



Policy Number:	STUD 10-14
Policy Name:	Student School Refusal Policy
Contact Officer:	Deputy Principal – Community
Date Approved by Executive:	15 February 2017
Date of Next Review:	February 2020
Related Policies:	Wellbeing Policy Pastoral Care Policy Child Safe School Policy

1. INTRODUCTION

1.1 As a Catholic College in the Mercy tradition, St Joseph's College aims to engage all students in the life of the College. This includes assisting students to participate in the academic program of the College and to feel comfortable within the social dimensions of the College.

1.2 St Joseph's College is a Child Safe School and as such is committed to providing assistance to students who may have difficulty accessing the educational and interpersonal opportunities available to students at the College. All students have the right to feel safe and welcome at St Joseph's College.

2. DEFINITIONS

2.1 School Refusal refers to severe emotional upset experienced by a child at the prospect of attending school that can result in significant school absence. School Refusal is different from truancy in that the child is staying at home with the knowledge of the family and despite their best efforts to enforce attendance. Children who refuse school do not typically engage in antisocial behaviour that is associated with truancy. School Refusal is also different from School Withdrawal, a term used to refer to circumstances in which the family keeps the child at home for various reasons (e.g.: to support a family member who is ill).

3. PURPOSE

3.1 The purpose of this policy is to assist students, families and staff in the process of assisting students to enter into College life.

3.2 It is important to acknowledge the nature of School Refusal and for the College to have a procedure in place to assist students and families in cases of School Refusal.

3.3 School Refusal must be seen as wellbeing issue with associated resources and programs designed to cater for the individual needs of students.

3.4 School Refusal is most successfully treated if addressed early. The longer the child remains away from school, the greater their anxiety can become and the more difficult it will be for them to return to school. Involvement with one or both parents, College counsellors, a psychologist or social worker and other relevant College personnel is essential for successful treatment.

3.5 For the secondary-school refuser who has a long history of staying at home, referral to a multidisciplinary mental health program or team may be required. Without treatment and support, there is increased risk of escalating mental health issues and significant problems with social skills,

occupational difficulties and the skills required for independence in daily living in later adolescence and adulthood.

4. SIGNS OF SCHOOL REFUSAL

4.1 Most children are occasionally reluctant to go to school or have some anxiety about activities like school camp.

4.2 It is normal for children to miss some days of school during the year.

4.3 School refusal is a more persistent problem that might be characterised by some of the following signs:

- tearfulness before school or repeated pleas to stay at home;
- tantrums, clinginess, dawdling or running away before school;
- frequent complaints of illness before or during school, such as stomach aches, headaches, dizziness or fatigue;
- difficulty attending school after weekends, holidays, school camps or sports days;
- long, unexplained absences from school;
- periodic absences or missed classes for which no explanation is given;
- frequent lateness to school;
- long periods spent in the Sick Bay, Wellbeing, House Leaders area or Library.

5. PROCEDURES FOR ADDRESSING SCHOOL REFUSAL

5.1 Staff will be educated about School Refusal and how to appropriately raise concerns to Wellbeing and senior staff in relation to students who may be exhibiting signs of School Refusal. This will take place at staff meetings and by providing reading on Knowledge Banks.

5.2 Homeroom or Subject Teachers who notice prolonged absences from classes are to notify House Leaders and Wellbeing of such instances as soon as patterns become apparent.

5.3 Homeroom Teachers will contact home to ascertain the reasons for the student absence.

5.4 Wellbeing will be notified as to the response from home and of the need to engage with the student, if possible.

5.5 If the student is willing to engage with Wellbeing staff, this process is to continue as long as the Wellbeing staff believe that it is a productive engagement. If the Wellbeing staff believe that the student requires further assistance, such assistance is to be sought in co-operation with the student, the student's parents/guardians, the Deputy Principal - Community and the relevant mental health service provider.

5.6 Teachers of the student with the School Refusal condition are to provide academic support via Learning Areas, email and phone or home visits, if possible. Any home visits are to be arranged in conjunction with parents. The purpose of such support is to assist the student while away from school, but not to encourage a situation of 'school at home' as a long-term alternative.

5.7 It is the responsibility of parents to have the child arrive at the school gate, from there the responsibility falls to the school. This is based on the premise that attendance at school is compulsory.

6. SCOPE

6.1 This policy applies to all St Joseph's College students.

APPENDIX 1

School Refusal - Michael Gordon, Psychiatrist

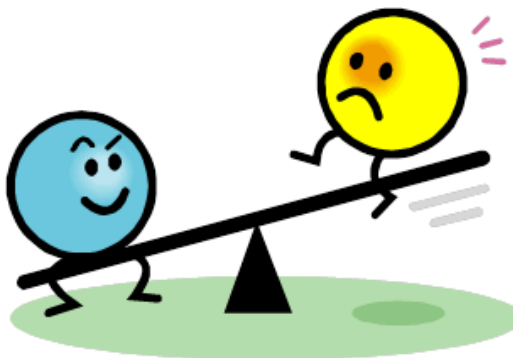
- School refusal has pedigree, it's genetic. Research is lacking in this area.
- Parents must be on board for success to be a chance.
- 30 - 50% win ratio if being treated professionally.
- 3 Main Groups – Prep, Grades 5 - 7, Year 9+

KEY PREMISE

Students are not harmed by attending school.

School has more vested in the child than anyone else, but must balance this when involving parents and others.

THE SEE-SAW



Reasons for going

Reasons for not going

- There is often a tale or narrative to the refusal.
- There is an anxiety continuum at play, whereas depression is episodal. Where is the threshold? This is not clear in research.
- If the parent is anxious then so too will be the child, use others to get the child to school. It doesn't matter how, get them there and negotiate the plan for their time at school.
- Schools should have a clear policy around school refusal.
- Anxiety has four effects – Run away (avoid), fight, freeze (do nothing), control. The child will demonstrate this in their behaviour, therefore refusal is anxiety based, not behavioural.
- Parents will undermine attendance if they are anxious. Therefore, you are the coach, you do not fix the problem; the boundary is the school gate.
- The coach – assessment, feedback, recommendation, prognosis, (do not seek a cure!).

SCHOOL RESPONSE

- Know the boundaries and roles of each party, School ↔ Parents.
- Exposure to anxiety is the solution to the problem, you must endure it to beat it.
- Concentric circles – danger, stretch, comfort. We want to take kids out of the comfort zone and into the stretch zone, which then expands their comfort zone. Kids will go straight to the danger zone in their thinking.
- Do not allow children to go to school when they feel like it.
- If you withdraw, then it will get worse and harder to combat.
- Going to school is not negotiable.
- Avoidance entrenches the problem.
- Key point, where are the parents in the tug of war spectrum?
- Anxiety/Depression are Co-morbid.
- Fire alarm analogy, anxiety is a false alarm, disorder is false alarm adaptation.

QUESTIONS TO ASK OF THE PARENTS

- What was your experience at school? When did you leave school?
- Where do you want to go with this? Children will play parents off (control).
- Parents will bring their narrative to the child's table.
- Danger comfort and stretch zone, need to go to the stretch zone and the comfort zone will expand.
- Children confuse the stretch zone with the danger zone.
- Flight, fight, freeze, control - anxiety is not rational.
- Self-medicating causes more problems (drugs and alcohol).
- If you have one form of anxiety it is likely you will have another – Co-Morbidity.
- Diagnosis is a useful tool but it is the formulation of the next step which is more important.
- Take away the comforts of being home, do not make it any easier to be at home.
- Both parents are responsible, it is not just the Mother's responsibility.

Good parents tap into thoughts, feelings and behaviours.

Bad parents act out.

Functioning family – we see change

Dysfunctional family – we see no change

If the child is anxious, calm the parents.