**ACTION PLAN: When School Refusal/Anxiety/Phobia has become an issue**

* + - 1. **See your GP**, explain the difficulties your child is experiencing and ask for their help.

Their help could include referring your child to CAMHS; writing to the school to confirm that your child has an anxiety disorder and is currently medically unfit to attend school; recommending that the school request the input of the Educational Psychologist linked to the school.

* + - 1. Keep a **DIARY**/**FILE** documenting everything related to the school refusal/anxiety and school attendance.
* describe what happens with your child
* keep notes and records of all conversations with school or medical staff (follow up with email summaries of conversations so that you have written records),
* Keep records of all medical appointments and any assessments.
* Keep all relevant letters and print outs of emails

(you will need this information to prove you are doing all you can, if it goes to prosecution for non-attendance).

[**https://itmustbemum.wordpress.com/2017/04/11/what-to-record-and-how-to-store-it/#more-4009**](https://itmustbemum.wordpress.com/2017/04/11/what-to-record-and-how-to-store-it/#more-4009)

* For every absence send an email to school so you have a **paper trail of evidence** of when and why each time.
  + - 1. Consider contacting the **Education Welfare Officer/Attendance Officer** for the school and explain the situation. Tell them you want your child to attend school and that is what you are trying to achieve, but there are significant anxiety issues - explain to them how you are trying to support your child and what your concerns are. Some people find they get no help, some get help, but some get a lot of pressure to force attendance, so you need to make a decision about what you want to do, but the EWO will probably become involved at some point if the attendance difficulties continue.
      2. Write to the school using the **SCHOOL REFUSAL TEMPLATE LETTER** [see appendix] – personalise it to your situation and include relevant information about your child’s difficulties. (Use the paragraphs you need and delete those you don’t need).
      3. If your child already has a recognised SEND and/or an EHCP the school refusal/anxiety strongly indicates that their needs are not being met and the support they have in place needs adapting. Speak to the **SENCo**; or request an urgent **review of the** **EHCP**; or start an **application for an EHCP** if you do not have one in place.

If you need advice or encounter any difficulties **consult with SENDIASS, IPSEA or SOS SEN**.

* + - 1. It may become necessary to **obtain copies of your child’s educational records** from the school. Ask for a copy of ALL RECORDS through **RIGHT OF SUBJECT ACCESS** under **THE DATA PROTECTION ACT 1998** [see template letter in appendix].

**GUIDANCE: Accessing Pupil Information**

[**https://ico.org.uk/for-the-public/schools/pupils-info/**](https://ico.org.uk/for-the-public/schools/pupils-info/)

* Check through the records carefully and look for any unauthorised absences in the attendance record. When there are gaps in the paperwork or inaccuracies send it back to be amended.

**What to do when a school appears uncooperative:**

Although some schools have a positive approach to supporting pupils with anxiety, young people can come up against problems and sometimes be misunderstood by school staff. The school may have contacted you because they feel there is a problem with your child, but this does not mean that they necessarily understand what is causing the problem. Alternatively, you may have raised the subject with them, but they do not appear to take your concerns seriously. If this is the case then this is almost certainly due to a lack of knowledge and understanding of anxiety disorders within the school.

How you approach the school will depend on what has happened prior to the school appearing to be uncooperative. If your child has just started school or has only just had their anxiety condition identified then the approach will need to be different than if there has been significant communication between yourself and the school. The latter approach will very much depend on the type of communication that has occurred, with whom and whether it has been amicable. Each individual case will be different, however, there may be some ideas which may help.

**Educate yourself** thoroughly on everything to do with your child’s condition. It would be useful to read up on other anxiety disorders too as symptoms often overlap.

[**https://www.anxietyuk.org.uk/our-services/anxiety-information/young-people-and-anxiety/?platform=hootsuite**](https://www.anxietyuk.org.uk/our-services/anxiety-information/young-people-and-anxiety/?platform=hootsuite)

**Be aware of your child’s rights.** Anxiety can be a ‘Special Educational Needs & Disability’ issue (SEND), as clearly defined in the ‘Special Educational Needs Code of Practice’, since it is likely to impact on your child’s ability to learn if left untreated. **You can obtain copies of the** **school’s SEND policy, and complaints procedure**. Schools must supply these on request, or you may find them on the school website.

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| **THE FOUR AREAS OF SEND**   * **Communicating and interacting** – for example, where children and young people have speech, language and communication difficulties which make it difficult for them to make sense of language or to understand how to communicate effectively and appropriately with others * **Cognition and learning** – for example, where children and young people learn at a slower pace than others their age, have difficulty in understanding parts of the curriculum, have difficulties with organisation and memory skills, or have a specific difficulty affecting one particular part of their learning performance such as in literacy or numeracy * **Social, emotional and mental health difficulties** – for example, where children and young people have difficulty in managing their relationships with other people, are withdrawn, or if they behave in ways that may hinder their and other children’s learning, or that have an impact on their health and wellbeing * **Sensory and/or physical needs** – for example, children and young people with visual and/or hearing impairments, or a physical need that means they must have additional ongoing support and equipment |

As you can see, anxiety relates to Social, Emotional and Mental Health Difficulties and is therefore applicable as a SEND if it impacts on a child’s learning and progress. Many people report that schools say they don’t include anxiety as a SEN, and this is wrong. If you need to challenge this you can ask for the support of SENDIASS, IPSEA, SOS SEN or similar services.

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| **The Children and Families Act 2014 – Part 3: Section 20**  **When a child or young person has special educational needs**  (1)  A child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her.  (2)  A child of compulsory school age or a young person has a learning difficulty or disability if he or she—  (a)  has a significantly greater difficulty in learning than the majority of others of the same age, or  (b)  has a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions. |

### Can mental health difficulties be considered a disability?

Some children suffering with mental health problems can be considered disabled under the [**Equality Act 2010**](http://www.legislation.gov.uk/ukpga/2010/15/section/6). All schools are under an obligation not to discriminate against pupils on the grounds of disability. See our information page on [**Disability discrimination in education**](http://childlawadvice.org.uk/information-pages/disability-discrimination-in-education/) for further details.

Under the Act disability includes a mental impairment. The mental impairment must have a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities.

Long term means that the symptoms have lasted or are expected to last for 12 months but this need not be consecutive. Transient symptoms may not fall within the Act.

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| **The term “Disabled” in the Children and Families Act is the same as the term used in the Equality Act 2010 - It is defined as:**  **The child has “a physical or mental impairment which has a substantial (i.e. more than small or insignificant) and long-term (lasted more than 12 months) adverse effect on his ability to carry out normal day-to-day activities.**   * The inability to attend school is a “normal day to day activity”   The following are examples of mental health symptoms that can be regarded as a mental impairment under the Act:  Anxiety; Low mood; Panic attacks; Phobias; Eating disorders; Bipolar affective disorders; Obsessive compulsive disorders; Personality disorders; Post-traumatic stress disorder; Some self-harming behavior; Depression; Schizophrenia; Autistic spectrum disorders; Dyslexia and dyspraxia; Learning disabilities. |

If a child or young person falls within the definition of disability above then the school has particular obligations. Schools are under a duty to make reasonable adjustments to put disabled students on a more equal footing with pupils without disabilities. If an adjustment is reasonable then it should be made and there can be no justification for why it is not made. An adjustment may be considered unreasonable if it is very expensive, and may be a reason for a school refusing to offer school-based counselling.

The duty to make reasonable adjustments is also anticipatory. This means that schools should give thought in advance to what disabled children and young people might require and what adjustments might be needed to prevent disabled students from being disadvantaged.

If you feel that a school has not complied with its duties under the [**Equality Act 2010**](http://www.legislation.gov.uk/ukpga/2010/15/section/6), then the child’s parents can bring a claim within 6 months of the incident in the [**Special Educational Needs and Disability Tribunal**](https://www.gov.uk/courts-tribunals/first-tier-tribunal-special-educational-needs-and-disability). See our information page on [**Disability discrimination in education**](http://childlawadvice.org.uk/information-pages/disability-discrimination-in-education/) for further details.

[**http://childlawadvice.org.uk/information-pages/mental-health-in-schools/**](http://childlawadvice.org.uk/information-pages/mental-health-in-schools/)

**Put together some notes** to give a ‘picture’ of your child from birth  
to present day, including how they behave when not anxious, when their condition was first noticed, and any events or triggers such as bullying. This is important because the school needs to know if they have a bullying problem so they can put a rapid stop to it, or at least be aware that your child is vulnerable.

**Prepare the school** by supplying them with as much information on your child’s condition as possible. Supply any other information specific to your child e.g. if your child is gifted and talented or highly sensitive then supply information on this as well. This can be given to the class teacher and SENCO (Special Educational Needs Coordinator) in a primary school, and to the form tutor and SENCO in a secondary school. You may also wish to give copies to support staff, or more senior teaching staff.

**Enlist the help of others** to lend weight to your child’s case, such as by obtaining letters from people who have knowledge of your child’s difficulties e.g. previous school, GP, school nurse, therapist.

**Arrange a meeting** with the SENCO and class teacher to discuss your child and the provision the school can give, or has been giving. Ensure they have time to read the information you have provided before you meet.

**Assure the school** that you want to work with the school to help them help your child. Keep all communication as friendly and amicable as you can and try and help the staff feel appreciated and needed. Staff may feel at a loss as how to deal with your child, however once they understand that the behaviour is caused by anxiety, they should want to do everything they can do to help (but this is not always the case).

**Prepare for all meetings** and telephone conversations by listing in advance what you want to say and any questions you want to ask. **Make notes at the meeting and confirm in writing after the meeting with the SENCO anything that has been agreed**. This will avoid misunderstandings in the future. Record who was present, date and time of meetings or calls, and **take someone with you as a witness if you feel it may be a difficult meeting**. You can also arrange for an **independent advocate** to support you with meetings and school negotiations (contact SENDIASS).

**Be prepared to compromise** to some degree. Sadly, no school has  
the resources to reorganise everything for one child, nor do they have an obligation to do so if in doing so they would disadvantage other pupils. Do not get angry, confrontational or threaten. Try to stay as calm as possible.

**If the school is still being uncooperative** then you may need to approach the next level of command, such as the head of year, assistant head teacher, or head teacher. The school complaint’s procedure should tell you who to approach and in what order.

**If you are still unhappy** having contacted the head teacher, then the next step would be to write to the clerk of governors. If the Governors can’t help then you should contact the Local Authority.

**EDUCATION FOR CHILDREN OUT OF SCHOOL FOR HEALTH REASONS**

When a school is aware that a child is likely to miss more than 15 days of school due to health/medical reasons they are supposed to notify the Local Authority so that alternative education can be arranged. Often this does not happen because the school does not see anxiety as a medical/valid reason for absence or they do not understand/have been misinformed about the relevant guidance.

**GOVERNMENT GUIDANCE:**

*Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.*

*4. The LA should:*

*▪****Have a named officer responsible for the education of children with additional health needs, and parents should know who that person is.***

*▪****Have a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.***

*The policy should make links with related services in the area - for example, Special Educational Needs and Disability Services (SEND), Child and Adolescent Mental Health Services (CAMHS), Education Welfare/Attendance Improvement Services, educational psychologists, and, where relevant, school nurses.*

*▪Review the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.*

*▪Have clear policies on the provision of education for children and young people under and over compulsory school age.*

[**https://www.gov.uk/government/uploads/system/uploads/attachment\_data/file/269469/health\_needs\_guidance\_\_-\_revised\_may\_2013\_final.pdf**](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/269469/health_needs_guidance__-_revised_may_2013_final.pdf)

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| **Find your LOCAL AUTHORITY guidance:**  <https://www.gov.uk/education-attendance-council>  **GUIDANCE: Education for children with health needs who cannot attend school**  <https://www.gov.uk/government/publications/education-for-children-with-health-needs-who-cannot-attend-school>  **GUIDANCE: Alternative Provision**  <https://www.gov.uk/government/publications/alternative-provision>  You may need to contact your Local Authority yourself or contact one of the services listed below for advice.  **SENDIASS**  <https://councilfordisabledchildren.org.uk/information-advice-and-support-services-network/find-your-local-ias-service>  **INDEPENDENT SUPPORTERS**  <https://councilfordisabledchildren.org.uk/independent-support>  **IPSEA**  <https://www.ipsea.org.uk/contact/advice-and-support>  **SOS SEN**  <http://www.sossen.org.uk>  **YOUNG MINDS**  <http://www.youngminds.org.uk/for_parents>  **NAS EDUCATION RIGHTS HELPLINE**  <http://www.autism.org.uk/services/helplines/education-rights.aspx>  **Child Law Advice**  <http://childlawadvice.org.uk> |

**Does a pupil need to have a recognisable medical condition in order to receive support?**

Schools do not have to wait for a formal diagnosis by a medical practitioner before providing support to pupils. If the condition is unclear then the head teacher will have to make a judgement about what support to provide to the pupil based on the medical evidence available at the time that the school is made aware of an issue. In exercising this judgement, the head teacher must not ignore the views of the child or their parents or ignore medical evidence or opinion; however, the head teacher can challenge the evidence if appropriate.

[**http://childlawadvice.org.uk/information-pages/supporting-children-with-medical-needs-in-schools/**](http://childlawadvice.org.uk/information-pages/supporting-children-with-medical-needs-in-schools/)

**Waiting times for CAMHS can be long.**

If you feel you are not being offered help within a reasonable time then you can make a formal complaint first to the person or organisation providing the service e.g. the GP, dentist, hospital or pharmacist. Alternatively, it is possible complain to the commissioner of that service – either [**NHS England**](http://www.england.nhs.uk) or the area [**clinical**](http://www.nhs.uk/Service-Search/Clinical%20Commissioning%20Group/LocationSearch/1) [**commissioning group (CCG)**](http://www.nhs.uk/Service-Search/Clinical%20Commissioning%20Group/LocationSearch/1).

[**http://childlawadvice.org.uk/information-pages/mental-health-in-schools/**](http://childlawadvice.org.uk/information-pages/mental-health-in-schools/)

**Case study five: helping a school refuser or a school phobic**

When a child refuses to attend school or appears to have a phobia about attending, the local authority concerned must consider whether he or she is medically fit to attend school. If not, it needs to decide how many hours of what kind of education it should provide.

In cases where a child is physically ill, he or she would probably get the minimum requirement of five hours education a week. But councils should not assume this is adequate in the case of a school refuser or a school phobic child. In these cases, a council would need to consider what more was necessary.

Indeed, whenever a council offers a child less than full-time education, it must regularly review the situation with a view to increasing their hours as appropriate. When investigating complaints, we expect to see evidence that a council properly considered what was suitable for a particular child.

**‘Out of School, Out of Mind’ - Local Government Ombudsman**

scroll down the list for ‘Out of school...out of mind’ (2011/2016) [http://www.lgo.org.uk](http://www.lgo.org.uk/information-centre/reports/focus-reports)

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| **What would parents do differently if they were new to school anxiety and refusal?** |
| * I would believe my child and not the school. I would not let my child's father discipline him for refusing school. I would insist on help sooner. * Seek help earlier, not to push child into school, and not listen when being told It's behavioural and he's fine in school as he smiles! * Not worry so much about my son's education, I know I have put unnecessary pressure on him at times when I've been freaking out about him leaving school with no GCSE'S. I now know it isn't important and that his health comes above anything, I believe that when it's the right time he will return to education. * Trust my own judgement and the advice of other parents with similar experiences, from the outset. Have more realistic expectations about what professionals could offer. Be better prepared to deal with the ignorance and prejudice of others. * I would have deregistered sooner than I did. * With my son, he already had an Asperger’s diagnosis and I assumed he would do better at an independent special school for HFA which I fought for, but he still struggled there and they didn't seem to understand his anxiety. With hind-sight I ought to have home educated him (which is what he wanted) and maybe got him into college at age 14/15 if he was feeling better at that stage. This is what I am thinking of doing with my daughter (she is in Year 10 now).      * Network sooner * Be more understanding * With the knowledge I have now, in retrospect I would have recognised the signs and taken it seriously when the anxiety first started. I would have believed in my child, and believed in myself as a good parent instead of allowing the professionals to blame him for being 'oppositional' and us for being parents with 'no firm boundaries'. I would have been more open to considering other options sooner...perhaps home schooling, or finding a more understanding setting. I would have made it my business to understand the diagnosis they gave my son, (ASC) and championed the huge range and diversity of experience within the diagnosis; learning from him how he works as an individual and helping him understand why sometimes it means life can be more challenging - especially when the system is so rigidly neuro-typical (an oxymoron!?) I spent a long time battling the system and arguing that they had misunderstood my son, and unfairly pathologised a personality type - which meant I wasted time on trying to make him fit better. * Seek professional advice & help sooner. * I would try not to battle my child because of my own misconception that every child 'has to go to school'. I would realise much sooner that nobody is going to come along and 'fix it' and that many professionals will be so baffled they will avoid requests for support. I would trust my instincts at the very earliest stages that this wasn't going to go away and it was serious. I would go to the GP the very first time my daughter was literally frozen by anxiety and I would keep going back every time even if it felt like nagging. |

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| **Parents ‘top tip’ for another parent** |
| * Trust your instincts. Don't listen to anyone else. Anxiety is real and crippling. * You know your child better than any professional or school does. Follow your instincts. * Get to your GP straight away and engage with the school right from the off. The sooner the professionals recognise your child is suffering with a medical condition the easier it will be to deal with them. Your child's recovery needs to be a collaborative process between home and the professionals, I have found the more you engage the better the outcome. This doesn't mean you have to do everything that is suggested, be led by your child at all times. If they need the pace to slow down or are uncomfortable with anything that is being asked of them you have to make sure they are being heard. The most important thing is your child's health and well-being, they can always come back to education * Trust yourself - you're the expert on your child - and focus on your relationship. Look after yourself, be selfish, without feeling guilty. Don't be ashamed of how you feel; it's natural to feel overwhelmed, stressed, anxious, resentful, frustrated and a whole host of emotions. It doesn't mean you love your child any less - or that they don't love you. * Education can wait. Mental health and wellbeing is way more important. Try and think outside the box and come up with solutions that may go against the grain but could be best for the child, yourself and whole family to move forward. * Listen to your child and get advice and support from other parents that have been through it. Don't assume if they can go in to school one day they can go in the next. * Get as much help as you can. * The behavior is not chosen, nor is it personal * Believe in yourself, forgive yourself, take your time, and be prepared to think outside the box. Take help from wherever it comes - even unexpected places, and know that with time - regardless of each individual journey things can and will get better. Enjoy your child, they will take you places you never expected to go. Know that even though they may be 'different' and even if it isn't working out well right now, your child is always worthy of the best and most inspiring education, the best support services and the best investment. * You are not alone! Be strong for your child & seek support for them & yourself. * Get paperwork by whatever means, even if a private assessment of child's difficulties. Private assessment should ideally come from someone within NHS, but offering services privately. * It's not your child's fault, it's not your fault. Don't be too hard on yourselves. * The distress your child is feeling is real and debilitating - their behaviour is not manipulative. |

**APPENDIX**

* **SCHOOL REFUSAL Letter to School TEMPLATE**

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| **TO PERSONALISE THIS LETTER**  **BLUE TEXT** = fill in child’s name/ other details (and **delete the blue text**).  **RED TEXT** = choice of paragraphs (**delete those that are not applicable**)  **REMEMBER to DELETE this box before sending/printing** |

Your address

Date

RE: [Your child’s name and school class details]

[If emailing, do you need to ‘cc’ any other relevant people?]

Dear [name of SENCo / Head Teacher / Class Teacher - as appropriate]

We are writing to request your support in relation to the current difficulties we are experiencing. It seems likely that [child’s name] is suffering from a Mental Health condition called School Refusal(also referred to as School Phobia, School Anxiety or Anxiety Based School Avoidance). School Refusal is a term that describes the reaction of children who experience extreme anxiety and distress in relation to attending school for a variety of reasons. Anxiety is a common emotion however, when a person is suffering with an anxiety disorder such as this, the feeling of anxiety is far more intense and long-lasting. Extreme anxiety of this sort can have an adverse effect on a child’s health and wellbeing and if not addressed can affect their academic progress, overall engagement with school, and lead to a gradual or sudden decline in attendance.

**[If you haven’t got a diagnosis of anxiety/SEN]**

We are doing everything we can to resolve [child’s name] difficulties however we need to acknowledge that due to the severity of the anxiety it may not be possible for [child’s name] to maintain full-time attendance until the underlying causes of the anxiety have been assessed and treated or addressed sufficiently.

We have noticed that the difficulties that are driving the anxiety and school refusal are related to

(STATE: what are the specific things that your child is anxious about)

[You could use this school stress survey and include a copy with the letter]

<https://www.tes.com/teaching-resource/school-stress-survey-6386627>

**OR**

**[If an SEND is already diagnosed]**

We are doing everything we can to resolve [child’s name] difficulties however we think it is reasonable to conclude that [child’s name] anxiety is linked to his/her diagnosis of [……………..] and this could be a strong indication that his/her Special Educational Needs are currently not being met within the school.

**[If you want to apply for an EHCP]**

We have been advised by [IPSEA / SENDIASS / National Autistic Society / SOS SEN /other advisory source - delete as applicable] that it is advisable for us to begin the process of applying for an EHCP. According to IPSEA, Schools should trigger an EHC needs assessment where they cannot meet a child’s needs. They should do so if they don’t have the expertise or funding to identify those needs fully or to identify the provision/support the child requires. They should also do so when they know what the child’s needs are and what provision should be put in place, but they cannot make that provision. [If applicable, mention any interventions that have already been tried but not worked, discussions/meetings that have been held or other evidence you have that the school cannot meet your child’s needs]

To address anxiety effectively it is important to take advice from professionals with specific training in treating mental health difficulties in order to prevent an escalation of the difficulties, and further harm to a child’s wellbeing. To try to arrange this we have taken the following steps;

[list details of appointments with GP/ referral to CAMHS /

Paediatrician appointment / other medical evidence/involvement]

We have been informed that in addition, you should be able to arrange for the input of an Educational Psychologist. Therefore, we ask that an appointment with the Educational Psychologist linked to the school is arranged as soon as possible to assess [child’s name] difficulties and offer guidance on how school staff can offer effective support. Government guidance also recommends that schools involve their school nurse and other local specialist services who support social, emotional and mental health difficulties.

In considering how best to support [child’s name] please can we draw your attention to the following points in relation to the Disability Act, Equality Act, Children & Families Act 2014 and the SEND Code of Practice:

* Relevant mental health symptoms such as anxiety, panic attacks and depression are regarded as a mental impairment or disability under the Equality Act 2010.
* A child or young person has special educational needs (SEND) if they have learning difficulties or disabilities that make it harder for them to learn than most other children and young people of about the same age. According to the SEND Code of Practice, these special needs do include social, emotional or mental health difficulties, and it is acknowledged that children who are extremely anxious need support and understanding as they will find it harder than other children to learn and access an education.
* The Department for Education has issued Statutory Guidance and non-statutory advice on *Ensuring a good education for children who cannot attend school because of health needs.* This states thatif a pupil’s absence is expected to last for more than 15 days then the school should inform the local authority who is under a duty to ensure that the child receives as normal an education as possible while he or she is absent. The local authority must start arranging the education from the first day that the school has notified them of the absence. A range of options can include home teaching, a hospital school or teaching service, or a combination of those options. A full-time education should be provided unless part time education is more suitable for the child’s health needs.

We are aware that it is our responsibility as parents to ensure our child receives an education that is suitable for his/her needs and abilities. We ask you to note that we are not preventing our child from receiving an education, it is the debilitating condition [he/she] is experiencing that is currently preventing their attendance at school. We hope that the detail of this letter offers evidence that we are doing everything possible to resolve these difficulties, and that this allows you to support us and authorise any absence on medical grounds.

**[If you want to arrange a meeting at this time]**

We would like to request a meeting so that we can discuss a suitable plan which will allow us to follow relevant statutory guidance in support of [child’s name] mental health needs and which will protect their educational progress,

Yours sincerely

Your name

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| For further information about school refusal/anxiety please see:   * <http://www.babcock-education.co.uk/ldp/absa> * <https://www.barnet.gov.uk/dam/jcr:2fc6fd1f-ac72-447e-9130-d9cd5d0d1e2c/school-based-anxiety-information-for-schools>. * <http://childlawadvice.org.uk/information-pages/mental-health-in-schools/> * <https://www.anxietyuk.org.uk/our-services/anxiety-information/young-people-and-anxiety/?platform=hootsuite> |

**Extra paragraph/s to insert if applicable**

**[If the school want to send staff to collect your child in the morning]**

We have considered your suggestion that it is necessary to come to our home in the morning to collect [child’s name] and we appreciate your attempts to help, however we are advised that this action is likely to increase the anxiety and negative feelings [child’s name] has about school and make the situation even more difficult to resolve.

We would therefore like to ask the following questions:

* Which school policies are being followed when deciding how to manage mental health difficulties in school?
* Are the suggested actions based upon advice from a mental-health professional and do you have evidence that they are recommended?
* Who will be accountable for any harm that results from actions taken by school staff?

We feel that this course of action is not the correct one to take at this current time and we ask that you take further professional advice before proceeding.

* **RIGHT of SUBJECT ACCESS REQUEST Letter TEMPLATE**

[Your Name]

[Street Address]

[postcode]

[Date]

[head teacher]

[School Name]

[Street Address]

[Post Code]

Dear [HEAD TEACHER or CLERK to GOVERNORS NAME]

We are writing to request access to our child’s school records under the Education (Pupil Information) (England) Regulations 2005 - Regulation 5 –

“*Regulation 5 of the Pupil Information Regulations provides that the governing body must make a pupil's educational record available for inspection or provide a copy of the record within 15 school days of a parent's written request. The time for response includes any time taken to seek third party consent. The school cannot charge to make the record available for inspection. Charges for copying the educational record are set by the governing body and must not exceed the cost of supply (regulation 5(3)) “*

For the avoidance of doubt, we request full copies of school records for [CHILD’S NAME] to include but not limited to:

1. All records from beginning of year ….… [Or start of education year] including the consultation period prior to [optional if child was previously at a different school] [child's name] starting date at [name of school].

2. All correspondence relating to [CHILD’S NAME] including letters and emails, both sent and received internally & externally

3. All records including special education needs records, IEP’s SEN Support Plans, Provision Maps &/or equivalent (all planning, monitoring documents).

4. Any reports on [CHILD’S NAME] by any party including any outside agency involved (Speech and Language Service, learning Support etc)

5. Disciplinary records

6. Administrative records

7. Attendance records

8. Memoranda

9. Electronic records

10. Records of any conversations, meetings and telephone calls/conversations including those to outside agencies.

11. Any incident reports

12. Personalised timetable/programme/intervention including baseline levels and attainment within. Teacher On-going Assessments “without levels” of my child’s attainment in securing compulsory criteria & evidence used to ascertain security

13. Any other material pertaining to the child. All of the above to be redacted where necessary with consideration for data protection - *Information that mentions another person in passing, such as letters which include details of the special educational needs provision for a number of children in the school including the applicant's child. This information should be edited to blank out names other than the applicant's.*

Yours sincerely,

[Your Name]

**Legislation governing access to pupil information**

The following legislation provides individuals with rights to access pupil information:

The Education (Pupil Information) (England) Regulations 2005 (SI 2005/1437) (Pupil Information Regulations) give parents of pupils at maintained schools the right to access their children's educational records and set out when such requests may be refused. In Wales, the same right is provided under the Pupil Information (Wales) Regulations 2011 (SI 2011/1942) (Welsh Regulations).

The DPA 1998 applies to all schools as data controllers holding personal data about pupils (see Practice note, Overview of UK Data Protection Regime: Personal Data and Checklist, When is data "personal data" for the purposes of the Data Protection Act 1998?).

The FOIA 2000 applies to all schools which are public bodies and permits the public to access any information held by them, subject to certain exemptions. Specifically, information need not be disclosed under the FOIA 2000, if to do so would breach the principles of the DPA 1998 (see Practice note, Freedom of information).

Additional requirements apply to schools in respect of disseminating pupil information to specific bodies, notably under section 537A of the Education Act 1996, and regulations made thereunder which are beyond the scope of this note.

<http://uk.practicallaw.com/6-385-6030>

**Pupil Information Regulations do not apply to non-maintained schools**

The Pupil Information Regulations do not apply to non-maintained schools, such as academies (Regulation 4, Pupil Information Regulations). Parents of children at non-maintained schools wishing to access information must therefore make a subject access request for information under the DPA 1998 (see Subject access requests under section 7 of the DPA 1998

**Subject Access Request (SAR) – Academies & independent schools Special Cases 51 -**

<https://ico.org.uk/media/fororganisations/documents/1065/subject-access-code-ofpractice.pdf>

While the right to access information under the Pupil Information Regulations is limited to the information contained in the educational record, the right under Section 7 extends to all personal data held about the data subject. This could include information contained in unfiled correspondence and even informal notes made by teachers. The time limit for providing information pursuant to a subject access request is 40 days. In practice, schools responding to requests under either regime will not distinguish between them and will disclose all the personal data relating to the child that they are able to find and extract.

**Also in relation to access to information**

Access Social services & access information from a public body

<https://ico.org.uk/for-the-public/official-information/>

**How do I access my medical records (health records)?**

<http://www.nhs.uk/chq/pages/1309.aspx?categoryid=68>

**0-18 guidance: Access to medical records by children, young people and their parents**

http://www.gmcuk.org/guidance/ethical\_guidance/children\_guidance\_53\_55\_access\_to\_medical\_records.as

*Document Compiled by Beth Bodycote [May 2017]*