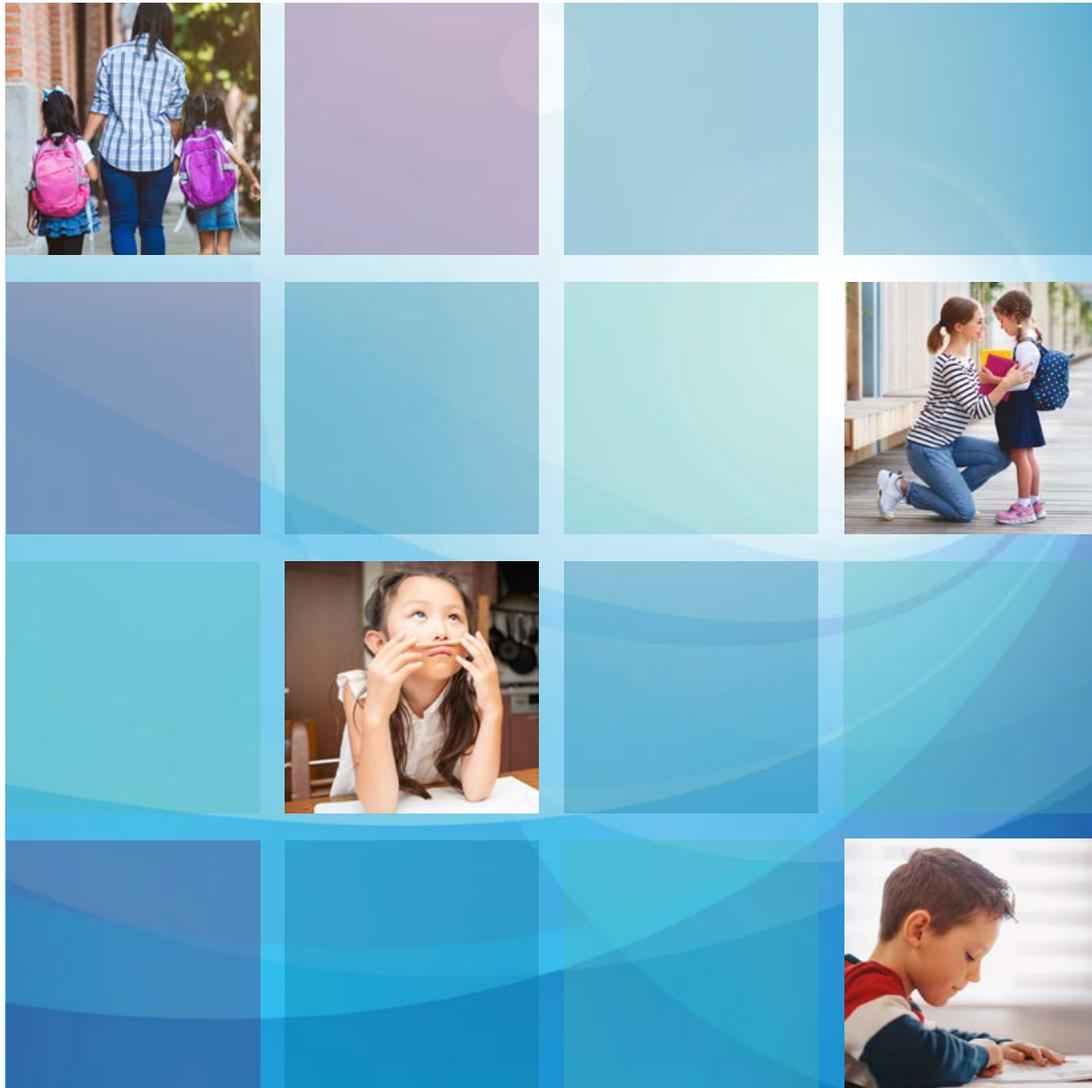




CENTRE FOR AUTISM
MIDDLETOWN

Autism and School Refusal



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INTRODUCTION

This is the thirty-second Research Bulletin produced by Middletown Centre for Autism, providing summaries of nine articles from 2017 to 2020.

The Bulletin commences with interviews from Dr Philip Tyndall (consultant child and adolescent psychiatrist from Roscommon) and Jane Sharpe (coordinator of the Ballywaltrim School Completion Programme).

Dr Philip Tyndall grew up in Dublin and graduated in medicine from University College Dublin (UCD) in 1985. He completed his child and adolescent psychiatry training in Lucena Clinic, Dublin. In 1991 he became a member of the Royal College of Psychiatrists and was awarded a master's degree in Family Therapy from UCD in 1994. Dr Tyndall has held three consultant child and adolescent psychiatrist posts: Sligo from 1997–2004, Christchurch (New Zealand) from 2004–2006 and in Roscommon from 2006 to date.

Jane Sharpe is a school completion coordinator based in Bray, County Wicklow, and works for Tusla Education Support Service. Jane has a degree in Psychology and Sociology and an MSc in Psychological Research. Jane started her working life as a teacher and moved to work for the School Completion Programme in 2004. Jane has always had a deep interest in factors affecting educational outcomes for young people. Today, Jane works with school students who struggle to attend school for a variety of reasons.

Please note that the views represented in this document do not necessarily reflect the views of Middletown Centre for Autism. Reviewers have, where possible, used the original language of the article, which may differ from UK and Ireland usage and the usage of a range of terminologies for autism.

INTERVIEW WITH DR PHILIP TYNDALL

1. What is 'school refusal'? How is this different to a child not wanting to go to school?

To begin with, 'school refusal' is a clumsy term, perhaps suggesting a defiant quality, but for the moment we are stuck with it. It refers to a child's or teenager's difficulty getting to school or remaining at school for the full day. Where the youngster remains at home, this is with parents' knowledge; this is different to truanting where the youngster is absent from school without parents' knowledge or approval. The young person commonly experiences distress in relation to school. This can occur the night before, or on waking, or indeed on the journey to school. The distress can be quite intense, and parents often feel in a difficult bind: 'I know my child must go to school, but her distress upsets me and so I want to leave her at home'. If the young person is permitted to remain at home, the distress typically resolves immediately, and the youngster can be quite contented for the remainder of the day. Similarly, if the child can be supported in getting into class, the distress often eases once the school day begins, but it can re-emerge during the day. In this way, the anxiety or distress is very much centred on entering or being at school, and is often not seen in other areas of life such as sports or shopping. I would refer the reader to the Roscommon School Refusal Resource Pack available through this link:

<https://assets.gov.ie/41312/42f49a05e354465db8a6aab3b9ba98a4.pdf>

2. Do autistic students demonstrate different signs of school refusal?

Unfortunately school refusal in youngsters with ASD is not well studied, but there are a few academic papers to draw on. Depending on their developmental level, they may present much as

a neurotypical child. However, young people with ASD often exhibit distress in ways that may be tricky to interpret, such as self-stimulatory behaviour or dysregulation such as hitting out at himself or others. Parents are usually expert at identifying their autistic child's distress, and the timing and pattern should point to the stressor (in this case, something to do with school). A Japanese study found that children with ASD tend to commence school-refusing at an earlier age than neurotypical children.

3. What causes autistic students to experience school refusal?

There are many reasons why a child will begin to school refuse, whether or not they are on the autism spectrum. Broadly, these can include problems at school or problems at home. At school, the young person may have social-skills difficulties or be deliberately socially isolated by their peer group. A Norwegian study of school refusal and children with ASD and without intellectual disability found that school refusers tended to be more socially impaired and to have lower social motivation than non-refusing ASD peers. The same study found that school refusers had higher rates of executive-functioning deficits such as initiating tasks and planning/organisation. The difficulty with initiation, for example, may impede a child's ability to ask for the information and support necessary to commence a task, which may then be misinterpreted as disinterest. These challenges will add to the stressful nature of school for children with autism. As with neurotypical children, those with ASD are more likely to school refuse where there are symptoms of anxiety, depression or a tendency to complain of physical symptoms (the latter more true of girls). Aggressive and rule-breaking behaviours are equally common in those who do and don't school refuse.

The Japanese study found bullying to be more prevalent in those with ASD who school refuse compared with those who do not. The same study found that girls with ASD who school refuse had greater difficulty adjusting to starting school.

It is always worth bearing in mind how the autistic child copes with the variety of sensory stimulation at school. Children with ASD can be very sensitive to certain sensations such as noise, smells, lighting, the intrusive behaviour of a peer and so on. These aspects should be considered when trying to identify the stressors contributing to school refusal.

It is important to note that the main issue driving school refusal may sometimes relate to problems at home, not at school.

4. How can school refusal impact the autistic child and their family?

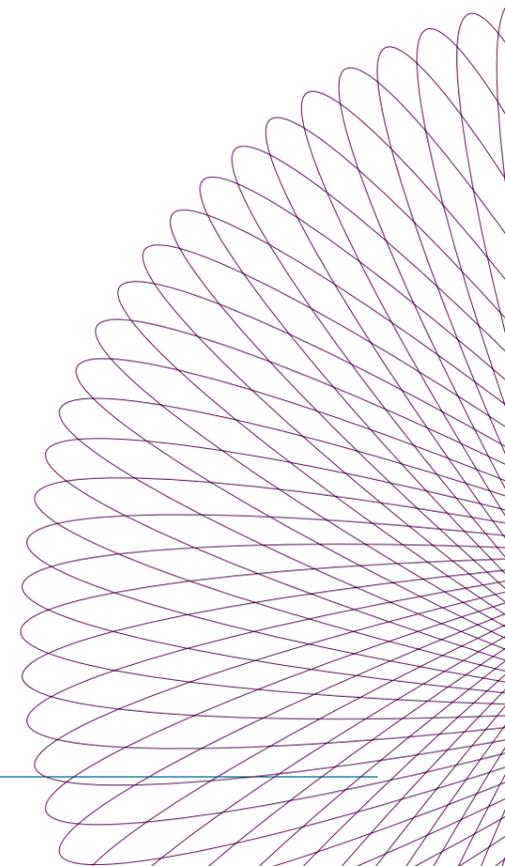
As with the neurotypical child, the autistic child learns quickly that being at home is so much more comfortable than being at school. This strongly reinforces the school avoidance. Whatever behaviour or strategy most strongly disempowered the parents and caused them to relent will be adopted as the main strategy employed in avoiding school. However, the autistic child also finds herself in a dilemma, in that 'the longer I am out of school the more difficult it will be to explain my absence to my peers, which risks alienating me further'.

School refusal often causes a lot of stress for parents. They can try a variety of strategies to get their child to school, often going through phases such as anger, pleading and ultimately resignation. This can impact on their confidence as parents, and self-doubt can emerge or even take over. Where there are highly emotional exchanges in the morning between parents and their school-

refusing child, siblings can go to school quite stressed and depleted in themselves. If the young person develops a clear pattern of school non-attendance, siblings may become envious or even resentful.

5. What can parents and professionals do to support autistic students who refuse to attend school or who have long-term absence from school?

Again, as with neurotypical children but perhaps even more so, it is important the child is kept within a school-day routine, so they must get up at the usual time, put on their uniform and complete schoolwork during school hours with usual breaks. The absence of distress or anxiety is already reinforcing the child in avoiding school, so it is vital not to further reinforce by permitting access to the host of entertainments at home, such as PlayStation, Xbox, Netflix and so on.



This is a very challenging problem and parents should feel confident in seeking help. In the first instance they should speak with school staff and together attempt to identify possible factors that have triggered the school refusal or made it a risk in the first place. Appendices A and B in the resource pack should be completed and these will often provide some clarity as to what has been going on for the young person and what steps can be taken by parents and school.

In Roscommon we have found that the Meitheal process of interagency working (Tusla), with parents at the centre, works very well and has made a huge positive impact since it was introduced. Meitheal is a national practice model put in place to ensure that the needs and strengths of children and their families are effectively identified, understood and responded to in a timely way so children and families can get the help and support they require to improve their child's outcomes and realise their rights.

Meitheal works as a case coordination process for families with additional needs who require multi-agency intervention but who do not meet the threshold for referral to the Social Work Department under Children First. Practitioners across different agencies can use and lead on Meitheal so that they can communicate and work together more effectively to bring together a range of expertise, knowledge and skills to meet the needs of the child and family within their community. To be considered for Meitheal there must be two or more agencies involved with the young person. Where school and parents jointly cannot encourage a return to school, then I would strongly advise that the Meitheal process be activated through referral. Details of the Roscommon Meitheal process are included in our resource pack. The educational welfare officer should also be notified.

The distress that a school-refusing child can show at the school gate often convinces parents and teachers that they have a major mental disorder that needs to be treated before attempting to return the child or young person to school. This is almost always incorrect, and this approach will likely prolong the absence from school and actually reduce the prospects of a full return to school. It is urgent that a return to school happens as soon as possible. This can be done for a short time each morning, say the first one or two classes in secondary school, or to a small break in primary school. This must be done collaboratively by parents and school staff. The plan must be clear and predictable for the young person, and ideally there should be no ad hoc amendments. I have known very well-meaning teachers attempt to suddenly prolong the school day when the young person seems relaxed, only to set back progress. Once a pattern is established the school day can be gradually extended in a planned way. All of this work by parents and school can be supported by relevant clinical staff who know the young person.

6. How can schools create an environment that supports attendance and reduces the likelihood of school refusal?

Of course children do best where the school has an ethos of inclusivity and tolerance of difference. Children do better when they feel they belong in their school. Many schools have excellent records in this, and the implementation of the school's Code of Behaviour is one way this is reflected. There is also a number of school-based programmes for primary and secondary schools that nurture inclusivity and resilience. These include Social, Personal and Health Education, Stay Safe and the Friends for Life programme. Some schools also incorporate mindfulness sessions and social-skills programmes.

The use of visual timetables can help the autistic child to feel more at ease. Staff should be attuned to the sensory needs of the child and adapt the environment to accommodate the child where possible. In addition to these, school staff can monitor children for changes that might highlight risk of school refusal, such as appearing stressed and/or isolated, struggling with aspects of the curriculum or beginning to miss some days.

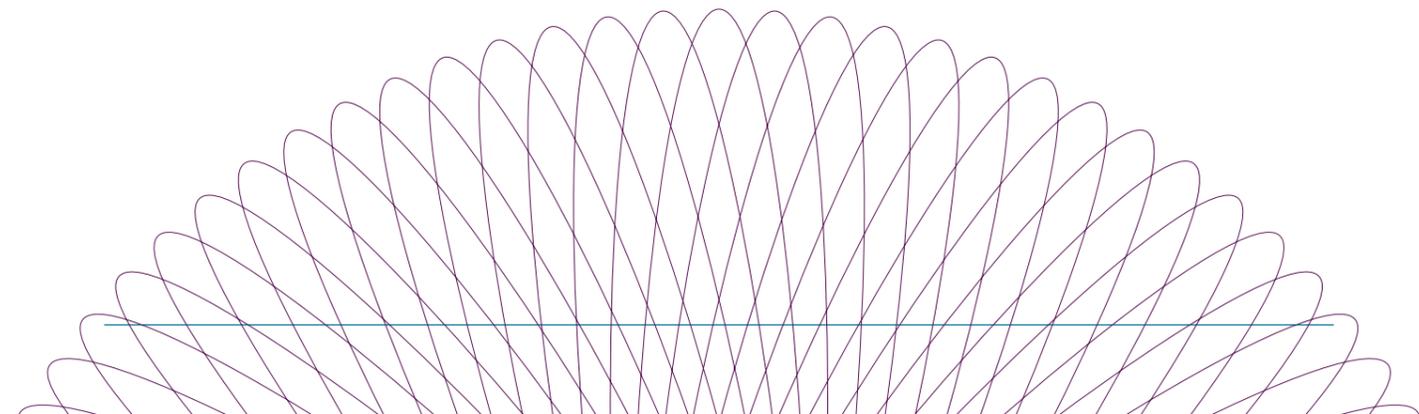
7. What factors should schools consider in a reintegration programme for students who have had a long-term absence from school?

Reintegration is best done gradually, starting small and working up. Each case is different, but the emphasis is on making some return – for example, for one class or one hour, and then building up the time in a planned way. I recall one case in which the dad drove his teenager to the school gate a few times at weekends when there was no one around, then driving onto the school ground, then getting out of the car in the school grounds before tackling entering school on a school day. It is very helpful when there is a designated member of staff to greet the young person each day. Buddy systems with older supportive peers can also make a big difference. There should also be a plan in place as to where in the school the young person can go if they become distressed (such as a quiet room or library); this helps them to calm at school without going home before the appointed time.

8. What impact does school refusal have on the long-term quality of life for autistic people, e.g. employment prospects and mental health in adulthood?

Unfortunately we don't have research to guide us in this. However, for a multitude of developmental tasks, including social skills and building resilience, as well as academic learning, it is important that children attend school. Long absences from school will delay or stall such development, and similar opportunities may not present themselves at a later stage. Young people with or without autism, when absent from school over long periods, will often develop further problems that complicate the situation further. Their sleep/wake cycle often becomes reversed so that they are awake most of the night and asleep by day. They become increasingly dependent on technology, and can become angry, distressed or even hostile when parents try to take control. In this aroused state the young person can threaten or assault family members, or indeed threaten to hurt or kill themselves. This is why it is so important for parents to take control of these aspects at the earliest opportunity.

In the longer term we know that early school drop out in neurotypical children raises all sorts of risks into the future, such as mental health problems (like anxiety and depression), poor employment records and sometimes problems with illegal or antisocial behaviours.



9. Is remote learning a positive support strategy for school refusers or does it further alienate them from school life?

The autistic youngster needs stimulation and challenge, and schoolwork provides this. Also, it is important that the young person keeps abreast of the curriculum during their absence or the gap with peers can become an enormous problem to overcome in the reintegration plan. I have often seen remote learning, such as iScoil or home tuition, work very well, but ideally as part of a wider programme of intervention aimed at, at least, a partial return to school. Indeed, the Department of Education and Skills will only approve home tuition in school refusal where there is an inter-agency reintegration plan in place.

If home tuition is approved, it is often helpful to arrange it somewhere other than at home. If possible, doing it in a quiet room at school is ideal as the child is now entering the school regularly and is well on the way towards reintegration. If having tuition at school is a step too far, then the local library can be an excellent option.

INTERVIEW WITH JANE SHARPE

1. What is 'school refusal'? How is this different to a child not wanting to go to school?

School refusal is a systemic difficulty referring to a student's struggle to attend school. There is much debate at the moment around the term 'school refusal' as many practitioners believe the word refusal places blame with the child, implying that they are unwilling to attend. While language is important, I think what matters the most is understanding what lies behind the struggle or, indeed, refusal to attend. It isn't just a simple case of not wanting to go to school but instead the student often experiences such feelings of anxiety or fear that they become overwhelmed and simply cannot go to school. They spend an enormous amount of energy avoiding school, creating a great deal of distress for both themselves and their families.

2. Do autistic students demonstrate different signs of school refusal?

It's an interesting question. I think the signs, for the most part, are the same for all students except for one difference: for students with autism their anxiety around school can often be masked during the school day and it isn't until they get home that their distress becomes apparent. In fact, they will work hard to conform to expectations, which is actually really exhausting, and they might only release all of those emotions when they get home where they feel safe to do so. Parents are a very important source of information for schools as they are more likely to witness the signs more frequently.

3. What causes autistic students to experience school refusal?

School refusal can come about for a variety of reasons but is normally the result of either positive and/or negative reinforcers. Negative

reinforcers bring about the desire to avoid certain school situations; whereas positive reinforcers are related to the fear of leaving home and not wanting to be separated from family. For students with autism the school environment can be particularly challenging and is most evident during the transition from primary to post-primary. Autistic students can often be overloaded with sensory stimulation, can struggle to follow the social norms of their peers, find the change of routine difficult to manage, struggle at lunchtimes and breaks and so on. In fact, school, especially at post-primary level, can be quite an overwhelming and even lonely experience for some students with autism. Home can begin to feel like a safer place where the anxiety dissipates.

4. How can school refusal impact the autistic child and their family?

I think overall school refusal causes the child and family a lot of distress. As well as wanting the best for their child, parents are under the legal obligation to ensure their child attends school regularly, so there is a lot of pressure and it can take a toll on the whole family.

5. What can parents and professionals do to support autistic students who refuse to attend school or who have long-term absence from school?

To support the student an individual plan needs to be drawn up and to do this successfully information needs to be gathered. Encouraging the student to communicate with someone they trust can help. Different techniques can be used, for example, stress or anxiety scales, visual cues or worry boxes. School refusal is different for everyone, so it's important to understand it from the student's viewpoint. Equally, there can be other undiagnosed co-occurring conditions that might be affecting the student's school experience, such as learning difficulties, ADHD or mental

health, so it's important that parents can avail of professional support where needed. I also think consistency between professionals and parents is key for the student. A coordinated approach will provide much-needed security and stability for the young person or child.

6. How can schools create an environment that supports attendance and reduces the likelihood of school refusal?

I think schools need to be autism aware. When anxiety is at the heart of school refusal for a student with autism it would normally indicate that they are not coping with the school environment and that can include the physical experience as well as the social. Schools are full of various forms of sensory stimulation that can overload a student with autism. Increased anxiety can occur during unstructured times like breaks and lunch, when there are unexpected changes to the usual routine, noise and crowds during class changes, expectations around socialising, basically the things that most of us take for granted. So identifying which of these are causing the most distress is the first step and then establishing supports around these issues. This goes back to listening to students and trying to understand, as best you can, what the school experience is like for a student with autism. Developing alternative ways of communicating, for example, as well as building relationships with staff and peers is really important. Good communication and positive

relationships enables the student to understand their environment better and facilitates learning, both of which reduce stress levels for all learners. For a student with autism they will feel less overwhelmed if they can understand and process what is going on around them.

7. What factors should schools consider in a reintegration programme for students who have had a long-term absence from school?

The school needs to take a coordinated approach with parents, student and external practitioners in order to implement a plan that is consistent and reasonable. The plan should be drawn up with the student so that they feel heard, can help identify specific concerns and have input into their return to school. Ideally one key member of staff should be identified to support the implementation of the plan. This can all be done during home visits in the first instance to reduce anxiety about coming back into the school building if necessary. The plan should be manageable with achievable goals so that the student is set up to succeed rather than fail and should operate at a pace that they can cope with. For example, if crowded noisy corridors are particularly stressful, different supports can include having a staff member meet the student at the main entrance before classes start, providing a quiet space in school where they can go to take some time out when needed and allowing the student to leave

class a couple of minutes ahead of other students. The Wicklow school refusal pack https://www.cypsc.ie/fileupload/Documents/Resources/Wicklow/Wicklow%20School%20Refusal%20Pack_Final.pdf has a good example of how you might draw up a return-to-school plan on pages 30 and 31. In the first instance a staggered return with a reduced timetable, regular check ins and reward systems built in can help. Progressing through the plan should be well communicated so expectations are clear to the student and there are no hidden surprises along the way. It is really important that the plan is shared with all teachers, especially at post-primary level (where there are multiple teachers) to maintain a much-needed level of consistency.

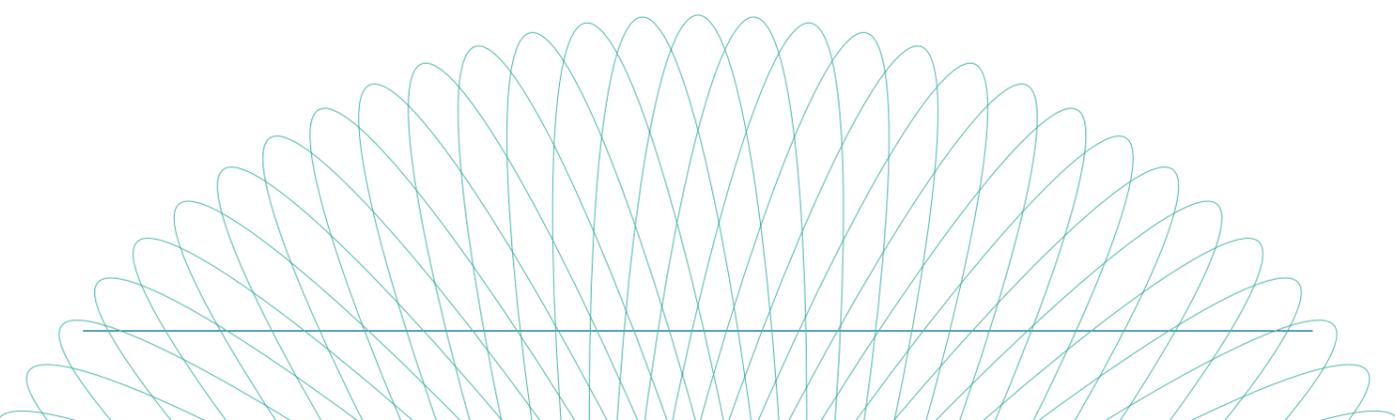
8. What impact does school refusal have on the long-term quality of life for autistic people, e.g. employment prospects and mental health in adulthood?

School refusal can have a negative impact on academic outcomes for a student but school is so much more than just an academic environment. School can be a place for socialising and networking, learning new life skills, building confidence and self-esteem, self-discovery, the making of lifelong friendships, sports, adventures, careers and so much more. Students who find school so stressful that they cannot attend ultimately miss out, negatively impacting their social and emotional development. School refusal can also have negative consequences for further education, future employment and long-term mental health issues. This is why it's important to tackle it as early as possible.

9. Is remote learning a positive support strategy for school refusers or does it further alienate them from school life?

I'm actually a really big fan of remote learning but only as an interim option and only when done

well. We have supported students to achieve QQI Level 3 qualifications (Junior Cert equivalent on the national framework) through iScoil, a remote-learning platform for students 13–16 years. In some cases, by removing the stress of school we have been able to continue to provide an education for a student while continuing to work with them on their anxiety around school. It's almost like giving them time out to work on their fears and worries while still getting their education. It is worth noting that students have to be referred by an education welfare officer to iScoil and must have been out of school for a significant period of time. iScoil provides mentors, subject tutors and chat rooms with other students, so the student isn't completely on their own. In School Completion we provide a blended support through local centres, so the students come into a local centre every day and have a support worker. I have witnessed significant changes in students who have completed their Junior Cycle remotely. Students can continue to engage in other school activities like summer programmes or after-school clubs. This way they stay connected to school but in a way that is manageable for them at that time. The achievement boosts their confidence and self-esteem, and because the stress of school has been temporarily removed they are less anxious and more open to support. In some cases the student returns to school in Transition Year or fifth year while others might transfer to alternative education centres like the National Learning Network, Training Centres or Youthreach. I think the benefits of remote learning can outweigh the negatives provided there is still a plan in place with professionals supporting the implementation of that plan.



INDIVIDUAL CHARACTERISTICS OF STUDENTS WITH AUTISM SPECTRUM DISORDERS AND SCHOOL REFUSAL BEHAVIOR

BACKGROUND

In Norway, autistic students who have cognitive ability within the normal range often go to inclusive schools. However, despite the benefits of this inclusivity school refusal behaviour (SRB) is common. SRB is defined as child-motivated refusal to attend school and/or difficulties remaining in class for an entire day. It refers to students who:

- (1) are completely absent from school or classes during the school day
- (2) plead to not attend school and/or classes during the school day
- (3) display physical refusal and tardiness at home to avoid school
- (4) display elevated distress during school, leading to pleads for future non-attendance.

RESEARCH AIM

The aim of the study is to explore individual characteristics associated with autistic students who school refuse by comparing social, executive function, emotional and behavioural characteristics of students with autism who do and do not display SRB. This is to assist professionals with tailoring interventions for students who school refuse.

RESEARCH METHOD

Sixty-two autistic children and adolescents participated in this study. They were aged 9–16 years and attending fourth–tenth grades in fifty-nine inclusive primary and secondary schools, both in rural and urban areas. Within this sample 8 were diagnosed with childhood autism, 3 with atypical autism, 45 with Asperger's syndrome and 6 with pervasive developmental disorder not otherwise specified. The male-to-female ratio was

6:1 (53 boys, 9 girls).

In total, 33 of the students (53.2%) displayed SRB, approximately 70% displayed the behaviour on four or more days in the 20 days assessed and almost half displayed SRB as partial or complete absenteeism.

SRB was assessed by a parent-rated questionnaire developed for the study. In addition, parents completed the Social Responsiveness Scale (SRS), the Behavior Inventory of Executive Function (BRIEF) and the Child Behavior Checklist (CBCL).

FINDINGS

The analyses of the subscales in each of the three assessments tools: the SRS, the BRIEF and the CBCL, showed differences in social and executive functioning and emotional problems between autistic students with SRB and autistic students without SRB.

The results suggest that students with autism and SRB are characterised by lower social motivation, have more impaired abilities to initiate activities or tasks and to generate ideas, responses or problem-solving strategies, and showed more symptoms of withdrawal and depression.

Social Functioning

The students with autism displayed high rates of overall impaired social functioning, and the students with SRB were more socially impaired than those without SRB. In addition, findings revealed that autistic students with SRB showed low motivation to engage in social settings rather than impaired social communication skills and the ability to recognise socially relevant cues.

However, the authors note that results should be interpreted with some caution since the multivariate analysis of variance (MANOVA) for

SRS was not statistically significant due to multiple comparisons.

Executive Functioning

Students with SRB displayed higher rates of executive deficits than students without SRB. The strongest association with SRB was an impaired ability to initiate, followed by planning/organising and shifting. Students with SRB did not differ from those without SRB in their ability to inhibit and monitor behaviour, in the organisation of material or in working memory.

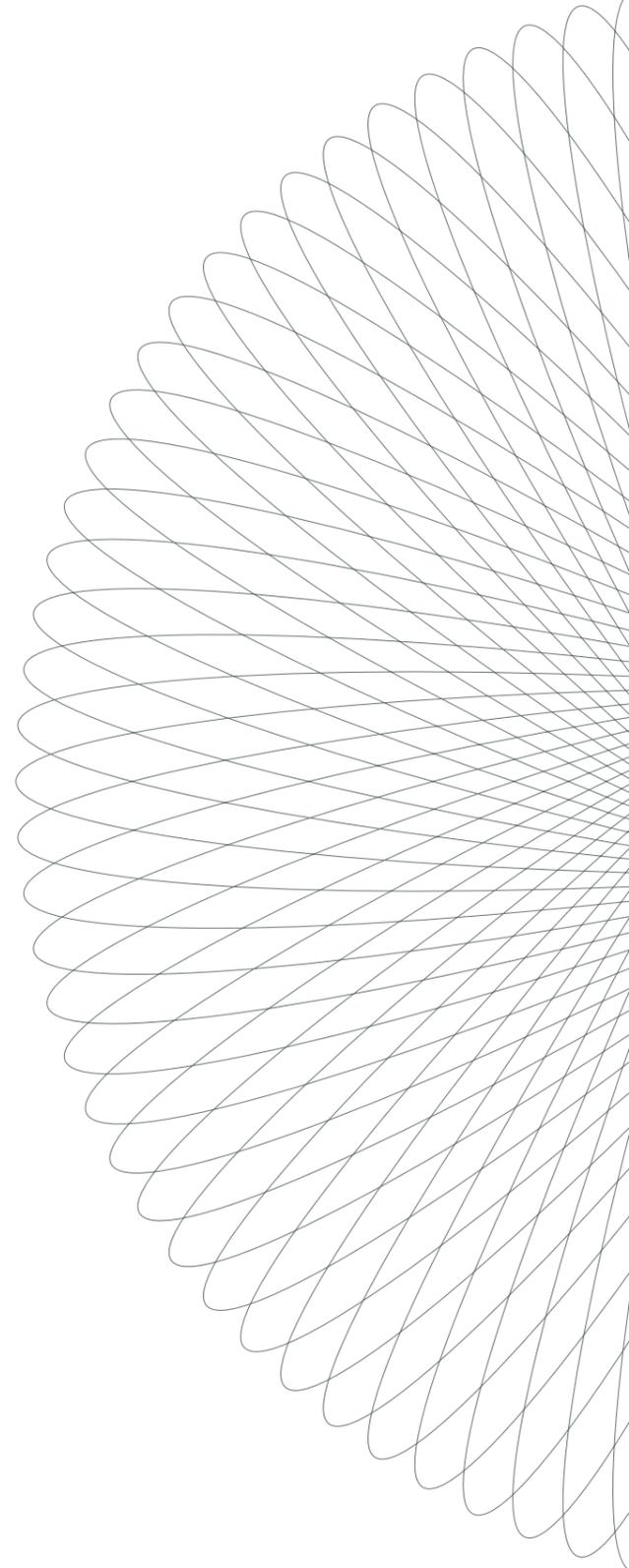
Emotional and Behavioural Problems

The MANOVA for CBCL was statistically significant. Results showed that the CBCL Total Problems scores were higher in students with SRB compared to those without SRB. Withdrawn and depressed symptoms showed the strongest association with SRB, followed by anxiety and depressed symptoms and somatic complaints.

IMPLICATIONS FOR PRACTICE (by the authors)

This study highlights the benefits of teachers knowing that social impairment, executive deficits and emotional problems are associated with SRB in autistic students. This understanding may be of value when designing preventative strategies.

- The authors suggest that students with low social motivation may need support in seeking and finding rewarding social relationships through joint interests in addition to social-skills programmes.
- It is also suggested that electronic devices may ease the problems associated with individual executive deficits in school and at home. This is to be used as a supplement to psychoeducation, individual support and training.



- The authors speculate that the initiation deficits shown in students with SRB may impede the students' ability to ask for information and support from teachers and peers that is necessary for them to start tasks and social activities. In addition, they suggest that the impaired initiation might be interpreted by teachers and peers as a lack of interest and not as a need for support. This highlights the importance of teaching and reinforcing adaptive skills such as requesting/communicating the need for help and assistance when required.
- Findings in this study are mainly consistent with studies of SRB in the general child and adolescent population in terms of anxiety, depression and somatic complaints, which were the most prevalent conditions associated with SRB.
- Previous studies have shown that low expectations in coping with stressful situations in school and negative automatic thoughts are positively associated with SRB. This study showed similar findings: parents commented in the SRB questionnaire that negative thoughts of relationships with peers and teachers and school subjects (especially physical education) were frequently cited reasons for SRB by autistic students.

- Further research is required to explore why high rates of withdrawal and depression are related to SRB in students with autism in mainstream schools. The authors of this study have speculated that a sense of not coping in school possibly leads to withdrawal and depression associated with SRB.

Full Reference

Munkhaugen, E.K., Torske, T., Gjevik, E., Nærland, T., Pripp, A.H. and Diseth, T.H., (2019). Individual characteristics of students with autism spectrum disorders and school refusal behavior. *Autism*. 23(2), pp. 413–423.

SCHOOL REFUSAL BEHAVIOR IN STUDENTS WITH INTELLECTUAL DISABILITIES AND COMORBID DISORDERS IN JAPAN: A BRIEF REVIEW

RESEARCH AIMS

The researchers outlined that students with co-morbidities, such as intellectual disability, have a higher risk of school refusal, which may be due in part to negative social experiences in school settings.

The subsequent literature review aimed to review studies on school refusal for pupils with co-morbid intellectual disability (ID) in Japan. It also aimed to make recommendations on how to support students with ID engaging in school refusal based on findings of studies included in the review.

RESEARCH METHODS

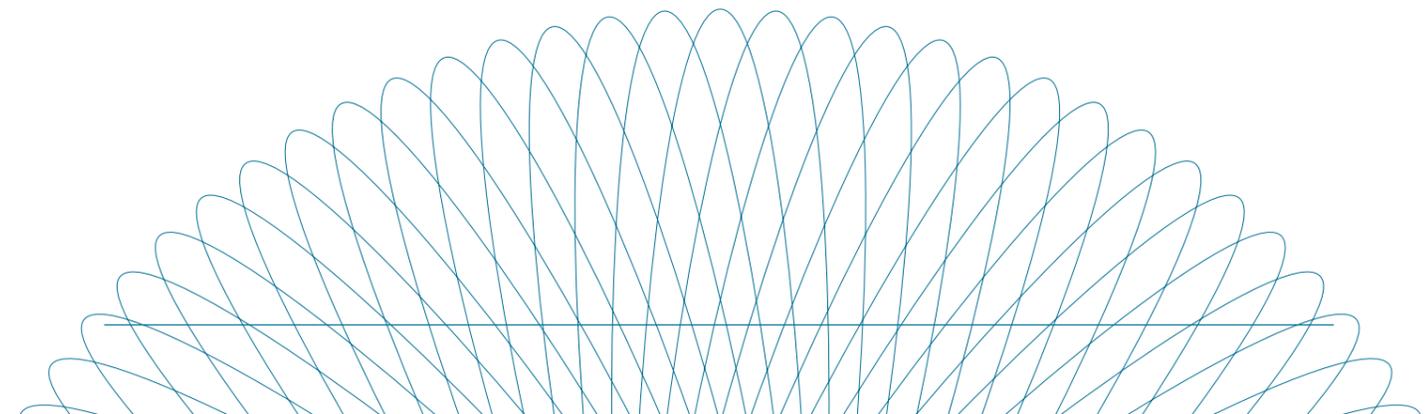
Using a three-staged approach a systematic search procedure was implemented to identify published studies documenting treatments for school refusal behaviours in individuals who have co-morbid diagnoses of ID. The first two stages involved literature searches of databases using key terms such as 'school refusal', 'truancy' and 'intellectual disability'. The studies were then reviewed and only those that investigated the effectiveness of intervention for school refusal were included. The researchers were concerned about the current status of school refusal intervention in Japan, so only papers published within Japan were included.

RESEARCH FINDINGS

Ten studies met the inclusion criteria and were included in the review. The ten studies included a total of 11 students who were aged 13–18 years. Students all had a co-morbid condition of ID and had a range of other conditions including but not limited to autism, Down syndrome or an anxiety-related disorder. IQ ranges were 21–82, although this was not reported in all studies.

Within the studies several therapeutic approaches were used but primarily involved 'psychotherapy consultation'. Other approaches included educational support, environmental adaptations, play therapy, medication and differentiation of schoolwork.

Each study reported an improvement in school refusal behaviour. Some studies also reported improvement in other factors such as anxiety, non-compliant behaviour or eating disorders.



RESEARCH IMPLICATIONS FOR PRACTICE (by the authors)

- The researchers highlighted that the fact that all participants in the study were of secondary school age may have been due to the rising importance of social relationships at this age. Therefore, having communication difficulties associated with ID may result in social isolation which may in turn contribute to school refusal. However, the researchers also reported that school refusal may be an issue for younger children, and this is an area that requires further research.
- The researchers highlighted that it is not clear how different characteristics of each condition, such as autism, contribute to the occurrence of school refusal. The authors recommend that each condition should be investigated separately to determine which characteristics are associated with school refusal.
- In terms of intervention approaches most studies involved consultation with a mental health professional. However, many studies also involved other intervention approaches and therefore it is not clear which component is most effective for addressing school refusal in students with co-morbid ID.
- The researchers highlighted the limited number of studies investigating school refusal in students specifically with ID, making it difficult to determine what interventions are effective.

Full Reference

Hong, E.R., Fujiwara, A. and Sonoyama, S., (2019). School refusal behavior in students with intellectual disabilities and comorbid disorders in Japan: a brief review. *Journal of Special Education Research*, 8(1), pp. 31–40.

AN APPROACH TO SUPPORTING YOUNG PEOPLE WITH AUTISM SPECTRUM DISORDER AND HIGH ANXIETY TO RE-ENGAGE WITH FORMAL EDUCATION – THE IMPACT ON YOUNG PEOPLE AND THEIR FAMILIES.

BACKGROUND

Reports indicate that there are a range of factors that contribute to school absenteeism and school refusal in young people that can be complex and result in poor outcomes. One group of young people who are at risk of disengagement of formal education are those with a diagnosis of autism spectrum disorder because of the complexity of their autistic characteristics and the high levels of anxiety they can experience. There is limited evidence to suggest any one intervention as the being the best approach to help with re-engagement in formal education.

This article reports on a new provision that was identified (referred to pseudonymously as ‘the Centre’) in a school building near a town centre that was managed for students who cannot attend mainstream school due to a diagnosed complex and/or mental health condition. A teacher was employed on a full-time basis and supported by a senior colleague and by specialist subject teachers as appropriate. Seven students (6 males and 1 female, aged 14–16 years) with autism and high anxiety attended the Centre during the academic year. All had previously been absent from school between eight months and two years. However, during the study only five students were attending the Centre.

RESEARCH AIMS

The authors of this study sought to investigate activities undertaken in one UK local authority where provision was developed to help students with autism and severe anxiety re-engage with formal education after prolonged periods of non-attendance at school.

The study was designed to address the following research questions:

1. What was the impact of the Centre on helping young people with autism and high anxiety re-engage with formal education within the first year of its existence?
2. To what extent has the project had an impact on these young people’s emotional well-being?
3. What impact indicators and practice methods can be identified to inform and support future practice?

RESEARCH METHODS

This study involved an evaluative case study methodology employing a mixed-methods approach:

- Semi-structured interviews (twenty-one in total) and an initial focus group with Centre staff were conducted before the school term commenced.
- Semi-structured questionnaires were also given to students (five males completed).
- Document analysis (including attendance data, individual learning plans and the General Well-being Scale) was also utilised to allow for triangulation of data.

Data was collected at three points through the first year of the provision’s existence.

Ethical approval for the research was granted by the University of Northampton Research Ethics Committee and the research was carried out in accordance with the British Educational Research Association’s Ethical Guidelines for Education

Research. Informed consent was obtained from all adults and students who participated in the study. In addition, parents of all students at the Centre gave their permission for their child's participation.

Attendance data, student questionnaires and all other quantitative data was analysed using descriptive statistical analysis. Transcripts of interviews and focus groups were analysed using QSR NVivo 10 software. A thematic qualitative analysis was undertaken to identify key themes.

RESEARCH FINDINGS

Individual attendance, transition and curriculum targets were set for all five students. For example, personal and social targets such as being ready on time, taking structured breaks to meet other young people, being willing to engage with other students in the Centre classroom and earning credits to use to enrich curriculum opportunities. Some curriculum targets included exam preparation, completing tasks set in subject lessons and completing some tasks independently.

Attendance and engagement

Overall, findings indicated that the Centre was successful in supporting and enabling students to attend, to make transitions and to engage. Progress in attendance and engagement was attributed by professionals and family members

to such aspects as personalised, student-led timetabling, having an autism friendly environment, effective management of demands, quality of relationships, having a small group size as well as staff attributes.

Well-being

Student well-being was deemed a central component for Centre staff for re-engagement with formal education. Five students completed the General Well-being Scale, which indicated positive progress towards attendance, transition and engagement targets. These matched in relation to increased psychological well-being and decreased psychological stress across all students.

Impact on Families

Families were positively impacted by their involvement with the Centre. This included having access to information, support and training (communication between staff and families was regular and frequent) and being given the opportunity to meet other families, which created the development of mutual support.

Families reported a reduction in their levels of anxiety and an improvement in their situation as they could share information about their circumstances with Centre staff who helped to address the difficulties they were experiencing.

They were also able to meet other families in similar situations, which was considered important and supportive. Families further reported that as their children re-engaged with formal education, life became more structured with reported improvements of their child outside the classroom. The Centre also gave parents the opportunity to do things without their child with autism being there. For many this was something they had not experienced in years and it allowed them to spend time solely with their other children or to focus on other issues. All families reported that this had a positive impact on their family life.

Overall, the findings highlighted that factors contributing to positive outcomes included:

1. the development of an appropriate learning environment
2. a focus on the individual
3. an eclectic approach
4. consistency
5. effective communication
6. effective collaboration.

Development of an appropriate learning environment

The learning environment was considered an important factor in the set-up of the Centre. Having a smaller building and class size compared to a secondary school or college environment were important for both professionals and family members involved in the Centre project. The classroom environment was informed by employing TEACCH structured-teaching approaches to address physical structure by including distinct boundaries and purposes

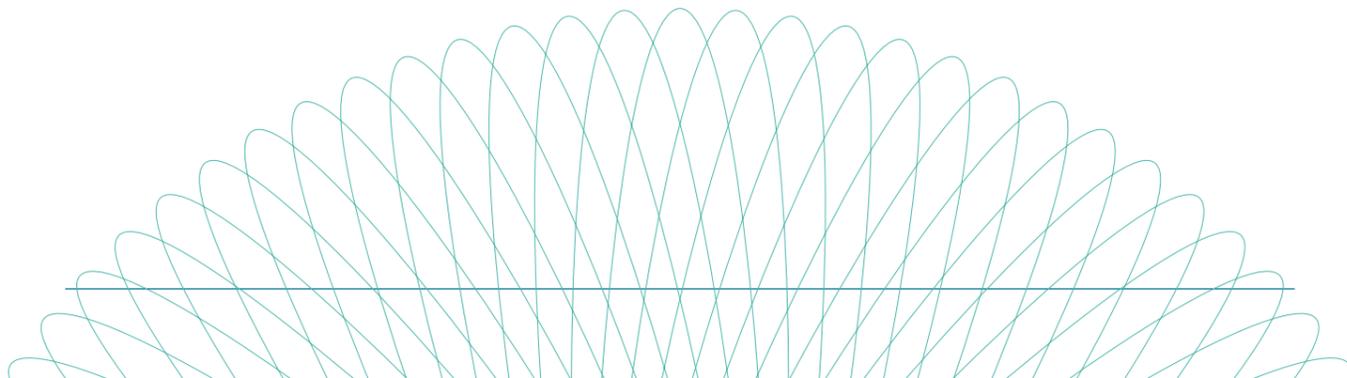
of space. Defined areas included: individual workstations, group working and socialising spaces, a small kitchen and a quiet area for students to use when required. This provided students with structure but was operated in a flexible way to meet their individual needs. The students felt that this type of classroom structure helped them to concentrate and learn.

Focus on the individual

Good practice in ASD involves adopting an individualised approach that includes working with the interests of the person. This approach was implemented at the Centre.

IMPLICATIONS FOR PRACTICE (by the authors)

This study, as acknowledged by the authors, only focuses on one setting and one sample of students and therefore further research is required. However, the authors do suggest that the key factors that have emerged from the findings can be interpreted and explained in relation to an ecological model and to the elements of good practice. Having an ecological approach that incorporates the complexities of autism and the uniqueness of the individual is important. The Centre's approach is illustrative of the need for a holistic approach in practice, reflecting on the unique needs of the student, their family and having knowledgeable staff with a willingness to collaborate with all parties involved in trying to engage the young person to participate within a meaningful, learning classroom environment. Below are some of the key elements that were adopted at the Centre that will have implications for practice.



- Given the unique nature of the needs of each person with autism, no single intervention is sufficient.
- Good practice should include a toolbox of strategies to meet individual needs.
- When working with students with autism provide clear expectations, rules and boundaries.
- Flexibility is important for the student's experience and the team's working practice.
- Consistency of staffing helps students and families feel secure and contributes to the development of relationships. Consistency also helps with structure and predictability.
- Developing effective communication and positive working relationships with key professionals, such as schools where students were enrolled and with local autism-specific practitioners, for example, autism outreach teams.
- Effective communication with parents to understand their perspectives and working in partnership with them by being open and honest has positive benefits for professionals, families and the student with autism.
- Working effectively with others contributes to shared goals and a shared focus.

Full Reference

Preece, D. and Howley, M., (2018). An approach to supporting young people with autism spectrum disorder and high anxiety to re-engage with formal education – the impact on young people and their families. *International Journal of Adolescence and Youth*. 23(4), pp. 468–481.

EXPLORING POST-SCHOOL OUTCOMES ACROSS TIME OUT OF SCHOOL FOR STUDENTS WITH AUTISM SPECTRUM DISORDER

BACKGROUND

It has been reported that young adults with autism experience lower rates of attendance at post-secondary institutions, lower rates of employment and lower rates of independent living compared to their typically developing peers or peers with disabilities in general.

RESEARCH AIMS

The authors of this study sought to explore the relationship between length of time from exiting school and post-school outcomes for students with autism.

The specific research questions included:

- What are the immediate post-school outcomes of students with autism?
- What are the longer-term post-school outcomes of students with autism?
- How do longer-term outcomes of students with autism compare to the more immediate outcomes?

RESEARCH METHODS

This study utilised information from the National Longitudinal Transition Study-2 (NLTS2) by the original data collectors – SRI International.

The data consisted of information collected over ten years (from final years in school through to adulthood) from a total of 4,665 secondary students with autism. The majority of those individuals were male (93.8%). The majority were also Caucasian (58.7%), followed by African American (36.7%), Asian (2.2%) and Hispanic (2.1%). Given the focus on post-school outcomes, the majority of students were 17–18 years of age when in school (56%), followed by 14 years of age (19.1%), 16 years of age (16%) and then 15 years of age (8.8%).

The authors of this study utilised complex databases of the information gleaned from the NLTS2 study and conducted analyses using statistical software programmes.

RESEARCH FINDINGS

Education

- The majority of student with autism who were out of school were out because they had graduated (87.2%).
- Between a quarter and a third of students with autism attended some form of post-secondary education within two, within four (two to four) and within six (four to six) years after exiting high school: 27.5%, 30.6% and 29.2%, respectively.
- Of the post-secondary education options, the most frequently reported was attending a community college.
- The highest frequency of students with autism earned a diploma from a post-secondary education institute within six years of being out of high school.

Employment

- 84.7% of adults with autism reported having a job at some point within six years after high school, yet only 52.6% were currently employed.
- The mean for minimum wage was \$6.66 for within two years of exiting school, \$5.46 for within two to four years of exiting school and \$5.26 for within six years of exiting school.

Independent Living

- A relatively small percentage of students with autism reporting living independently – defined in this secondary analysis as living on one's own, living with a spouse or roommate or living in a college or military dorm (throughout the post-school years examined).
- The highest rate of independent living occurred when students were within four years of exiting high school (23.4%).

IMPLICATIONS FOR PRACTICE (by the authors)

The findings suggest that the longer an individual with autism is out of high school the more likely they are to both attend and then graduate from almost all forms of post-secondary education. The same is also generally true for having a paid job – both at the time of data collection and even within the two-year period. However, the results for independent living, earning more than minimum wage and working full-time tell a different – and more confusing – story for individuals with autism.

- These results suggest the need to more critically examine post-school services provided to individuals with autism in relation to employment.
- Additional supports and services for students with autism should be investigated for both high school as well as post-secondary to increase student opportunities for graduating.
- Schools should collaborate earlier and to a greater extent with post-school agencies.
- Schools should work towards supporting young people with autism develop the skills necessary to gain and maintain employment.
- Schools should focus on developing life skills with young people with autism, with the aim of living independently in the future.

Full Reference

Bouck, E.C. and Park, J., (2018). Exploring post-school outcomes across time out of school for students with autism spectrum disorder. *Education and Training in Autism and Developmental Disabilities*. 53(3), pp. 253–263.

THE LINK: AN ALTERNATIVE EDUCATIONAL PROGRAM IN THE NETHERLANDS TO REENGAGE SCHOOL-REFUSING ADOLESCENTS WITH SCHOOLING

RESEARCH AIMS

The overall aims of this paper include:

- reflecting upon a range of school-related factors associated with school refusal (SR), grouped according to five domains of school climate.
- providing a description of school-based interventions for SR in the form of alternative educational programmes (AEPs). Presenting the Link, an AEP for Dutch adolescents with SR, that offers an educational setting that addresses school-related factors associated with SR. Illustrating the Link process via a case vignette and discussing the role of AEPs in the treatment of SR is discussed.

BACKGROUND

School-related Factors Associated with SR

The opening section of the paper clearly explains the school-related factors commonly influencing SR. The defining characteristics of SR are listed as reluctance to attend school, staying at home during school hours and being open with parents about this, fear of attending school, absence of severe antisocial behaviours and history of parents supporting school attendance.

In the past research and literature focused on separation anxiety as the main factor in school refusal, but there has now been a shift of focus to the influence of the 'school climate' on school refusal. The factors that create school climate are considered to fall within five domains:

1. Order, safety and discipline: SR is more prevalent in schools where there is less predictability and structure, and where classrooms are noisy.
2. Academic outcomes: Academic difficulties and fear of failure are closely associated with SR.

3. Social relationships: This includes relationships with both peers and staff. Adolescents engaging in SR tend to have difficulties making friends and are more likely to have been bullied. The fear of being bullied again is an influencing factor in SR. SR is more common when teachers are viewed as controlling or when staff have a lack of training in SR. Poor classroom management affects relationships with teachers and is associated with SR.
4. School facilities: SR is more likely in large, crowded schools with a lot of noise.
5. School connectedness: Students engaging in SR report that they have not felt valued by the school community.

School-based Interventions for SR in the Form of AEPs

The authors highlight that SR is more difficult to treat in adolescents than in primary school children because the post-primary school environment is much more complex. A different intervention approach is therefore required, such as AEPs in which teenagers could attend a short-term alternative setting to their school.

The article describes five AEPs, one of which was an autism-specific programme in England. Students attending this programme made gains in attendance and educational outcomes. Its success is attributed to the structured environment, small class size, individualised goals and curriculum, flexibility, a consistent approach by all staff and open communication with parents and other professionals. These factors were also common to the other four AEPs reviewed, all of which reported successful outcomes.

Studies have found that SR is more frequent in the autistic population than in the typically developing population and so teenagers with

autism who are having difficulties with school attendance may benefit from an AEP.

RESEARCH FINDINGS

The Link Programme

The Link is an AEP in the Netherlands for SR students aged 12–19 years old, with or without an autism diagnosis. The programme provides a short-term alternative placement (6–12 months) with the aim of reintegrating students back into mainstream or special school. There are several Link Programmes throughout the Netherlands, but this article looks at one in Almelo.

Referral to the Link is usually made by the teenager's original school, and then an intake screening process is carried out by an educational psychologist and school-based social worker, who determine if a place will be offered.

The three key interventions of the Link are:

1. Adapted educational setting

There is individualised teaching within a structured environment, and social interaction with peers is introduced very gradually. A detailed description of the Link environment is provided in the article, highlighting how it meets the five domains of the school climate, as previously described. Some principles of the environment include structure, small class size, consistent staffing, provision of a mentor, gradual increase in educational and social demands and an emphasis on acceptance and praise.

2. Cognitive Behavioural Therapy (CBT) orientation

Although CBT is not offered, the principles of the model are followed in the Link.

3. Collaborative approach

The student, parents, Link staff, staff from the original school and other professionals (e.g. therapists) work closely together to re-engage the student with education. There is open communication and regular meetings.

Description of the Link Participants

The authors reviewed the files of 30 students who attended the Link between August 2007 and November 2015. Ninety per cent were completely absent from school, ranging from 5 to 87 weeks, prior to attending the Link. Sixteen of the 30 students reviewed had a diagnosis of autism, and another 2 were diagnosed while at the Link. None of the students returned to their original school after the Link, and most (79%) began attendance at special education.

The authors then focus on a single case example of one student, who is given the pseudonym 'Lily'.

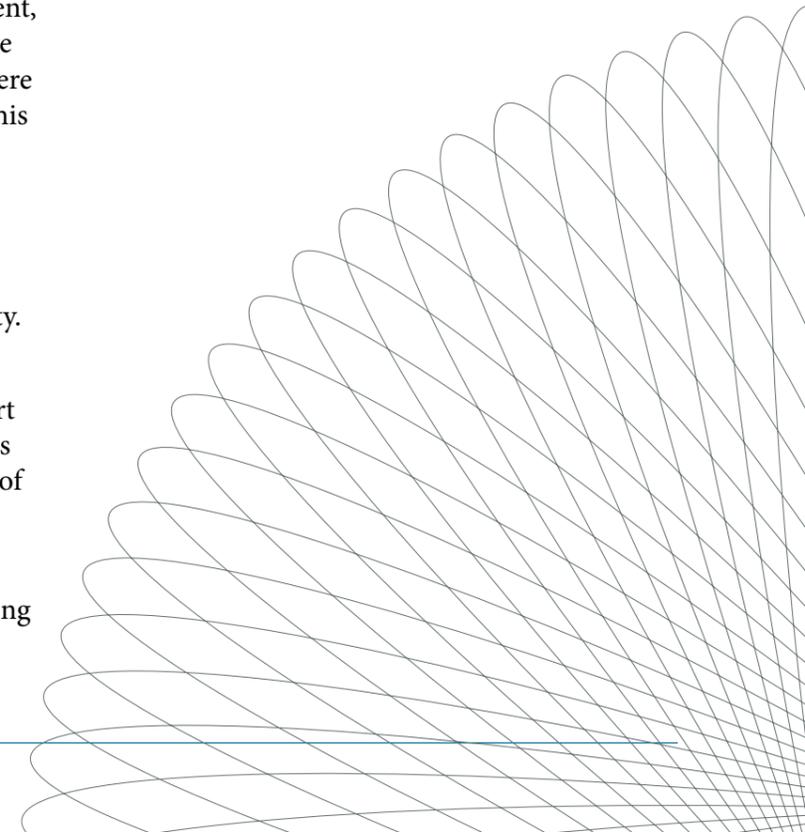
IMPLICATIONS FOR PRACTICE (by the authors and reviewer)

- School-related factors (as outlined in the five domains) need to be addressed to re-engage adolescents with education.
- AEPs can be a successful bridge in re-engaging adolescents with education, improving school attendance and increasing social confidence before reintegration to the original or other typical school setting.
- Some key factors that can ensure the success of an AEP are small class sizes, structure and predictability, an individualised curriculum with achievable educational goals, regular meetings with a mentor, fostering positive relationships with peers and providing praise to students.

- Collaboration between the AEP staff and school staff is essential to ensure successful reintegration.
- A member of staff should be identified to act as a mentor for the student in the AEP and then after reintegration back to school. This staff member should meet regularly with the student, monitor any setbacks and introduce strategies to ensure the student does not return to a pattern of SR.
- There needs to be flexibility in the educational curriculum for a student who engages in SR. Targets should be individualised and achievable to increase confidence, and it may be necessary to reduce the number of subjects the student studies, i.e. a partial timetable.
- Reintegration from the AEP to the typical school setting should be very gradual.
- All adolescents in the Link, with or without a diagnosis of autism, benefitted from the highly structured and supportive environment, suggesting that similar strategies are effective for all those with patterns of SR, and that there may not need to be autism-specific AEPs. This requires further comparative studies.
- CBT principles are an important part of supporting re-engagement with education. It may be beneficial to include a group CBT programme in AEPs to address social anxiety.
- Bullying should be addressed as many adolescents who stop attending school report that they have been bullied. Autistic students who have been bullied are at particular risk of SR.
- Bullying can be addressed through school policies, careful monitoring and by developing problem-solving and assertiveness skills in adolescents.

Full Reference

Brouwer-Borghuis, M.L., Heyne, D., Sauter F.M. and Scholte, R.H.J., (2019). The Link: an alternative educational program in the Netherlands to reengage school-refusing adolescents with schooling. *Cognitive and Behavioral Practice*, 26(1), pp. 75–91.



EXCLUDED FROM SCHOOL: AUTISTIC STUDENTS' EXPERIENCES OF SCHOOL EXCLUSION AND SUBSEQUENT RE-INTEGRATION INTO SCHOOL

BACKGROUND

With what the authors call 'strikingly little research on the experiences of school exclusion for autistic children', this work aimed to address the key factors as to why students with autism appear to be at a greater risk of exclusion. Earlier work had established that 27% of autistic students had been excluded at least once and 23% had recurrent exclusion compared to 4% exclusion across all students. The implication being that as autistic adults are less likely to be employed, have greater issues with their personal lives, have difficulties with physical and mental health, including developing a positive sense of well-being, it is essential that we discover and address the issue of exclusion. Why are children excluded and what strategies and planned interventions to support them in remaining in education have been developed? These answers may help create a pathway towards the attainment of requisite qualifications and life skills necessary for successful adult life.

RESEARCH AIMS

Building on previous research into school exclusion, this work wished to assess and understand the reasons that led to the young people being excluded from the students' point of view, their parents and the education staff, and what steps, supports and strategies needed to be devised to ensure successful reinclusion into the school settings.

RESEARCH METHODS

Nine students (eight male and one female) between the ages of 10 years and 9 months and 18 years and 1 month, with diagnoses of autism and complex additional needs (such as significant levels of anxiety) took part. The students engaged through semi-structured interviews using a range

of communication materials, including choice boards and choice cards, to answer individually tailored open-ended questions based on their learning experiences in previous and present school placements. The views of the 7 mothers who agreed to participate and 21 members of school staff were attained through questionnaires and semi-structured face-to-face interviews. The school staff were asked about how the new setting planned to include the children, while the parents and children were also asked about the reasons for the previous exclusions.

RESEARCH FINDINGS

The 7 reporting parents stated that all of their children had experienced official exclusions: 7 had at least one fixed term, 2 had two, 2 had five and 1 had more than fifty exclusions.

The overriding feeling was that the child's educational needs were not being recognised or met due to lack of understanding and experience from school.

Reasons for Exclusion

Early school life was reportedly well received. It was when the students got older and the demands in school increased, their difference from their peer group became more apparent, the evolving nature of their relationships and friendships became more complex, and these manifested in the responses from the students becoming more concerned with elevated anxiety indicators and behaviours. The parents said that their children did not have the skills necessary to cope with transitions and change, the unstructured nature of play at break and lunch, their child's literal interpretation of language affecting communication with peers and school staff, and the environment did not take into account the children's sensory difficulties. Parents also felt

that their children's specific needs, maybe due to autism being an 'invisible' difficulty, were going unrecognised and unsupported.

Parents also reported that they thought the previous teaching and school staff were ill-equipped through training, knowledge and resources to support the child with autism in such a highly anxious environment.

Such difficulties and unresolved issues culminated in the children experiencing a perpetual state of crises and being in a constant state of high anxiety that manifested in an increase in inappropriate behaviours being inflicted on themselves, others and the environment. Several of the children explained that they engaged in such behaviours as a form of control.

Reintegration and Inclusion

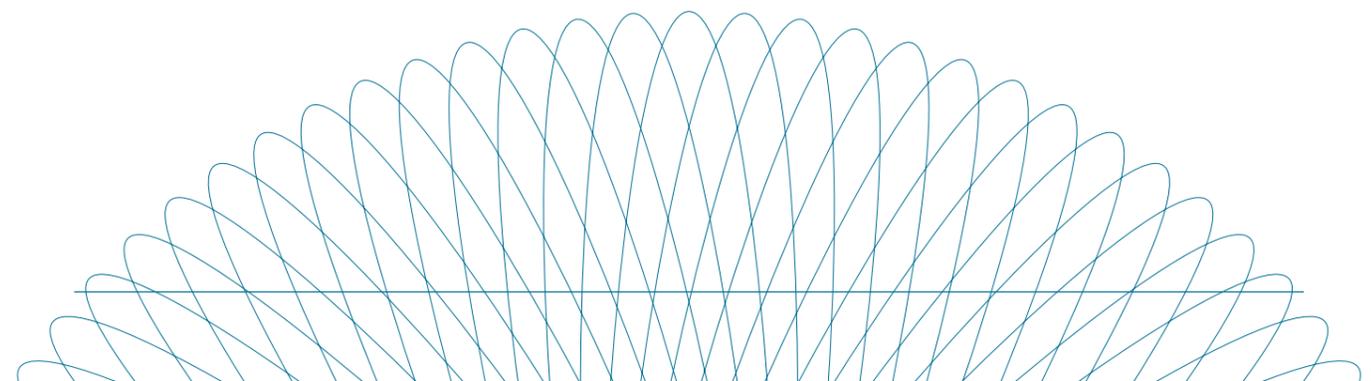
Rather than attempting to re-include the children into the mainstream of the school, they were all re-integrated into an Inclusion Learning Hub where their needs were considered, perceived as paramount and the sensory environment designed to be conducive to effective teaching and learning.

The transition into such a new learning experience was planned and prepared, yet moved at each child's individual pace. Teachers appreciated that anxiety could be a debilitating barrier and thus wanted to ensure a smooth transition. They saw the need to engage the children as they worked through a 13-week transition period.

All parents, students and school staff saw this policy of collaboration and working together with appreciation of individuality as imperative to forging a trusting teacher-student relationship with open and honest communication at the helm. Consistency and familiarity of approach also offered a means of supporting this transition. Staff acknowledged that this individualised non-judgemental approach, where needs were recognised and supportive strategies designed and implemented, allowed for an effective environment that addressed not only education and academic achievement but positive mental well-being too.

The supportive Inclusion Learning Hub, where all the children had autism, increased opportunities for the teaching of friendship skills. The students reported that although they maybe did not always 'get on' with the others, they were more relaxed, understood the issues others were experiencing and it had a positive impact on the development of self-confidence, esteem, perception and social skills. Teachers, however, recognised that this was limiting as the students did not get the chance to practice friendship and relationship-building skills with the rest of the school population.

The aim of the hub, and the priority of the parents, was to reintegrate the students into a school environment, but the diversity of experience and the range of age and ability meant that academically many of the students were not sufficiently challenged.



IMPLICATIONS FOR PRACTICE (by the authors)

- Training in autism and ways of providing a stimulating yet supportive sensory environment: All agreed that there must be greater opportunities for school staff to develop their understanding and knowledge of autism and appreciate its diverse presentation within the student body. Teachers need to be prepared with a range of strategies that they can then differentiate upon meeting each individual student. Without this individualised level of support students may choose school refusal or find it difficult to stay in school.
- Start early with children: The students need to be explicitly taught means of addressing their anxiety, which has an impact on their behaviour. This is something that although begins in the early years, must be continually revisited as the student has more experiences, develops and matures. Without such skills students may find solace and comfort in the family home rather than the teaching and learning environment of school.
- Teach a range of skills: Education is much more than following the curriculum. Students need to be prepared for being part of a group, a class, a school and a community; therefore, teachers must have the time to provide for this as well. Preparation for whatever level of independence the student is cognitively able for is a journey beginning in early years and developed and provided for through various stages of school.
- Making and keeping friends, dealing with conflict and understanding that not everyone will be your friend: Although difficult for many

students, these are important life skills and must be part of the provision. The subtleties of friendships and relationships must be taught explicitly with opportunities to practise in contextually appropriate environments.

- Organising your own work: The development of independence skills is also vital for progression through education and on into adulthood. As many autistic students have a difficulty with executive function, it should not be assumed that the student will know how to organise themselves. The skills must be seamlessly interlinked with the activity – almost a ‘how-to’ approach.
- Managing own behaviours: Another critical skill for successful progression and one where time, an elusive commodity in education and family life, is given so that students can recognise their own difficulties and have a range of supportive interventions that they can readily use to defuse particular situations.
- Primary to post-primary transition: This is a particularly difficult time for students as there are so many changes – locational, educational and personal, with fluctuations in friendships, interactions, puberty and a desire for greater independence and academic expectations. The process must be individualised and time afforded to ensure success.

Full Reference

Brede, J., Remington, A., Kenny, L. and Warren, K., (2017) Excluded from school: autistic students’ experiences of school exclusion and subsequent re-integration into school. *Autism and Developmental Language Impairments*. 2, pp. 1–20.

TYPES AND CORRELATES OF SCHOOL NON-ATTENDANCE IN STUDENTS WITH AUTISM SPECTRUM DISORDERS

BACKGROUND

Previous research has shown that missing school has negative and far-reaching implications for academic skills and mental health, as well as increasing the likelihood of dropping out of school, which has been linked to adverse life outcomes including substance abuse and mortality. The Department for Education in England has revealed that persistent absence (defined as missing over 10% of sessions) involves one in eleven students. School non-attendance can be categorised as non-problematic (e.g. attendance at medical appointments) and problematic (e.g. school refusal, school withdrawal, truancy and school exclusion). To date there has been little research evidence on school non-attendance in the population of students with autism.

RESEARCH AIM

The current study aimed to provide an overview of school non-attendance in students on the autism spectrum.

RESEARCH METHOD

The parents and caregivers of 486 students with autism (with an average age of 11 years) participated in an anonymous online survey indicating the number of days their child had missed school over the period of one month (range 0–23 days). The following information was gathered:

- Demographic information regarding the child, family and school.
- School non-attendance: parents were given a list of all school days in the month of March and asked to indicate any days their child had been absent.

- Type of school non-attendance: The School Non-Attendance Checklist (SNACK) was completed to indicate the reason for each day missed. Non-attendance was defined in three ways:

- (1) Being absent on any one of the days.
- (2) Total number of days absent from school.
- (3) The percentage of persistent absence.

An inclusive framework was used to determine the factors associated with school non-attendance.

RESEARCH FINDINGS

Overall levels of school non-attendance:

- An average of 5/23 school days were missed.
- 64% of participants missed one day or more.
- 7% of participants failed to attend school on any of the 23 days.
- Persistent absence accounted for 43% of participants.

The following factors increased the prevalence of school non-attendance:

- Attending a mainstream school.
- Not living in a two-parent household.
- Parental unemployment.
- Child age – as the age of the child increased, so did the risk of non-attendance.

Types of school non-attendance:

- School refusal was the most common reason for non-attendance, representing 43% of days missed.

- Non-problematic absenteeism (e.g. medical appointments or illness) accounted for 32% of missed days.
- School refusal and school withdrawal each accounted for 9% of school absences.
- Truancy was almost non-existent.

Factors associated with types of non-attendance:

- Older children who attended mainstream schools, who did not live in a two-parent household and whose caregiver was unemployed were more likely to be absent from school.
- Non-problematic absenteeism was more prevalent in those children with an intellectual disability.
- School refusal was more prevalent among older children.
- Rates of school exclusion were higher among children from single-parent, unemployed and well-educated households.

IMPLICATIONS FOR PRACTICE (by the authors)

- Educators need to prioritise supporting students in mainstream schools with high levels of persistent non-attendance, particularly those with school refusal.
- At a systems level, schools and allied health professionals may need to consider a wraparound approach where medical appointments such as speech and language therapy and occupational therapy are provided on-site, in order to avoid non-problematic absenteeism.
- The research findings may be of interest to professionals who are seeking to develop and tailor policies and interventions surrounding school attendance in children with autism.

Full Reference

Totsika, V., Hastings, R.P., Dutton, Y., Worsley, A., Melvin, G., Gray, K., Tonge, B. and Heyne, D., (2020). Types and correlates of school non-attendance in students with autism spectrum disorders. *Autism*. pp. 1–11.

SCHOOL ABSENCES AND EXCLUSIONS EXPERIENCED BY CHILDREN WITH LEARNING DISABILITIES AND AUTISTIC CHILDREN IN 2016/17 IN ENGLAND

BACKGROUND

The author identifies that there are ongoing concerns about the rate of authorised and unauthorised absences as well as fixed-period and permanent exclusions from school for children with special educational needs (SEN); in particular children with autism and children with learning disabilities: moderate difficulty (MLD), severe difficulty (SLD) and profound and multiple learning difficulty (PMLD). The author cites earlier research that found that the absence rate was higher for children with SEN as well as research that identifies how this can have wide-ranging short- and long-term negative impact on the child and their family.

The paper provides explanations for the following terms:

- Authorised Absence – permission from a teacher or other authorised representative of the school for which a satisfactory explanation has been provided.
- Unauthorised Absence – all unexplained or unjustified absences including arriving late for school after the register has closed.
- Persistent Absences – to have missed 10% or more of school sessions over the academic year (authorised or unauthorised).

- Fixed-Period Exclusion – when a child is excluded from a school but remains on the register as they are expected to return once the exclusion period is over.
- Permanent Exclusion – when a child is excluded from a school and their name is removed from the register.

RESEARCH AIMS

The aim of this paper was to examine the Department for Education (DfE) England data on authorised and unauthorised school absences and exclusions, fixed-period and permanent, among children with autism and children with learning disabilities during the 2016/2017 academic year.

RESEARCH METHODS

The author summarised primary-source data from the DfE's National Pupil Database, which collates information on approximately 97% of English children of statutory school age each term. Schools have a statutory responsibility to return school census data to this database under section 537A of the Education Act 1996.

RESEARCH FINDINGS

Absences in 2016/17 school year

Information on authorised and unauthorised school absences for children with SEN is reported in terms of the percentages of school half-day sessions missed over the course of the school year, broken down by primary SEN, for children aged 5–15 years old.

| SEN identified as | | | | | |
|--|--------|-------|-------|-------|-------------------|
| | Autism | MLD | SLD | PMLD | No identified SEN |
| Authorised Absences | 5.0% | 4.2% | 6.4% | 13.2% | 3.1% |
| Unauthorised Absences | 1.5% | 2.1% | 1.0% | 1.0% | 1.1% |
| Persistent Absences (Children who missed 10% or more of school sessions over the 2016/2017 academic year – Authorised and Unauthorised) | 17.3% | 17.9% | 22.3% | 43.2% | - |
| Reason identified for Absences | | | | | |
| Due to illness and medical/dental appointments according to DfE (2016) for 2013/14 academic year. | 64% | 57% | 72% | 78% | - |

- Rates of unauthorised absences were much lower than rates of authorised absences.
- Reasons for authorised absences for all groups were primarily concerned with health and other related appointments.
- Rates of authorised school absences were higher for children with autism and children with learning difficulties compared to children without identified SEN.
- In an academic year, a child with PMLD was likely to miss 25 days of school due to authorised absences.
- Children with MLD had the highest rate of unauthorised absences. This equated to missing four school days per academic year.

Exclusions during the 2016/17 School Year

Information on school exclusions is reported separately for Fixed-Period and Permanent Exclusions across the 2016/17 school year.

| SEN identified as | | | | | |
|--|--------|-------|-------|-------|--|
| | Autism | MLD | SLD | PMLD | No identified SEN * for 10% or more |
| Annual rates of fixed-period exclusions | 9.6% | 10.5% | 2.5% | 1.0% | 3.1% |
| Proportion of Fixed-Period Exclusions (as children may experience more than one fixed-period exclusion in a school year) | 4.5% | 4.5% | 1.2% | 0.5% | 1.6% |
| Reason identified for Fixed-Period Exclusions | | | | | |
| Due to illness and medical/dental appointments according to DfE (2016) for 2013/14 academic year. | 21.0% | 32.0% | 20.1% | 14.3% | *27.8% |
| Due to illness and medical/dental appointments according to DfE (2016) for 2013/14 academic year. | 17.7% | 15.0% | 17.6% | - | *17.8% |
| Due to illness and medical/dental appointments according to DfE (2016) for 2013/14 academic year. | 16.8% | 16.6% | 15.2% | 14.3% | *17.8% |
| Due to illness and medical/dental appointments according to DfE (2016) for 2013/14 academic year. | 21.5% | - | 26.1% | 42.9% | - |

SCHOOLING FOR PUPILS WITH AUTISM SPECTRUM DISORDER: PARENTS' PERSPECTIVES

| SEN identified as | | | | | |
|--|--------|-------|--|--|--|
| | Autism | MLD | SLD | PMLD | No identified SEN * for 10% or more |
| Permanent Exclusion | 0.12% | 0.18% | 0.05% | 0.04% | 0.06% |
| Persistent disruptive behaviour | 28.0% | 41.9% | Data too small for authors to analyse. | Data too small for authors to analyse. | *33.3% |
| Physical assault against a pupil | 16.0% | 11.8% | | | *14.38% |
| Verbal abuse or threatening behaviour against an adult | - | - | | | - |
| Physical assault against an adult | 32.0% | 10.8% | | | - |

- Rates of Fixed-Period Exclusions were at least three times higher for children with MLD and children with autism compared to children without SEN.
- Rates of Permanent Exclusions were two to three times higher for children with MLD and children with autism compared to children without SEN.
- Reasons for both Fixed-Period and Permanent Exclusions were broadly similar across groups of children, although for children with SLD, PMLD or autism, physical assault against an adult was also a common reason given for school exclusion.

IMPLICATIONS FOR PRACTICE (by the author)

Authorised absences, rather than unauthorised absences, are the major contributor for the high level of school absences among children with learning disabilities and children with autism.

Better coordination of family support across health, social care and education is needed to ensure the time children with SEN spend out of school for health and other appointments is minimised.

There is urgent need for schools to adopt more reasonable adjustments to meet the needs of children with learning disabilities and children with autism, to reduce rates of school exclusions and thereby minimise negative impact.

Early intervention and public health measures are also needed as part of a preventative strategy to reduce school exclusions.

Full Reference

Hatton, C., (2018). School absences and exclusions experienced by children with learning disabilities and autistic children in 2016/17 in England. *Tizard Learning Disability Review*. 23(4), pp. 207–212.

BACKGROUND

This study was conducted with 1099 parents of children aged 6–21 years of age diagnosed with an autistic spectrum disorder (ASD) and attending primary or post-primary schools in Sweden. The study examined parents' opinion on students' absenteeism from school regarding given grades and in-school barriers to education for autistic children.

Traditionally students with ASD have been educated in special schools, but recently several directives have indicated that only students with cognitive disabilities can be placed in such schools. Therefore, children with ASD can attend school at local primary and post-primary schools, which may cause many difficulties and contribute to increasing rates of absenteeism.

Prior to conducting this study the authors reviewed previous research studies reporting key findings. For example, in a study published in 2010 researchers demonstrated that students with ASD face many obstacles that can limit what they get from their education. A further review of a study from 2011 reported that the lack of organisation and problem-solving skills at school may lead to frustration and problem behaviours that can lead to absence from school. In 2013, an additional study found that teachers had an acceptable-to-weak knowledge about ASD with another study from 2014 reporting that teachers had issues meeting the varying needs of children with ASD in an inclusive education framework.

A further research paper in 2016 examining two groups of autistic girls in special classes found that the girls exhibited similar levels of social motivation and friendship as non-autistic girls in comparison to non-autistic boys with autistic boys, who were less motivated. However, girls with ASD reported high levels of aggression in

their friendships, which demonstrated that girls with ASD may find it difficult to manage conflict in social relationships. An additional paper in 2016 indicated that many teachers lack an understanding of how to identify students' needs and strategies despite pedagogical experience and knowledge of ASD.

Additionally, in 2017 a study reported that refusal to attend school in students with ASD, while only studied to a limited extent, is to be considered a serious issue. Results indicated school refusal was significantly higher in students with ASD than with typically developing peers.

Furthermore, the European Agency in 2018 put forward that peer interaction can deepen a sense of belonging and friendships in children with or without ASD in inclusive environments. Increase awareness of ASD among peers has been put forward as a strategy to prevent bullying and many pupils know someone with ASD and felt positive and supportive in their attitude.

The authors identified that several previous reports looking at school absence for students with ASD in Sweden indicated that absence has increased and continues to do so; however, it is difficult to quantify as some developing countries do not collate the relevant data.

RESEARCH AIMS

The aim of this study was to explore parental views of school absence in relation to goal fulfilment, challenges, demands and barriers to learning for an autistic student.

Four questions were examined:

- (1) What correlations exist between school absence, grades and types of school?
- (2) What are the causes of school absence?
- (3) What are the relationships between pupils' genders and the achievement of approved grades in English, Swedish and mathematics?
- (4) What are the relationships between pupils' genders and educational support?

RESEARCH METHODS

An anonymous web-based questionnaire on behalf of the Swedish National Autism Association (2016) was conducted. This questionnaire was distributed between 29 February and 13 March 2016 to all members who registered their email address; targeting parents of autistic children aged 6–21 years of age who were attending primary or secondary school. A total of 2,228 people responded and 1,799 individuals were identified as belonging to the target group and selected to partake. The information provided by this select group constituted the data examined in this study and the results from quantitative analysis are based on their responses.

Ethical approval was sought and received from the Regional Ethics Board.

RESEARCH

Results demonstrated higher levels of absence among students with ASD comparative to any other illness. Girls were absent more than boys and lack of teacher competence in relation to ASD and inadequate teaching adaptation was highlighted as a contributing factor. No significant differences between genders in grades were noted, but failure to achieve grades was almost 50%.

- This study found that the rate of absence from school among autistic students is relatively high and increases when students start secondary schooling.
- Absenteeism of autistic students is increasing over time.
- Bullying was less prominent as a cause of absenteeism.
- The findings of the current study highlighted in-school gender related differences regarding absence, educational support and levels of security experienced the by autistic students.
- It also contributes new knowledge as to where autistic students receive their teaching and learning. Education support was commonly provided by special teachers and adapted pedagogy.
- The results demonstrate that approximately 50% of autistic students did not achieve approved grades in core subjects.
- This study found that the knowledge of autism and ASD best-teaching methodologies was perceived as lacking among the teaching community.
- Despite many negative factors, parental reports indicated that school generally works in terms of well-being and educational support for most students.

IMPLICATIONS FOR PRACTICE (by the author)

- Future research is required to examine the high level of absenteeism among autistic girls.
- Practical training for teachers working with autistic children needs to be developed. Training should include an understanding of autism, best-practice approaches and evidence-based strategies.

Full Reference

Anderson, L., (2020). Schooling for pupils with autism spectrum disorder: parents' perspectives. *Journal of Autism and Developmental Disorders*.

CONCLUSION

School Refusal (SR) is reported to be common among autistic students, with higher rates among those who present with co-occurring conditions such as an intellectual disability. In addition, SR may often be due to problems experienced at home or at school. Social-skills difficulties, for example, can often lead to the young person feeling socially isolated from their peers; while difficulties with their sensory environment or an inability to ask for support and information may further contribute to difficulties attending school.

Being vigilant and mindful of how children and young people with autism may present is important. For example, they may:

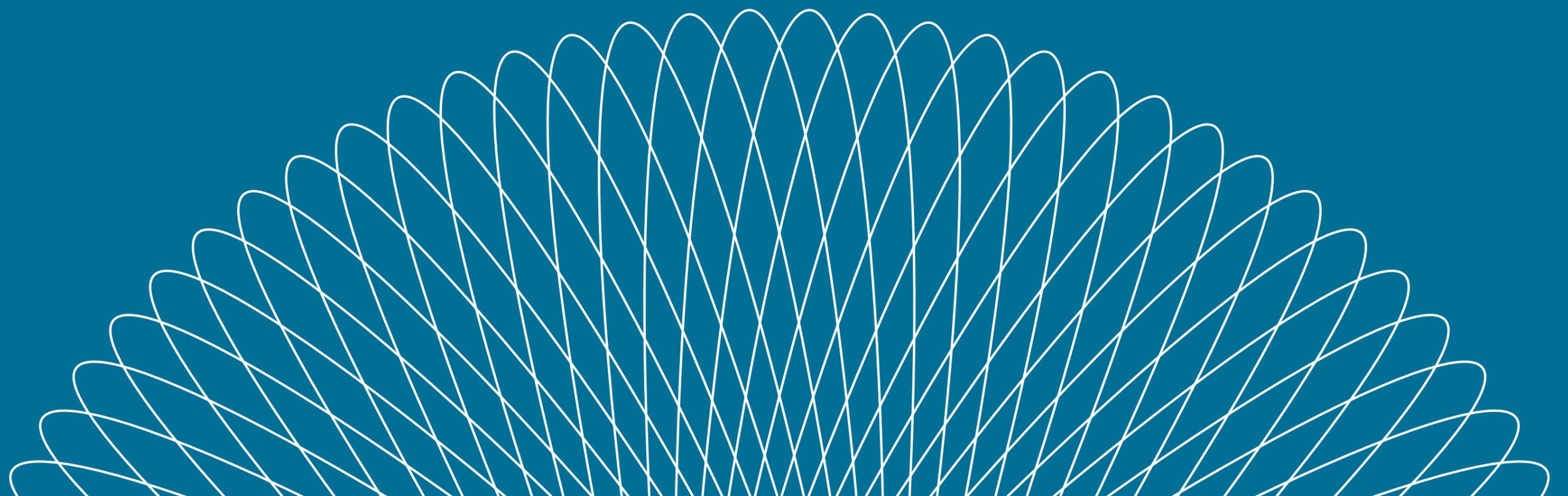
- mask their anxieties at school and their difficulties may not become apparent until they are at home.
- start to miss school for a few days, refusing to go to school in the morning.
- leave or run away from school during the school day.
- present with heightened emotional and behavioural difficulties displaying increased levels of anxiety, tantrums and outbursts, especially in the morning.
- become withdrawn and/or depressed.
- threaten to harm themselves if they are forced to attend school.
- present with physical ailments such as stomach aches, headaches, panic attacks and diarrhoea.
- present with clinginess, not wanting to be alone in a room or to leave their family.
- have problems sleeping.

As outlined in this Research Bulletin, SR can have a significant impact for both the young person and their family. The research summaries highlight how SR is different for everyone and advise on the importance for school, parents and other professionals to engage in effective collaboration and communication. This ensures that appropriate measures can be taken to monitor, identify and address stressors that may contribute to SR. Developing an individualised plan to support young people partaking in learning and formal education is essential for their well-being and academic needs as well as their independence and employment prospects. Engagement with the student so that they can communicate with a person who they trust can help parents and professionals understand the autistic student's perspectives, difficulties and needs. This Bulletin provides summaries of recent research exploring SR and some implications for practice that may be beneficial in supporting students, their families and educational professionals living or working with an autistic student who is experiencing SR.

YOUR OPINION

The Centre trusts that you have found this Research Bulletin informative. It would be appreciated if you would take a few minutes to provide the Centre with feedback in relation to this bulletin by clicking on the survey link below.

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Autism and School Refusal](#)**





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