

Individual Case Work - School Refusal and Anxiety

Background to Referral

Katherine is in year 9 and when she started High School was a high achiever having gained level 5 in Maths English and Science in KS2 SATs. Reports from her teachers at Primary and High schools indicate her potential, but also that she is quiet, reserved and some note a lack of confidence despite her abilities. Katherine forms friendships, but these tend to be within a small select group.

Towards the end of year 8 there were some family problems, which included relationship breakdown, a house move and a new partner for her mother moving into the family house.

At the beginning of Yr.9 attendance started to become sporadic and some teachers began reporting that Katherine was becoming increasingly withdrawn, unhappy, socially isolated and nervous or anxious. Katherine's school work also began to show a significant decline in standards of work and lack of progress in all subjects.

The head of year contacted Katherine's mother and a number of meetings and identified that Katherine was unhappy at home, was missing her father and relationships with her mother and her mother's partner were becoming increasingly strained. Katherine was experiencing panic attacks at school and the fear was that she was becoming school phobic.

Education Welfare Service was contacted and provided advice to the school about attendance monitoring. The school put in place a number of support strategies, as part of School Action Plus plan, which was agreed with the parents and with Katherine. Although attendance improved the panic attacks and deep anxiety about the deterioration in her school work were significantly impairing her progress at school. Katherine felt a failure and started to become a failing student.

A CAF form was completed and at the meeting, counselling sessions were to be provided and the school nurse was consulted which led to a referral to the school medical officer. A local voluntary service was contracted to provide family support services for the mother, which included an introductory home visit and a course for parents of teenagers.

Problems continued and so six months later a referral was made to GEMSTONES using the standard CAF form. Katherine's mother wanted help for her daughter at school and whilst the support she had received had given her some useful tips there was nothing suggested that had made a difference with managing Katherine's anxieties, reluctance to attend school and her confidence levels about her ability as a learner.

The school medical officer had not identified any medical issues relating to physical health but felt that depression was a factor. She thought that treatment for depression in the form of anti-depressants would be an option, however Katherine's mother and Katherine herself rejected this suggestion at this stage.

Following referral to GEMSTONES and the consultation meeting with the school as the referring agency, the following was identified and formed the framework for the contract.

Difficulties

- Anxiety, including panic attacks and developing risk of developing severe school phobia.
- Lack of progress and falling levels of attainment in learning.
- Risk of becoming NEET (Not in education, training or employment).
- Increasing social isolation due to sporadic attendance and falling levels of confidence.

Desired Outcomes

- Regular attendance.
- Reduction/elimination of panic attacks.
- Improved progress and levels of attainment.
- Improved levels of self confidence and stronger/regained relationships with friends.

Service Plan

GEMSTONES Input

- 3 1:1 sessions for developing self managed control strategies for phobias and anxiety.
- Training for learning mentor - e.g. therapeutic stories and use of language to support positive thinking and calm states for pupils.
- Family session - to provide input about communication techniques for encouraging calm states and positive thinking in young people.
- Staff Support and Professional Development session based around the case for all members of staff with responsibility for Katherine.

School Input

- Special registration arrangements including 1:1 session with the learning mentor **Proposed Service Plan**.
- A system of communication with home via text messaging regarding pupil absence.
- Opportunities for Katherine to talk during the school day to a learning mentor and the head of year.
- Opportunity for Katherine to receive training in peer mentoring or mediation scheme with a view to becoming part of the school's student support services.

After meetings with both Katherine and her parents the following were added to the plan:

- Study support twice a week at lunchtime for mathematics to help her regain confidence in this area of her studies.
- An identified friend to be invited to attend the training in peer mentoring or mediation to support Katherine.
- Clarification of arrangements for Katherine to have regular communication and contact with her father.
- Clarification of arrangements for home-school communication to include both parents in review of progress with the proposed intervention plan.

Outcomes

- Katherine reported increased levels of confidence. (Increase from rating of 3 to 8 on a 10 point scale).
- She reports more confidence with peers and is using some of the skills learnt with a younger pupil in the peer mentoring scheme who has low self-esteem.
- Control of anxiety and panic attacks - Katherine reported that the strategies she has been taught have helped reduce these.
- She reports increased levels of calm and control in difficult situations.
- Attendance has improved and is now no longer a cause for concern.
- Katherine is much more positive about her abilities as a learner. (Increase from rating of 4 to 8 on a 10 point scale).
- As a result staff are pleased with her progress and levels of attainment, whilst still showing underachievement are much improved.
- Mother and daughter report improvement in the relationship.
- Staff training and support (ie Staff Support and Development Session and training for Learning Mentor) rated as either very effective or effective by all participants.
- Staff also report that Katherine is less socially isolated and has successfully completed training for peer mentoring scheme.