

Educational Neglect

The Department for Education (DfE) considers severely absent pupils to those pupils whose school attendance is below 50%. These pupils are likely to need more intensive support across a range of partners. If all avenues of support have been facilitated by schools, local authorities, and other partners, and the appropriate educational support or placements (for example, an education, health and care plan) have been provided but severe absence for unauthorised reasons continues, it is likely to constitute neglect.

[Working together to improve school attendance](#)

Freya*, aged 12 has had three different schools and two short periods of home education in four years. She has had low school attendance and the reason given for many of these absences is illness related, such as a tummy bug, headache, tired from being up coughing the previous night. Sometimes her mum, Sasha, says that the neighbours were up late arguing which scared Freya so she couldn't get to sleep and she is therefore too tired to go to school or she is feeling too anxious and is refusing to come into school.

Throughout Freya's childhood, there has been a significant impact from domestic abuse in the family home, on both Freya and her mother. The abuse from Freya's father was prolific and he was imprisoned for six years. Sasha is aware that her reactions to situations are influenced by these events, and her primary concern is to keep Freya safe and shielded from any further distress.

Freya was referred to the Education and Inclusion Service. During this time, referrals were made to external agencies to provide support for Freya. These included the GP, School Nursing Team and social care.

The Education and Inclusion Service contacted Freya's GP, asking for their view in respect of Freya's health record in relation to her school attendance. The GP reply confirmed that he had been seeing Freya over the past two years with a collection of significant issues which had got progressively worse over this time. He confirmed that he had made a referral to the Child and Adolescent Mental Health Service (CAMHS) and was waiting for intervention from them. He stated that he would always fully support all children being in full time education. He summarised that he felt Freya needed additional mental health treatment from a specialist service like CAMHS and that whilst he felt that the school environment could be difficult for Freya, he wondered if there was any way that this could be addressed while she was waiting for the support from CAMHS. He also stated that Sasha had discussed home education with him as she felt that Freya's stress levels reduced during the summer period when she was not in school.

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This information was shared with school and Sasha. It was agreed that a reduced hours timetable could be put in place, and additional support could be offered in school via trained members of staff and the head of year.

Freya was placed on reduced hours provision of 9.30am to 12.00pm, but she would arrive late. Any attempts to offer regular support at school were unsuccessful due to her irregular attendance. Freya's school attendance dropped to below 47%. Sasha would claim Freya was too anxious, too sleepy or had tummy ache and was not able to attend. In discussions with Sasha, she has admitted that her own poor mental health impacts on her ability to sleep, get Freya up and ready on time and engage with other professionals. She has also admitted that when she is feeling overwhelmed, she likes to have the support of Freya at home.

Several months later, a school nurse referral was completed by the Education Inclusion Service team for Freya, due to concerns regarding her health. Freya's sleep pattern had deteriorated, and she appeared pale and underweight; Sasha reported that she was providing a well-balanced diet. Sasha stated that Freya was suffering from meltdowns that could present as challenging behaviours - she would hit and kick and throw her belongings at the wall. Freya always denied these allegations and would recall the events stating that her mother exaggerated the events and would become upset that she was accused of this type of behaviour. The school nurse attempted to contact Sasha, but she declined the support, stating that she had not agreed to the referral, when she had.

An Inter Agency Referral Form (IARF) was completed by both the Education Inclusion Service and the school nurse. It was suggested that an early help plan should be completed by the school. Several meetings were arranged to complete this, but Sasha had various reasons why she could not attend, and this was not done.

Freya's engagement with CAMHS was short lived. Sasha reported that Freya was too anxious to attend and stated that Freya did not like the counsellor. After three missed appointments the case was closed to CAMHS. Freya reported that she had liked the lady, but her mother had no money for petrol.

Sasha was seen on several occasions outside the local pub with younger men. Police attended her flat as she was thought to be in a relationship with a known criminal who was on bail. The school were made aware of this.

On another occasion, police were called to Sasha's flat after neighbours reporting shouting, swearing and loud banging in the early hours of the morning. On arrival, mum was found to be in the flat with three younger males, all very drunk. The flat conditions were filthy, and Freya was found in the lounge, gaming.

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Outcome:

Freya was made the subject of a child protection plan under the category: neglect.

Freya's school attendance was key within the plan, with school being seen as a protective factor. Freya described being scared to go to school – she felt her poor attendance meant she was far behind and wouldn't understand the lessons, if she got panicky, she would be trapped in the classroom and not allowed out, the canteen was too noisy and she didn't like eating in front of people and the toilet design in the new building were too open – with no entrance door, just cubicle doors, and it made her feel uncomfortable.

Freya discussed being scared to go into school and leave mum at home on her own sometimes because mum is upset and needs her. Freya said she often goes to sleep really late so is too tired to get up in the mornings and going into class in the middle of a lesson is horrible as everyone looks at you and asks why you are late, including the teacher.

An action plan was created to support Freya's increased attendance. The plan included a personalised programme for Freya. Lessons that Freya identified as being the most problematic for her - PE - were removed from her timetable temporarily and in this time, Sasha met with her key worker 1:1. Sasha was given a 'jump the line' pass for the canteen and had an open pass to go into the 'Arc' room at lunch and break times to eat her food and to use the toilet in there. A 'pupil passport' was created to ensure all staff (including supply staff) were informed about Freya's difficulties and strategies to support her.

Freya and Sasha are now accessing domestic abuse support through Paragon.

Freya's school attendance has increased to 84.3%. Freya is having regular wellbeing check-ins with her head of year where she reports that her sleep pattern is now much more regular, and she feels happier and healthier in herself and is beginning to feel more confident.

**Please note names included in the report are pseudonyms*

Questions to consider:

1. What was the impact of contacting the GP directly?
2. What might have been the impact of Freya's low attendance (including lateness) have on her ability to form relationships with staff and children in school? How might that affect her?
3. Where was the child's voice heard? What impact did this have? Where is the evidence of the child's voice being shown through behaviour, not just verbally?
4. Was the effect of Freya being a victim of domestic abuse considered – was support available that could have helped her?

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5. Is there evidence of disguised compliance? How, as a multi-agency workforce, can we try to counter that?
6. Would it be correct to have considered child exploitation? How would this be completed? (See CERAF guidance.)
7. How could tools such as the [Day in the Life](#), from the HSCP and IOWSCP Neglect Toolkit, have been used to understand a child's daily lived experience/routine and consider the potential impact on school attendance?
8. How could the Emotionally Based School Avoidance [good practice guidance for schools and other support agencies, information for parents and carers and information booklet for young people](#) have been used to support Freya?
9. What contribution could your agency/organisation make to support a child's school engagement?