

Written evidence submitted by the Children and Young People's Mental Health Coalition

Summary

The Children and Young People's Mental Health Coalition and the Schools' Wellbeing Partnership represent over 200 organisations who collectively advocate for better mental health support for infants, children and young people within education settings.

We welcome this inquiry from the Education Committee on persistent absence and support for disadvantaged pupils. This submission is based on evidence we have gathered from our members. Our members tell us that issues with attendance are often linked to young people's needs, and growing evidence supports a link between mental health problems and special educational needs and disabilities with absence from school.

Members of both the Schools Wellbeing Partnership and the Children and Young People's Mental Health Coalition are clear that efforts to improve attendance should emphasise identifying and supporting children and young people's needs. This includes creating supportive and inclusive school environments that prioritise whole education approaches to mental health and wellbeing, working with the whole family, and putting in place systems of support around schools.

Factors causing persistent and severe absence

Data from the Children's Commissioner's Back into School report shows (Children's Commissioner, 2022):

- Young people who receive pupil premium have three additional days of absence compared to young people who do not receive pupil premium.
- Asian young people have two fewer days of absence compared to White British young people.
- Black and Chinese young people, have three to four fewer days of absence compared to White British young people.
- Persistent absentees are more likely to come from single parent households, or households with no parents.
- Almost a third of persistent absentees come from households where the parent(s)/carer(s) is/are unemployed.

Children and young people with mental health problems

Issues with attendance can often stem from children and young people struggling with their mental health. This can be for reasons both within and outside of the school environment, such as bullying, trauma, caring responsibilities or a stressful home environment. Evidence also suggests a link between attendance in school and mental health and wellbeing:

- Data from NHS Digital highlights that school absence rates are higher in children with a mental health problem; 12.6% missed more than 15 days of school in the Autumn term 2021 compared with 3.9% of those unlikely to have a mental health problem (NHS Digital, 2022).

- Mind's *Not Making the Grade* report found that nearly seven in ten young people who took part in the inquiry reported being absent from school due to their mental health (Mind, 2021).
- Emotional difficulties may undermine attendance at school through symptoms such as fatigue, difficulty concentrating, and lack of motivation, or through attempts to avoid anxiety-provoking stimuli in the school such as social interaction, performance situations, or academic assessments. ²⁴

Research from Mind shows that mental health absence is not commonly authorised by schools, with the requirement to provide medical evidence being challenging for young people who face lengthy delays to access mental health support (Mind, 2021). This becomes a significant barrier to providing evidence of mental health problems and leads to absences being recorded as unauthorised, subsequently risking parents being faced with fines and prosecutions.

Children and young people with special educational needs and disabilities

Children with special educational needs (SEN) and disabilities are also more likely to experience persistent absenteeism due to their needs not being sufficiently met within the education environment. Research from the University of Swansea highlights that children and young people with neurodevelopmental disorders, mental health problems, and who self-harmed were much more likely to miss school than their peers (John et al., 2021). The research further found that school absenteeism and exclusion rates were higher after the age of 11 in all children, but disproportionately more so in those with a recorded disorder.

Moreover, disabled pupils and those with SEN are disproportionately represented in both absence and persistent absence figures (DfE, 2020). Government statistics show clearly that those on SEN support are more likely than non-SEN pupils to be absent, while those in receipt of EHCPs are yet significantly more likely to, suggesting a possible correlation between complexity of need and poor attendance levels (DfE, 2020).

The impact of bullying

In a poll of over 1,000 11-16-year-olds conducted by the Anti-Bullying Alliance, 11% of respondents said they had missed school because they were being bullied (Anti-Bullying Alliance, 2019). Research from the Department for Education further shows that the proportion of pupils who were absent from school due to anxiety or mental health problems was higher amongst pupils that had been bullied (32% compared to 16% of pupils that had not been bullied) (Department for Education, 2022). However, school records rarely record bullying as a reason for a young person missing school, often recording 'Other reason' instead. This would suggest that the actual number of young people who miss school because they are being bullied is even higher.

The impact of school behavioural policies

The Children and Young People's Mental Health Coalition has been undertaking an inquiry into behaviour and mental health in schools. Through the inquiry, we were keen to explore the links

between behaviour and mental health in schools, the impact of school behavioural policies on children and young people's mental health, and to understand what schools can do to better support both mental health and behaviour. The following findings are from a forthcoming report, which is due to be published in early summer.

School attendance was a theme that was consistently raised throughout our evidence gathering. We heard from children and young people and parents and carers how the use of punitive approaches to behaviour can exacerbate existing mental health problems, and in some cases, can make children less likely to attend school. Some young people told us how experiences of behaviour management techniques made them feel scared of school and resulted in them no longer wanting to attend, particularly where their mental health needs were not addressed or identified.

"Being shouted at scared me, I was scared of my teacher, they made me miss my break, saying I wasn't listening - when I didn't understand. Told me off for being slower. It made me too scared to go to school." Young person

"Made me feel unwelcome in school and I felt less inclined to attend as a lot of blame was placed on me for things I could not control and I began to believe it, which enhanced the mental health problems I was facing." Young person

Parents and carers we spoke to further emphasised how their children felt blamed for their needs and that no action was taken to support these, which subsequently led to non-attendance at school.

"He didn't care about going to school. He felt they did not care about him."
Parent-carer

"School followed their behaviour policy despite telling me they thought my child was autistic, detentions and isolation escalated the issue in year 7 to persistent absence and now total non-attendance." Parent-carer

"My son stopped going into certain lessons for fear of getting in trouble, this led to him refusing to go into school at all. Behaviour management sanctions (on report, detentions, inclusion and exclusion) were often used rather than understanding of his developmental trauma or proper implementation of his EHCP." Parent-carer

We also heard evidence that some groups of children and young people are disproportionately impacted by school behavioural policies, and often these policies fail to take into consideration individual needs and challenges of different young people. These groups of young people include, but not limited to, those with special educational needs and disabilities, young people from racialised communities including Black and Gypsy, Roma and Traveller groups, and young people from low-income backgrounds.

The impact of Department's new approach on attendance

Whilst the Department's reform programme will have some impact on school attendance, we believe that a much more compassionate and coordinated approach is required. We are concerned that the current approach taken by the Department emphasises punitive measures to get children

and young people back in school, with little understanding or support put in place to address the needs of the child or family. Our members tell us that approaches to attendance need to be more flexible and take into account the individual needs of children and their families.

Our members are particularly concerned that the use of punitive approaches to address attendance, such as fines, can be harmful to the mental health of the young person and their family, at an already challenging time. Parent-led organisations including Square Peg and Not Fine in School have shown how the current approach to attendance difficulties, that often use sanction-based measures, can actually be counterproductive - particularly when mental health diagnoses or support are difficult to access.

There is also evidence that taking a punitive approach to unauthorised absences can result in parents withdrawing their child from school. In 2019 the Children's Commissioner for England found that many parents are withdrawing their child from mainstream education, either because they are worried about their child's wellbeing and mental health, or because they are being faced with fines and prosecutions due to unauthorised absence (Children's Commissioner, 2019).

Alignment of Departmental policies

Over recent years, the Department for Education has introduced separate programmes of work to improve both behaviour and attendance and the mental health and wellbeing of children and young people. Our members have expressed concern regarding the alignment between these programmes, and how efforts to improve attendance and mental health can often work against one another. For example, initiatives to improve mental health can be hampered by punitive measures towards attendance, which can further harm young people's mental health.

With evidence suggesting that attendance difficulties can often stem from mental health problems, we believe that the behaviour and attendance and mental health programmes of work need to be better aligned and that mental health and wellbeing should be recognised throughout all streams of departmental work. We have seen some steps taken in this area with the departmental prioritisation of whole school and college approaches to mental health and wellbeing, however further work is needed.

There are existing programmes of work that can be expanded to ensure alignment. An example of this can be seen in the work of Mental Health Support Teams (MHST) and adapting the model to support pupils at risk of persistent absence and those who are absent. We have heard how this has already been achieved within some MHSTs. For example, the MHST in Newham have held discussions about shifting the operation of their offer to accommodate those pupils not currently in school, linking in with the multi-agency collective in the borough that works to support children who are not receiving CAMHS support to receive support through another service, often one in the voluntary and community sector.

How families can be better supported to improve attendance

Embedding a whole education approach

We have long advocated for inclusive, embedded, and robust approaches to mental health and wellbeing in schools and colleges and have been calling for full implementation of a whole education approach to mental health and wellbeing. The Government has recognised the importance of whole

education approaches in improving children and young people's mental health, yet our members consistently highlight the challenges education settings face, such as lack of capacity and resource, in fully implementing these approaches.

Whole education approaches are crucial in making every pupil feel valued, and in supporting positive mental health and wellbeing in education settings. In their 2022 report on school attendance and persistent absence, Ofsted made clear that school leaders who have improved attendance have seldom focused on attendance in isolation. Leaders emphasise the importance of making school a safe place where pupils really want to be (Ofsted, 2022). A study by UCL and the National Education Union also demonstrates the impact of a sense of safety, belonging and wellbeing on student performance and engagement (National Education Union, 2020).

What is more, engaging with parents and carers is a crucial element of a whole education approach to mental health and wellbeing. Schools need to proactively work with parents and carers; however, we often hear from parents-carers about their experiences of feeling alienated and blamed by school policies that advocate sanction-based approaches. For example, in relation to school attendance policies, parents often tell us that sanction-based approaches, such as penalties and fines, can adversely impact the relationship between the school and the family. The use of such sanctions can also reinforce a harmful narrative that parents are responsible for their child's non-attendance, rather than the underlying and unmet need that is driving this.

We therefore believe that work to support attendance should be aligned and build on a setting's whole school approach to mental health and wellbeing.

Recommendation: The Department for Education should ensure that there is national implementation of a whole school and college approach to mental health and wellbeing, that is fully resourced.

Building effective systems of support

In order to be able to effectively support families, schools need to be aligned with and have access to local support services. However, we consistently hear about the challenges schools experience with engaging and securing sustained involvement with mental health and wellbeing support within their local area. Links between schools and NHS Children and Young People's mental health services (CYPMHS) are not consistently good across all areas and where NHS CYPMHS experience long waiting lists and demand, there is subsequently an increased demand on schools to hold more complex cases for mental health support while children and families wait. These difficulties in accessing support can further drive persistent absenteeism.

Our members also report it is often tricky to navigate a complicated offer of support in local areas, particularly the secondary mental health care offer. Schools need to be able to know what support exists in the local area and where and how to access appropriate support for pupils and staff in a timely way. At the heart of this is an urgent need at a local level for a clearer representation of the support on offer and ensuring that local areas are mapping their offer, resources and existing organisation and provision in a joined-up way for schools. To support improved navigation around the systems, our members have been called for better integration of key services such as education, NHS CYPMHS, children's social care and education services. We believe an expectation should be

placed on Integrated Care Systems to map local services to ensure that schools can access timely support for pupils experiencing challenges with non-attendance.

Recommendations

- Integrated Care Systems should ensure there is a representative from education sitting on the Integrated Care Board to ensure they can contribute to strategic planning and commissioning.

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