

# Wokingham: A struggle to identify and implement the right support

## The context

We were first contacted by Alice's mother for advice in the summer term of 2018. Alice was in Year 8 and school attendance had been declining. Up to this point, she had done well in school although her mum had been concerned that there were some underlying difficulties. Alice's mother described her daughter as having a lot of sensory issues, especially with noise and touch, and as having severe issues with sleep. She said her daughter had always tried very hard to fit in socially but had never quite got things right. Alice had been self-harming and CAMHS had diagnosed her with severe anxiety and depression. They had also referred her on to the ASD pathway, but this would involve a 12 month wait.

At this time Alice was trying hard to go in to school most days but would struggle. She would complain that it was too noisy, or that she was bored, and would sit in class, completely disengaged and self-harming by pinching herself or scratching herself. She was quiet and did not want to attract attention to herself, so this behaviour was unnoticed.

School had tried some strategies:

- She was allowed to miss assembly and to come in slightly later and leave slightly earlier so as to avoid the busiest times of the school days. This had helped for a while.
- She was allowed to wear ear plugs: this worked until one day she did not hear the teacher and the other children noticed.
- They tried an exit pass, but occasionally teachers questioned her when she used it. She stopped using it made her the centre of attention just when her anxiety was getting out of hand.

The SENCO had suggested to Alice's mother that she just needed to push her through her anxiety and force her into school. Attendance was now down to 78% and falling.

## The process

We met with school (the first of many meetings) to discuss the issues and to get a clear picture of what they were doing to help. By this time they had agreed to a later start (as sleep issues had now become very problematic) and that somebody (Mrs J in student support) would be available to meet and to talk to Alice on her arrival. Unfortunately, Alice would often not get in to school before 11am at which time no staff would be available to meet and support her.

We discussed ways to reduce Alice's anxiety and aim for a fresh start for the next academic year. It was planned that she would have a clear set of expectations about the times she would attend. We discussed other issues which could be easily resolved, such as Alice just nodding or waving at someone in greeting rather than being challenged for being rude if she did not say hello. Previously, when she had come out of class and gone to student support, she could not say what was wrong and would be told to return to class by Mrs J. We agreed that Alice would be allowed to use an emotional scaling chart when she came out of class to indicate how she was feeling. I suggested that teachers may need to look out for signs of distress and prompt the use of the exit card, at least initially, until she was able to take control of this for herself. It was agreed that Mrs J would be available to Alice, in a student support capacity, as a trusted adult that she could go to. We agreed that this would be communicated to all staff by the SENCO and also communicated clearly to Alice by the school so that she understood that they had approved the plan and that this was her set of rules.

## The outcome

Alice returned to school in September 2018 and did very well for the first week. However, it soon emerged that things had not been put in place as agreed. Her tutor had made comments about her lack of attendance. She had been given two different sets of emotions cards but no explanation of how to use them. Nobody had explained to her that she was entitled to use the exit card or what to do when she needed to use it. As a consequence, Alice was now set in a pattern of thought that there was nothing to help her, because she had not been told about it.

Each time Alice was told that something would be put in place and it was not, or somebody deviated even slightly from the plan, this led her to believe that nothing had been done, that she had been lied to and that school were not to be trusted.

We continued to try to work with school, to ensure provision was clearly and explicitly described to Alice and to her teachers. Each time we agreed a plan, but as soon as anyone strayed from the plan, the trust was broken again.

A referral was made to an OT via the GP, who described Alice as having very severe sensory issues. A referral to a sleep clinic also shed some light on the severity of the sleep problems (which have still not been resolved).

A family coach from the early help team was now involved and began working with the family. She established very quickly that there were no family or parenting issues causing the attendance problems and it was becoming increasingly clear that Alice had a significant need for clarity and consistency in terms of structure and expectations. It was also established that she could not understand any emotional scaling as she didn't understand how she was feeling, never mind how it related to her scaling cards. Alice also accessed counselling for 6 weeks and 6 weeks of support from the local behaviour support team.

We have tried again at the start of the academic year to put a clear plan in place for Alice in regards to school. She is now allowed to return home if she cannot cope in lessons, as she is now struggling with sensory overload in the student support room.

## Reflections on the outcome

Alice presents as a very capable and bright girl. She has no official diagnosis. She is still waiting for a CAMHS assessment. Without this diagnosis school have struggled to identify her as a child who needs clear preparation for what will happen, very clear instructions and a very consistent approach. They have underestimated just how great her sensory difficulties are. They have struggled to recognise the impact of all these things on her levels of anxiety.

Alice has a strong desire to learn, but the more education she misses, the more her anxiety increases and the less she is able to attend school. Both the counselling and behaviour support have been very short term interventions as this is all that is available locally. In both cases this has not been sufficient time to get to know Alice, to gain her trust and to begin to help her to understand and express her difficulties.

It is very difficult to build Alice's trust and so very challenging for an adult to engage Alice in deciding what might best help her. It requires a lot of time to establish this relationship with her in order to begin to help Alice think through what might help her, especially given her difficulties with understanding her emotions. This expertise has not been available to her within school and outside agencies, who may have the expertise, do not have the resources to provide this kind of long term intervention. As a result, Alice's voice gets lost and we struggle to facilitate her engagement and confidence in the support provided to her.

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