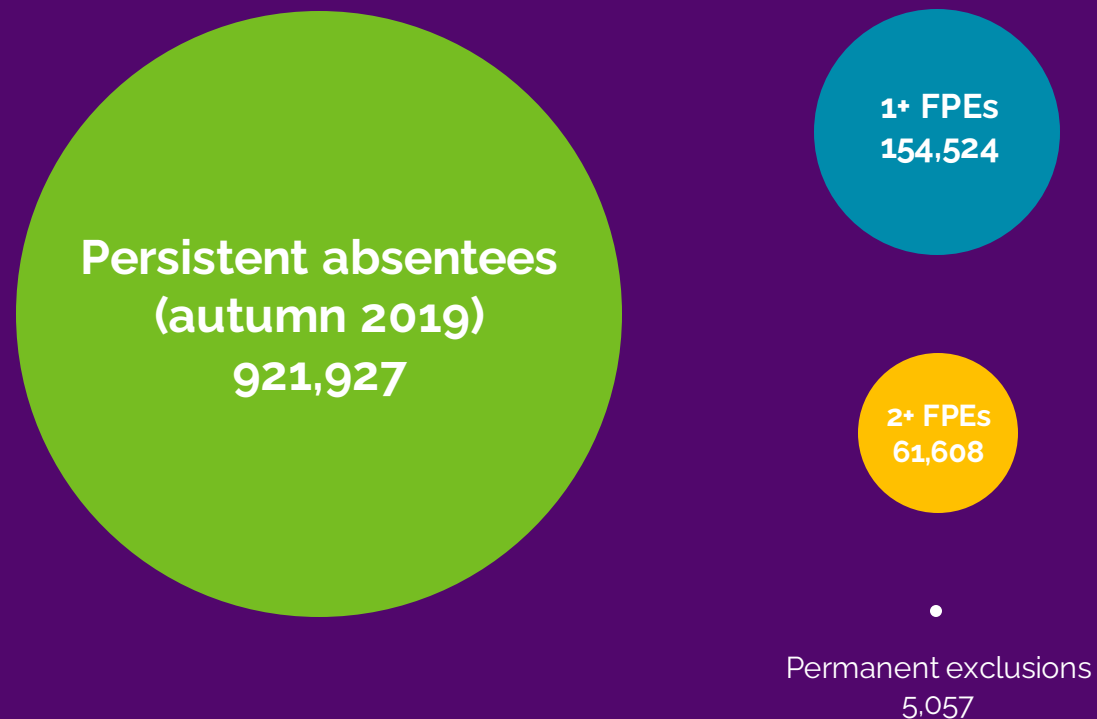
Centre for Mental Health



- 1 national landscape
- 2 myths
- 3 impact
- 4 actions

1 national landscape

Persistent absence vs exclusion



Persistent absence data for autumn 2019, exclusions data for 2019/20 full academic year

The scale of the problem

921,927 (13.1%)

persistent absentees in England (autumn term 2019*)

771,863 in the 2018-2019 academic year (10.9%) and

759,252 in autumn term 2018 (10.9%)

* Persistent absence data is taken from autumn 2019 rather than autumn 2020, where some absences may have been recorded as Covid-related

The scale of the problem

60,244

missed more than 50%
of autumn term 2019

17,526

missed 99%
of autumn term 2019

* Persistent absence data is taken from autumn 2019 rather than autumn 2020,
where some absences may have been recorded as Covid-related

40%

of these absences have no formally recorded reason

Former Head Teacher



CAMHS psychiatrist

“90% have disengaged from education & are ‘truanting’ ”

“80% have anxiety-related issues which impact on their ability to attend”



“An article published by The Sun on 27th June claims that 100,000 pupils have failed to return to school fulltime despite classrooms re-opening.

The claim was based on a report produced by the Centre for Social Justice (CSJ)...

It's important to note that even before Covid-19, in the Autumn term of 2019 60,244 pupils were classed as severely absent.”

* <https://fullfact.org/education/school-pupils-return-classroom-covid/>

The scale of the problem



“Back in September, the Sunday Times ran an article that 135,000 pupils hadn’t returned to school following the Summer holidays.

This claim was subsequently investigated and found to lack important context by Full Fact.

The source of the figure was the Commission on Young Lives who wanted to highlight a level of “unexplained absence” **because published data on absence lacks any information on persistent absence.**”

* FFT persistent absence data is taken from Aspire Attendance Tracker used by approx 70% secondary schools; 25% primary schools

2 myths

It isn't **won't**, it's **can't**

~~school refusal~~

“school attendance barriers”

“extended non-attendance”

It's just anxiety!

Anxiety [noun]

1. A feeling of worry, nervousness, or unease about something with an uncertain outcome:
"She felt a surge of anxiety."

tipping point

Anxiety [noun]

1. An uncontrollable, wild, savage beast that prowls beside me taking me hostage at it's will. Can make frenzied attacks which strangle the life out of me. Stops me walking, talking or seeing or hearing. It shakes my brain, my inner core and rattles my nerves. Inflicts terror, causes chaos and prevents a normal existence.

From 'M is for Autism' by the students of
Limpsfield Grange School in Surrey, England

Traditional academic research



Christopher A. Kearney, Ph.D.

UNLV

University of Nevada, Las Vegas

Search UNLV 

Books and ordering
information

Clinical psychology

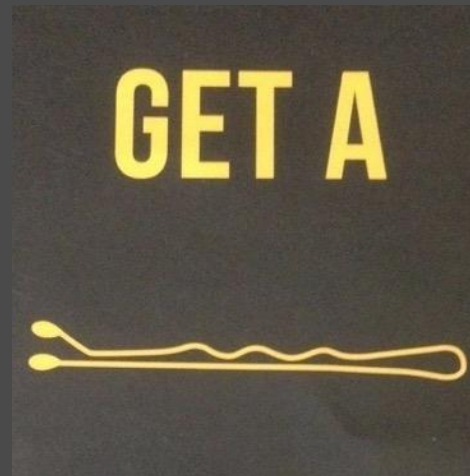
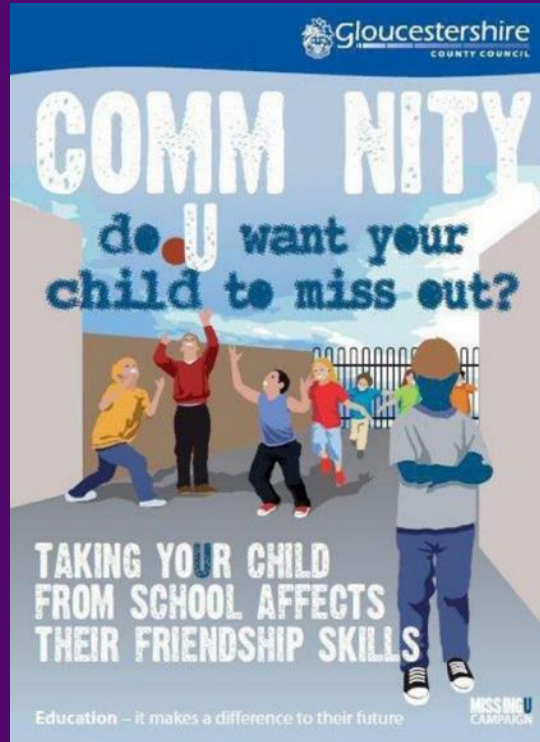
Information about school refusal behavior

"School refusal behavior refers to a child-motivated refusal to attend school...extended school refusal behavior can lead to serious short-term and long-term consequences if left unaddressed. These consequences include academic problems, social alienation, family conflict and stress, school dropout, delinquency, and occupational and marital problems in adulthood.

"Many youths refuse school for one or more of the following reasons:

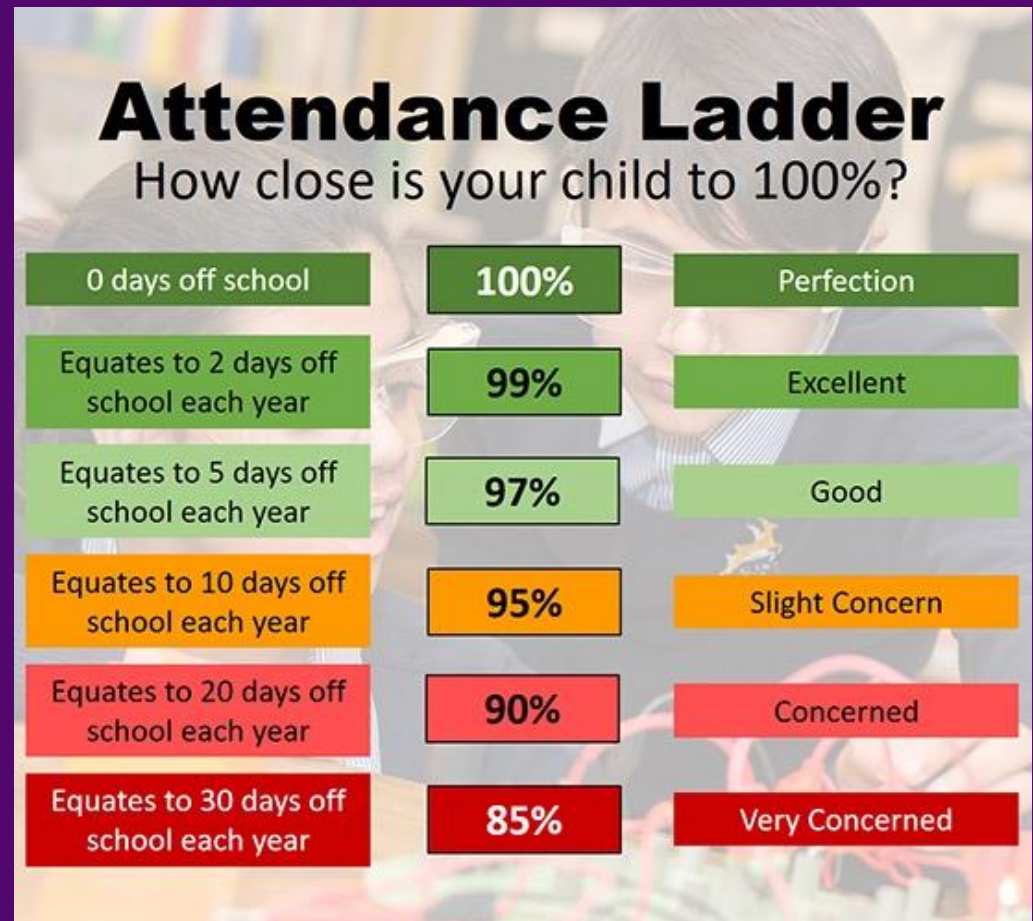
- (1) to avoid school-related situations that cause substantial distress
- (2) to escape painful social and/or evaluative school-related situations
- (3) to pursue attention from significant others
- and (4) to pursue tangible rewards outside of school."

A hostile response



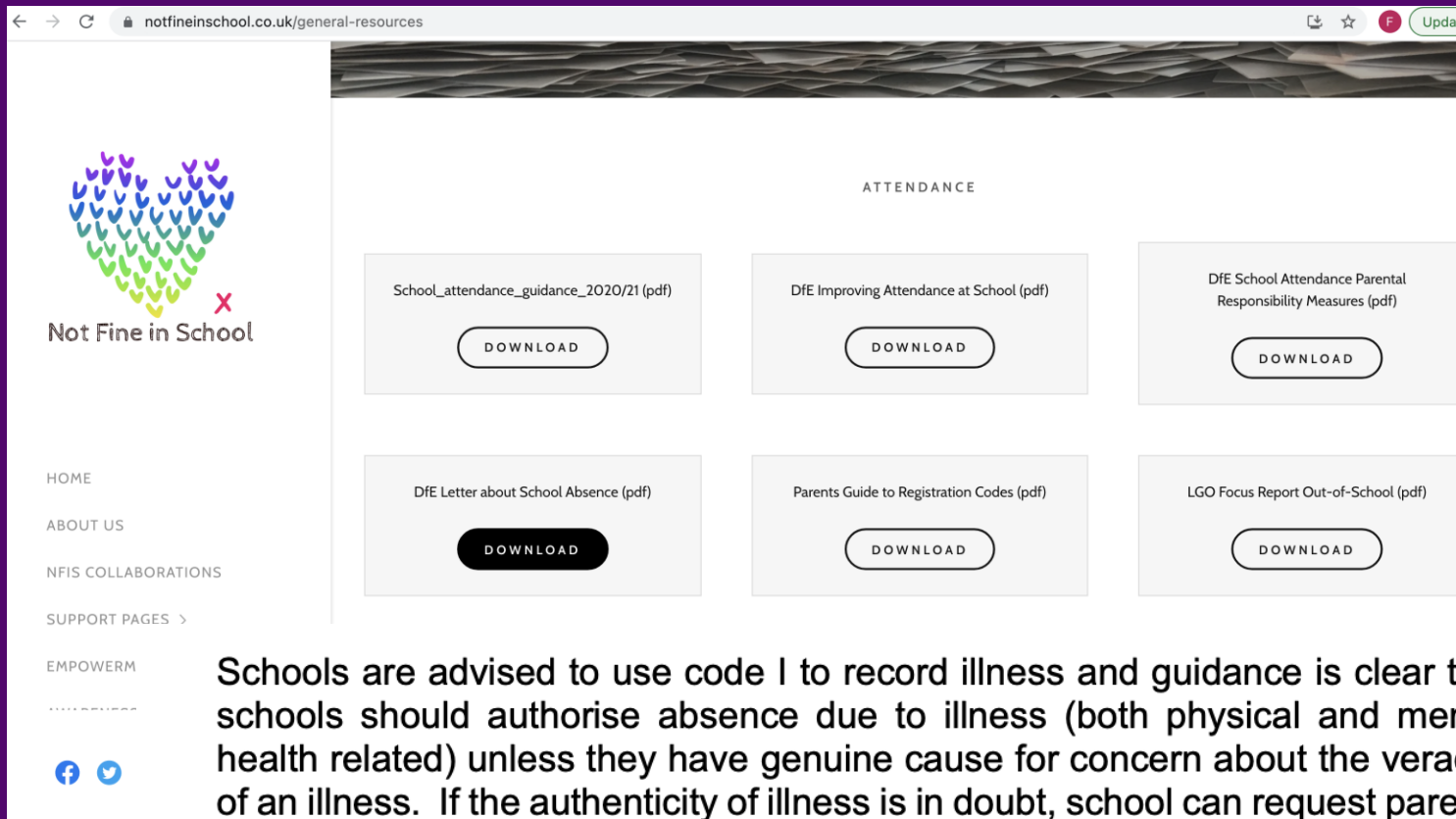
“The world is run by those that turn up”

Attendance at all costs



3 impact

DfE guidance



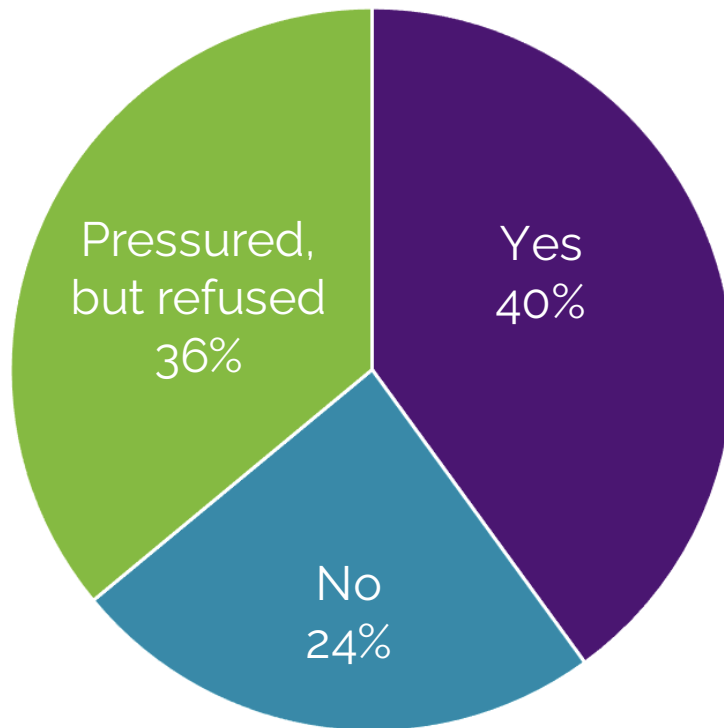
The screenshot shows the 'Not Fine in School' website. The left sidebar contains the logo (a heart made of small figures) and the text 'Not Fine in School'. Below the logo are navigation links: HOME, ABOUT US, NFIS COLLABORATIONS, SUPPORT PAGES >, EMPOWERM, and MORE RESOURCES. At the bottom of the sidebar are Facebook and Twitter icons. The main content area is titled 'ATTENDANCE' and displays six downloadable PDF resources in a 2x3 grid:

- School_attendance_guidance_2020/21 (pdf) [DOWNLOAD]
- DfE Improving Attendance at School (pdf) [DOWNLOAD]
- DfE School Attendance Parental Responsibility Measures (pdf) [DOWNLOAD]
- DfE Letter about School Absence (pdf) [DOWNLOAD]
- Parents Guide to Registration Codes (pdf) [DOWNLOAD]
- LGO Focus Report Out-of-School (pdf) [DOWNLOAD]

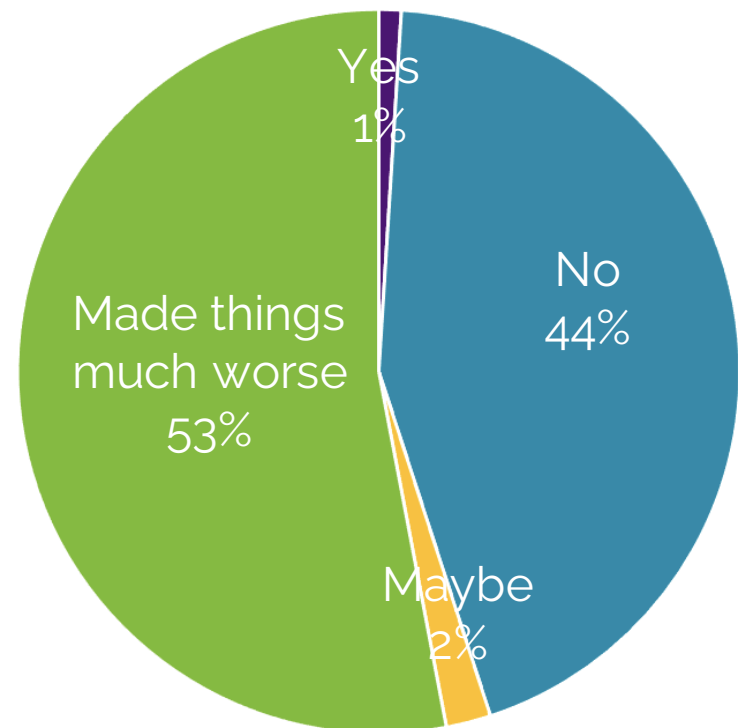
Schools are advised to use code I to record illness and guidance is clear that schools should authorise absence due to illness (both physical and mental health related) unless they have genuine cause for concern about the veracity of an illness. If the authenticity of illness is in doubt, school can request parents to provide medical evidence to support the absence. Schools are advised not to request medical evidence unnecessarily; we would not expect schools to request medical evidence unless there is a clear case to do so. This means that schools must authorise the absence unless they have reason to doubt that a pupil cannot attend school by reason of sickness.

Forced attendance

Told to force attendance?

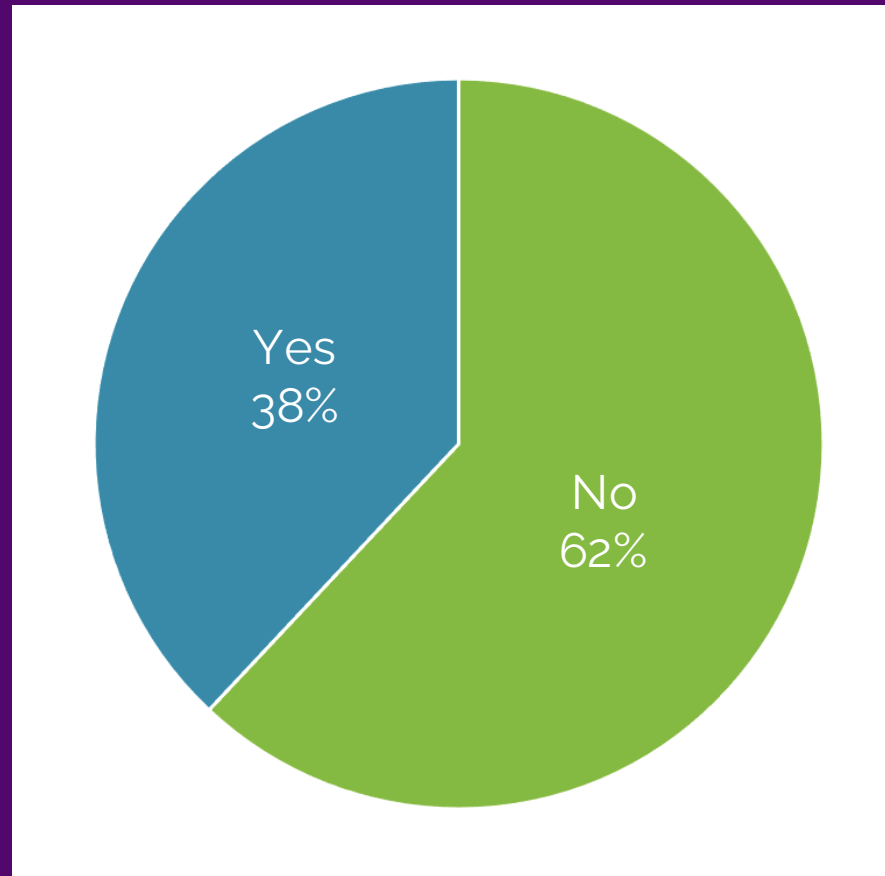


Did force help?



Social services referrals

Were you referred?



Low attendance is a red flag on safeguarding policies

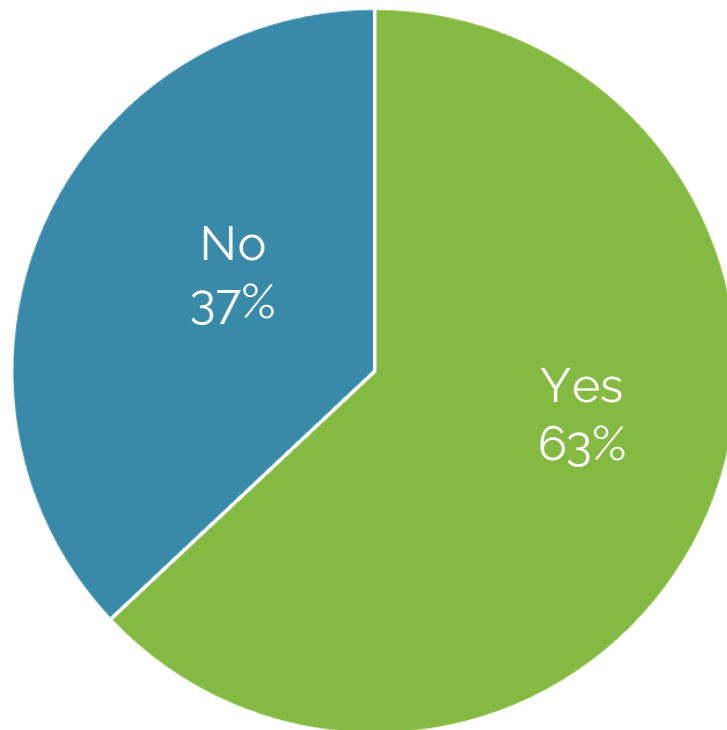
Designated Safeguarding Leads have no choice but to refer

This often leads to unnecessary stress on families

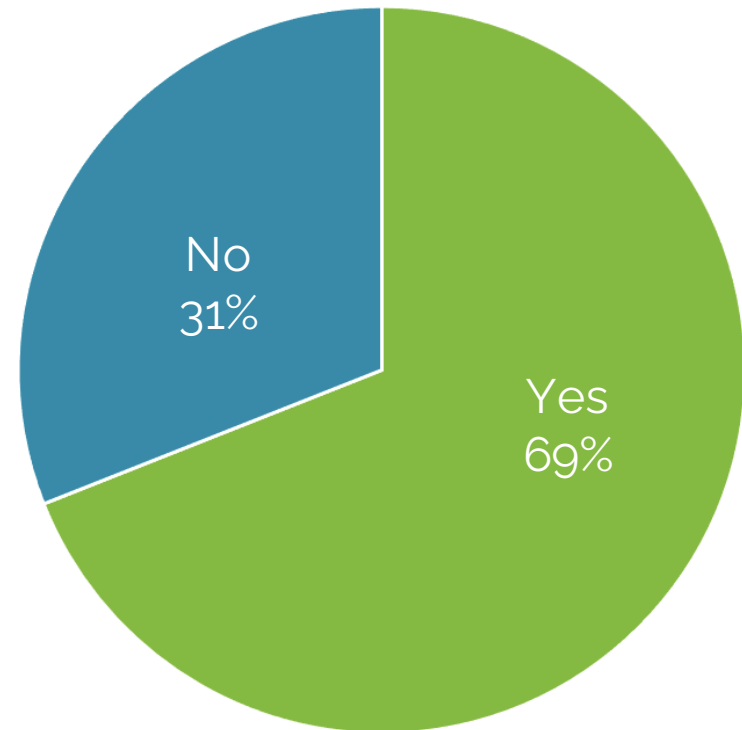
In extreme cases, it leads to Child Protection proceedings

Blame, shame and compounded stress

Parenting blamed



Child's attitude criticised





Institutionalising parent carer blame

*The experiences of families with disabled children in their interactions with
English local authority children's services departments*

Authors

Luke Clements and Ana Laura Aiello.

Three key findings

1. Social care policies in England create a **default position for those assessing disabled children, that assumes parental failings**, locating the problems associated with a child's impairment within the family
2. The national guidance for assessing disabled children – **'Working Together 2018' – is arguably unlawful**. Its focus is on safeguarding children from parental neglect and abuse **and fails to address the distinct assessment and support needs of disabled children for whom there is no evidence of neglect or abuse**
3. Unlike the national guidance for assessing disabled adults, **'Working Together 2018' contains no requirement that those assessing the needs of disabled children have any expertise or experience in a particular condition**, so that the needs of the disabled child are accurately identified

64% said their child's attendance difficulties were linked to their school's behaviour management policy and practices

52% said these difficulties were linked to anxiety, other mental health issues, SEND or trauma. Restraint, sensory overload and staff attitude was also mentioned

67% said their child's mental health worsened as a result of a more punitive change in behaviour management policies

96% are concerned about the existing guidance for school-wide punitive approaches to address behaviour; 97% do not feel zero tolerance is the right approach

85% said their child had been negatively affected by the use of zero tolerance behaviour policies

“There was a significant **rise** in parents reporting the incidence of mental health and well-being issues in 2021.

Top 5 concerns for parents are:

Exam stress (55%) **Anxiety** (54%) **Homework-related stress** (49%)
Bullying (49%) Pressure to constantly engage with **social media** (48%)

Over 30% of parents expressed more serious concerns about their children's mental health linked to; self-harm, sexual harassment, substance abuse and eating disorders.

4 actions

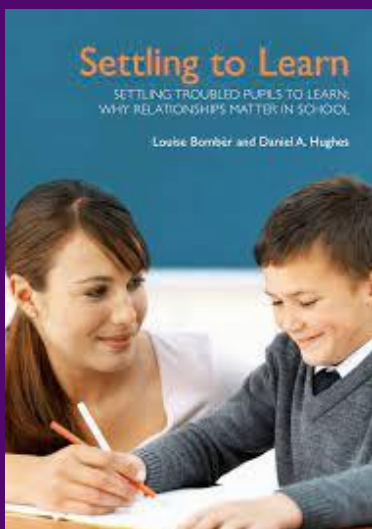
Building stronger communities



“Relationships matter; the currency for systemic change is trust and trust comes through forming healthy working relationships. People, not programs, change people.”

Dr. Bruce Perry

Louise Bomber &
Dr. Dan Hughes



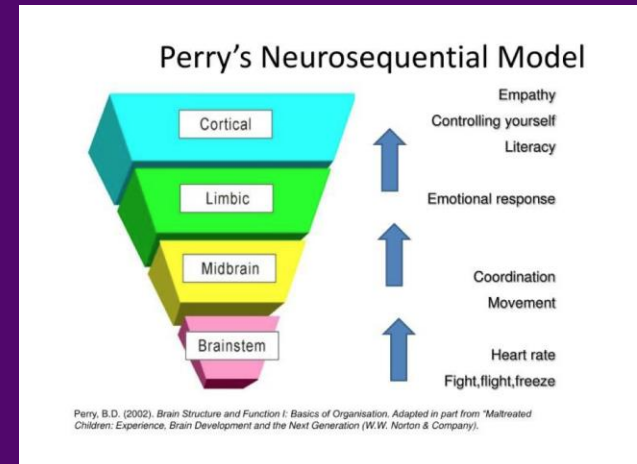
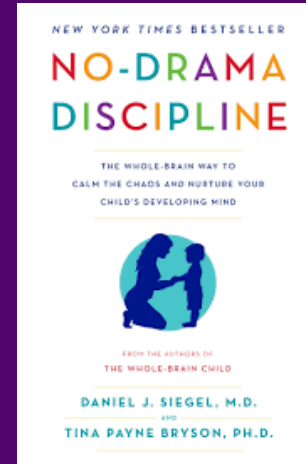
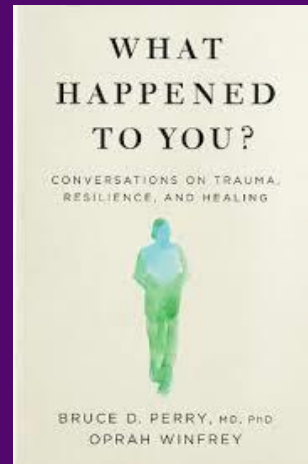
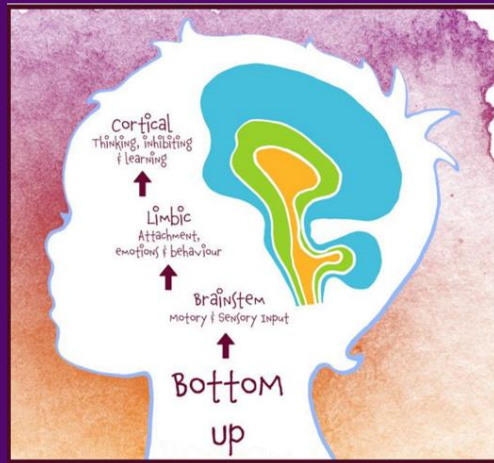
The Theory of Change – Building Adult
Capabilities to Improve Child Outcomes



DDP Network
Dr. Dan Hughes

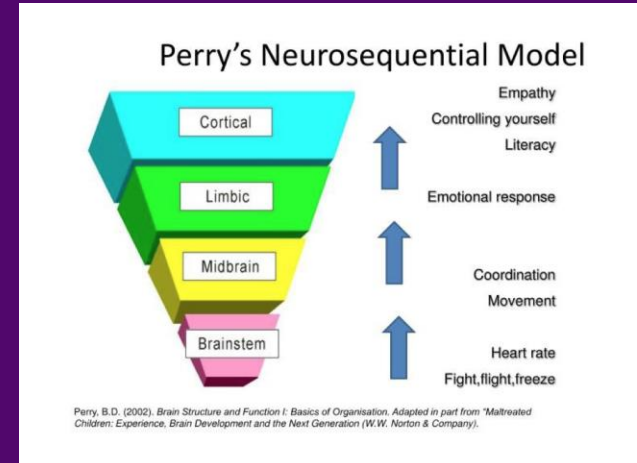
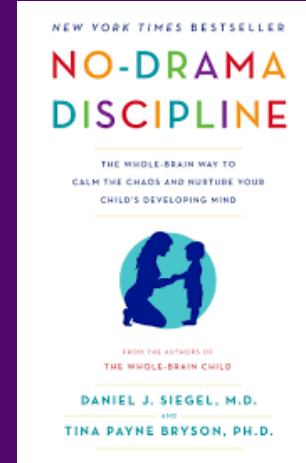
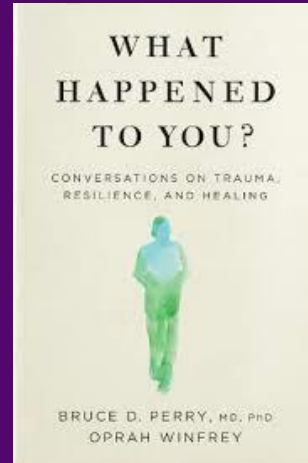
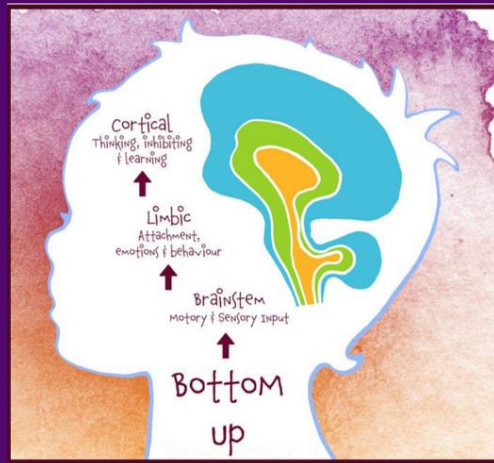


Child development & neurobiology



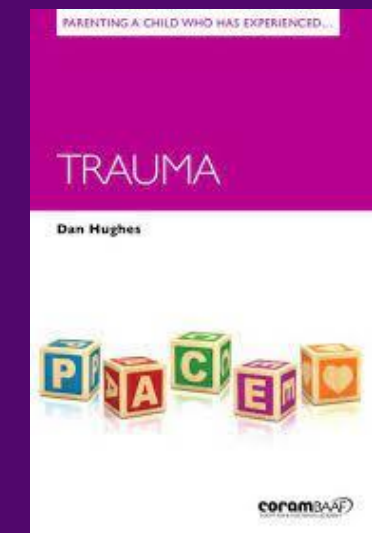
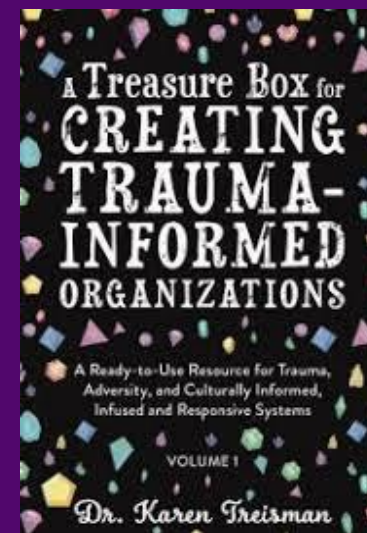
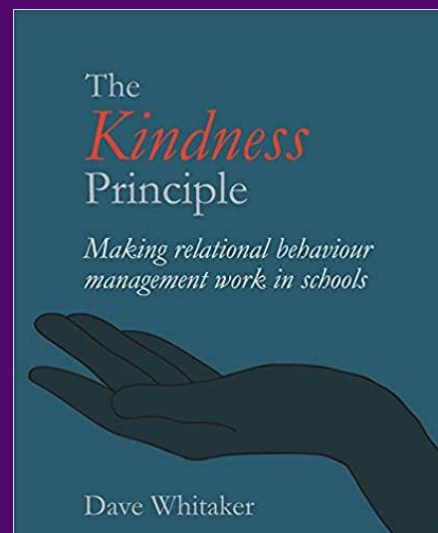
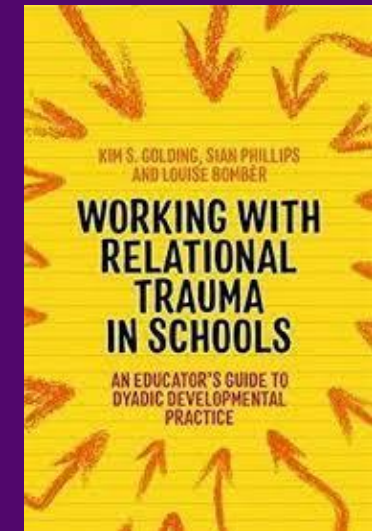
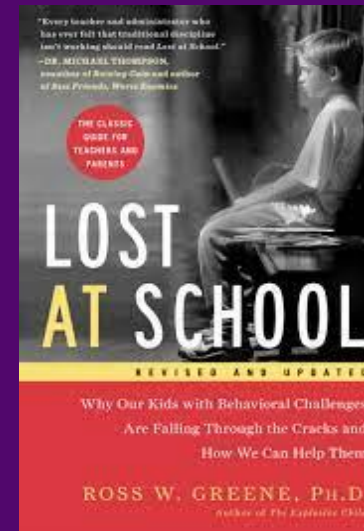
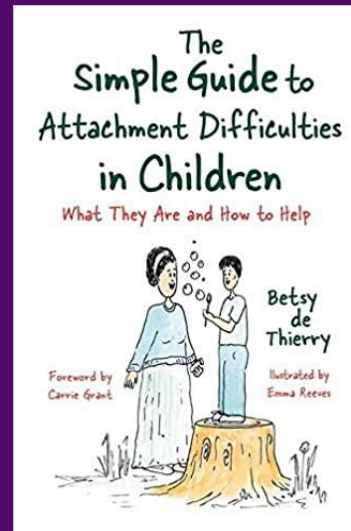
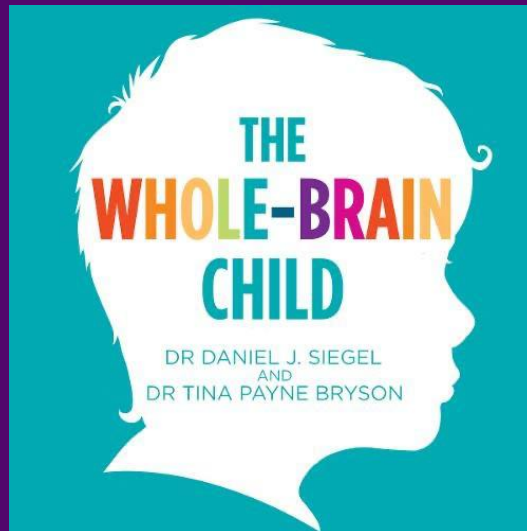
“Brain development is shaped by consistent, supportive relationships; responsive communications; and modeling of productive behaviors. **The brain's capacity develops most fully when children and youth feel emotionally and physically safe; and when they feel connected, engaged, and challenged...**”

Child development & neurobiology



“Learning is social, emotional, and academic. **Positive relationships, including trust in the teacher, and positive emotions, such as interest and excitement, open up the mind to learning. Negative emotions, such as fear of failure, anxiety, and self-doubt, reduce the capacity of the brain to process information and learn.** Children can build skills and awareness to work with emotions in themselves and their relationships.”

Attachment-aware & trauma-informed



If we reframe behaviour...



Is it a stress response?



We can see...



- 1 mental ill health registration code
- 2 prioritise welfare & wellbeing
- 3 reframe behaviour
- 4 protect capacity & resilience
- 5 focus on emotional & psychological safety

Thank you



SQUAREPEG