PARENT PERSPECTIVES ON SCHOOL CAN'T: Implications for Health, Welfare, Disability and Education

A submission to the 2022 Federal Senate Inquiry into School Refusal

Abstract:

School-Can't (School Phobia, School Refusal) Australia is a national peer support community of parents/carers, supporting children and young people through school attendance difficulties. In this document we: share the group's framework for understanding school refusal, discuss the role of stressors including those which are: school based, COVID related and experienced within the family and community contexts. We describe the impact on children/young people, and parents/carers of school refusal and the difficulties and barriers associated with seeking help and support. Our response is informed by the collective lived experience of the group, results from a survey conducted for this inquiry, and our research. This report contains distressing information about students (many with disability) who have experienced trauma connected with their experience of schools and the significant impacts on parents/carers mental and physical health.

Written by:

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on behalf of School Can't (School Phobia/School Refusal) Australia

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ACKNOWLEDGEMENTS:

Preparation of this document was informed by the lived experience of parents/carers from the School Can't Australia group, and pending members, who have completed our survey. We would like to thank the 441 parents who took time before Christmas 2022 to share their experiences with us in the survey, and the parents from School Can't (SPSR) Australia who have provided testimonials. Thank you to Sophie Black of the Guardian Newspaper for bringing this issue to the public's attention. We would like to thank Senator Penny Allman-Payne for bringing this issue to the Federal Senate and proposing a Senate Inquiry into School refusal. We are excited to be able to share our experiences, the findings of our research and our knowledge about school can't. We would like to extend thanks to those group members who volunteered to work on creating and analysing the results of our survey, including Charlotte Fitzgerald, Rebecca Gelsi, Katrina Benton, Katrina Scurrah, Leigh Wedding and others who wish to remain anonymous. We must also thank our families for shoulder massages, cups of tea and coffee, cooked dinners, and more than a usual number of takeaway meals, as we redirected out attention to conducting the SC Survey-22 and writing this submission.

1. Executive Summary:

This report, prepared for the 2022 Senate Inquiry into School Refusal details the findings of research into the experiences of parents and carers with children experiencing school refusal, conducted by School Can't (School Phobia School Refusal) Australia, along with the lived experience knowledge of the group.

School Refusal refers to a child's inability to attend or participate in formal education.

The language of "**School Can't**" is preferred as it recognises that this is symptom of stress, not a behavioural problem.

There is a spectrum of school can't from mild (where a child might still attend school but be unable to complete work) to severe (where they are unable to attend at all for at least 6 months and show signs of severe distress or nervous system shutdown).

This submission includes results from the School Can't Survey (December 2022, with 441 completions, "SC Survey-22") as well as insights and experiences as shared amongst the School Can't (SPSR) Australia group over the last 8 years.

We have responded to the following terms of the Senate Inquiry:

1. **The increasing number since the COVID-19 pandemic, of young people and their families who are experiencing school refusal.**

Key concepts from Section 6:

- School Can't (SPSR) Australia is not able to say that there is an increasing number of students experiencing school refusal since the onset of the COVID-19 pandemic.
- The group membership has grown consistently since 2014.
- The SC Survey-22 found 46% had experienced school can't before COVID-19. As many factors contribute to school can't, it can't be concluded that the pandemic caused the remainder.
- There is no reliable formal data on school can't across Australia, with no formal definition and current methods of collecting and classifying details on school absences.
- Social stigma and poor levels of awareness impact on parental identification of school can't and early signs.

Recommendation 1:

That state and territory DOEs work towards establishing agreement about defining "school can't" and create a set of guidelines regarding recording school can't absences that is consistent across all states and territories. Furthermore, information about absence reasons should be made publicly accessible and should be published in relation to each school. Improved data collection will assist to identify trends relating to school can't absences and can be used to track effectiveness of intervention and preventative measures.

Recommendation 2:

That state and territory Departments of Health and Education, in conjunction with School Can't (SPSR) Australia, develop and promote public health messaging about school can't to improve community understanding that it is a stress behaviour and not misbehaviour. That awareness raising include information about early warning signs, and how to respond and support students experiencing school can't. Such action will assist in breaking down stigma and shame and assist parents and carers to feel able to report signs of school can't to schools. These actions must be done to support collection of data which more accurately reflects the incidence of school can't in the community.

2. How school refusal is affecting young people and their families and the impact it is having on the employment and financial security of parents and carers.

Key concepts from Section 7.1- **The Impact on Young People:**

- There is very little research into the perspectives and experiences of students with school refusal and impacts on their long term wellbeing, future earnings, career or life prospects.
- Parents/carers describe their children as experiencing distress, frustration, anger, loss of hope and trust. Their children feel: misunderstood, judged, shamed and not listened to. They are frequently socially isolated, and excluded from school activities and experiences. They may be self-harming, have suicidal ideation, or be in a nervous system state of flight, fight or shutdown.
- Collaborative and Proactive Solutions (CPS) supports students and adults to explore the difficulties a student is experiencing without shame or judgment.
- School can't is experienced by students across all year levels, with an increase at 6-7 years and 13-14 years, indicating increasing vulnerability following primary and secondary school transition points.
- Most parents / carers in SC Survey-22 described their child as experiencing severe school can't. Almost a quarter of these students had been absent from school for more than 80% of the previous 12 months.
- An overwhelming majority (73%) of these students were diagnosed with a disability—mostly autism and ADHD. Another 10% are suspected or awaiting diagnosis.
- For those with anxiety and depression, most were diagnosed **after** school can't onset. These diagnoses are seen as responses to the chronic unresolved stress.
- Exposure to ongoing stress can result in a trauma response and ongoing physical and mental health issues. The source of stress must be identified and reduced to calm the child's nervous system. Early identification is critical to recovery. Use of rewards and consequences, continued expectations of attendance at school or increased demands on the student can add more to the student's stress load, further preventing the student's nervous system from being able to return to a "safe" state.

- Parents are often left with no option but to remove the child from the source of stress. That may mean moving to another school, home schooling, distance education, or enrolling in an alternative school.
- The lack of awareness and viable alternatives means some students remain in situations where their health continues to be impacted and they do not

experience a reduction in their exposure to stress for long enough to reset the nervous system.

Recommendation 3:

That the Federal DOE recommend that state and territory DOEs mandate the rolling out of Collaborative and Proactive Solutions (CPS) across all schools in order to equip teachers with collaborative communication skills to assist them in working with students and parents/ carers to identify problems and find solutions or ways to remove the barriers that lead to school attendance difficulties. CPS is a powerful tool which assists in amplifying student perspectives and voice in the problem-solving process.

Recommendation 4:

That State and Territory based departments of Families / Human Services fund Collaborative Proactive Solutions parenting programs to assist parents and carers to prevent school can't and to understand and support children experiencing school can't. CPS is a powerful tool which can be used to help understand what is happening for our children and identify supports and accommodations that will promote engagement with learning.

Recommendation 5:

That consideration be given to funding research (informed by lived experience) to unpack factors associated with increased student stress leading to onset of school can't at age 6-7 and age 13-14 to understand how to better support students in these age groups.

Recommendation 6:

That DOE **policies** are reviewed to support students and parents/carers to take time off work or time out of school, while parents/carers work with the student, school and clinicians to identify underlying issues and address the mental health concerns of the student, in order to facilitate recovery via an individualised plan. This should be communicated to families so that they understand that this is possible. This will reduce parent/carer and student stress.

Recommendation 7:

That state and territory DOEs provide positive messaging about forms of schooling other than formal schooling and ensure messaging that normalises that there are many different ways to engage with learning. Such that families and students are aware that there are a range of options available to them should they require them.

Recommendation 8:

That state and territory DOEs provide positive and more frequent messaging about the variety of pathways that exist to higher education outside of mainstream school. So that schools, parents/carers and students are aware that there are many options and successful completion of year 11 and 12 are not the only ways to access tertiary studies. This will help reduce stress in the final years of school if young people experience school can't at this time.

Recommendation 9:

That State and territory DOEs fund an on demand free health and wellbeing check with parents prompted about the service in year 1, year 4, year 7, and year 10, to identify any previously unidentified diagnoses, mental health issues and support needs. This service should provide referral to funded assessments and supports. This will reduce barriers to accessing costly diagnoses leading to more timely identification of childhood illness and developmental conditions and ensure parent/carers support in their effort to seek help for their child.

Key concepts from Section 7.2 - **How is School Refusal Impacting on Parents / Carers**:

- The impact of caring for a school can't child on the parent/carer's ability to work is significant—only 3% of parents reported no impact on their ability to work over the last 5 years.
- Employment impacts include the amount of work parents or carers undertake (with most wanting to work more hours), the type of work, and the location of work. They may need flexibility around the unpredictable and varying nature of school can't and what is required to support their child, whilst also managing their own stress levels. Carers Leave is limited in its application.
- The financial stress of school can't impacts on families in both the short and longer term, with increased costs, reduced earnings and impact on savings. A third of families stated they are coping for now but their long-term financial security is impacted. 15% felt that they were struggling to afford essentials such as food, housing, transport, health, and basic needs.
- Limited school and practitioner awareness about school can't means early signs are ignored and parents/carers experience difficulty finding help and support. Over 90% of parents surveyed said that School Can't (SPSR) Australia's lived experience and support assisted them to focus on their child's mental health and wellbeing.
- Parents and carers make use of a range of supports, but face barriers in finding, obtaining and accessing them, leading to further frustration and stress. (Supports are discussed further in Sections 8.1, 8.2, and 8.3).
- There is significant impact on parent/carer social connections, with feelings of isolation, shame and judgment often rooted in differences in beliefs about how to respond to their child's needs (assuming poor parenting vs an invisible stressor).
- Two-thirds of surveyed parents / carers reported that exhaustion and overwhelm limited their ability to access supports for themselves. They were also impacted by limited free time, the unpredictability of school can't, and waiting lists.
- The burden of care is substantial, and the lack of school can't awareness among service providers adds to the complexity. Many survey respondents suggested that it would help to have supportive case management that was trauma aware, independent, and focussed on wellbeing rather than school attendance.
- Negative and frequently unfounded narratives about engagement with school and learning (eg "school to prison pipeline", "every day counts" and views of non-compliant children as lazy and manipulative), all perpetuate parental /carer anxiety and difficulties in them accessing formal and informal supports.
- Parents/carers surveyed experienced substantial negative impacts to their mental and physical health and their perception of themselves as a parent.

Recommendation 10:

That federal parliament review the financial supports delivered by Services Australia for parents who are caring for school can't children, in consideration of the substantial impact on the finances of parents and carers. That consideration be given as to provision of a 12 month "school refusal package" in addition to carers payment and carers allowance, and/or access to Assistance for Isolated Children, where children are recovering at home from school can't. This will assist parents who are unable to maintain employment to manage the cost of living on reduced income, whilst paying for allied health and other supports including: psychology, social work, psychiatry, paediatricians, private tutors, support workers etc as required.

Recommendation 11:

That state and territory DOEs fund independent case management for students with school can't which has wellbeing as its first priority. Case management would assist parents and carers to access: timely and appropriate medical and allied health supports, build a team of supports around the student, determine factors underlying school can't, communicate with schools, assist schools to remove barriers and accommodate the student's needs, identify alternative education options or flexible ways to engage with learning if necessary, and collaborate to create recovery focussed plans. This will assist in reducing parent/carer stress.

Recommendation 12:

That the federal government fund School Can't (SPSR) Australia to create and deliver professional development materials for school staff and for wellbeing and clinical services in order to improve knowledge about school can't, including: how to prevent school refusal, how to identify risk factors for school refusal, how to identify underlying issues and collaborate with and support students and their parents or carers where a student is experiencing school can't. Building awareness and knowledge about school can't at the school and clinical level will lead to reduced carer stress and will result in students receiving assistance in earlier stages of school can't.

Recommendation 13:

That federal parliament review financial supports for parents who home-school. Many have been forced into home schooling as a result of their child's disability/mental health needs not being met previously in formal schooling. We request that consideration be given to: helping families meet the additional cost of living associated with home schooling, provision of additional funds when families are home-schooling a child with disability, increasing Assistance for Isolated Children payments (broadening eligibility criteria to include students experiencing school refusal).

3. The impact and demands of the increasing case load on service providers and schools to support these students and their families.

Key concepts from Section 8 - Services Accessed for School Can't Children, Helpfulness of Services, and Barriers to Accessing Services

- Parents/carers are struggling to access helpful supports for their school can't children.
- **Helpful supports are trauma aware and share an understanding of school can't. They are focused on the child's wellbeing, seek to identify and address the underlying causes of distress; and demonstrate patience and compassion.**
- SC Survey-22 respondents overwhelmingly (85%) indicated that their experience of parent peer support groups was helpful. Support workers and OTs were also rated as helpful, though to a lesser extent.
- Concerningly, school-based supports were rated as unhelpful by many, perhaps reflecting the conflict of their position with a focus on attendance versus wellbeing. Even wellbeing/school counsellors were rated as not helpful by nearly 60% of those who had accessed them. Year level coordinators and class teachers were rated as not helpful by nearly 55% of respondents.
- Many of the difficulties in accessing external supports link back to poor understanding of disabilities within schools; gaps between what is covered by education, health and disability sectors; and long waiting lists and costs of accessing supports. There were also limited practitioners with an understanding of school can't.
- Within schools, many surveyed parents/carers reported difficulty finding supportive people; the school being willing to explore underlying issues; and poor access to communication between teachers and parent/carers.

- **Small numbers of parents/carers surveyed report having experienced punitive threats and actions from Australian education departments and schools in order to force their children to attend school. Some students were also threatened with loss of privileges based on their attendance.**
- **46% of surveyed parents/carers felt their child's mainstream school had pushed them out, that they were left with no choice but to leave a school. Many parents/carers described becoming reluctant home schoolers because they had no other options.**
- **Parents/carers reported that accessing support for their child was also impacted by the severity of and unpredictable pattern of the child's distress.**

Recommendation 14:

That the senate committee undertake an investigation to review the impact of the siloed structure of funding (education, health, disability) on the ability of families to access help, with a view to reducing barriers to accessing help and supporting families with the costs associated with seeking help and supporting their children to recover.

Recommendation 15:

That state and territory DOEs ensure that intervention from authorities, (when low attendance results in mandatory referral to an organisation outside the school, such as the HSLO in NSW) not escalate parent or student stress, but instead seek to identify underlying issues and work collaboratively with stakeholders to develop recovery plans rather than attendance plans.

Recommendation 16:

That State and territory DOEs ensure that student supports and funding are able to seamlessly move between different contexts. A social worker, psychologist, occupational therapist, support worker or tutor who works at home with a student, needs to also be able to work or support the student at school and vice versa, as students transition between these environments.

Recommendation 17:

That all state and territory DOEs establish and resource an external independent complaints service, for parents and carers of students with disability or mental health difficulties, to self-refer to. This service would assist families when parents/carers have been unable to work with their child's education provider (State, Independent or Catholic) to obtain the support they feel is required to enable their child to access education with their education provider. That such a service provider mediation/advocacy service on behalf of families and report to state parliaments about the number and nature of complaints.

Recommendation 18:

That all state and territory DOEs provide a mechanism through which parents and carers can initiate a request for an immediate formal review of a student's support needs if there are signs of increasing student distress. This will initially involve a PSG meeting and should involve referral to a fast-track service for relevant assessments by psychology, occupational therapy or speech therapists to help identify underlying issues so that students can be better supported. This will enable intervention at an earlier stage and reduce the number of severely distressed students requiring help later.

Recommendation 19:

That state and territory DOEs change **messaging** around school refusal to reflect the need for wellbeing to be prioritised over compliance with attendance expectations. Messaging should recognise that sometimes staying home is necessary to support wellbeing and should also inform parents/carers about how to access supports if a student's wellbeing needs are impacting their attendance at school regularly or persistently. This change in direction will involve removing fines and threatening letters and changing messaging in school newsletters and on DOE websites. This will empower parents to focus on addressing their child's wellbeing needs.

4. How relevant state, territory and federal departments are working to monitor and address this growing school refusal challenge.

Key concepts from Section 9:

- There is a lack of consistency in the understanding of school can't and how it is recorded.
- Once data is available, school can't should be correlated with other data on disability, indigenous status, inclusion, use of exclusionary practices and school discipline practices.

Recommendation 20:

State parliaments be encouraged to legislate and provide funding to enable the collection of data on parent reported reasons as to why a student has exited from a school to seek an alternative enrolment. That this data be reported to their respective parliaments annually. Data should also be collected regarding reasons for seeking enrolment in alternative education environments such as distance education, home-schooling or specialist/therapeutic education environments. This data should include information about the student's disability status, exclusion, restraint, and school refusal history. This will enable a better understanding of the factors impacting students with disability and those with a history of school can't and assist in identifying and responding to barriers to inclusion.

5. Stressors

Key concepts from Section 10.1- School-based stressors:

- Many parent-nominated school-based stressors reflect known difficulties (that could be proactively addressed) for autistic and ADHD students around sensory needs, flexibility, attendance expectations, following interests, using CPS, and neuro-affirming social emotional learning.
- 71% of survey respondents nominated a lack of safe people as problem for their school can't child. The students in this cohort are struggling with relationships and connection with both teachers and peers at school.
- Poor school and teacher understanding of stress and distress impedes students being heard and getting the support they need.
- Neuro-normative expectations, shaming and non-inclusionary school cultures see many students masking to fit in. Masking adds to a student's stress load by cutting off avenues to reduce, avoid or recover from stress.
- Schools are often overstimulating and distressing to neurodiverse students and those impacted by trauma. Sensory acoustics, uniforms, classroom temperature, lights and visual clutter all impact on this and could be improved at a school or classroom level and with increased flexibility.
- Difficulties with schoolwork were also seen as stressors. Work not of interest, executive functioning difficulties, difficulties with specific subject areas, execution of the curriculum, group work and processing speed were all significant.
- The length of the school day, number of transitions and early start times all contribute to the school stress load for many students.
- Universal supports and individualised supports are needed to meet the range of complex needs in the classroom. This requires a culture of inclusion, increased disability training and mentoring for teachers, providing reasonable adjustments, and flexibility to meet a range of needs.

Recommendation 21:

That state DOEs identify and remove barriers (including examining funding structures and policies) which prevent students from: easily moving between face-to-face learning, distance education and home schooling or combining enrolments across different types of learning contexts when needed. This will allow students to access a wider variety of options for engaging with education.

Recommendation 22:

That state DOEs identify and remove barriers which prevent enrolment in an out of zone school when the student no longer feels safe and supported at the zoned school, in circumstances where a student experiences or is a risk of School Can't.

Recommendation 23:

That state and territory DOEs ensure that options exist, particularly in high school, for students to choose the way they would like to engage in a subject i.e. online, face to face, live or watch at another time. This will enable students flexibility to engage in ways that meet their wellbeing/ recovery needs.

Recommendation 24:

That state and territory DOEs build capacity of teachers to have in depth knowledge about adjustments and accommodations required to support students with disability / mental health difficulties. Especially in relation to collaboratively creating supportive learning plans, regulation plans, and mental health support plans. This will ensure students are better supported and will reduce student stress.

Recommendation 25:

That State and territory DOEs and University Teacher training courses work to develop awareness around the importance of teacher wellbeing and supporting teacher's nervous systems. This is to ensure that teachers have the capacity to be with distressed students and can co-regulate and share their calm with the student. Teachers who have highly aroused nervous systems may unintentionally arouse the nervous systems of their students.

Recommendation 26:

That state and territory DOEs mandate trauma or nervous system informed practice training for staff at schools and examine ways to support teacher wellbeing and regulation in the workplace at an institutional level, because the wellbeing of students is closely related to the wellbeing and regulation of teachers.

Recommendation 27:

That Federal and State parliaments legislate to ensure that according to Article 24 of the United Nations Conventions on the Rights of Persons with Disabilities, to which Australia is a signatory, students with disability will have their right to access inclusive (non-segregated) education upheld.

Recommendation 28:

That in conjunction with legislation recommended in Recommendation 27 state and territory DOEs will mandate the upskilling of teachers in relation to inclusive educational practise and universal design, through professional learning and mentoring for teachers already employed and in teacher training courses. This will support the desegregation of our education system so that all students are supported in mainstream contexts regardless of diagnosis and fewer students with disability are left as casualties of their engagement in mainstream education.

Recommendation 29:

That university teacher training courses be mandated to include units on disability and cultural awareness in relation to attitudes towards disability.

Recommendation 30:

Given the positive response that many young people (24%) had to remote learning, we recommend that State and territory DOEs make access to distance education more readily available and easier to access.

Recommendation 31:

That State and territory DOEs resource and make available, remote learning facilities to help students who cannot attend school in person, retain connection to their schools (including peers), and remain connected to their learning.

Recommendation 32:

State and territory DOEs review and amend policies in relation to the following supports for students with anxiety:

- Permission for parents or support workers to be on site as a support person to provide reassurance to an anxious young person.

- Permission for the young person to carry a mobile phone on their person at school as part of a safety plan, so they can alert a support person when in distress.

- Permission for a young person to access and use any supports that assist them to feel calm so long as these do not disturb other students (e.g. listening to music, use fidgets, use break cards, ability to move, visit a favourite teacher).

Key concepts from Section 10.2- School based, COVID related stressors

- **COVID-19 did bring a range of additional school-based stressors related to unpredictability, interrupted routines, transitioning back to the classroom, meeting remote work expectations, lack of contact with peers, and missed learning.**

Recommendation 33:

That state and territory DOEs be required to proactively develop an emergency plan for students with disability, involving funded supports and creation of resources, should remote learning be required again. The nature of these supports and resources should be developed in consultation with students with disability and their parents and carers, and should reflect feedback about recent past experiences of remote learning. This will reduce the experience of remote learning as a stressor which impacts a students' ability to engage with learning and their perception of themselves as a capable learner.

Key concepts from Section 10.3- Family and Non-School Stressors Impacting on School Can't

- **There are a wide range of stressors which impact children and young people both directly and indirectly through the family unit. It is important to consider how we as a society, support families when they experience stressful events.**

Recommendation 34:

That state and territory Departments of Health improve access to mental health services that specialise in trauma recovery. Current access to psychological care through the Better Access to Mental Health Care initiative is inadequate to meet the needs of those with PTSD and to care for those that live with or care for them. Trauma impacts more than just the individual who experienced the trauma. Long term impacts on mental health and physical health of untreated trauma and PTSD are concerning.

6. Disability as a risk factor for school can't - Autism and ADHD

Key concepts from Section 0- Disability as a risk factor for school can't

- **SC Survey-22 results indicate that disability is a significant risk factor for experiencing school can't - 73% had a confirmed diagnosis and a further 10% were suspected or seeking diagnosis.**
- **Autism, including the PDA presentation, and ADHD were the most significant diagnoses. These were followed by sensory processing disorder, academic**

giftedness, specific learning difficulties (eg dyslexia, dysgraphia, dyscalculia), and auditory processing disorder.

Also see related recommendations above:

- Recommendation 9 regarding diagnoses and supports,
- Recommendation 13 regarding funding home-school supports and cost of living,
- Recommendation 14 regarding funding silos between education, health and disability,
- Recommendation 16 regarding transition supports bridging education, health and disability,
- Recommendation 17 regarding complaints, advocacy and mediation,
- Recommendation 18 regarding a review of student support needs,
- Recommendation 20 regarding data collection when enrolling or terminating an enrolment with an education provider,
- Recommendation 27 regarding alignment of state and territory law with human rights obligations to provide an inclusive education,
- Recommendation 28 regarding training and upskilling teachers in inclusive practise,
- Recommendation 29 regarding training and upskilling teachers in disability and cultural awareness around disability,
- Recommendation 30 regarding proactive disability support planning for remote learning.

Recommendation 35: That State and Territory DOEs acknowledge and provide for the needs of students whose nervous systems require: smaller schools, smaller classrooms, buildings that are designed and outfitted to account for sensory needs, pedagogy that accommodates interest based or self-directed learning, no uniforms, shorter days, later start times in secondary schools, low demand and low arousal environments in order to maintain student wellbeing and capacity for learning.

7. Power imbalances, cultural beliefs and frameworks of understanding

Key concepts from Section 12- Power imbalances, cultural beliefs and frameworks of understanding

- Power imbalances impact on the relationship between young people and their parents/carers, as well as between parents/carers and those who are attempting to gain compliance, intervene or assist (e.g. educators, clinicians and authorities)
- School can't is complex and can only be understood through a collaborative approach that involves parents/carers and students.
- Ableism contributes to the experience of school as a trauma for the child with a disability or for the child with school can't.
- Blame and shame culture when students don't fit the system, causes more stress for parents/carers and children, and impacts on attachment and help seeking.

Recommendation 36:
That at all levels of government and across all sectors: health, education, welfare, and disability a commitment is made to collaborate in a way that validates and amplifies the voices of those with lived experience in order that research, policy, and design reflect the needs of those who have in the past been othered. "Nothing about us without us"

8. School Can't Australia not for profit organisation

Key concepts from Section 13 - School Can't Australia Not For Profit Organisation

- School Can't (SPSR) Australia is a volunteer-run parent peer support group that is providing much-needed support that has been rated by families as helpful.
- The group is growing fast and plans to register as a not-for-profit organisation to access funding, expand the range of supports, and manage the risks of providing this type of service.

- **Expansion opportunities include offering advocacy support services; educational materials and programs for educators, parents and professionals working with school can't; programs for young people; and expanding on the parent programs**

Recommendation 37:

That the federal government acknowledge the excellent work that School Can't (SPSR) Australia's volunteers have been doing to provide a valued national parent peer led intervention service and that they provide funding for this service in order to sustain it to meet the needs of the growing school can't community over the coming years.

2. School Can't (School Phobia, School Refusal) Australia

Key concepts:

- School Can't (SPSR) Australia is a peer support group for parents and carers of children who are experiencing school attendance difficulties that was established in 2014.
- As at February 2023, there were 7,600 parent/carer members of the group, and a further 700 waiting to join.
- The group meets online (via Facebook) and in person, in capital cities across Australia.
- The group is currently run by four parent volunteers, but with the size of membership and work involved it is looking to move to a Not For Profit organisation with paid staff.
- Over the last 8 years the parents in the group have been involved in an informal action research project, co-creating knowledge about school attendance difficulties.

2.1 About School Can't (SPSR) Australia:

School Can't (SPSR) Australia is a peer support group for parents and carers of children who are experiencing school attendance difficulties. The group was established in 2014. Since 2014 the parents in our group have been involved in an informal action research project, co-creating knowledge about school attendance difficulties. By sharing what has worked and what hasn't worked for our children over this period we have developed knowledge and a set of shared understandings about supporting students with school attendance difficulties. Our strength has come from sharing what we know with each other.

We currently have a membership of 7,600 parents/carers with a further 900 waiting to join (**Error! Reference source not found.**). We meet both online (using Facebook), and in person, in capital cities around Australia. The support we offer each other online is accessible 24 hours a day, 7 days a week and is available for 48 weeks of the year (the group takes a 4 week recess during the summer school holidays). School Can't (SPSR) Australia is currently run by four parent volunteers, but with a membership in excess of 7,600, this is no longer sustainable, and we are seeking to move from a volunteer run organisation to one that is a registered Not for Profit organisation with paid staff. This is discussed further in Section 14.

> "I was so fortunate to be informed about this group by a family friend. In the 5+ years that my daughter has been experiencing a range of mental and physical health challenges and has been diagnosed (late) as autistic (PDA profile) and ADHD, it has been a key source of excellent information and sharing for people going through similar, yet unique challenges.
> The reality is that currently school staff and health professionals usually don't have the knowledge and skills to adequately support students with very complex needs and this group has developed a wealth of expertise through lived experience and drawing on the work of worldwide leaders in the field.
> It can be very isolating for parents who lose their networks when their child isn't able to attend school (and sometimes other activities), and having this group is so beneficial.
> I would love to see further advocacy, education and resources available to all, not just to the lucky ones who happen to know someone who is in this group."
>
> *Parent of autistic School Can't child, age 17y*

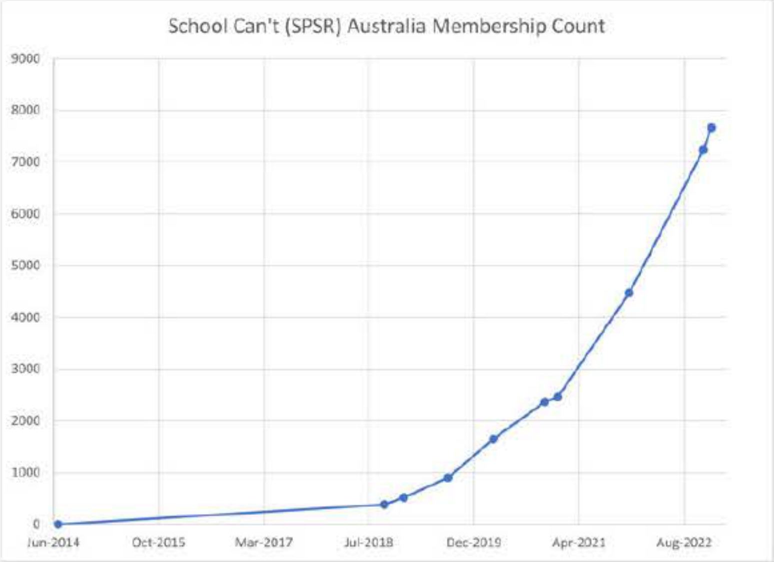

Figure 1: Source: Facebook analytics for School Can't (SPSR) Australia

2.2 Parent Experience:

Parents and carers who join our group report high levels of personal distress and high levels of distress in the children they care for. They are frequently very invested in seeking help but either help is not forthcoming, is unhelpful or is even harmful. Many professionals focus efforts on returning the child to school as soon as possible without identifying and addressing the underlying issues outside of the immediate context of the child and family. Child and adolescent mental health issues such as anxiety and depression are frequently diagnosed after onset of school refusal. Children and their parents and carers are closely linked and the wellbeing of one, impacts the wellbeing of the other over time. Parents and carers report impacts on their personal wellbeing, mental health, physical health, careers, personal finances, and relationships. Parents and carers who find their way to our group report an overwhelming sense of gratitude and relief at having found support and understanding.

"Until I found this group I felt like I was doing something wrong as a parent"
"As a result of this group I realised I wasn't alone"
"I was so fortunate to be informed about this group by a family friend"
"I have learnt so much in this group"
"I no longer feel alone. Instead I feel informed, knowledgeable and supported. I am able to use all I have learnt from this group along with their strength to better advocate for my child and to improve their outcomes"
"With the support of this group I have been able to seek the right professional help and advocate for my sons disability"

Testimonials provided by members of School Can't (SPSR) Australia 2022

2.3 Our Values:

At School Can't (SPSR) Australia we value and hold important:

- Knowledge gained through lived experience.
- The well-being of both parents and students.
- Protection of the parent child relationship and attachment.
- "Felt safety" as a neurobiological precursor to learning engagement.
- Parent/adult self-regulation.

- Co-regulation between parents/carers and children/young people.
- Individualised supports and accommodations.
- Learning can happen in many places and many ways.
- Belonging and connection.
- Inclusive and neurodivergent affirming practice.
- Collaborative approaches to identifying problems and solutions.
- Shared power and the amplification of the child's voice.
- "Kids do well if they can" (Greene 1998)

2.4 Our Vision:

The end goal for our group is to ensure that school attendance difficulties become a thing of the past, and that families no longer find themselves needing the support of School Can't (SPSR) Australia. To achieve this there is a need, both for action that meets the needs of those currently impacted by school can't as well as for action that prevents or reduces the rate at which school can't occurs. The recommendations we suggest in this document describe the actions we consider necessary at a government and institutional level to achieve this.

3. Defining School Refusal:

Key concepts:

- School Refusal refers to a child's inability to attend or participate in formal education.
- There is a spectrum of School Can't from mild (where a child might still attend school but be unable to complete work) to severe (where they are unable to attend at all for extended periods and show signs of severe distress or nervous system shutdown).
- The language of "School Can't" is preferred as it recognises that this is symptom of stress, not a behavioural problem.

School Refusal refers to a child's inability to attend or participate in formal full-time education and may occur in the context of: mainstream, specialist, distance education, remote learning and even home school environments.

Alternative terms often used include:

- School Can't
- School Phobia
- Emotionally Based School Avoidance
- School Attendance Difficulties
- Truancy

Often a distinction is made between School Refusal and Truancy. School Refusal is when parents are aware that their child or young person is not attending school. Truancy is when a child is missing school without their parent's knowledge, such as when a child wags.

School Can't (SPSR) Australia would argue that the distinction between truancy and school refusal requires further investigation as the key difference may be related to the degree to which a student:

a) senses they are likely to be met with adult judgement and disapproval in relation to difficulties they are having attending school, or
b) believes that the problems at school have no solutions and so flight from or avoidance of school is the only solution, or
c) experiences learned helplessness and is unable to resolve issues that impact the way they experience school, or
d) feels so ashamed of themselves or a situation at school that they can't seek help or remain in the learning environment.

The language and social constructs around "truancy" presume that a child is wilfully misbehaving, and that the solution is to promote compliance and more socially acceptable behaviour through punishment, bribery, or use of rewards, rather than identification and resolution of difficulties the student may be experiencing. **"School Can't"** is our group's preferred term for "school refusal" and we will be using this term when we talk about school attendance difficulties.

3.1 Presentations of School Can't:

"I found this group early in our journey, when I was struggling to get Ms 9 to school, but still

Signs of school can't may include the following in relation to attending school:

- an expressed reluctance to attend school,
- physical signs of anxiety such as stomach upsets and headaches,
- sleep disturbance,
- not wanting to go to bed or get out of bed
- not wanting to get dressed or eat, or to get in the car, or to get ready,
- anger, crying, begging, or other distress about attending school,
- being late to school, missing school, missing particular classes,
- avoiding or refusing work or homework,
- hiding when at school rather than going to class or out for lunch or recess,
- unable to move physically or to talk: flight, fight, freeze, shutdown,
- absence from school for single days at a time over many weeks,
- absence from school for many days at a time, or extended absence from school.

insisting she go unless demonstrably ill. This was the rule when I was a kid, after all. Reading the stories and approaches here, I realised my error, and changed the way I parent. We now work together to understand and overcome the barriers, and if that's not possible, well, sometimes a doona day is good for both of us.

Our relationship was suffering from my fixed idea of what was 'acceptable', but a few months later, she is relaxing and opening up to me again. She is far less anxious about school and more open to learning, too. ***We are also both now being assessed for ASD and ADHD***, partly thanks to information I learned in this group!

Without this kind of peer support, I may have permanently dmanaged my kid's relationship with both me and with school and learning. Thank you for existing."

Mother of 9 year old School Can't child (used with permission)

[redacted]

We consider any of these presentations as manifestations of school can't.

School Can't occurs on a spectrum from mild to severe:

1. **Examples of mild school can't:** A child with mild school can't might express a desire not to go to school but is still able to attend school most days. They might have several days a term where they cannot go to school. They may be persistently late to school because of their reluctance to go. They may report feeling unwell (tummy ache or headache). They may feel anxious on Sunday nights as the school week is about to start. They may be unable to complete school work either at home or at school.
2. **Examples of severe School Can't:** A child with severe school can't might be unable to attend school at all. Duration is often for more than 6 months. They may not be able to leave their bedroom or the house. They show signs of severe distress and or a nervous system shutdown response. They may develop atypical sleep patterns often awake all night and asleep during the day. They may show signs of self-harm, clinical depression, or severe anxiety.

3.2 Conceptualisation of School Refusal: misbehaviour or stress behaviour?

School Can't (SPSR) Australia believed that a child's inability to attend school is a symptom of a problem. It is not "the problem" to be fixed. The way the problem is conceptualised shapes parents/teachers/clinicians responses to it. School Can't (SPSR) Australia invites parents/carers to reframe "school refusal" and consider it from a neurobiological perspective rather than from a behaviourist perspective. We invite readers of this submission to do likewise. Kristin Wein's illustration demonstrates the impact of this lens shift. (See Figure 2)

Figure 2: "Reframe the Behaviour" Visual by Kristin Weins. Used with permission. Source: https://northstarpaths.com/

When school refusal is viewed as a **behaviour problem**, then students are perceived as refusing to go to school. The student is viewed as wilful or defiant and adults are more inclined to respond with rewards and consequences. Clinicians and education professionals are more likely to view the problem as residing with in the child or the family. In responding they are more likely to make demands of the family or the student, that either focus on remedying a fault within the child or family or focus on gaining compliance with the expectation of attendance. These lead the parents/ carers and student to feel judged, ashamed, and experience increasing distress. This conceptualisation of the problem does not lead to exploration or identification of the issues underlying school can't.

The risks associated with this conceptualisation include:

- Increased feelings of stress leading to feelings of helplessness for the student and/or parents/carers,
- Continued and deepened student disengagement,
- Damage to the parent child attachment,
- Damage to the student – school relationship,
- Student distrust of adults and withdrawal from engaging with them to identify what is impacting the student.
- Worsened mental health of the student,
- Failure to identify how to assist and support the student,
- Parents / carers left with no choice but to exit mainstream schooling to protect the child's mental health and wellbeing.

Reframing school refusal as "school can't" helps adults instead, to conceptualise school refusal as a response to **stress**. It leads them to be curious and to look for underlying reasons why a student might be having difficulties attending school. Adults are more likely to identify and remove barriers and to install accommodations and supports that meet the student at their point of need, reducing student stress in the process. Teachers and clinicians are more likely to work collaboratively with students and their parents/carers to assist them. Students and their carers feel understood, supported and safe in their interactions with teachers and clinicians who approach school can't in this way. Parents who join School Can't (SPSR) Australia report that the change in the way the problem is conceptualised empowers them: to connect with their child, to seek assessments that assist them to understand the difficulties and to find solutions and supports enabling their children to recover and thrive (see Section 7.2.3).

It is, fundamental when considering school can't that shared understandings are developed across the community, in clinical, school, parent, and research contexts in order to effectively address the issues that lead to school can't. Failing to do so puts our young people at risk.

4. Models that support our framework of understanding:

Key concepts:

- Leading research-based practices that are helpful in understanding and helping with School Can't include Collaborative and Proactive Solutions (CPS) by Dr Ross Greene; Dr Stuart Shanker's Self-Reg; Dr Stephen Porges' Polyvagal Theory; Bronfenbrenner's Ecosystems perspective; and trauma informed and inclusive education practices.

4.1 Collaborative and Proactive Solutions

Collaborative and Proactive Solutions (CPS), created by Dr. Ross Greene (1998, 2008), is a problem-solving model for identifying and addressing the barriers and stressors impacting our children and causing them difficulties. We use this model to look for underlying drivers of school refusal behaviour.

4.2 Shanker Self–Reg

"The key to changing a child's trajectory is to identify and reduce their stress load, rather than trying to teach better self-control. The latter emerges naturally as a result of improved self-regulation." (Hopkins, Shanker & Leslie, 2017)

The Shanker Method (Shanker, 2021) is a 5-step process for identifying and reducing stressors impacting children and adults, thereby promoting self-regulation.

1. "Read the signs of stress and Reframe the behaviour
2. Recognize the stressors
3. Reduce the stress
4. Reflect, enhance stress awareness
5. Restore Energy "

We can use this process to address the stressors contributing to a child's stress behaviour.

From Shanker we learn that self-regulation is about managing energy use and recovery. We learn about the extraordinary power of the adult nervous system to influence the nervous system of a child and facilitate the development of the child's ability to regulate their own arousal levels. This process is referred to as co-regulation by Mona Delahooke (2019).

4.3 The Polyvagal Theory

The Polyvagal Theory, proposed by Dr. Stephen Porges (1995) (2011), describes how the state of the autonomic nervous system (ANS) impacts human behaviour. The theory explains that the capacity for social engagement behaviours (including sociability, creativity, curiosity, playfulness and flexibility) emerges when ANS detects safety. We see protective behaviours such as fight or flight when ANS detects threat, or a freeze response when ANS detects threat with no way to escape.

"Safety is in the Eye of the Beholder" – Mona Delahooke

Source: Psychotherapy Networker (2020)

A threat may be physical such as: a growling dog or a house fire. A threat may also be to our sense of self such as: getting in trouble with the teacher, or be a threat to our connection with others such as: fighting with a friend or going against the group. Even consideration as to whether we have enough internal resources to meet a challenge, such as being hungry, tired or unwell can be a threat. We pick up signs of safety or threat unconsciously; from the environment, from the nervous systems of those around us, and from the internal state of our own body. Our ANS responds automatically. Please refer to Appendix 19.1 "The Autonomic Nervous System" for further information about the Autonomic Nervous System.

Porges writes for medical professionals. We recommend these authors who have applied Porges' work to other fields of study: Mona Delahooke (parenting) (2019), Deb Dana (mental health) (2018, 2021), Lori Desautels (teaching) (2020).

Trauma informed education is built on understanding the nervous system and applying this knowledge to the way we interact with others in the context of school.

4.4 Ecological Systems Theory framework – Bronfenbrenner

Bronfenbrenner's Ecosystems perspective (1979) makes an essential contribution to understanding school can't. His approach directs us to consider the student within the context of school, family, the education system, the local community, and the wider socio-political environment. Bronfenbrenner outlines five environmental systems that interact with each other: microsystem, mesosystem, exosystem, macrosystem and chronosystem. The ecosystems framework highlights the complex nature of understanding and addressing school attendance difficulties and the need to consider a wide range of variables that might impact a student's capacity to attend school not just at the parent/carer or child level. See Tobias (2019) for a description of the application of ecosystems theory in understanding and supporting students with school can't.

4.5 Trauma Informed and Inclusive Educational Practices

Trauma informed educational practise and inclusive educational practises provide insight into understanding and preventing school can't. Trauma informed education practises recognise, and are responsive to, the potential impact of traumatic experiences on student wellbeing, and learning. They are informed by neuroscience, pertaining to the Autonomic Nervous System. Examples include: The Berry Street Model (Brunzell, & Norrish (2021) and The Neurosequential Model in Education (Perry 2020).

Educators may be unaware of traumatising experiences that students may have had. The Adverse Childhood Experiences (ACES) list was created for an epidemiological study and lists potential traumatic events which may result in adversity later in life. The study found that the more ACES a child has experienced the greater the risk of trauma responses (Center for Disease Control and Prevention, 2021).

It is important that schools are not only responsive to the potential trauma that students carry, but also that schools minimise the possibility for students to have traumatising experiences at school. Students with disability are impacted by ableism, barriers to access and participation, increased risk of bullying (Cappadocia, MC, Weiss, JA, Pepler, D, 2012), and increased exposure to punitive and exclusionary discipline practises (Graham, L, McCarthy, T, Killingly, C, Tancredi, H, & Poed, S, 2020) which all have the potential to generate a trauma response in these students.

It is important to remember that one person may be traumatised by the event, while the another is not. Van der Kolk, B. A (2014) reminds us of the subjective nature of a trauma response. Two people may be subject to the same experience, but it is mediated by each person's own nervous system.

The hidden nature of some student's disabilities means that the disability is not necessarily known. School Can't (SPSR) Australia values inclusive teaching practises such as Universal Design for Learning (UDL) and differentiated teaching (Cologon & Lassig 2020:179-207) as a means to safeguard students with disability. Differentiated teaching practices are required under AITSL Professional Standards for Teachers 1.5 and 1.6. (AITSL 2018). An inclusive education is a human right as outlined in Article 24 of the United Nations Conventions on the Rights of Persons with Disability (United Nations: 2006), to which Australia is a signatory.

Inclusive education practices seek to reduce barriers to access and participation and subsequently reduce the stressors that the student is experiencing. Creating an inclusive educational environment is crucial to the wellbeing and education of students with disability. Educational environments which rate higher on measures of inclusivity show higher attendance rates and fewer issues with discipline (Anderson, K. P., 2021).

5. School Can't Survey 2022:

Key concepts:

- The School Can't Survey was conducted in December 2022 with 441 completions.
- Most survey respondents were members of the closed parent peer support group.
- Most respondents identified as female, were well educated and resourced, and were parents of children or young people with a severe expression of school can't.
- This submission includes results from the Survey as well as from the wider experience as shared amongst the group over the last 8 years.

To assist our response to the Senate Inquiry into School Refusal, School Can't (SPSR) Australia undertook research into its members' experiences and the experience of others in the community who have children with school can't. There is very little research that has been conducted into the experiences of parents who have children with school can't so we felt it was important to conduct this research in order to inform our report to the Senate Inquiry.

The School Can't Survey 22 (SC Survey-22) was administered to both members of School Can't (SPSR) Australia and non-members. The survey contained 75 questions. Two questions regarding participant's experience of our group were omitted for non-members. Refer to Appendix (Section 19.2) for a copy of the survey questions.

Most participants took between 30 and 66 minutes to complete the survey which was open from 7th December 2022 until midnight on 21st December 2022. 371 group members completed the survey. 70 non-members completed the survey.

The member survey was advertised within our closed parent peer support group. Members were invited to register an email address to receive a personalised link to complete the survey. This enabled them to complete the survey anonymously across multiple sittings if required. A total of 441 people attempted the survey. 371 completed most questions in the survey.

The survey for non-members, was shared by members of School Can't (SPSR) Australia with those outside our Facebook group. A total of 84 non-members attempted the survey. We did not actively promote this survey but provided it as an option for those who were not members of our group who wanted their experiences reflected in our submission. 80 parents / carers used the option to receive a personal link by email to complete the survey. 70 completed most questions in the survey.

All participants opted-in to complete the survey. They were not compensated for their time. Their completion of what was a lengthy survey administered at a busy time of year (in the lead up to Christmas) is demonstrative of their strong desire to be heard and seen.

The survey asked a range of questions, starting with demographics. While many of our respondents have more than one child (n.118 had 2 children and n.17 had 3 children) with school can't, we asked that parents select one of their children about whom to answer the questions.

Survey respondents identified as female and were well educated and resourced. Few respondents (4%) identified as First Nations peoples. The survey respondents were people who likely have 'help finding' and research skills. It is probable that they value education, as they themselves have been educated at a tertiary level. They most likely see value in participating in research to build knowledge about school can't. Results of the survey show a high incidence of parents and carers caring for children with more severe expressions of school can't. It is difficult to know whether this is representative of other members of our group. There are a variety of factors that influenced whether people completed the survey on not with several people expressing on our Facebook page that they didn't have any spare time or were too overwhelmed with their caring responsibilities. Parents and carers whose children have less severe expressions of school can't, may be less active in our group and may have been less likely to either know about the survey or may have been less inclined to participate in the survey. **It is not known the extent to which the profile of the typical survey respondent reflects the demographics of our peer support group** as Facebook does not provide us with very many demographic details of group members to enable a comparison.

The typical survey respondent:

- Aged 40-59 (85%)
- Well educated: 24% postgraduate qualifications, 68% bachelor's degree or higher
- Identified as female or woman (96%)
- Married (63%)
- Parents of a school can't child (98%)
- Born in Australia (82%)
- English as primary language at home (99%)
- Lived in a metropolitan area (66%)
- Lived in either NSW or Vic (61%)
- Had a household income of $100k+ (54%)
- Mean age of their children is 12.5, with a range from 5 to 17 years old
- Their school can't child missed an average of 41-50% of school in the 12 months prior to December 2022

We are aware that the fact that our group's main presence is on Facebook means that literacy skills and access to the internet or Facebook are by default a prerequisite to participation and present a barrier to many people. We would like to become more accessible so that we can offer peer-based support to a more diverse group of people.

In responding to the terms of reference we have supported our perspectives and recommendations with information obtained from both SC Survey-22 and from our 8 years of shared lived experience knowledge.

6. On the increasing number since the COVID-19 pandemic, of young people and their families who are experiencing school refusal:

Key concepts:

- School Can't (SPSR) Australia is NOT able to say that there is an increasing number of students experiencing school refusal since the onset of the COVID-19 pandemic.
- The group membership has grown consistently since 2014.
- The SC Survey-22 found 46% had experienced school can't before COVID-19. As many factors contribute to school can't, it can't be concluded that the pandemic caused the remainder.
- There is no reliable formal data on school can't across Australia, with no formal definition and current methods of collecting and classifying details on school absences.
- Social stigma and poor levels of awareness also impact on parental identification of school can't and early signs.

School Can't (SPSR) Australia is NOT able to say that there is an increasing number of students experiencing school refusal since the onset of the COVID-19 pandemic. The data we have access to indicates: that our membership continues to grow, that School Can't was a significant problem even before COVID, and that there are complex issues in relation to the measurement of school can't.

6.1 Our growing membership:

While our membership numbers have grown considerably in recent years (Figure 1, page 17) our growth rate has remained relatively consistent since we began in 2014. We fitted Poison regression models to our membership data to estimate the incidence rate ratio (IRR), as a measure of the growth rate of the group. The estimated IRR per year was 1.86, with a 95% confidence interval of 1.77-1.96 and a p-value < 0.001. This indicates that on average, the group size increases by 1.86 times every year - that is, it almost doubles in size. We can be 95% confident that the true increase is at least 1.77 (a 77% increase) and the increase could be almost equal to 2 (1.96). Given this incidence rate ratio, the time period taken to double in size is approximately 410 days or a little more than a year. Using this growth rate to forecast the future size of the group we can see that it is likely that School Can't (SPSR) Australia will have 15,400 members in just 410 days time.

6.2 School Can't prior to and since COVID:

The SC Survey-22 did show that many children experienced school attendance difficulties prior to the COVID-19 pandemic. Of those with children enrolled prior to 2020, 46% (165/359) indicated that onset of school can't was prior to 2020 and 54% (194/359) indicated that onset was during the pandemic. This figure alone, however, does not tell us that COVID caused onset of school can't for 54% of students just that it occurred in those years. There are many factors that contribute to school can't (discussed in sections, 10.1, 10.2 and 10.3). It is not possible to say from this figure alone that the experience of the COVID pandemic caused school can't for 54% of survey respondents children. A discussion about COVID related stressors that have impacted school can't can be found in Section 10.2 pg80.

We did not ask in SC Survey-22 whether the experience of COVID played a significant role in member's children's school can't and in their subsequently seeking membership of School Can't (SPSR) Australia. As our growth rate is unchanged and we have no evidence to determine whether the growth of School Can't (SPSR) Australia is due to a growing trend of school refusal or due to other factors we are unable to confirm that there is an increasing trend and we suggest that more evidence should be gathered to determine if there is an increasing trend in school can't.

6.3 Factors Relating to Measuring School Can't:

To our understanding there are no nationally consistent guidelines in place across states and territories and across schooling types in relation to the recording of absence due to school can't. This makes it extremely difficult for the Government to understand what is happening. Members of our group report that absence due to school can't is recorded variously as: "Parent Choice", "Illness", "Explained absence" or "Truancy". When asked in our unpublished 2019 School Can't survey (30 % of respondents did not know how their child's absence was recorded and 21% indicated their child's absence was recorded by the school as "illness". Lack of a distinct category for school can't means that we don't know how many students are experiencing school can't and are unable to distinguish them from students who might be home for other reasons.
School Can't (SPSR) Australia would like to highlight that collecting data about school can't is complex. Parents/carers sometimes do not realise that the child is experiencing school can't until a pattern of reduced capacity for school is evident. Parents may also feel ashamed or afraid of having their parenting judged and are sometimes reluctant to report what is happening to the school. In order to successfully begin to collect data we first need shared understandings about school can't. Clear guidelines across jurisdictions about recording school can't absences would need to be supported by a public messaging campaign to reduce stigma and raise awareness at both parent/carer and school levels.

Recommendation 1: That state and territory DOEs work towards establishing agreement about defining "school can't" and create a set of guidelines regarding recording school can't absences that is consistent across all states and territories. Furthermore, information about absence reasons should be made publicly accessible and should be published in relation to each school. Improved data collection will assist to identify trends relating to school can't absences and can be used to track effectiveness of intervention and preventative measures.

Recommendation 2: That state and territory DOEs in conjunction with School Can't (SPSR) Australia develop public health messaging about school can't to improve community understanding that it is a stress behaviour and not misbehaviour. That awareness raising include information about early warning signs, and how to respond and support students experiencing school can't. Such action will assist in breaking down stigma and shame and assist parents and carers to feel able to report signs of school can't to schools. These actions must be done to support collection of data which more accurately reflects the incidence of school can't in the community.

7. How school refusal is affecting young people and their families and the impacts it is having on the employment and financial security of parents and carers

7.1 The impact on young people:

Key concepts:

- There is very little research into the perspectives and experiences of students with school refusal and its impact on long term wellbeing, future earnings, career or life prospects.
- Parent and carers describe their children as experiencing distress, frustration, anger, loss of hope and trust, and feeling misunderstood, judged, shamed and not being listened to. They may be socially isolated, and excluded from school activities and experiences that are "rewards". They may be self-harming, have suicidal ideation, be stuck in flight, fight or shutdown.
- Collaborative and Proactive Solutions (CPS) is an approach that supports students and adults, to explore the difficulties a student is experiencing without shame or judgment.
- School can't is experienced by students across all year levels, with an increase at 6-7 years and 13-14 years, indicating increasing vulnerability at the primary and secondary school transition points.
- Most of the parents / carers in SC Survey-22 described their child as experiencing severe school can't. Almost a quarter of those students had missed more than 80% of school time in the previous 12 months.
- An overwhelming majority (73%) of these students were diagnosed with a disability – mostly autism and ADHD. Another 10% are suspected to have a neurodevelopmental disability.
- For those with anxiety and depression, most were diagnosed after school can't. These diagnoses are seen as responses to the chronic unresolved stress of the situation. Of the 193 students diagnosed with depression, 77% occurred after school can't began.
- Exposure to ongoing stress can result in a trauma response and ongoing physical and mental health issues. The source of stress must be identified and reduced to calm the child's nervous system. Early identification is critical to recovery. Use of rewards and consequences, continued expectations of attendance at school or increased demands on the student can add more to the student's stress load, further preventing the student from being able to return to a "safe" state.
- In the absence of being able to work with a school to identify and reduce the stress the child is experiencing at school, parents are left with no option but to remove the child from the source of stress. That may mean moving to another school, home schooling, distance education, or enrolling in an alternative school (such as Community schools, specialist therapeutic education environments, private special education schools).
- The absence of awareness and viable alternatives means some students remain in situations where their health continues to be impacted and they do not experience a reduction in their exposure to stress for long enough to reset the nervous system.

There is very little research into the perspectives and experiences of students with school refusal and very little research that tracks students with school can't over time to show how it impacts long term wellbeing, future earnings, career or life prospects. As School Can't (SPSR) Australia was unable to survey students about their experiences, our knowledge about the impacts on students is seen through the lens of our perspectives as parents and carers. School Can't (SPSR) Australia argues that it is more important to learn about the demographic characteristics of students experiencing school can't and to identify factors in the environment that contribute to school refusal. Anxieties about the future of our school can't students often result in fear-based responses rather than in responses that seek to identify and remove the barriers to school attendance. Consequently, in responding we would like to draw attention to:

1. Student experiences of school can't as perceived by parents, and

2. Data from SC Survey-22 that indicates demographic characteristics of students with school refusal.
3. Information about the Autonomic Nervous System (ANS) and associate health impacts of school related trauma.

This information will assist the Senate Committee to identify what is happening and who is being impacted.

7.1.1 Student Experiences:

Parents and carers share in our parent peer support group about their children's experiences of school can't. We have observed from the sharing in our group that those experiencing school can't may:

1. Feel frustrated with themselves that they are unable to successfully meet expectations to attend school,
2. Either be able to tell us what the issues are, or they may be unable to communicate about what they are struggling with. Their ability to understand and communicate about the problem can be impacted by their limited life experience, and/or the state of their nervous system or any communication disabilities they may have. These factors can make it hard for them to make sense of what is happening.
3. Feel distressed, or even lose hope that the issues that led to them being unable to attend school will be identified or addressed.
4. Feel frustrated and angry that no-one seems to understand how to support them.
5. Feel angry that their concerns are invalidated or dismissed.
6. Feel frustrated with their school that understanding, accommodations or supports they needed were not available or that the school lacked the capacity to flexibly meet their needs.
7. Feel judged, ashamed and confused from messaging that blames them for school can't: "try harder", be "more resilient", or "you just need to change your thinking" being common messages. This may lead to internalised shame and self-blame
8. Experience adults (including: parents/carers/teachers/clinicians) who are unable to show compassion, or curiosity, or to see things from the student's perspective and who may be focussed on behaviour management.
9. Feel that adults are against them or that there is no hope or way to resolve their situation and lose the ability to trust adults to assist them and may withdraw from contact with them.
10. Experience adults (including: parents/carers/teachers/clinicians) who are anxious about them and focussed on "worst case scenarios" such as this child will: never get an education, never live independently, never grow up, never be able to get a job, never be able to go to university, never amount to anything, or is headed for prison unless we get them back to school. The anxieties of these adults lead the child to become increasingly stressed and anxious.
11. Be aware of the adult community's anxieties about completion of year 12 and doing well in year 12. This anxiety exacerbates the student's own anxiety about themselves.
12. Experience stress and feel dysregulated for extended periods of time due to the lack of resolution or relief from the people, situations, or things that are causing them stress.
13. Become socially isolated from peers. This may be due to reduced proximity to peers, lack of flexible options for engagement at school, and exclusion by peers both intentional or unintentional in nature. Even peers who are sympathetic to the student who would like to connect can after a while struggle to find shared experiences around which they can socialise.

14. May engage in self harming behaviour or experience suicide ideation.
15. May frequently appear to be in either a state of fight, flight or shutdown.
16. May experience exclusion from experiences and activities at school that they might enjoy because school views these things as a reward for attendance.

The above list details signs of distress and experiences of students with school can't. It is important to support students, so their voices and perspectives are heard. In doing so we can come to a shared understanding about the factors impacting their sense of 'felt safety" where safety is viewed in a broad sense. We recommend Collaborative and Proactive Solutions as an approach that is useful in supporting students and adults to explore the difficulties experienced by the student and to listen to the student's perspective, without shaming or judging. CPS can be used as a preventative tool in the early stages of school can't and plays a key role as an intervention for more severe cases of school can't.

Recommendation 3: That the Federal DOE recommend that state and territory DOEs mandate the rolling out of Collaborative and Proactive Solutions (CPS) across all schools in order to equip teachers with collaborative communication skills to assist them in working with students and parents/ carers to identify problems, and find solutions or ways to remove the barriers that lead to school attendance difficulties. CPS is a powerful tool which assists in amplifying student perspectives and voice in the problem solving process.

Recommendation 4: That State and Territory based departments of Families / Human Services fund Collaborative Proactive Solutions parenting programs to assist parents and carers to prevent school can't and to understand and support children experiencing school can't. CPS is a powerful tool which can be used to help understand what is happening for our children and identify supports and accommodations that will promote engagement with learning.

7.1.2 Survey Findings:

The SC Survey 22 asked parents to complete a series of questions about one of their school can't children. The age of these students is shown in Figure 3. The data sample shows an increasing number of students in each age group peaking at age 14 with a declining number in each cohort after age 14. Notably 43% of the sample population was aged between 13 and 15 years old. 93% of respondents' children were born in Australia.
50% of the students in the survey sample identify as male, 37% identify as female and 7% identify as non-binary with the remainder of respondents not providing a response.

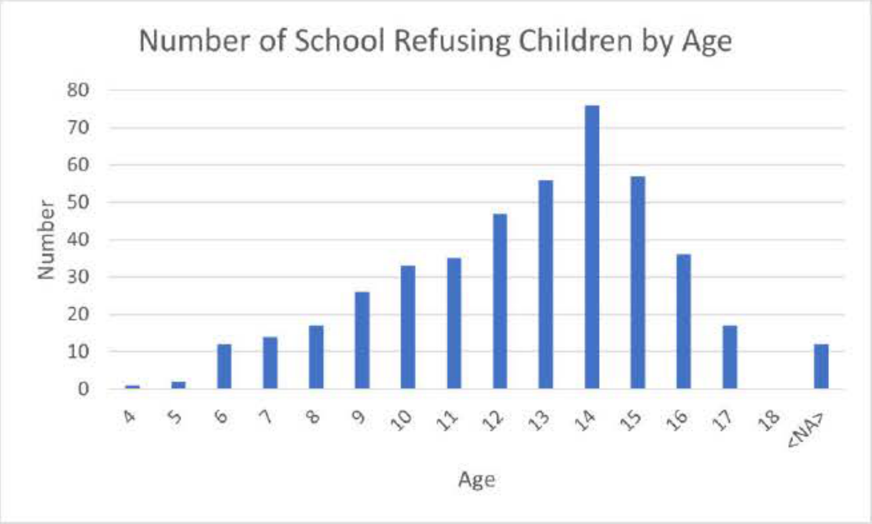

Figure 3. SC Survey-22 School Can't Children by Age.

Age of onset of school can't data from our survey sample (see Figure 4) shows that onset of school can't happens across year levels from the first year of school until students are no longer required to engage in compulsory schooling. There are noticeably more students however, in the sample who experienced onset at age 13 and age 14 with a slight increase in the number experiencing onset of school can't at the age of 6 and 7. This trend is consistent with data collected by School Can't (SPSR) Australia prior to COVID in December 2019, which also showed a higher rate of onset in those age groups. This suggests that there is a vulnerability to onset of school can't shortly after students transition into primary school and again when they transition from primary school to high school.

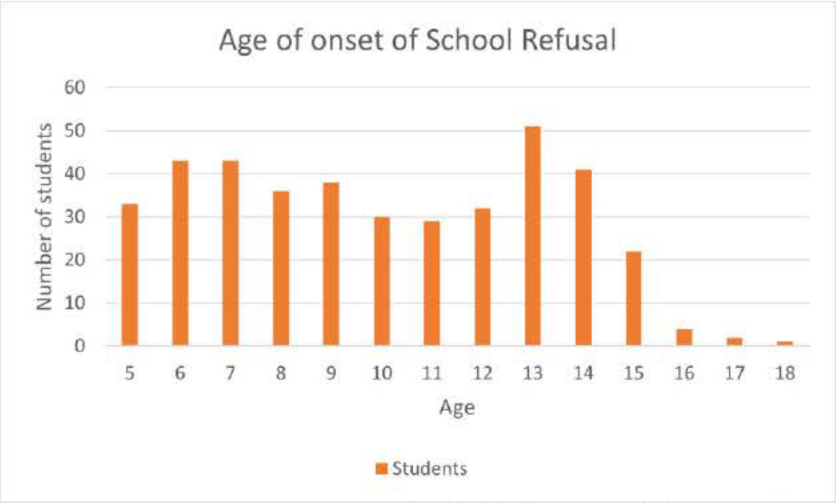

Figure 4. SC Survey-22 Age of onset of School Refusal as reported by Parents/Carers.

Recommendation 5: That consideration be given to funding research (informed by lived experience) to unpack factors associated with increased onset of school can't at age 6-7 and age 13-14 to understand how to better support students in these age groups.

Question 32 of the survey asked: "If your child is enrolled in distance education or mainstream school, how many weeks of schooling do you estimate that your child has missed in the past 12 months?" Results are shown in Figure 5. 24.9% of parents and carers whose children were enrolled at either a mainstream school or with a Distance Education provider indicated that their child had been absent for more than 80% of the school year in the past 12 months and 64.8% had been absent for more than 40% of school year. The average amount of school missed for those surveyed was between 41 and 50% of the school year in the 12 months prior to December 2022.

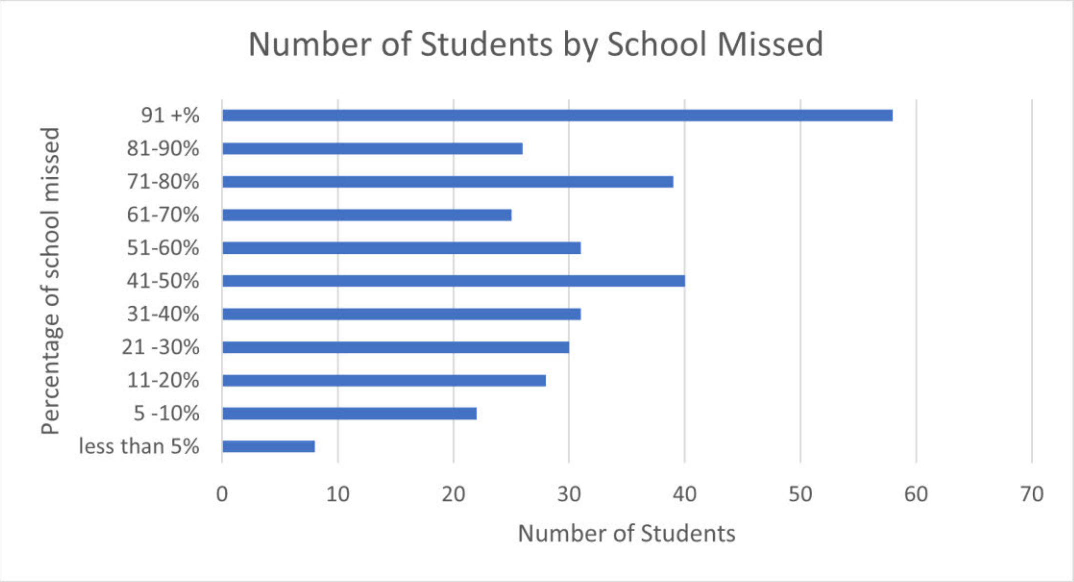

Figure 5. SC Survey-22 Percentage of School missed in past 12 months by School Can't children.

The SC Survey 22 also asked about the severity of the school can't child's most recent or current episode of school can't. Parents/carers were asked to rate their child's experience using a scale from 1-5 =where 1 was considered mild and 5 was considered severe. 421 Parents and carers provided a rating and of these 52.4% scored the most recent or current episode as severe. Only 5% scored the experience as mild. Results are displayed in Figure 6. It is unclear whether this experience can be generalised to the rest of our School Can't community.

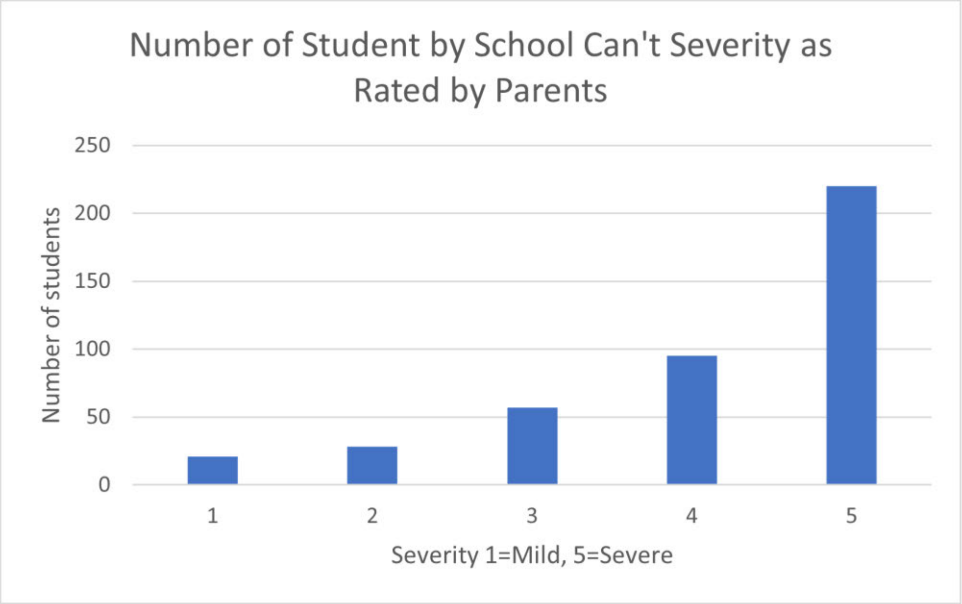

Figure 6. School Can't severity as rated by parents.

The measure of severity of the most recent episode of school can't is subjective. As such, responses may be influenced by a range of factors such as:

1. How long the child has been experiencing school can't.
2. Signs of and degree of student distress.
3. The degree of distress felt by the parent about the situation.
4. Past parental experience of school can't.

More investigation is recommended to determine characteristics of students with more severe school can't, compared with peers with milder school can't experiences. Little is known about the characteristics of the experiences of these students.

The SC Survey 22 showed that the most common enrolment type for those with one schooling type was mainstream government (49%), followed by mainstream independent (13%) and mainstream catholic (11%). In 2019 for those with one schooling type, the most common enrolment type was mainstream government (68%), followed by mainstream independent (16%) and mainstream catholic (12%). The data shows a move away from enrolment within a mainstream government education for students with school can't (68% enrolled in 2019 and 49% enrolled in 2022). The most frequent change was from enrolment in a mainstream government school in 2019 to Distance Education enrolment in 2022 (1% enrolled in Distance Education in 2019 and 9% enrolled in Distance Education in 2022).

Notably the survey showed that 73% of children had a confirmed diagnosis of a neurodevelopmental disability with parents/carers indicating they suspected or were seeking a diagnosis for an additional 10% of children. The mean and median for the survey population was two confirmed diagnoses (with a range of 0-8 diagnoses). The vast majority of diagnoses were for ADHD and autism (including Aspergers and PDA). See data on disability status in (insert cross ref to table/graph). The correlation between school can't and diagnosis will be explored further in Section 0.

Anxiety and Depression are the two most common mental health problems experienced by students with school can't. The experience of members of School Can't (SPSR) Australia suggests that these are not factors that cause school refusal but rather that they occur as a response to the lack of resolution and chronic nature of stress factors that contribute to school refusal. Of the 193 children with confirmed depression diagnoses, more than three quarters (77%) of diagnoses occurred after the onset of school can't. Similarly, of the 190 children with a confirmed diagnosis of generalised anxiety disorder, 60% of diagnoses occurred after school can't. There is also considerable overlap between these conditions, with 105 children (60%) diagnosed with both depression and generalised anxiety disorder after school can't, in contrast to 35 children (20%) diagnosed with either condition after school can't began, and 36 children (20%) diagnosed with both conditions before school can't.

7.1.3 The Autonomic Nervous System and School Can't:

Viewing school refusal through the Polyvagal framework of understanding (Porges 2011) assists us to understand what is happening for the child. Seen through this lens school can't is a symptom of chronic unresolved stress. Usually when faced with a stressor our bodies automatically (without thinking) respond in order to attempt to resolve the situation and help us quickly return to a relaxed and regulated state often referred to as a state of homeostasis. This automatic response usually results in either a fight or flight response. If the threat is so significant or if a fight/flight response has been unsuccessful in the past then a shutdown or freeze response in more likely. A freeze response sometimes occurs also after a fight or flight response in order help transition back to a relaxed state. When children/young people experience something particularly threatening or stressful or they are exposed to repeated stress or stress that remains unresolved over a period of time, this impacts their ability to return to a relaxed state. Normally a stressor is resolved by some action and we are able to quickly return to a resting state. However, when students are exposed to ongoing stress, then a trauma response occurs. This relationship between the ANS and trauma is discussed by Levine (2015:43-46). A trauma response leads the baseline resting state to shift from one of low arousal to one of high arousal. The student's nervous system stays alert instead of returning to a low arousal resting state. This becomes their new normal resting state. They seem to escalate more quickly when faced with a threat and are often diagnosed at this point with anxiety or PTSD. When this goes on for too long then the Autonomic Nervous System becomes ineffective at regulating and Autonomic Nervous System Dysregulation (ANSD) occurs. There is considerable research that links stress to a range of physical health impacts which require ongoing medical care. (Please refer to Section: 19.1 for a more detailed explanation of the Autonomic Nervous System and ANSD)

Use of rewards and consequences, continued expectations of attendance at school or increased demands on the student can add more to the student's stress load, further preventing the student from being able to return to a "safe" state. Over time this impacts the student's mental health and puts the student's physical health at risk as well. School Can't (SPSR) Australia's position is that it is crucial to the wellbeing of the student that we identify and reduce stressors and support the student's nervous system to reset back to its default "safe" state as soon as possible. Early identification of and resolution of stressors is crucial to ensuring recovery and to mitigating protracted mental ill health and prolonged experience of school can't. In the absence of being able to work with a school to identify and reduce the stress the child is experiencing at school, parents are left with no option but to remove the child from the source of stress. This is both a sensible and often a necessary protective response. Options include removing the student in order to: Register to home educate, enrol in distance education, attend an alternative school (such as Community schools, specialist therapeutic education environments, private special education schools), or to obtain a medical exemption from school.

Parents/carers are frequently limited in the choices available to them when they choose to leave a school:

- Home schooling, for instance is an option only readily available to those with access to sufficient financial and personal resources.
- Proximity to alternative schools may limit choices.
- Access to supportive and understanding medical practitioners who can support an application for medical exemption.

The absence of viable alternative options means some students remain in situations where their health continues to be impacted and they do not experience a reduction in their exposure to stress for long enough to reset the nervous system.

Recommendation 6: That DOE **policies** are reviewed to support students and parents/carers to take time off work or time out of school, while parents/carers work with the student, school and clinicians to identify underlying issues and address the mental health concerns of the student, in order to facilitate recovery via an individualised plan. This should be communicated to families so that they understand that this is possible. This will reduce parent/carer and student stress.

Recommendation 7: That state and territory DOEs provide positive messaging about forms of schooling other than formal schooling and ensure messaging that normalises that there are many different ways to engage with learning. Such that families and students are aware that there are a range of options available to them should they require them.

Recommendation 8: That state and territory DOEs provide positive and more frequent messaging about the variety of pathways that exist to higher education outside of mainstream school. So that schools, parents/carers and students are aware that there are many options and successful completion of year 11 and 12 are not the only ways to access tertiary studies. This will help reduce stress in the final years of school if young people experience school can't at this time.

Recommendation 9: That State and territory DOEs fund an on demand free health and wellbeing check, with parents prompted about the service in year 1, year 4, year 7, and year 10, to identify any previously unidentified diagnoses, mental health issues and support needs. This service should provide referral to funded assessments and supports. This will reduce barriers to accessing costly diagnoses leading to more timely identification of childhood illness and developmental conditions and ensure parent/carers support in their effort to seek help for their child.

7.2 How is School Refusal impacting parents and carers?

Key concepts:

- Detailed data was collected on the wide range of difficulties experienced by parents and carers in caring for their child with school can't.
- The impact of caring for a school can't child on the parent/carer's ability to work is significant - **only 3% of parents reported no impact on their ability to work** over the last 5 years.
- Employment impacts on the amount of work parents or carers undertake (with most wanting to work more hours), the type of work, and the location of it. They may need flexibility around the unpredictable and varying nature of school can't and what is required to support their child, whilst also managing their own stress levels. Carers Leave is limited in its application.
- The financial stress of school can't impacts on families in both the short and longer term – with increased costs, reduced earnings and impact on savings. For a third of these families, they are coping for now, but it is impacting on their long-term financial security. **Nearly 15% of respondents felt that they were struggling to afford essentials such as food, housing, transport, health, and basic needs.**
- Limited school and practitioner awareness of school can't sees early signs ignored and parents and carers having difficulty finding help and support. School Can't (SPSR) Australia is a source of lived experience and support that over 90% of surveyed parents have found helpful in finally focusing on their child's mental health and wellbeing.
- Parents and carers make use of a range of supports, but face barriers in finding, obtaining and accessing them, leading to further frustration and stress. (Supports are discussed further in Section 7.2.3)
- There is significant impact on parent/carer social connections, with feelings of isolation, shame and judgment often rooted in differences in beliefs about how to respond to their child's needs (assuming poor parenting vs an invisible stressor).
- Two-thirds of the surveyed parents / carers reported exhaustion and overwhelm as limiting their ability to access supports for themselves. They were also impacted by limited free time, the unpredictability of school can't, and waiting lists.
- The burden of care is substantial, and the lack of school can't awareness adds to the complexity. Many survey respondents suggested that it would help to have supportive case management that was: trauma aware, independent, and focussed on wellbeing vs school attendance.
- Whilst these children are needing radical acceptance, this is challenging for adults in the face of negative and frequently unfounded narratives about engagement with school and learning. "School to prison pipeline", "every day counts" and views of non-compliant children as lazy and manipulative, all perpetuate parental /carer anxiety and difficulties in them accessing formal and informal supports.
- Parents/carers surveyed experienced substantial negative impacts to their mental and physical health and their perception of themselves as a parent. 80% rated moderate to severe impact on their mental health.

Parents and carers surveyed reported a wide range of difficulties related to caring for their child. These difficulties play a role in impacting the parent/carers experience of stress. Difficulties experienced by parents are categorised and reported on as follows:

1. Maintaining and managing employment,
2. Managing financial stress whilst caring for a school can't child,
3. Finding help, building skills and knowledge to support our children, and ourselves,
4. Identifying, obtaining / accessing professional supports and managing if none is available,
5. Negative Impact on the parent/carer's social and relational needs
6. Having time, energy and opportunity to access and action self-care,
7. Balancing, planning and managing often unpredictable demands,
8. The need to become the child's case manager,
9. Regulating their own nervous systems especially in relation to ongoing worries about their child/children,

In addition to the difficulties above which impact parents/carers' wellbeing, parents/carers are also face challenges in relation to:

1. negotiating power imbalances in relationships with schools and clinicians,
2. reconciling clashes in frameworks of understanding used to understand their child's difficulties.
3. ideological and cultural understanding which impact the way mental health and disability are perceived and responded to.

These three issues will be explored in section 12.

7.2.1 Maintaining and Managing Employment:

Out of 338 survey respondents surveyed in SC Survey-22, 34/6% worked part time, 24.4% worked full time, and 21% were engaged in home duties. The next most common form of employment was self-employment (9.5%), followed by casual employment (6.2%). See Table 1 below.

Table 1. SC Survey-22 Respondents Stated Employment Type

Full time	Part Time	Casual	Self employed	Seeking work	Studying Full time	Studying Part time	Home Duties	TOTAL
86	117	21	32	3	2	6	71	338
24.4%	34.6%	6.2%	9.5%	0.9%	0.6%	1.8%	21.0%	100.0%

The impact of caring for a school can't child on the parent/carer's ability to work is significant. In response to a question about the impact of their caring responsibilities on their employment in the past 5 years, **only 3% of parents reported no impact on their ability to work.** 54% reported that they felt stressed about their ability to maintain their employment. Other impacts on employment are reported in Table 2:

Table 2. SC Survey-22 respondents' impact on caring in the past 5 years

Impact of caring on employment in past 5 years	
Felt stressed about their ability to maintain their employment.	54%
Indicated that their career progression had been impacted	47%
Worked fewer hours than they would have liked.	44%
Changed their work hours due to caring responsibilities	41%
Were unable to work at all for a period	30%
Had to take unpaid leave from their employment	28%
Had to ask family or friends to care for their school can't child so they could work	28%
Changed work roles due to caring responsibilities	24%
Resigned from a job because of caring responsibilities	20%
Reported that they have worked in casual employment in place of permanent work.	14%
Found themselves working in less secure work due to their caring responsibilities	11%
Reported no impact on their ability to work.	3%

In SC Survey-22 survey we asked about the number of hours that parents and carers usually worked in a week. We selected a population of parents and carers aged 40-59 years of age, from our survey respondents, who indicated that their work status was employed (part time, full time or casual) for comparison with the number of hours worked by same age peers in the Australian population. 187 parents from our December survey were compared with data released by the ABS regarding the number of hours worked in November 2022 (the closest month for which we could obtain data). The data shows that females who were parents or carers of children with school can't reported working less hours than their same aged peers in the Australian population. See Figure 7.

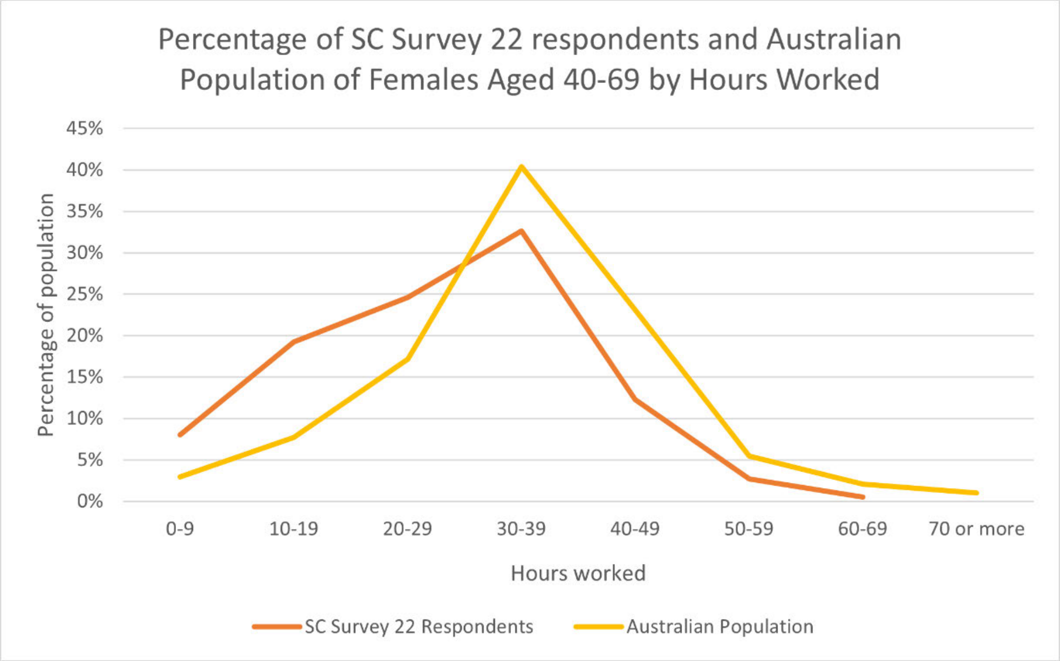

Figure 7. Weekly hours worked. Comparison of SC Survey-22 respondents and same aged peers in Australian population.

SC Survey-22 also asked about how many hours respondents would prefer to work if school attendance difficulties were not an issue. Figure 8 below shows the number of hours currently worked (on the horizontal axis), plotted against the preferred number of hours (on the vertical axis). The straight line represents equality, when the actual and preferred number of hours are equal. The majority of respondents would prefer to work more hours as represented by the red circles above the line, although some are happy with their current hours (green triangles on the line). A minority would prefer to work less (blue squares), most only a few hours less but some substantially less (including a preference for not working at all from one respondent currently working 50 hours per week). Notably, most respondents currently working 40 or more hours per week would prefer to work less.

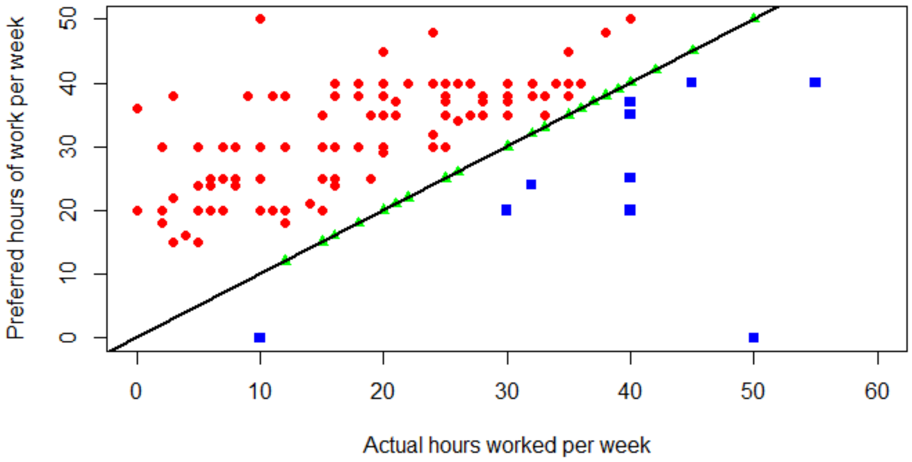

Figure 8. Actual hours worked per week compared with preferred hours of work as indicated by employed SC Survey-22 parent/carer respondents.

Reasons parents struggle to work centre around the need to care for the school can't child. There are many challenges parents experience that impact on their ability to work:

- They may find it hard to get to work on time.
- They may need to leave work to pick up a distressed child during the day.
- Their child may be attending reduced hours leaving few hours child free to attend work.
- Their child may be old enough to stay home without adult supervision but be too mentally unwell to be left unattended.
- Their child may need to stay home for an extended period as part of a recovery plan
- They may find that their child needs to be home schooled or to attend distance education and therefore they need the full-time supervision of a parent.
- Time required to attend appointments in relation to your child and meetings at school can impact on available time to work or use up carers leave quickly.

The ability of a parent or carer with a school can't child, or children, to engage in and maintain employment is also impacted by **the availability of work that is flexible** in relation to:

- **Start times**: work that has a fixed start time can be challenging since school drop offs may be difficult in the mornings and may not go to plan. School Can't is often unpredictable in nature making planning difficult.
- **Location of the place of employment** (home based employment can be easier),
- **The nature of the employment** (eg. employment can become untenable if clients are depending on you to be at appointments on time but you can't reliably get to those appointments due to the distress your child feels in relation to attending school),

Other employment related challenges include:

- **Access to carers leave**. The frequency and duration of episodes of school can't varies. Severity ranges from being late to school, missing 1-2 days per week, to missing a week here and there through to missing upwards of 12 months of school. The National Employment Standards (Australian Government: Fair Work Ombudsman n.d.) provide for full-time and permanent employees to get a minimum of ten days of sick and carer's leave each year. Part-time employees are entitled to the same amount of leave in proportion to the number of hours they work each week. Casual employees are not entitled to carer's leave.

- **Energy available for paid work.** The amount of emotional labour that is involved in supporting a child with School Can't can also impact both the type of work and the amount of work that a carer is able to perform as parents and carers seek to balance their personal stress burden in a sustainable way.

7.2.2 Managing Financial Stress Whilst Caring:

The financial wellbeing of parents and carers of children with school can't is impacted by a variety of factors including:

- Increased household expenses due to having a child at home (eg. aircon, heating)
- Lost earnings from having to take unpaid leave or being unable to work.
- Reduced earnings from having to work reduced hours or in less secure employment or not at all.
- Interruption to career and impact on career progression which impacts future earnings potential. 47% of respondents in SC Survey-22 indicated that their career progression had been impacted.
- Costs involved in identifying what is going on for the child including assessment by Psychologists, Speech Therapists, Occupational Therapists, a Paediatricians, or Psychiatrist.
- Costs associated with home schooling: materials, tutoring, activities, internet connection, heating and cooling.
- Costs involved in recovery/therapy/ongoing care commonly cost of appointments involving: general practitioner, psychology, speech therapy, occupational therapy, paediatrician, psychiatrist, social worker, support workers, tutors.
- Reduced savings, and superannuation which impact savings into the future due to compounding and limit lifestyle choices later on.
- Reduced ability to repay mortgages which means families end up paying interest for longer on loans.

In the SC Survey 22 we asked respondents to tell us about the ways that their financial situation had been impacted. Of 336 respondents 33.9% indicated that although they were coping, their long-term financial security was being impacted. Concerningly nearly **15% of respondents felt that they were struggling to afford essentials such as food, housing, transport, health, and basic needs**. See Table 3 below for more information.

Table 3. Parent / Carer report on impact of caring on personal/family finances

Impact on Financial situation	Percent	Number
Coping but impacting longer term financial security	33.9%	114
Limiting their ability to participate in usual family activities such as holidays	17.3%	58
Impacting on their ability to afford essentials eg. food, housing, transport, health, and basic needs	14.9%	50
Coping but living frugally	12.8%	43
Minimal impact	8.9%	30
Other (described)	6.3%	21
No impact	6.0%	20
Total	100.0%	336

Recommendation 10: That federal parliament review the financial supports delivered by Services Australia for parents who are caring for school can't children, in consideration of the substantial impact on the finances of parents and carers. That consideration be given as to provision of a 12 month "school refusal package" in addition to carers payment and carers allowance, and/or access to Assistance for Isolated Children, where children are recovering at home from school can't. This will assist parents who are unable to maintain employment to manage the cost of living on reduced income, whilst paying for allied health and other supports including: psychology, social work, psychiatry, paediatricians, private tutors, support workers etc as required.

7.2.3 Finding Help and building skills and knowledge:

When parents find themselves in a novel situation, they often find themselves needing new skills and knowledge. They refer first to prior knowledge, skills and understandings in order to try to understand, and help their school can't children. Parents often resort to the application of rewards and consequences to begin with, to gain compliance with attendance expectations. This approach may work if a child has very mild or recent onset of school can't, however if the difficulties the child is having in relation to school are significant for that child, then this approach will not result in enduring change. Parents may ignore early stages of school can't, until the child is experiencing significant distress. Once they determine that they have exhausted all known methods of getting their child back to school, parents and carers begin the search for more information to try to assist their children. The difficulties parents and carers experience in relation to finding help, and building skills and knowledge are substantial and varied.

Anecdotally, parents new to School Can't (SPSR) Australia, report that they have difficulty:

- Making sense of what is happening for their child.
- Understanding why their child is resisting going to school.
- Identifying suitable supports at the school and in the community.
- Finding resources and information.
- Being an advocate at school.
- Knowing what help to ask for and who to ask.
- Knowing their legal rights and responsibilities.
- Knowing how to repair their relationship with their child.
- Knowing how to connect and collaborate with their child.
- Navigating and applying for government supports.
- Understanding how to apply new frameworks of understanding to their lives (e.g. learning how to use Collaborative Proactive Solutions or Shanker Self-Reg).
- Finding alternative education pathways.
- Processing feelings of shame and blame.

In question 61 of SC Survey-22 we asked our survey respondents to indicate how much they felt School Can't (SPSR) Australia has helped them with a range of skills and knowledge. 91.9% of parents/carers indicated that the group had assisted them to focus on their child's mental health and wellbeing. Commonly parents are told by schools and clinicians that the focus should be on getting their child to comply with the expectation that they attend school. A shift to focussing on wellbeing marks a significant change in approach. 91.6% of parent/carers indicated the group had helped them with understanding that their child was doing the best they could, and 88.4% indicated that the group had helped them "see school refusal differently". Both these items testify to a conceptual change that takes place when parents join our group. School Can't (SPSR) Australia's unique environment provides a place for parents new to school refusal difficulties to learn and benefit from the experiences of those who have travelled the road before them.

Table 4. School Can't (SPSR) Australia has helped me:

School Can't (SPSR) Australia has helped me:	Affirmative	Sample size
To focus on my child's mental health and well being	91.9% (308)	335
Understand that my child is doing the best they can	91.6% (307)	335
To see school refusal differently	88.4% (296)	335
To be a better advocate for my child	84.2% (282)	335
To see education differently	79.7% (267)	335
To reduce conflict with my school can't child	78.2% (262)	335
Focus on identifying the problems underlying school can't	78.2% (262)	335
Support my child better	77.4% (260)	336
Identify alternatives to mainstream education	76.4% (256)	335
Identify potential solutions to the problems impacting my child	74.9% (251)	335
Learn more about mental health and wellbeing	70.7% (237)	335
Identify appropriate supports	65.0% (217)	334
Connect with my child better	64.7% (216)	334
Learn skills I need to support my child	62.9% (210)	334
Know what support I can expect from my child's school	57.6% (193)	335
Engage my child's school in finding ways to support my child	48.7% (163)	335

School Can't (SPSR) Australia asserts that improvements in knowledge about identifying and responding to school can't would lead parents to:

1. Be able to identify school can't in earlier stages,
2. Be able to identify suitable supports more efficiently rather than learning from their own trial and error.
3. Have confidence about what to do
4. Have skills to work with their child and their child's school
5. Quickly orient themselves to appropriate supports.
6. Prevent damage to their parent-child attachment
7. Protect their child's mental health

Schools should be the first place a family can receive evidence-based assistance; however, this has not been the experience of our members. Nor is it the experience of School Can't (SPSR) Australia's members that clinicians external to schools such as: psychologists, counsellors, paediatricians, general practitioners, or psychiatrists are providing support that aligns with the 8 years of lived experience of School Can't (SPSR) Australia's members. More information about the range of supports accessed for children and young people can be found in section 8.1. and detail regarding parent/carer perceptions as to the helpfulness of those services can be found in section 8.2.

Recommendation 11: That state and territory DOEs fund independent case management for students with school can't which has wellbeing as its first priority. Case management would assist parents and carers to access: timely and appropriate medical and allied health supports, build a team of supports around the student, determine factors underlying school can't, communicate with schools, assist schools to remove barriers and accommodate the student's needs, identify alternative education options or flexible ways to engage with learning if necessary, and collaborate to create recovery focussed plans. This will assist in reducing parent/carer stress.

Recommendation 12: That the federal government fund School Can't (SPSR) Australia to create and deliver professional development materials for school staff and for wellbeing and clinical services in order to improve knowledge about school can't, including: how to prevent school refusal, how to identify risk factors for school refusal, how to identify underlying issues and collaborate with and support students and their parents or carers where a student is experiencing school can't. Building awareness and knowledge about school can't at the school and clinical level will lead to reduced carer stress and will result in students receiving assistance in earlier stages of school can't.

7.2.4 Finding, obtaining and accessing supports:

Parents and carers make use of a variety of supports. These are detailed in 8.1: Services Accessed by SC Survey-22 Participants to Help Child.

A range of barriers exist in finding, obtaining and accessing supports which increase parent/carer frustration and stress.

> "I would have loved for the school to give me a guide as to what to do when we were going through all this... If there was a number or checklist of what to do next, I feel that would of helped. I had never heard of mental health care plans etc. Before this and until I found the School Can't FB page that's when I learnt what to do and where to start"
>
> *SC Survey 2022 respondent*

Finding supports is impacted by:

1. Not knowing what to do or who to seek help from.
2. Whether you view school can't as a behavioural problem or a stress problem. This perspective influences the kind of support you might look for and whether it is likely to be effective or not.
3. Limited number of clinicians who share your understanding of school can't.
4. Limited number of schools who understand and are resourced sufficiently to support your child.
5. Knowing few (or no) other parents whose children have a similar problem who can recommend supports. People often don't disclose their children's difficulties due to shame.
6. Feeling overwhelmed and not being able to make decisions.

Obtaining and accessing supports is impacted by:

1. Availability of suitable supports that are accessible at a time and place that is suitable
2. Whether you and your child can leave the house to attend an appointment
3. Lengthy or closed wait lists.
4. Affordability of consults while unemployed or one reduced income.
5. Where you live. Parents in rural and regional areas have fewer local services available to them than those in metropolitan areas.

The inability to access supports impacts both the child and the parent/carer. More is written about barriers to obtaining and accessing suitable supports for children/young people in sections 8.3 through to 8.3.8**Error! Reference source not found.** and in relation to supports for parents/carers in section 7.2.6.

7.2.5 Impact on parent/carers social and relation needs:

Parents and carers of children with school can't experience significant impact on their social connections. They often report feeling socially isolated. They frequently experience conflict between themselves, their partners, their wider family and their friends in relation to beliefs about how best to respond to the child's needs. Many people believe that school refusal is a behavioural issue or due to poor parenting, rather than due to a child's experience of an invisible stressor.

In addition to the jarring difference in shared understandings about school refusal, parents are also impacted socially due to:

> "(We) were treated by our son's school as if we were stupid, terrible, weak parents who really didn't understand the importance of education and what we were 'doing to' our son by letting him miss school."
>
> *SC Survey 22 Respondent*

Feelings of shame which cause them to withdraw socially to avoid scrutiny.

- No longer physically being on a school campus where they would usually socialise with other parents.
- Their child being too anxious to be able to leave home.
- Their child being so mentally unwell that they cannot be left home without supervision.
- Their child being so mentally unwell or socially anxious that they are unable to be cared for by another adult.
- Their physical absence from workplaces.
- Having no energy left - "nothing left for socialising"
- Feeling disconnected from the interests and experiences of peers
- Being "on a road less travelled" and living a life that has diverged from those their peers are leading.

Sometimes there is uneven distribution in the parental role of helping children get ready for the school day and off to school, meaning that one parent may be experiencing first hand, all the difficulties and distress involved in school attendance difficulties while the other does not. The task of seeking help is also often the role of one parent and not the other. The different experiences of help seeking and supporting the child often results in parents not being on the same page.

In the SC Survey-22 we asked whether having a school can't child had impacted on a relationship with a partner and whether this impact had been positive, negative, or whether there had been no impact. 66.9% of 396 respondents indicated that their relationship with their partner had been impacted in a negative way. See Table 5

Table 5. Q 54. Has having a School Can't child impacted on your relationship with your partner?

	Impacted in a positive way	Impacted in a negative way	No impact	Not applicable	Total
Number of respondents	21	265	32	78	396
Percentage	5.3%	66.9%	8.1%	19.7%	100%

Table 6. How has having a school can't child impacted on your relationships with your wider family, friends and informal support networks?

	Percent (number)
I've learned that I can't discuss my child's school attendance with some people	65.3% (n=288)
I've had to reduce contact with some family and friends	50.3% (n=222)
There are very few people in my social network that I can talk to about school can't	45.6% (n=201)
I've lost contact with the social connections I had at my child's school	41.0% (n=181)
I've had to cease contact with some family and friends	24.0% (n=106)
I've found new friends who are understanding and supportive	17.7% (n=78)
There is no one in my social network that I can talk to about school can't	11.6% (n=51)
School Can't has led me to have a closer relationship with some family and friends.	11.6% (n=51)
I don't feel that my social relationships have been impacted much	5.4% (n=24)

Responses to the question: "How has having a school can't child impacted on your relationship with your wider family, friends and informal support networks?", revealed significant impacts for many on their social relationships with only **5% indicating that there had been no impact on their social relationships**. 65% of parents who responded to the question indicated that they have learned to not discuss their child's school refusal with some people. This is done in order to protect themselves from criticism, judgement, from receiving unhelpful advice or from having to explain and justify the actions they were taking to support and help their child. 50% of respondents indicated that they had consciously reduced contact with family and friends. 45.6% indicated that they had very few people in their social network that they could talk to about school can't. 41% indicated that they had lost contact with other parents and carers at their child's school.

7.2.6 Having time, energy and opportunity to access and action self-care

One of the key messages from our parent peer support group is that parents must put on their own parachutes first. By filling our own tanks, not only can we buffer ourselves against our children's stress and but coregulate with them to down regulate their arousal levels when they are distressed. Additionally, this restores capacity for seeking help, advocating, and making and attending appointments and so on.

In SC Survey-22 three questions were asked about support for the parent/carer. Question 58 asked "What support for yourself have you accessed in the past 12 months?" we also asked whether they experienced difficulties accessing any of these supports. Question 59 asked "What kinds of supports not listed above would you like to be able to access?" and Question 60 asked "What barriers to accessing carer support have you experienced?"

The most accessible support for parents seeking assistance with self-care was a visit with their General Practitioner 66% were able to access this service and 12% indicated that they wanted to access this service but were unable to. The next most frequently accessed support for parents/carers was a consult with a psychologist with 41% accessing this service and 31% indicating that they had wanted to access the service but were unable to. These were the only two forms of support where the proportion of respondents indicating that they had been able to access the service was more that those who had wanted to but had been unable to access the support.

51% of respondents desired but were unable to access regular exercise

SC Survey 2022 Finding

The biggest discrepancy between actual and desired engagement was in relation to engaging in regular exercise which was accessed by 33% of respondents but was unable to be accessed by 51% of respondents. This is a significant concern in relation to the wellbeing of parents and carers. Access to regular exercise is impacted by cost and by the ability of the parent/carer to leave the house without the child with many indicating that they are required to be with their child 24 hours a day and 7 days a week.

A significant percentage of parents/ carers also indicated inaccessibility and a desire for: Support with house cleaning 41%, Access to Chid Respite Care 40%, Access to a support group 38%, and access to in home support worker 30%. See Figure 9 below.

67% of parents said overwhelm and exhaustion played a major role in not being able to access personal supports

SC Survey 2022 finding

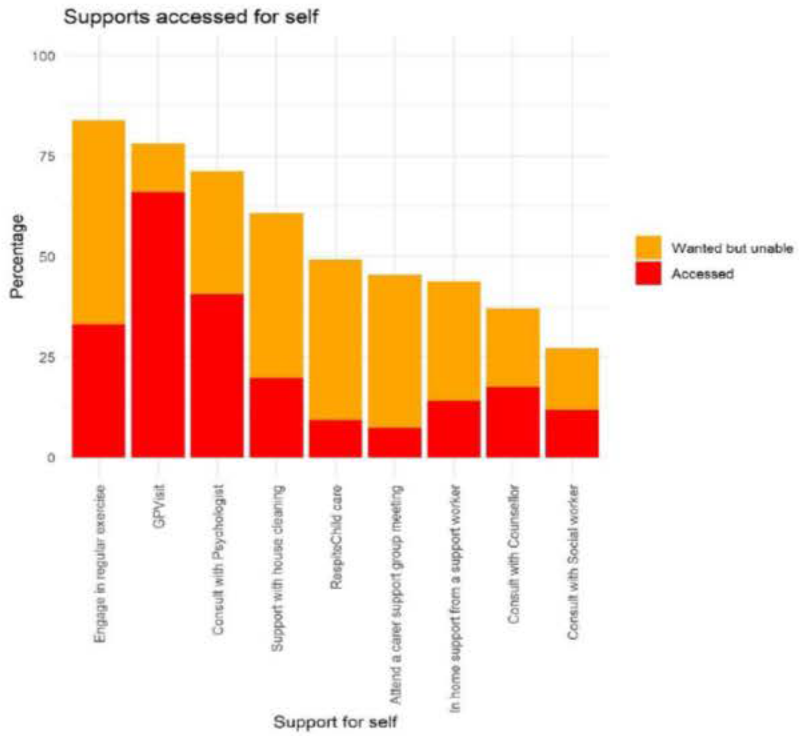

Figure 9. Carer Supports Accessed for self.

Suggestions for other supports desired by survey respondents included access to an advocate / case manager that is wellbeing focussed and access to legal advice. A number of respondents indicated that they would like to attend local school can't carer support groups.

Concerningly 67% of parents describe overwhelm and exhaustion as playing a major role in being able to access personal supports: "I'm so tired and burned out I can't initiate that support" Other barriers included lack of free time, unpredictability of school attendance, waiting lists for carer support, needing to also care for other family members (many are also juggling caring for ageing parents) cost of supports and being unable to afford a gym membership or the out of pocket fee for a psychologist, being unable to leave their child unattended, feeling unsure who to ask for support, or being a single parent. Other things mentioned in the open ended question included: being consumed with and unable to finding help for their child and this being a first priority, being told that they don't qualify for support from carer support agencies.

Table 7. Barriers to accessing carer support.

Barriers to Accessing Carer Support:	
Overwhelmed and just surviving	67%
Lack of free time	54%
Unpredictability of school attendance	49%
Waiting lists to access support	46%
Caring for other children or family members	43%
Unable to afford supports or activities	40%
Unable to leave my chid unattended to access support	37%
Don't know who to ask for help	33%
Single parent with sole custody (no down time)	20%
None	3%

7.2.7 Planning and managing unpredictable demands:

Typical parents/carers can usually predict how their day will go and expect that routines will be followed, but this is not the case for parents/carers of a school can't child. Parents/carers with school can't children are exposed to larger amounts of unpredictability. Consequently, they work harder, from day to day, expending more mental energy having to consciously plan and arrange logistics only to have to rejig those plans later if their child is unable to attend school. 49% of SC Survey-22 respondents indicated that unpredictability of school attendance impacted their ability to access and engage in self-care, we know it also impacts their ability to plan and manage day to day life.

Anecdotally we know that at the beginning of the year parents/carers face the following unknowns:

1. Will their child go to school or not when school resumes?
2. What will their child's capacity be like for full time, part time, distance, or face to face schooling?
3. What supports will be in place at school?
4. Will the support personnel this year be the same or different?
5. Will the support personnel at school listen and collaborate or will they make demands and be directive?
6. Will it be easy or hard to form a working relationship with the new team?
7. What will the child's mental health be like once school is underway and pressure of school returns?
8. Will the parent/carer be able to work?
9. Will the parent/carer be able to get some of their personal needs met?
10. How much energy will they need to get through the year?

It can be difficult to know whether a child will be able to go to school as planned.

On a day-to-day basis parents/carers often describe experiencing hypervigilance in relation to the state of their child's nervous system. Parents/carers describe a state of constantly waiting to see whether:

1. They will be able to get to work or to an appointment on time.
2. They will be able to get a sibling to school on time.
3. Their child will be able to get ready to leave the house independently or whether they will need assistance or prompting to: eat, brush teeth, dress, pack a bag or even to get out of bed.
4. They will be able to accomplish a household task or not while their child gets ready for school.

The parents/carers surveyed describe a state of being constantly on edge, waiting to see what will happen. They are aware that if they become agitated themselves it will add to their child's dysregulation. They juggle expectations about their day, the expectations of others and the expectations of the school. They may wait patiently in a car for an hour to see if a child will be able walk through the school gate. They may sit outside a classroom to see if their child will settle and to provide reassurance. They co-regulate and calm their child knowing that doing so can't happen to a schedule and can't be forced.

Whether they finally get their child to school (or not) and return home, they collapse from the exhaustion of the effort it took, pulling into the driveway they sit on their phones scrolling unable to summon the energy to move on and adjust the rest of their day.

From month to month and year to year there is also unpredictability. School can't is often episodic in nature. The parent is challenged because even if the child returns to learning it is difficult to predict when or if it will happen again. This makes long term planning challenging.

7.2.8 Case managing our children:

Parents/Carers are required to simultaneously juggle caring for a distressed, unwell child and seeking and building a support team around their child and themselves. They spend hours searching for information, in the absence of being directed to it. Parents/carers of school can't children engage in a range of activities relating to case managing their children's needs including:

> "It took a long time, and a lot of heartache for me to set up a support network of counsellors, friends for us, as well as a long time to get a diagnosis on my child's condition (ADHD and anxiety). Months of phone calls, waiting for responses, waiting for appointments"
>
> *SC Survey 2022 Respondent*

- **Engaging in advocacy on their child's behalf at school.**
- **Educating school staff about supporting their child.**
- **Searching for and identifying alternative pathways for education.**
- **Navigating closed and lengthy wait lists.**
- **Interpreting and making sense of reports and assessments.**
- **Arranging supports only to discover that: the support is not suitable (e.g. not trauma aware), their child is too unwell to engage or he/she has recovered somewhat and no longer requires support. Or they discover that the support cannot be accessed at home or the school will not support access on the campus.**

Fluctuating capacity of the child makes it hard to put supports in place as many privately engaged supports require you to make a regular ongoing booking for support.

The burden of care is substantial and overwhelm often impairs their ability to carry out this role. Many survey respondents suggested that supportive case management that was: trauma aware, independent, and wellbeing focussed rather than attendance focussed would help reduce their overwhelm. Parents/carers expressed that they didn't know how to advocate for their child or what support to ask for. Findings from SC Survey-22 (See Table 8) indicate high rates of overwhelm (already mentioned above), 46% of respondents described not knowing who to contact to assist their child, 43% indicated that their own mental or physical health issues impact their ability to seek help, 37% indicated that they had insufficient time to access supports for their whole family, 25% said they were not sure about other education options. Respondents suggested that an initial point of contact such as a helpline would have assisted them to know what first steps to take.

Table 8. Barriers to accessing supports due to parental distress.

Difficulties with case management activities in the past 12 months:	
Not knowing who to contact	46%
Parental mental or physical health issues impacting help seeking capacity	43%
Insufficient time to access supports for a whole family	37%
Cost of time off work to access supports	34%
Not sure about other education options	25%

7.2.9 Regulating Parent/carer worries about their school can't children:

Parents/carers frequently report feeling anxious about their children. They are exposed to messages about the importance of attendance regularly in school newsletters and other communications from school. Parents/carers feel anxious about things happening now and things that may happen in the future including:

1. their child's mental, and physical well-being,
2. loss of academic progress and keeping up with peers academically,
3. impacts on the child's social relationships and connections,
4. the impact on their child's future education opportunities,
5. whether their child will ever be able to return to school/learning,
6. whether their child will be able to one day get a job.

They are impacted by a range of narratives in the community which fuel anxiety such as:

1. School to prison pipeline – they will be headed for a life of crime.
2. Home schooled students don't develop social skills.
3. Every Day Counts: students who miss school won't have a future.
4. Non-compliant children are: lazy, manipulative, and no good.
5. They will never be able to care for themselves or be independent.
6. A high ATAR means you are a success, and your parents did their job successfully.

It is important that parents/carers are encouraged to maintain calm and optimism about their school can't children and are assisted to counter the negative narratives listed above. Parent anxieties about school attendance can:

1. Interfere with being able to work with the child collaboratively to identify the underlying issues.
2. Increase the child/young person's distress about themselves and their situation which can lead to depression.
3. Lead parents/carers and schools to push attendance at the expense of well-being.

Calm begets calm. Parents/carers who stay calm can connect and co-regulate with their child. Adults at school who communicate calm, help the student feel safe at school. At School Can't (SPSR) Australia we frequently discuss "radical acceptance". This is the act of accepting the child where they are at now rather than communicating disappointment or frustration at their current situation. Radical acceptance communicates safety, but is challenging for adults in the face of such negative and frequently unfounded narratives about engagement with school and learning.

The study (Hancock et al 2013) underpinning the "Everyday Counts" narrative shows a correlation between attendance levels and NAPLAN results for those from disadvantaged backgrounds but it shows that "more advantaged children had relatively high achievement levels irrespective of their level of attendance at school. This pattern is particularly evident in the primary school years, and suggests that more advantaged children have alternative and effective resources that help them achieve learning objectives, both at school and in the home, during the early years of school." (Hancock et al, 2013:vi)

7.2.10 Impact on physical, mental health and perception of self as parent

In summarising the impact on parents/carers of caring for school can't children the most concerning figures are in relation to the impact on parent/carers physical and mental health and on their perception of themselves as a parent/carer. The implications for the long-term health outcomes of the surveyed parent/carer cohort is concerning, considering their ongoing experience of chronic stress. Chronic stress in the context of negative perceptions of self as well as self-assessed mental health and physical health decline can lead to feelings of hopelessness.

Question 56 of the SC Survey-22 asked to what extent has having a School Can't child impacted on your physical health, your mental health and your perception of yourself as a parent over the past 12 months. Parents/carers were asked to score each item using a 7 point scale from Positive (0) to Negative (7) with a neutral mid-point. Results can be seen in

> "We have experienced trauma. Possibly we have PTSD now as a result of school can't and how we have been treated or neglected by schools, education dept, health professionals. It has changed everything about my life and the life of my child. I feel like we have been in a war. It has changed me irrevocably."
>
> *SC Survey 2022 respondent*

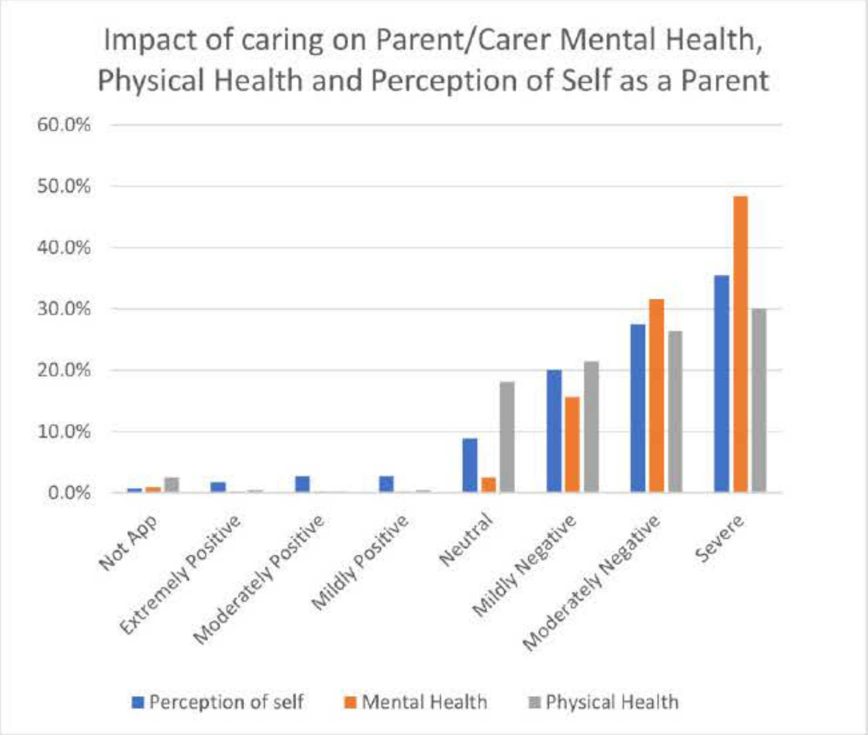

Figure 10.

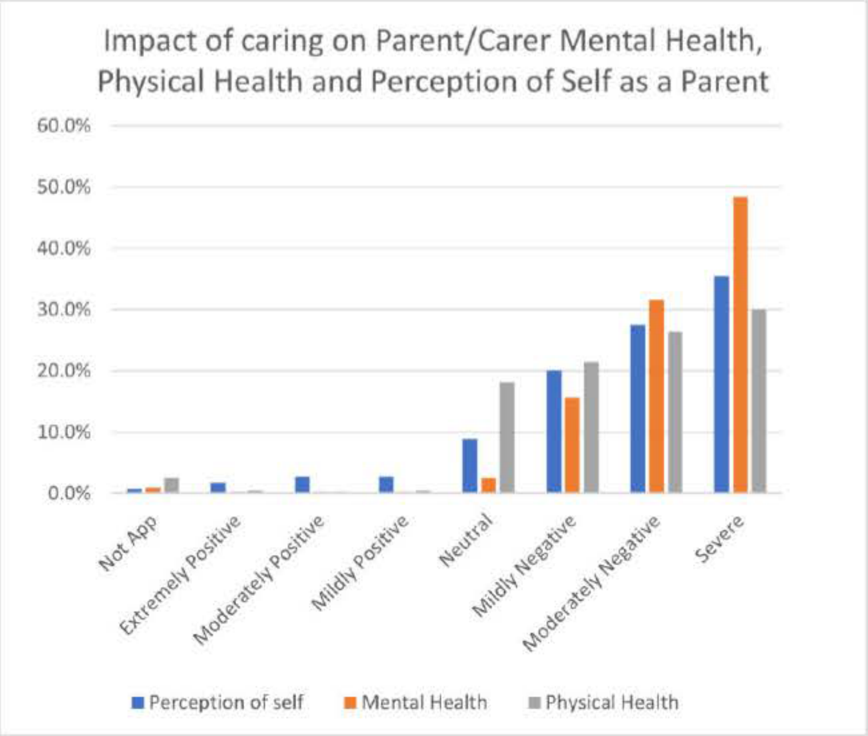

Figure 10: Impact of Caring on Parent/Carer Mental Health, Physical Health and Perception of Self as a parent

Parents/carers surveyed experienced substantial negative impacts in all three domains: mental health, physical health and perception of self as a parent. The biggest negative impact on parent/carer wellbeing was in relation to their mental health: 95% indicated a negative impact across the spectrum of mild to severe with 80% indicating moderate to severe impact. Impact on parents/carers perceptions of themselves as a parent was the second most significant area of negative impact with 83% indicating a negative impact ranging from mild to severe and 63% indicating the impact was moderate to severe. Impact on physical health showed 78% scored a negative impact across the spectrum of mild to severe with 56% showing moderate to severe impacts. These findings are concerning given the possible long term health impacts of parents/carers having experienced lengthy periods of distress while supporting their children.

> "My daughter's School Can't is more stressful than my cancer diagnosis."
>
> *SC Survey 2022 Respondent*

Recommendation 13: That federal parliament review financial supports for parents who home-school. Many have been forced into home schooling as a result of their child's disability/mental health needs not being met previously in formal schooling. We request that consideration be given to: helping families meet the additional cost of living associated with home schooling, provision of additional funds when families are home-schooling a child with disability, increasing Assistance for Isolated Children payments (broadening eligibility criteria to include students experiencing school refusal).

8. The impacts and demands of the increasing case load on service providers and schools to support these students and their families.

A child or young person who is struggling lies at the epicentre of school attendance difficulties. Comforting the child and addressing the underlying causes of their distress must be the top priority of families, schools, allied health and remediation programs. Patience and compassion is required. The process cannot be rushed. Engagement with education can only be built on a platform of 'felt safety', accessibility, and belonging. Parents and carers are looking to access services from education professionals, clinical services and other support services that are trauma aware and share their understanding of school can't. Often, parents/carers are also looking for providers who are also neurodiversity and/or LBGTQI+ affirming. Many families surveyed reported difficulty finding suitable supports. Data from SC Survey-22 indicated that many families have found supports to be unhelpful. Section 8.1 outlines the services accessed by parents/carers who were surveyed and section 8.2 describes the helpfulness of these services as reported by SC Survey-22 respondents.

Recommendation 14: That the senate committee undertake an investigation to review the impact of the siloed structure of funding (education, health, disability) on the ability of families to access help, with a view to reducing barriers to accessing help and supporting families with the costs associated with seeking help and supporting their children to recover.

Recommendation 15: That state and territory DOEs ensure that intervention from authorities, (when low attendance results in mandatory referral to an organisation outside the school, such as the HSLO in NSW) not escalate parent or student stress, but instead seek to identify underlying issues and work collaboratively with stakeholders to develop recovery plans rather than attendance plans.

Recommendation 16: That State and territory DOEs ensure that student supports and funding are able to seamlessly move between different contexts. A social worker, psychologist, occupational therapist, support worker or tutor who works at home with a student, needs to also be able to work or support the student at school and vice versa, as students transition between these environments.

Recommendation 17: That all state and territory DOEs establish and resource an external independent complaints service, for parents and carers of students with disability or mental health difficulties, to self-refer to. This service would assist families when parents/carers have been unable to work with their child's education provider (State, Independent or Catholic) to obtain the support they feel is required to enable their child to access education with their education provider. That such a service provider mediation/advocacy service on behalf of families and report to state parliaments about the number and nature of complaints.

Recommendation 18: That all state and territory DOEs provide a mechanism through which parents and carers can initiate a request for an immediate formal review of a student's support needs if

there are signs of increasing student distress. This will initially involve a PSG meeting and should involve referral to a fast-track service for relevant assessments by psychology, occupational therapy or speech therapists to help identify underlying issues so that students can be better supported. This will enable intervention at an earlier stage and reduce the number of severely distressed students requiring help later.

Recommendation 19: That state and territory DOEs change messaging around school refusal to reflect the need for wellbeing to be prioritised over compliance with attendance expectations. Messaging should recognise that sometimes staying home is necessary to support wellbeing and should also inform parents/carers about how to access supports if a student's wellbeing needs are impacting their attendance at school regularly or persistently. This change in direction will involve removing fines and threatening letters and changing messaging in school newsletters and on DOE websites. This will empower parents to focus on addressing their child's wellbeing needs.

8.1 Services Accessed by SC Survey-22 Participants to Help Child

Key concepts:

- Parents/carers are **struggling to access helpful supports** for their school can't children.
- Helpful supports are trauma aware and share an understanding of school can't. They are focused on the child's wellbeing, seek to identify and address the underlying causes of distress; and demonstrate patience and compassion.
- SC Survey-22 respondents overwhelming **(85%) indicated that their experience of parent peer support groups was helpful**. To a much lesser extent, support workers (59%) and OTs (51%) were rated as helpful.
- **Concerningly, school-based supports were rated as unhelpful by many**, perhaps reflecting the conflict of their position with a focus on attendance vs wellbeing. Even wellbeing/school counsellors were experienced as **not helpful** by nearly 60% of those who had accessed them. Year level coordinators and class teachers likewise, were experienced as **not helpful** by nearly 55% of those who sought help from them.
- Many of the difficulties in accessing external supports link back to poor understanding of disabilities within schools; gaps between what is covered by education, health and disability sectors; and long waiting lists and costs of accessing supports. There were also limited practitioners with an understanding of school can't.
- When trying to work with schools, many surveyed parents/carers reported difficulty finding supportive people within the school and the school being willing to explore underlying issues. **Poor access to communication between teachers and parent/carers was reported by 42% of respondents** as a factor that contributes to the child's school can't.
- Small numbers of parents/carers surveyed report having experienced punitive threats and actions from Australian education departments and schools in order to force their children to attend school. Some students were also threatened with the loss of privileges based on their attendance eg excluded from a significant school event or not being eligible for leadership positions.
- 46% of surveyed parents/carers felt their child's mainstream school had **pushed them out.** They describe scenarios where they were left with no choice but to leave a school. Many parents/carers describe becoming reluctant home school parents because they had no other options.
- Parents/carers reported that one of the biggest impediments to accessing support for their child was related to the severity and unpredictable pattern of the child's distress.

Over the past 2 years SC Survey-22 participants accessed a wide range of clinical services, community-based services and supports from schools, to support their school can't child or young person. See Figure 11 below.

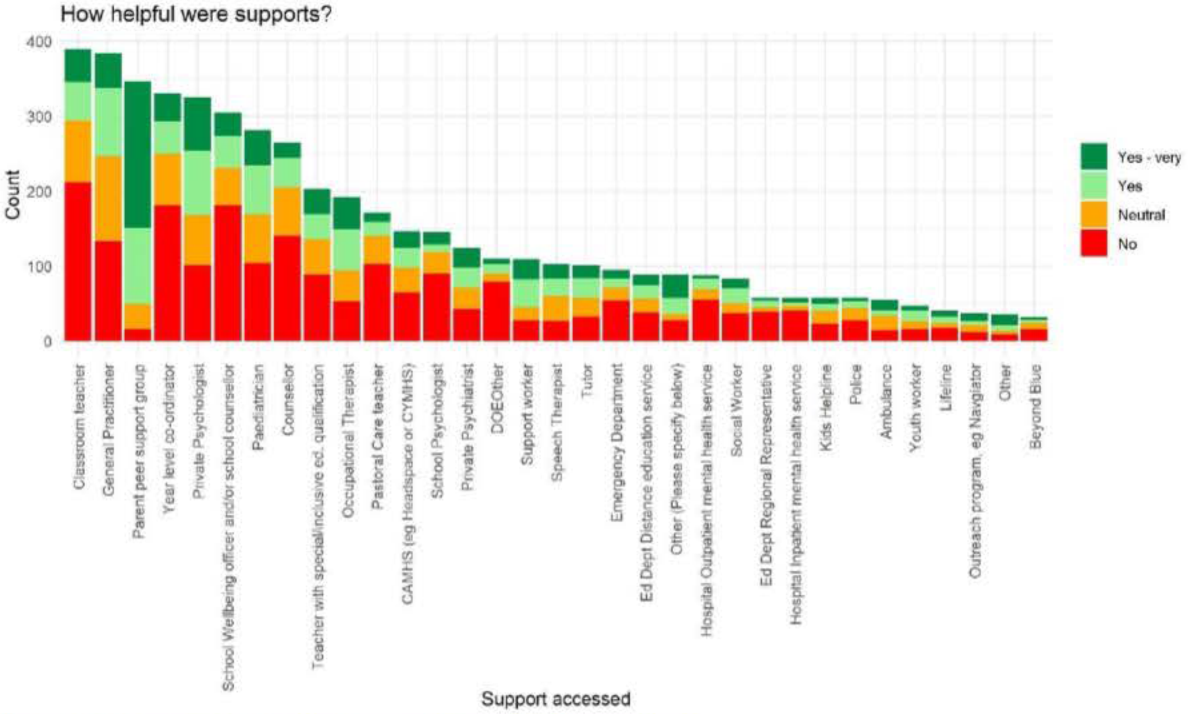

Figure 11. SC Survey-22 - Services Accessed by number of respondents.

More than 50% of respondents indicated they had accessed support from a class teacher, general practitioner, parent peer support service, private psychologist, year level co-ordinator, paediatrician, wellbeing / school counsellor, other counsellor or a teacher with inclusive or special education skills during the past 2 years (see Table 9).

Table 9. Most popular supports accessed by SC Survey-22 participants.

The most popular supports accessed by survey participants for children and young people.	% Participants Accessed
Class teacher	94%
General Practitioner	93%
Parent Peer Support	85%
Private Psychologist	80%
Year level Co-ordinator	81%
Paediatrician	70%
Wellbeing / School Counsellor	75%
Other Counsellor	66%
Teacher with Special or Inclusive Education skills	51%

8.2 Helpfulness of Services Accessed to Help Child:

SC Survey-22 participants were asked to rate the supports they accessed for their children indicating those that were very helpful, helpful, neutral, unhelpful and very unhelpful. Figure 12 displays the range of supports accessed, and the helpfulness of each service. The graph shows the following categories: Very helpful, helpful, neutral and a combined category of unhelpful responses.

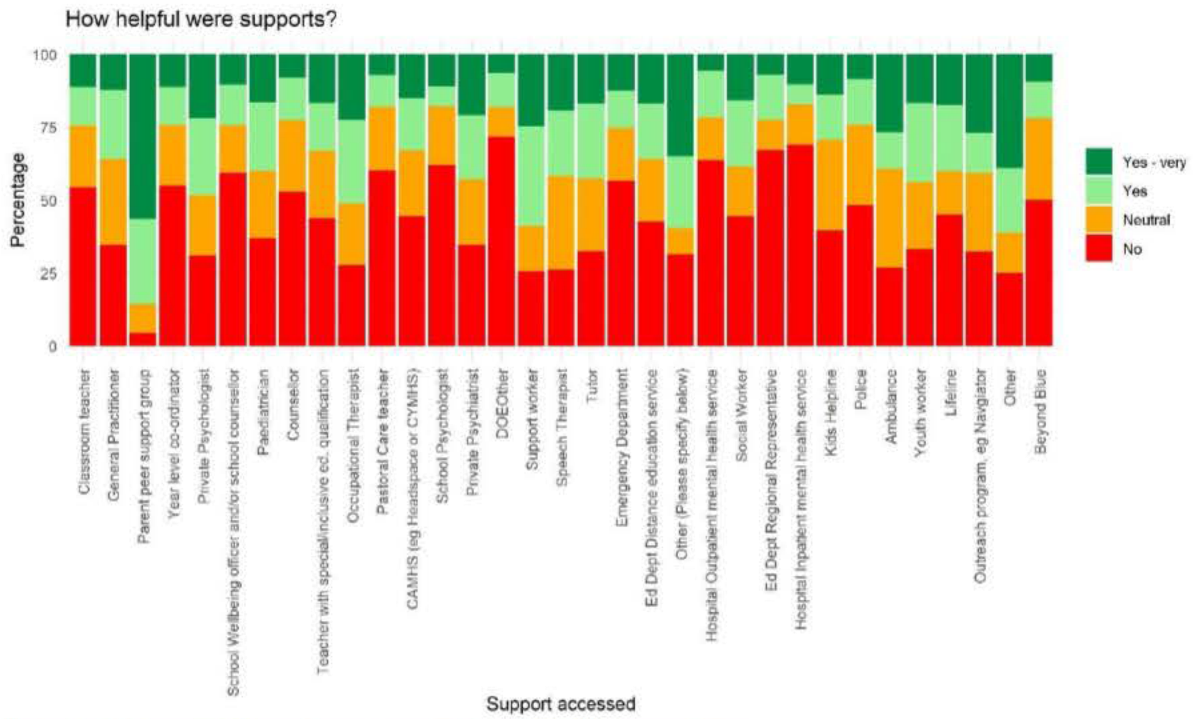

Figure 12. SC Survey-22 Parent/carer report on how helpful supports were.

In the open question asking about supports not listed in the questionnaire a number of parents/carers mentioned the following supports had been helpful: art therapy, music therapy, play therapy, equine assisted therapy, tutor, support worker.

Of supports accessed, the following supports were rated as most helpful by more than 50% of the respondents who accessed them: Parent Peer Support group was accessed by 85% of the respondents and 85.5% of respondents who accessed the service indicated it was helpful, Support Workers were accessed by 27% of the respondents and 58.7% of these rated the service as helpful, Occupational Therapy was accessed by 47% of respondents and 51% of those who accessed the service indicated that it was helpful for their child. Results can be seen below in Table 10.

Table 10. Supports Accessed by more than 50% of respondents that were helpful.

Accessed Supports:	% Participants said service was helpful	% of Total Participants who accessed service
Parent Peer Support	85.5%	85%
Support Workers	58.7%	27%
Occupational Therapists	51%	47%

Parent Peer Supports was the category with the lowest negative and lowest neutral responses overall.

It is a concern that there are not more services listed in Table 10. This indicates that **parents/carers are struggling to find and access helpful supports.** SC Survey-22 respondents indicated that 48% experienced difficulty finding clinicians who understood school can't. This is consistent with what parents tell us in the School Can't (SPSR) Australia parent peer support group. Most supports seem to lack an understanding of how to make sense of and provide support to a school can't student. They also describe other barriers to accessing support which are described and discussed in section

8.3, 0, 8.3.8. In order to improve the ability of existing service provider to better meet the needs of parents/carers School Can't (SPSR) Australia recommends that:

1. more training in relation to how to understand school can't and provide support is needed for service providers, or
2. service providers need increased awareness so they can understand enough about when to refer families on and who to refer them to, or
3. more community awareness is needed so that parents/carers can more quickly identify and locate appropriate supports.

Of the supports accessed by more than 50% of respondents, the following supports were rated as least helpful: wellbeing/school counsellor, year level co-ordinator, class teacher and counsellors external to school. Please see Table 11 for details.

Table 11. Supports accessed by more than 50% of respondents that were rated as unhelpful by more than 50% of respondents who accessed the support.

Type of support	% who found this support unhelpful	% Participants who accessed this support
Wellbeing / School Counsellor	59.3%	75%
Year Level Co-ordinator	54.8%	81%
Class teacher	54.5%	94%
Counsellor	52.8%	66%

As schools are usually the first port of call for parents and carers seeking assistance, feedback about how families have experienced education supports has been isolated from Figure 12 and is shown in Figure 13

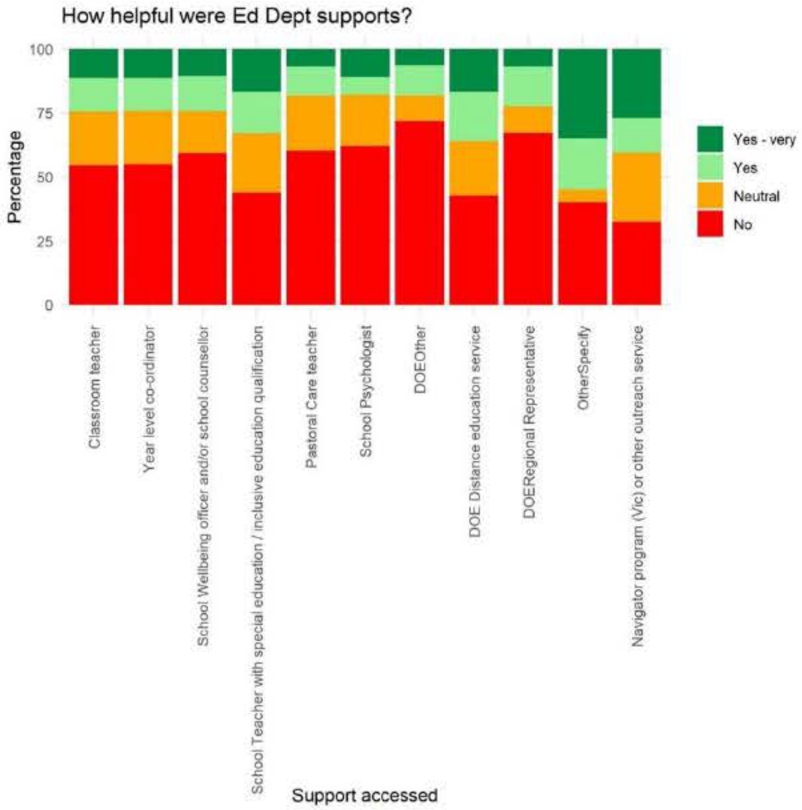

Figure 13: Education supports by helpfulness

With the exception of the Navigator program or similar, all department of education services received negative reports. Navigator and similar programs received at 40% favourable report however only 9% of those surveyed had interacted with a program such as Navigator or similar. This is an indication that the services of similar programs should be made more widely available. Although parents/carers have indicated that the limitation of such programs is often that they are funded through Departments of Education and therefore their primary objective is to get students back through the school gate as quickly as possible. Parents/carers have expressed that these programs should be more recovery and wellbeing focussed and that they would value assistance to explore alternative learning opportunities such as home schooling and distance education when the child is ready to engage with learning again and be supported to transition to these types of education.

> "... in Perth WA. All child and Adolescent psychiatrists have closed their books."
>
> "We have sought help and received GP referrals but extended wait times and being triaged as a low priority case means we are still waiting to see paediatrician and psychologist."
>
> "We used one psychologist who was atrocious, and one that was quite good but it took us 18 months to get into her. She did a full report regarding my daughter but didn't see the point in seeing her any more than that as she doesn't really respond to talk therapies. She does do play therapy now and that is going really well."
>
> "Unable to access suitable reengagement programs because we are rural and nothing which is on offer is close by."
>
> *Quotes from parents/carers in SC Survey-22*

8.3 Barriers to Service Provider Access for a Child or Young Person

We asked SC Survey-22 participants to nominate the barriers they experienced in finding support for their children and young people in the past 12 months. Services availability, suitability and cost were of particular concern to our survey respondents.

Table 12. Barriers relating to service availability, suitability, and cost.

Barriers relating to Service Availability, Suitability and Cost	Percentage:
Lengthy wait lists preventing timely access to assessments	56%
Gaps between education, disability, and family support services	55%
Cost of accessing privately funded supports	55%
Difficulty finding clinicians who understand school can't	48%
Lengthy wait lists preventing timely access to medical or psychological care	37%
Difficulty finding clinicians who are trauma aware	30%
Lengthy wait lists to access external to school re-engagement programs	21%
Unable to access suitable re-engagement programs near us	19%
Waiting on a diagnosis to access supports	19%

8.3.1 Waitlists for assessments and medical/psychological care:

56% of respondents indicated that lengthy wait lists preventing timely access to assessments inhibited them from accessing care for their child. The ability to access assessments is important because they assist in understanding why a student is struggling to attend school. School Can't (SPSR) Australia observes that many parents/carers only discover after things fall apart at school, that their child had a previously undiagnosed disability. The identification of a disability helps provide information that clarifies the nature of the difficulty the student is experiencing and is one of the first steps School Can't (SPSR) Australia recommends when parents/carers are seeking to understand what is happening for their school can't. 19% of respondents indicated that the wait for a diagnosis was a barrier to accessing supports. 37% of respondents indicated that they had experienced lengthy waitlists for medical or psychological care. Assistance with finding psychiatrists with open books is a topic that members of our group regularly request help with.

8.3.2 Issues with funding gaps across education/health/disability:

Gaps between funding for education, health, welfare, and disability are also of significant concern for 55% of SC Survey-22 respondents. The following funding sources (aside from private funding) are used by members of School Can't (SPSR) Australia to assist them to fund and access treatment and support for their child:

- The National Disability Insurance Scheme (NDIS)
- Mental Health Care Plans
- Chronic Disease Management Plans
- Carers Payment
- Carers Allowance
- Assistance for Isolated students

Funding in schools includes:

- Funding under Nationally Consistent Collection of Data on School Students with Disability (NCCD)

- Funding for individual students with disability in school (this varies across Australia but examples include the Program for Students with Disability & Disability Inclusion Funding programs in Victoria, and Integration Funding Support in NSW)

Key issues:

- The siloed nature of funding creates impacts on the flexibility with which supports can be used and means some supports don't exist.
- School Can't children need flexible supports that can be used across both home and school contexts.

38% of SC Survey-22 respondents access NDIS for their school can't child. This number equates to close to half of the survey sample who indicated their child had a disability. Having NDIS funds does not mean you can access the funds you need to assist you to get back to school or recover from school can't. Barriers include not being able to access supports across multiple environments and not being able to access psychological supports to assist with being able to access the school environment.

Parents and carers of children with NDIS plans are told by NDIA representatives that they can't use their funds to provide a support worker to accompany their child to attend school or to employ tutors to build capacity for learning reengagement in a safe and supported way. Parents/carers are told these things should be funded by schools. Funding at schools is insufficient however, to cover these supports and these supports often need to cross over between home and school.

Families report that they require supports that are flexible and able to be accessed in both the home, community and school environments. Sometimes support workers or tutors who are privately funded by parents/carers are prevented from attending the school site if a principal feels it is not a necessary support, they may also find that there is a lack of a suitable room or space at the school.

NDIS does not cover supports for the mental health of those with a disability, even though their mental health has deteriorated as a result of their engagement in contexts (such as schools) that are not inclusive and understanding of their needs and even though anxiety is considered to be a common co-occuring condition in some disabilities.

Meta analyses suggest that 39.6% of autistic young people under the age of 18 meet conditions for a co-occuring anxiety disorder under DSM-IV (van Steensel et al, 2011). Rates of co-occuring anxiety in people with ADHD are estimated to be at 25% (D'Agati et al 2019). Rates of anxiety disorders are estimated at only 6.5% for non-autistic young people under the age of 18 (Polanczyk et al, 2015).

Access to psychology should be available on the NDIS to support autistic children with co-occurring anxiety, as these children require support from mental health professionals who understand Autism.

Rates of access to Carers Payment and Carers Allowance among SC Survey-22 respondents was low with 14% of respondents accessing Carers Payment and 29% accessing Carers Allowance. Parents and carers who have a student with school can't that does not have a disability or is awaiting an assessment for a disability, are currently unable to access support from Carers Payment/ Carers Allowance. They are also unable to access Carers Gateway for counselling support. They financially unsupported while waiting for assessments, having to pay privately for those assessments and at a time when they are unable to work.

Access to the federally funded Assistance for Isolated Children (AIC) is restricted to those who live in an isolated area, have a disability or have special health needs. Parents/carers whose children are home schooled or attend Distance Education for medical reasons or whose child is unable to attend their nearest state school due to geographical distance are able to access AIC funding. Currently students who are too mentally unwell to attend school due to school can't, and who stay home from school as part of a recovery plan are unable to access AIC funding.

8.3.3 Cost of accessing privately funded supports

Cost of privately funded supports was identified as a barrier by 55% of respondents. We have reported earlier (see 7.2.2) about the impact on family finances of having a parent or carer unable to work. This directly impacts their ability to afford services. The cost of psychological assessments for ADHD, Autism, or Specific Learning Difficulties averages $1500 - $2,200 and are not covered by Medicare.

A recent report evaluating the "Better Access Initiative" showed that "Affordability was consistently raised as an issue by consumers and providers who contributed to the various studies in the evaluation. In 2021, 65% of Better Access treatment services attracted a co-payment compared with 53% in 2018. The median co-payment for these services was relatively stable at around $74 per session between 2018 and 2021 but increased significantly in the first half of 2022 to $90. (Pirkis et al 2022:14). This is consistent with the experiences of our members seeking psychological care for their children or themselves. Many state that with reduced income they struggle to afford the substantial co-payments for fortnightly mental health care that they may need to access. They also worry about the number of subsidised sessions they can access being inadequate.

8.3.4 Other barriers to accessing supports for the child:

48% of SC Survey-22 respondents indicated that they experienced difficulties in finding clinicians who understand school can't and 30% indicated they experienced difficulty in finding clinicians who are trauma aware. In relation to accessing re-engagement programs: 21% of respondents indicated that had experienced lengthy wait lists to access external to school re-engagement programs and 19% indicated they were unable to access suitable re-engagement programs near them.

8.3.5 Barriers to School Based Support Access for a Child or Young Person

Many of our survey participants nominated barriers relating to difficulties in collaborating with schools and school personnel. This is a point of some concern as School Can't (SPSR) Australia considers that collaboration between parents/carers and school personnel is essential in order to:

1) identify and address the underlying difficulties contributing to school can't,
2) establish conditions that support a child or young person in their wellbeing, and
3) ensure the student's sense of felt safety and belonging such that they might be able to return to school.

These factors are all critical in setting the scene for reengagement with education.

Parents rate parent-teacher collaboration and communication as one of the most helpful interventions for supporting autistic children with anxiety a school (Adams, Young, Simpson & Keen, 2019). Difficulties collaborating and communication with school, are characteristic of a breakdown in crucial supports for these students.

SC Survey-22 participants identified a range of difficulties that impeded their efforts to access support at their child's school (refer Table 13). **38% found it difficult to find supportive people at their child's school**. Discussing school can't is challenging for parents due to many narratives in our culture that blame children and families for their distress (discussed Section 12). Parents can often be dismissed or are given advice that is inappropriate or unhelpful. **36% experienced difficulties in engaging their school in exploring underlying issues** related to their child's school can't. This frequently happens due to a widespread belief that the problem and therefore the solution lies within the family or the child.

Table 13. Barriers relating to difficulties collaborating with the school.

Barriers relating to Difficulties Collaborating with the School	
Difficulty finding supportive people within the school	38%
Difficulty engaging the school in exploring underlying issues	36%
School difficult to communicate with	33%
Feel uncomfortable attending meetings at school	30%
School not following recommendations from experts	29%
School refusing access to external supports	19%
School denies there is a problem and won't provide access to school based supports	18%

33% of respondents found the school difficult to communicate with. Poor access to communication between teachers and parent/carers was reported by 42% of respondents as a factor that contributes to the child's school can't. Communication difficulties included: not being allowed to have the email address for the teacher, having to use a general email address and related concerns regarding privacy. They also include meetings that are infrequent, too short or only available at times when the parent is the only one home to look after the school can't child. 30% of respondents indicated they felt uncomfortable attending meetings at the school. Parents/carers often feel outnumbered or threatened by the presence of a large number of staff or by the presence of senior staff.

Parents/carers also experienced difficulties with schools not following recommendations of experts (29%), refusing access to external supports (19%) and others indicated they had experienced school's denying there was a problem and refusing to provide access to school-based supports (18%)

SC Survey-22 participants indicated that there were issues which had impacted their child's school can't pertaining to **the need for training of staff in relation to being informed about the child's disability when there was one (55%), making reasonable adjustments (59%), and provision of individualised supports and planning (59%).**

See also discussion of structural difficulties which have contributed to school can't section:6.5.1

These findings highlight a need for case management and advocacy services, that can mediate between families and schools and service providers.

Difficulties in collaborating with schools and school personnel may reflect:

1. the stress that schools and teachers are under,
2. the lack of training and resources available to schools to work with complex cases, and
3. the emotional load of working with distressed people.

Schools require needs-based funding, and education systems and school communities must prioritise teacher wellbeing. Addressing stressors in the system, providing training and resources will grow teacher capacity to meet student need.

8.3.6 *Impact of use of power and threats to induce attendance:*

Small numbers of parents/carers surveyed report having experienced punitive threats and actions from Australian education departments and schools in order to force their children to attend school, ranging from letters outlining the negative impacts of non-attendance, letters threatening legal action and fines, threats to terminate enrolment, threats to refer a family to Child Protection, threats that school employees or police come to the family home to escort a child to school. Some of these threats were followed through. There were also threats and actions directed at children such as excluding the child from a significant school event due to their attendance (6% threatened and 10% report having been excluded), or not allowing them to apply for leadership positions (7% threatened, 6% report this happened to their child). **School Can't (SPSR) Australia strongly advises against such measures** as they damage relationships between families and schools and add to the stress that children and families are experiencing while failing to address the underlying causes of school attendance difficulties.

8.3.7 Ignorance or Systemic Exclusion?

School Can't (SPSR) Australia is extremely concerned that 46% of SC Survey-22 parents/carers indicated that they felt that their child's mainstream school had pushed them out. They describe in private messages and on our Facebook page a range of scenarios where they were left with no choice but to leave a school. We have permission to share these de-identified scenarios. In some cases parents/carers described being excluded or directed away from enrolment and others described situations where they just didn't get the support or understanding they needed and were left with no choice but to exit.

Scenarios described included:

- A young person with school can't being told they would have to withdraw from the school if they don't meet an attendance expectation as there are other students who would happily take their place and attend on time.
- Being directed by principals to take their enrolment elsewhere and told that the school could no longer cater to their child's needs.
- A 17 year old who wanted to return to school, after being unable to attend the year prior. He was told he could not access the VCAL program and reminded that he no longer "had" to be at school, despite his desire to give it a go.
- Schools that had no idea about how to support students with severe anxiety, other than to advise parents to just get their child to school and to make life unpleasant at home so they come to school, leaving the family to choose between further harm to their child or leaving the school.
- A school whose focus on attendance led them to insist that a family sign an attendance plan in the form of a contract, that the family knew they would not be able to action, because the child was not well enough. This left them with no choice but to leave and home school.
- Stories of schools who have used power/authority including threats of legal action to intimidate and humiliate parents. Parents felt that they could not work with school staff, and determined that it would be easier to find another school who understood that they weren't dealing with a behavioural issue but with a mental health issue.
- Being told to transfer the child's enrolment to Distance Education or home education or else the school would pursue legal action.
- School's not understanding the length of time that recovery from school can't takes. A parent described a school agreeing to a 3-week partial attendance plan but then expecting full time attendance at the end of that period.
- Lack of flexibility on the school's part / insisting their way of doing things would fix the school attendance problem, despite the parent/carer presenting information about what had worked in the past to support the child.
- Lack of responding in a timely manner to a parent's early expressed concerns, leading to increased student distress, until the child displayed signs of trauma and worsened mental health, preventing their return.

- Failure of schools to provide previously agreed accommodations and modifications, leading to the child feeling severely distressed, experiencing panic attacks and being unable to stay at the school.
- Schools that believe the solution to anxiety is to push through it. "Keep sending her to school. All kids this age feel this way", said a school principal to a mother, whose daughter was so distressed by school that she had become suicidal.
- One parent described a counsellor at their child's old school who labelled the child as lazy and manipulative despite knowing of a diagnosis of anxiety. Staff at school physically dragged their crying / fearful child into the school ground in front of peers saying that they knew best as they were the professionals. The experience was traumatising for both the parent and the child and led them to lose trust in the school's capacity to assist and to look for another school.

Many parents/carers describe becoming reluctant home school parents because they had no other options, or having to find an alternative to the school their child was enrolled in previously.

8.3.8 Barriers to Accessing Support due to Severity and Pattern of Child's Distress

SC Survey-22 participants indicated that one of the biggest impediments to accessing support for their child was the severity and pattern of the child's distress. (See Table 14 below). 66% of participants indicated their children was too anxious to engage with any supports and 47% indicated their child was too traumatised or too shut down to engage in supports. They described children who may be any or all of the following: shut down, withdrawn, unable to trust or connect with adults, unable to leave home, unable to leave their bedrooms, or suffering other signs of burn out. 48% of participants indicated that the unpredictability of school can't made accessing assistance difficult. Their child might be ok for a term and then not be able to attend school. This unpredictability makes it difficult to commit to regular supports and creates challenges in maintaining continuity of supports.

Table 14. Barriers to accessing supports due to severity and pattern of child's distress.

Barriers to Accessing Supports due to Severity and Pattern of Child's Distress	
Child / young person is too anxious to engage with supports	66%
Unpredictability of "school can't" – seems OK and then suddenly not OK	48%
Child too traumatised / shutdown	47%

9. How relevant state, territory and federal departments are working to monitor and address this growing school refusal challenge

Key concepts:

- There is a lack of consistency in the understanding of school can't and how it is recorded.
- Once data is available, school can't should be correlated with other data on disability, indigenous status, inclusion, use of exclusionary practices and school discipline practices.

According to feedback from members of School Can't (SPSR) Australia there is a lack of consistency in the way that school can't absences are recorded in schools. There is much to be done to create conditions within which data can be collected which truly represents the reality of the situation can be collected. Please refer to our discussion about this issue at section 6.3

School Can't (SPSR) Australia recommends that data in relation to school can't is examined to see how it correlates with other data such as:

- disability status
- indigenous status
- whether a student is in foster care or out of home care
- measures of inclusive practice in schools
- rates of informal exclusion used by schools such as restricted attendance, and early dismissals initiated by a school
- rates of detention
- rates of use of seclusion and restraint practices in schools such as holding a child so they can't leave with a parent or using an isolated locked "calm down space" to manage a meltdown) and
- School discipline practices

School Can't (SPSR) Australia knows from its recent survey that rates of diagnosis are very high in the population of student whose parents and carers were surveyed (see Section 0). **School Can't (SPSR) Australia suspects that schools with practices that prioritise compliance over connection and who have poor inclusion practices will have higher rates of students with school attendance difficulties. The demographics of SC Survey-22 indicate that students with disability are significantly adversely impacted by their experiences in schools.**

Recommendation 20: State parliaments be encouraged to legislate and provide funding to enable the collection of data on parent reported reasons as to why a student has exited from a school to seek an alternative enrolment. That this data be reported to their respective parliaments annually. Data should also be collected regarding reasons for seeking enrolment in alternative education environments such as distance education, home-schooling or specialist/therapeutic education environments. This data should include information about the student's disability status, exclusion, restraint, and school refusal history. This will enable a better understanding of the factors impacting students with disability and those with a history of school can't and assist in identifying and responding to barriers to inclusion.

10. Stressors

School Can't (SPSR) Australia has come to understand that that school refusal is a stress behaviour rather than a "misbehaviour". In responding we must identify the sources of stress and seek to reduce the stress in order to prevent school can't and in order to create school environments within which students can be sustained in ways that allow them to engage with learning from kindergarten through to year 12. To assist the Senate Inquiry to understand these sources of stress the SC Survey-22 asked parents a range of questions in relation to stressors. These explored school based, COVIID-school related factors and family stressors and their impact on school can't.

Questions 39 – 45 asked parents/carers for information about stressors which had impacted their child's school can't experience:

1. **Question 39-42: "Are difficulties with any of the following linked to your child's school can't?" asked about 57 different stressors grouped under the following headings: environmental, sensory, emotion, social/communication, cognitive, academic, disability accommodations, structural, and physical.**
2. **Question 43 asked "In the past 2 years, have the following COVID related stressors impacted your child's attendance at school..." and respondents were presented with a list of 19 potential COVID related stressors.**
3. **Question 44 was an open ended question and asked: "What, if any, further details would you like to share about how the school- based factors / stressors in the previous questions contributed to school can't?".**
4. **Question 45 asked: "Have there been family and personal impacts outside of the school environment (excluding disability or child's mental health) that have impacted your child's school can't? (eg loss of a family member, parental illness, impacted by natural disaster?" This question gave parent/carers the opportunity to provide a text based response.**

In the following sections: (10.1, 10.2, 10.3) we report on the findings relating to these questions.

10.1 School Based Stressors:

Key concepts:

- Surveyed parents nominated many school-based difficulties that contributed to their child's school can't. Many of these reflect known difficulties (that could be proactively addressed) for autistic and ADHD students around sensory needs, flexibility, attendance expectations, following interests, using CPS, and neuro-affirming social emotional learning.
- 71% of survey respondents nominated a lack of safe people as a definite problem for their school can't child. The students in this cohort are struggling with relationships and connection with both teachers and peers at school, and feeling safe.
- Poor school and teacher understanding of stress and distress impedes students being heard and getting the support they need.
- Neuro-normative expectations, shaming and non-inclusionary school cultures see many students masking to fit in. Masking adds to a student's stress load by cutting off avenues to reduce, avoid or recover from stress.
- Schools are often overstimulating and distressing to neurodiverse students and those impacted by trauma. Sensory acoustics, uniforms, classroom temperature, lights and visual clutter all impact on this and could be improved at a school or classroom level and with increased flexibility.
- Difficulties with school work were also seen as stressors. Work not of interest, executive functioning difficulties, difficulties with specific subject areas, execution of the curriculum, group work and processing speed were all significant.
- The length of the school day, number of transitions and early start times all contribute to the school stress load for many students.
- Universal supports and individualised supports are needed to meet the range of complex needs in the classroom. This requires a culture of inclusion, increased disability training and mentoring for teachers, providing reasonable adjustments, and flexibility to meet a range of needs.

School Can't (SPSR) Australia asked SC Survey-22 respondents to nominate the school-based difficulties connected to their child's school can't. See Figure 14 below. A range of difficulties were selected and categorised under the headings: environmental, sensory, emotional, social/communication and cognitive, academic, disability accommodations, and structural. Interestingly most difficulties on the list were nominated as being applicable by at least 26% of parents/carers. These results are congruent with difficulties commonly experienced by children with Autism and ADHD in our school system and given the demographics of our SC Survey-22 population this result is not surprising although it is concerning.

The full table of results for the data displayed in Figure 14 below can be found in the appendix at section 19.4.

The top 10 stressors identified included difficulties with:

- Limited safe people and places at school
- School staff unable to identify signs of distress
- Communicating student distress to the teacher
- Masking
- Teacher or school expectations
- School work that is not of interest
- School placing responsibility on the student to change instead of providing supports
- Meeting expectations of self
- Lack of trauma informed staff
- Length of the school day

See **Error! Reference source not found.** below.

Table 15: Top 10 School-based stressors impacting School Can't

Top 10 difficulties impacting school can't:	% Yes:	% Maybe:
Limited safe people	71%	13%
Staff unable to identify signs of distress	69%	13%
Communicating Student Distress to teacher	68%	15%
Masking	67%	14%
Teacher / school expectations	64%	11%
Work not of interest	64%	16%
Placing responsibility of student to change instead of providing support	64%	10%
Expectations of self	64%	15%
Lack of trauma informed staff	62%	9%
Length of school day	61%	16%

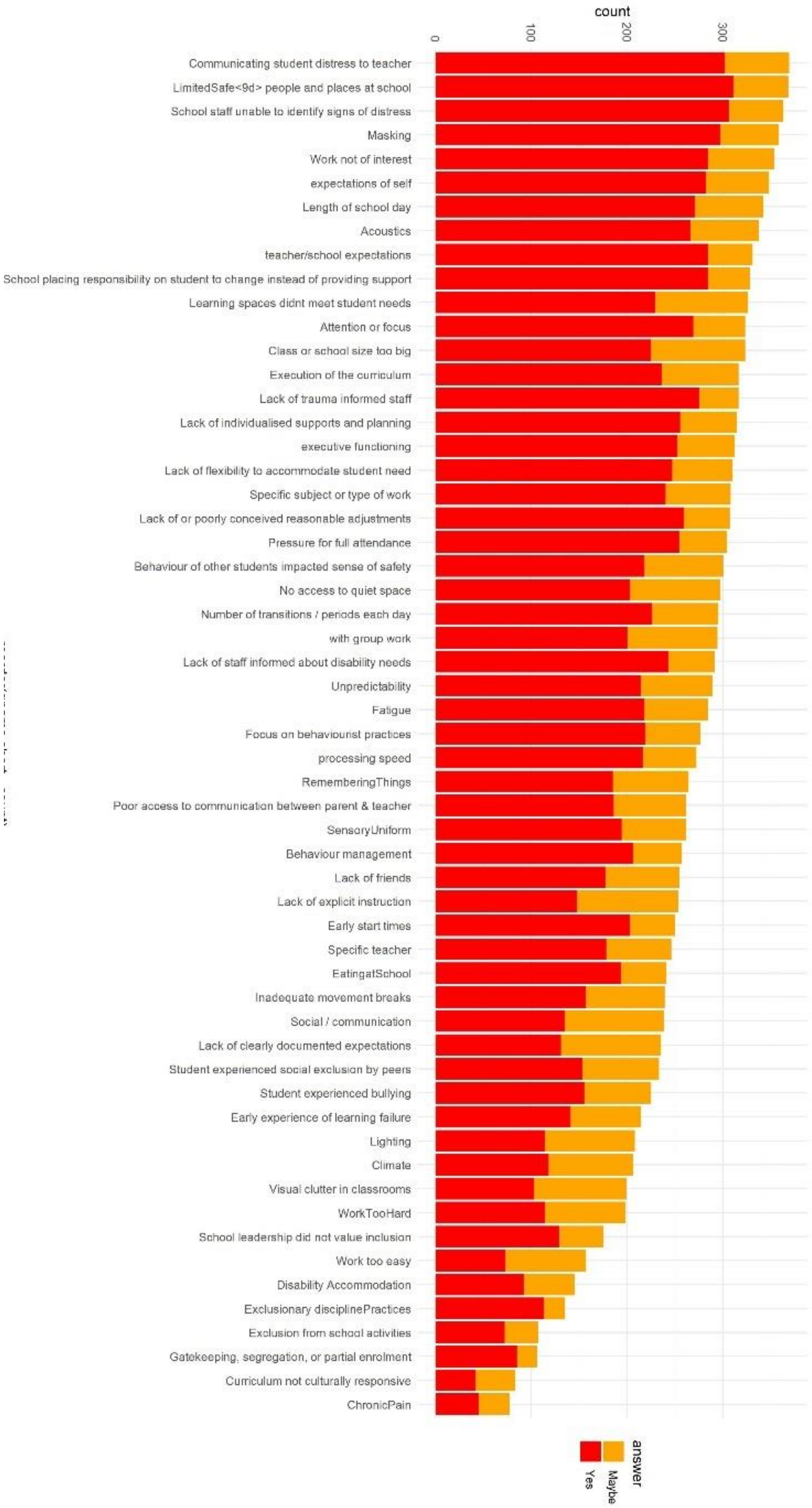

Figure 14: SC Survey-22: School Based Difficulties Contributing to School Can't as Identified by Parents/Carers

Many of these stressors can be proactively addressed by adjustments to the way we do things in schools such as:

- Designing our schools and classrooms to meet sensory needs,
- Adjusting timetables and attendance expectations,
- Facilitating interest-based learning,
- Reconsidering the use of competitive timed activities,
- Use of Collaborative and Proactive Solutions, low arousal, and de-escalation approaches, and
- Social emotional learning that is neurodiversity affirming,
- Ensuring that learning support plans focus on accessibility by removing barriers, making adjustments and providing support.

As you can see from Figure 14, there are many stressors impacting on children and young people. School Can't (SPSR) Australia's lived experience knowledge and research has led us to have much to say about what works and what doesn't work to reduce the experience of these stressors and help create learning environments that would better support our children. We have selected just seven areas to write about in detail:

1. Felt Safety,
2. Recognition and acknowledgement of student stress by school staff
3. Masking
4. Sensory sensitivities
5. Problems with school work
6. Structural difficulties
7. Disability supports and inclusion

Recommendation 21: That state DOEs identify and remove barriers (including examining funding structures and policies) which prevent students from: easily moving between face-to-face learning, distance education and home schooling or combining enrolments across different types of learning contexts when needed. This will allow students to access a wider variety of options for engaging with education.

Recommendation 22: That state DOEs identify and remove barriers which prevent enrolment in an out of zone school when the student no longer feels safe and supported at the zoned school, in circumstances where a student experiences or is a risk of School Can't.

Recommendation 23: That state and territory DOEs ensure that options exist, particularly in high school, for students to choose the way they would like to engage in a subject i.e. online, face to face, live or watch at another time. This will enable students flexibility to engage in ways that meet their wellbeing/ recovery needs.

Recommendation 24: That state and territory DOEs build capacity of teachers to have in depth knowledge about adjustments and accommodations required to support students with disability / mental health difficulties. Especially in relation to collaboratively creating supportive learning plans, regulation plans, and mental health support plans. This will ensure students are better supported and will reduce student stress.

Recommendation 25: That State and territory DOEs and University Teacher training courses work to develop awareness around the importance of teacher wellbeing and supporting teacher's nervous systems. This is to ensure that teachers have the capacity to be with distressed students and can co-regulate and share their calm with the student. Teachers who have highly aroused nervous systems may unintentionally arouse the nervous systems of their students.

Recommendation 26: That state and territory DOEs mandate trauma or nervous system informed practice training for staff at schools and examine ways to support teacher wellbeing and regulation in the workplace at an institutional level, because the wellbeing of students is closely related to the wellbeing and regulation of teachers.

Recommendation 27: That Federal and State parliaments legislate to ensure that according to Article 24 of the United Nations Conventions on the Rights of Persons with Disabilities, to which Australia is a signatory, students with disability will have their right to access inclusive (non-segregated) education upheld.

Recommendation 28: That in conjunction with legislation recommended in Recommendation 27 state and territory DOEs will mandate the upskilling of teachers in relation to inclusive educational practise and universal design, through professional learning and mentoring for teachers already employed and in teacher training courses. This will support the desegregation of our education system so that all students are supported in mainstream contexts regardless of diagnosis and fewer students with disability are left as casualties of their engagement in mainstream education.

Recommendation 29: That university teacher training courses be mandated to include units on disability and cultural awareness in relation to attitudes towards disability.

Recommendation 30: Given the positive response that many young people (24%) had to remote learning, we recommend that State and territory DOEs make access to distance education more readily available and easier to access.

Recommendation 31: That State and territory DOEs resource and make available, remote learning facilities to help students who cannot attend school in person, retain connection to their schools (including peers), and remain connected to their learning.

Recommendation 32: State and territory DOEs review and amend policies in relation to the following supports for students with anxiety:
- Permission for parents or support workers to be on site as a support person to provide reassurance to an anxious young person.
- Permission for the young person to carry a mobile phone on their person at school as part of a safety plan, so they can alert a support person when in distress.
- Permission for a young person to access and use any supports that assist them to feel calm so long as these do not disturb other students (e.g. listening to music, use fidgets, use break cards, ability to move, visit a favourite teacher).

10.1.1 Felt Safety

71% of survey respondents nominated a lack of safe people as a definite problem for their school can't child. The students in this cohort are struggling with relationships and connection with both teachers and peers at school, and feeling safe. Usually this is because the child's nervous system has been sensitized to detect social threat as a result of poor experiences in the past. Students may struggle to determine if a teacher or peer is happy with them or not and the effort of trying to determine this makes them feel anxious. While not attending school itself could be a reason for a lack of relationship, children have generally been to school before school attendance difficulties began and we must consider whether a lack of those relationships in the first instance, or a breakdown in relationship may be contributing factor.

Difficulty with a specific teacher was nominated as a contributing difficulty by 40% of parents/carers. Bullying and social exclusion from peers were both nominated by 35% of parents/carers. Lack of friends was nominated by 40% of parents. Physical restraint by a teacher and witnessing peer to peer violence were also mentioned by parents in our free form text response to this question. One respondent described a situation where a student was shamed by her teacher in front of the class for struggling with a timed task, which resulted in bullying from students who witnessed the exchange. While this will impact a student's sense of belonging, and a student's capacity to call on peers or teachers when they need assistance, this also impacts the nervous system arousal state of the student. Only when students feel safe will their nervous systems enable their brains to attend to learning. Felt safety is a necessary precursor to learning.

Behaviour of peers was also nominated as influencing students' sense of safety at school with 49% of parents reporting that this was a factor in their child's school can't.

Misguided advice from schools on how to address school attendance difficulties is also problematic for the recovery of school can't students (See Table 25 on page 91 for further discussion. Attempts to force students back to school negatively impact student – adult relationships and damage trust. School can't children and young people need to feel heard and supported by their grownups. They need to feel like they have allies not adversaries.

Parents/carers of school can't children also report that some school staff do not know how to interact with anxious students, expecting them to push through their fears, "use their resilience", and just get on with things. The expectation is that the school is safe, there is nothing to be afraid of, it's all in their minds, and the student will experience safety once they are at school, mitigating their fear and interrupting ruminative thought by challenging their negative beliefs. If only it were so easy! This approach may work with students who have very low levels of nervous system arousal but for severely anxious students it only makes them feel more unsafe.

> "The only things that were working was reduced hours days at school. So he would attend anywhere from 2-4hrs instead of 6. This got my son happier about going to school, a lot of his physical symptoms abated and for the first time this year he felt a sense of achievement. However pressure from the school due to their concerns about his education got to me and we slowly worked up to full hours so reversed any positive progress we had made."
>
> *Respondent in SC Survey-22*

Feeling safe is subjective. It is a property of the interaction between a child's nervous system and the environment. As Mona Delahooke reminds us "Safety is in the Eye of the Beholder" (Psychotherapy Networker (2020).

According to the Harvard University Center on the Developing Child (2021 website)

"The science of child development and the core capabilities of resilient adults point to a set of "design principles" that policymakers and practitioners in many different sectors can use to improve outcomes for children and families. To be maximally effective, policies and services should:

1. *Support responsive relationships for children and adults.*
2. *Strengthen core skills for planning, adapting, and achieving goals.*
3. *Reduce sources of stress in the lives of children and families."*

10.1.2 Recognition and Acknowledgement of Student Stress by School Staff:

The next two top difficulties nominated by our parents relate specifically to the ability of staff to notice student stress (69%) and for students to be able to communicate to teachers (68%) about the amount of stress that a student is experiencing. A lack of awareness that a student is struggling, means that a teacher may not recognise a need to make adjustments and provide supports for a child, or may dismiss parental reports that children are not coping at school, believing that the child is fine because they look fine in class.

There are a number of reasons why teachers may not be aware of a student's distress:

- Masking - the student's ability to mask their difficulties, discussed further in section 10.1.3,
- A fight or flight response may result in visible behaviour that is misinterpreted as disruptive or avoidant behaviour
- A nervous system shutdown response may be difficult to detect because at first glance, the student is quiet and may seem to be working. On closer inspection they are sitting quietly, unable to ask for help, or indicate that they need to leave the room, and they won't be able to complete work.

Schools who use traditional behaviour management in the absence of knowing about nervous system regulation tend to position behaviours of concern, (which often stem from student distress), as a problem for the teacher or the class or the school. If a student receives a sanction for behaviour that is inconvenient to others, then there is a good chance that the student's stress load is increased by the imposed consequence, and the underlying circumstance that led to that students' behaviour, and their feelings of distress, remain unaddressed.

50% of SC Survey-22 respondents identified a focus on behaviourist practises as problematic for their young person. 47% identified school behaviour management as an issue. Exclusionary discipline is also problematic (26%), with 16% nominating exclusion from school activities as contributing to their child's difficulties in attending school.

Focussing on behaviours of concern distracts staff from recognising and responding to underlying student distress. Behaviours of concern should be treated as signals of student distress. Models like Collaborative and Proactive Solutions draw attention to the antecedents to behaviour. Self-Reg aims to identify and reduce a student's stress load and thereby improve self-regulation. Both are of huge benefit in assisting staff to understand and identify student distress and to create a sense of safety.

Collaborative Proactive Solutions helps school staff avoid misunderstandings and assumptions about behaviour. It encourages adults to be curious about the student's perspective and to collaborate with the student to find solutions. Students feel heard and validated in response and misunderstandings about behaviour are less likely. See our discussion about Milton's Double Empathy Problem (2012) in section 12.

10.1.3 Masking

Most children don't like to stand out as different. Masking was nominated by 67% of SC Survey-22 respondents. Masking is the name given to the act of camouflaging one's differences. It involves the suppression on one's natural tendencies and conscious modification how one presents in order to fit in. Masking behaviour is more common in autistic people than non-autistic people (Jedrzejewska & Dewey, 2021).

School Can't (SPSR) Australia recommends that attention is paid to creating school cultures which value diversity and make room for difference so that students can feel that the person they are is valued unconditionally and that they have space to be themselves. In the past many aspects of autistic presentation and ways of being, have been portrayed as wrong by our society. Research and therapies have been aimed at normalisation of the autistic person. Cultural beliefs about disability and difference have led to spoken and unspoken rules about how to be, and have been applied to things like: the way autistic children play, the way autistics socialise, and the way they move. Neuro-normative rules impact the way children are expected to be in a classroom: sit still, eyes on the teacher when they speak, raise your hand and wait to speak. These all assume every student has the same capacity for the prescribed behaviour. "Whole Body Listening", is an example of a neuro-normative set of expectations/rules about how children should conduct themselves in class. Its use has led to shaming of autistic children in front of their non autistic peers for things like lack of eye contact and difficulties sitting still. Whole Body Listening has recently been overhauled by its creators as a result of input from neurodivergent people. The "Meet Bumper: a Whole Body Learner" resource, from Autism Level Up, also offers an alternative more neurodiverse affirming approach to the original "Whole Body Listening" resource (Fede & Laurent, 2022).

The need to mask impacts a child's sense of belonging. As Brené Brown (2010) says, "*Fitting in is about assessing a situation and becoming who you need to be to be accepted. Belonging, on the other hand, doesn't require us to change who we are; it requires us to be who we are*".

Masking can also interfere with a student's ability to meet or advocate for their own needs. For example: supressing stimming behaviour due to concerns about the way this behaviour appears to others results in difficulty with self-regulation. Another example of masking might be where a student avoids asking for, or using an accommodation or adjustment, due to fears of being identified as being different. These are examples of how masking adds to a student's stress load by cutting off avenues to reduce, avoid or recover from stress.

Masking is implicated in poor mental health (Cage & Troxell-Whitman, 2019, Ross, Grove & McAloon, 2023, Bernardin, Lewis, Bell & Kanne, 2021).

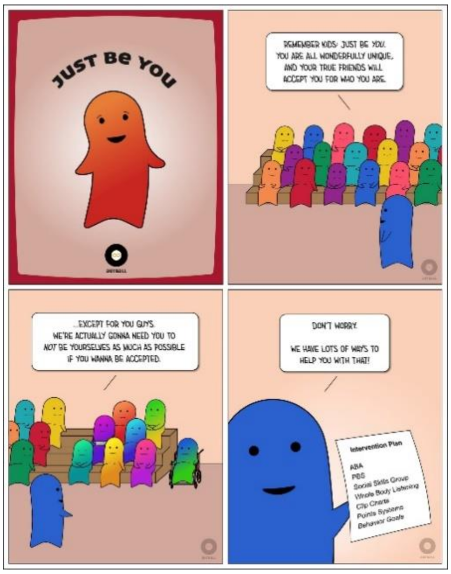

Figure 15. Just Be You.

Comic by Autball

Downloaded from https://www.facebook.com/autball1/photos/pb.100082207851890.-2207520000./126561146753655/?type=3

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10.1.4 Sensory Sensitivities

Sensory acoustics were nominated by 60% of SC Survey-22 respondents as problematic for their child or young person and were discussed in the open ended questions on things that could prevent school can't, help students experiencing school can't and re-engaging in learning (see Appendix 19.4 for more). Auditory hypersensitivity is common in autistic children. (Tomcheck & Dunn 2007). Many children experience discomfort or pain in environments where non autistic children deem the noise level to be acceptable.

Trauma itself, can also cause difficulties in sensory processing. Sensory triggers can serve as a reminder to traumatic experiences. (see ACT Government Community Services, 2021)

While aides such as noise cancelling headphones which reduce noise levels for an individual person can be used, consideration should be given to solutions that don't single out individuals such as:

- Design and construction of school buildings to dampen noise,
- providing quiet spaces where students can take a break,
- smaller class sizes, staggered locker times
- planning adjustments for the child at whole school events or excursions that may be particularly crowded or noisy such as sports carnivals,
- Being aware of noise levels for band practise and emergency drills.
- Adjustment of the school intercom to not be too loud.
- Fitting toilet blocks with paper towels, instead of hand dryers.

Often accommodations like the examples listed above benefit all students and lower the stress levels of everyone.

Other sensory difficulties nominated by parents had to do with the school uniform (44%), the climate (27%), the lighting (26%) and visual clutter in the classroom (23%). Smell was also mentioned in response to our open-ended question. We would suggest that schools:

- Consider relaxing or even abolishing uniform requirements so that children can feel comfortable when they learn and play at school, and do not have to endure a uniform that is an uncomfortable distraction.

- Minimise the use of fluorescent lighting in schools and classrooms, using natural light were possible.
- Allow students to wear visors, hoodies or sunglasses that shield the eyes, indoors.
- Minimise visual clutter.
- Consider adopting fragrance free and low fragrance soaps and cleaning agents for use in the school and recommending that staff and families use fragrance free and low fragrance personal products.

> "Encouraging and supporting them, not punishing them for things that don't really matter. Understand that the uniform is a problem for some kids - and don't implement stupid rules like "if you are not wearing the correct uniform you have to wait at the canteen until everyone else has been served". In 10 years time, it won't matter whether they wore the correct uniform, but it will matter that they were punished and made an example of in this way."
>
> *Respondent in SC Survey-22*

It is evident to many parents of neurodivergent children that mainstream environments are frequently overstimulating and distressing for our young people. Children are often excluded for distress behaviour or self-exclude by refusing. Self-exclusion occurs when a student imposes a boundary of their choosing for their own protection from discomfort. Research is needed to determine how school environments can be made more accessible for students with sensory processing challenges without resorting to segregation.

The concept of sensory trauma supports this. This concept is derived from lived experience testimony, that unpleasant and overwhelming sensory experiences are a threat that occur frequently and unpredictably in ordinary everyday life. These experiences are often hidden to non-autistics as they derive from differences in experiencing the world. (Fulton, Reardon, Richardson & Jones, 2020)

It is good practice to give a child agency in the supports they use, rather than simply imposing them. There may be reasons why a child may not want to use supports, such as standing out as different to their peers, or due to a conflict with another sensory need, or it could be that their needs have been misunderstood. Occupational therapists can assess a student in their school environment, to make recommendations for sensory supports and accommodations that may benefit the student. Students however are frequently the experts in what feels safe to their nervous system and their perspective should always be sought and validated.

10.1.5 Problems with School Work

Many parents/carers reported in SC Survey-22 that their children struggled with schoolwork. The reasons for this were varied (refer Table 16). The most common problem nominated by parents was that the work is not of interest (64%), another 62% reported that their child has difficulty with attention or focus.

Parents/carers report that building schoolwork around student interest (e.g. interest based or self-directed learning) increases intrinsic motivation, helps students to focus, and increases the likelihood that students will engage with their learning. Parents report that students with ADHD, Autism and PDA are particularly benefited by this approach and this is often the approach taken by parents who turn to home schooling to enable their child to engage with learning.

> "Less assessment. Less time pressure. More choice. Time for creative and deep learning."
>
> *Respondent in SC Survey-22*

Difficulties impacting student engagement with school work:	%

Work not of interest	64%
Difficulty with attention or focus	62%
Difficulty with executive functioning	57%
Difficulty with a specific subject or type of work	54%
Execution of the curriculum	54%
Processing speed difficulty	49%
Difficulty with group work	45%
Difficulty remembering things	42%
Inadequate movement breaks	36%
Lack of explicit instruction	34%
Early experience of learning failure	32%
Work too hard	26%
Difficulty accessing disability friendly textbooks, online content and handout	21%
Work too easy	17%
Curriculum not culturally responsive	10%

Table 16: Difficulties impacting student engagement with school work

Interest based learning takes advantage of hyperfocus, often reported as a feature of ADHD (Hupfeld, Abagis & Shah, 2019) and attention tunnels in autism (Murray, Lesser, & Lawson, 2005), wherein autistic people are able to concentrate for long periods of time on topics of interest.

Interest in learning, may also be impacted by a child's nervous system state. If their brain and body is in survival mode or busy processing an adverse experience they will not have capacity to focus

57% of survey respondents indicated that difficulty with executive functioning was impacting their school-can't child or young person. Executive functions consist of thinking skills and cognitive processes that help a person to plan and follow through to achieve their goals. Executive functions include paying attention, working memory, self-control and the ability to problem solve. They impact a person's capacity to plan, organise and sequence ideas, tasks or belongings, to prioritise, to initiate or complete tasks, control impulses and focus (Psychology Today Australia, 2023).

Individuals with ADHD and Autism frequently experience impaired executive functioning. (ADHD and Executive Function - Barkley, 2010), (Autism: Lai et. al, 2017). Given that 58% of our SC Survey-22 cohort had a diagnosis or suspected diagnosis of ADHD and 66% of the cohort had a diagnosis or suspected diagnosis of Autism, it is not surprising that impaired executive functioning was listed by d 57% of parent/carers as impacting their child's school can't. Students with Autism and ADHD require executive function supports to be built into their learning plans and provided in order to help them access the curriculum and demonstrate their learning.

54% of respondents indicated that difficulty with a specific subject or type of work was a problem for their child. While this may be related to interest, it could also be related to: how well a child gets along with a subject specific teacher, a gap in subject specific learning, or to a specific learning disability directly impacting that child's ability to understand and process the subject matter (input related difficulties), or to respond to or action a learning task (output related difficulties). While a gap in subject skill or knowledge may be addressed with tutoring for example, those relating to a learning difficulty will require targeted supports and accommodations.

Execution of the curriculum was nominated by 54% of respondents as a stressor impacting school can't. The way a subject is taught directly impacts a student's ability to engage with the content. It is not exactly clear to the researchers what the unmet needs are in relation to this however the following related stressors may shed further light:

1. 34% of SC Survey-22 respondents indicated that a lack of explicit instruction was a stressor for their school can't child. School Can't (SPSR) Australia is aware that some students have specific types of requirements in order to engage with the curriculum and demonstrate learning. Students with learning difficulties impacting their reading and writing for example, require a program including structured synthetic phonics. Many students with executive function difficulties benefit from step-by-step instructions. The "I do, We do, You do" learning model is an example of an evidence based teaching model that includes explicit instruction, modelling, scaffolding and repetition to support student learning (Killian, 2023).
2. Difficulty with group work was nominated as another stressor by 45% of survey respondents. No longer are many classrooms set up with rows of desks facing the front of the classroom with students engaging in solitary study and receiving instruction from the teacher. Working and collaborating in groups is something that is encouraged in many schools however, many students struggle with group work. These students may benefit from more independent work or increased support from the class being supported to learn how to help the child feel included and valued as a group member.
3. Processing speed is the amount of time it takes for someone to process and understand some input prior to responding to it. 49% of respondents nominated processing speed as a stressor for their children. These students find that timed tasks requiring them to think and respond quickly are very stressful and pose a barrier to them being able to demonstrate their learning. Many students with slower processing speed also find that the classroom just moves too fast for them. They try to participate in classroom discussions for instance but by the time they have processed what others have said and thought about what they want to say or ask the discussion has moved on. They take longer to produce work and lament never being able to finish things. They have lower output and feel frustrated that there is never enough time. They frequently feel left behind and need the pace of instruction, and discussions to slowed down in addition to being asked to do fewer tasks compared to their peers.

10.1.6 Structural Stressors:

Structural stressors refer to stressors that are caused by the way that school is organised and operates. SC Survey-22 asked parents/carers whether structural issues such as the length of school day, early start times or the number of transitions or learning periods in a day impacted their child's ability to attend school. 61% of parents/carers indicated that the length of the school day impacted on their child's school can't. 51% indicated that the number of transitions /periods in a day impacted their child's school can't and 46% indicated that early start times were a source of stress. (See Table 17).

Table 17: SC Survey-22, School Based Structural Stressors

School Based Structural Stressors:	%
Length of school day	61%
Number of transitions / periods	51%
Early Start times	46%

Overall length of school day was the 10th most common stressor that parents/carers indicated had impacted on their child's school can't. Many of our school can't children are finding the school day simply too long. High stress levels expend more energy. Those for whom school is stressful find the school day too long. They come home and collapse. Many of our school can't children also have trouble sleeping due to anxiety creating a cycle of exhaustion that is relentless.

Sleep disturbances are reported in conditions such as anxiety (Cox et al. 2020), autism (Morgan et al., 2020) and ADHD (Becker et al., 2020).

Autistic burnout, (discussed in autistic culture), is only recently being considered by researchers. This refers to a state of chronic exhaustion (due to cumulative stressors), resulting in lack of ability to carry out learned skills and a reduced capacity to tolerate stimuli (Raymaker et al., 2020), withdrawal and reduced capacity to think and an amplification of Autistic traits (Higgins et al., 2021). Autistic burnout is thought to be a result of masking and the stress associated with living in a neurotypical world (Higgins et al., 2021).

Furthermore, adolescent sleep schedules are different to those of children and adults, with many preferring to go to bed later and wake up later. In Australia, however, school hours are organised around adult sleep wake times. Kelly (2018) suggests that high school start times be adjusted to a later start time, taking adolescent sleep schedules into account. Early start times were nominated as a school-based stressor by 46% of the SC Survey-22 sample.

The number of transitions during the day was nominated as a school-based stressor for 51% of survey respondents. Transition from one activity to another (Macdonald et al., 2018) or from one educational environment to another (Tso et al., 2017) are known stressors for many autistic students.

Difficulty with transitions can also be linked to processing speed and executive functioning difficulties. The amount of time and energy required to get set up and start working on something for a student with executive functioning difficulties is longer than for their peers. Children who need longer to think about things also find frequent transitions to be stressful.

Other structural stressors such as lack of flexibility to accommodate student need have been covered in other sections.

10.1.7 Universal Supports or Individualised Supports? Both Please!

64% of SC Survey-22 respondents indicated that the practice of placing responsibility on students to change instead of providing support to the child, contributed to their child's difficulties with attendance. Asking a student with a disability to change their ways of being and doing, to fit the established ways that things are done, is not inclusive practise. Inclusion must incorporate both reciprocity and responsivity to need. This requires innovation, flexibility, and sometimes requires a re-evaluation of educational goals and the routes taken to achieve them. We must consider how we can change our systems, environments, pedagogy, processes, and attitudes to be accessible and welcoming of those with diverse needs. Collaboration with parents/carers and children and people with lived experience is a vital part of reimagining education. True inclusion is immersive.

59% of SC Survey-22 respondents nominated a lack of or poorly conceived reasonable adjustments. 58% nominated a lack of individualised supports and planning for their child. 55% nominated lack of staff informed about disability needs. These statistics reflect a lack of understanding about how best to address diverse or complex needs, pointing to a need for additional teacher training in disability support or specialist mentoring to support teachers in supporting the neurodivergent/disabled student. A lack of poorly conceived adjustments, and lack of individualised supports may also be a result of a lack of collaborative and cooperative practises that value input from the parent, child, and allied health team, as partners in problem solving barriers to access. See Table 18.

Table 18: Percentage of School Can't Students who Experienced

Difficulties involving disability supports	%
Placing responsibility on student to change instead of providing support to the child	64%
Lack of or poorly conceived reasonable adjustments	59%
Teacher/School Expectations	64%
Expectations of Self	64%
Lack of individualised supports and planning	58%
Lack of flexibility to accommodate student need	56%
Lack of staff informed about disability needs	55%

56% of SC Survey-22 respondents nominated a lack of flexibility to accommodate student needs as a problem. Is this a reflection of teacher stress, or lack of time and headspace for curiosity and innovation? School Can't (SPSR) Australia recommends an urgent review of stressors impacting teachers. Reducing teacher stress will create the conditions within which children and young people with disability can have their needs met.

School Can't (SPSR) Australia encourages curiosity about barriers to inclusion:

- Is there a support need that is beyond what the teacher is empowered to provide? Is more funding required or does a resource simply need to be requested but its availability wasn't known?
- Are there concerns that if we give the student this one thing, then everyone will want it? Equity does not mean equal. It means giving everyone what they need to be successful.
- Do we need to rethink the notion of success? Who determines what success looks like? Is it OK for success to be pursued at the expense of wellbeing?
- Are beliefs about strong boundaries and being consistent at odds with meeting a child at their point of need and capacity?

64% of SC Survey-22 respondents indicated teacher/school expectations were a source of stress, and 64% nominated student's expectations of self as a stressor that contributed to school can't. A child with a disability or anxiety or one whose been through a difficult experience, may experience barriers to meeting classroom or school expectations, or may have internalised ideas of what they should be able to do, that are contrary to their true needs or are outside their current capacity. The following example is from our open-ended responses.

"The school practiced whole body listening, where the students needed to sit cross legged on the floor, hands in lap and eyes on the teacher... Our child has Joint Hypermobility Syndrome and would benefit from being able to shift positions to avoid pain. Our child was worried for being told off and would sit like a statue."- Parent of School Can't child, from SC Survey-22.

Strong boundaries are of no help to a child who cannot meet an expectation in the first place, or cannot meet the expectation without great cost to the self. Schools must be willing to let go of the established way that things are done and to rethink them in our new collective circumstance. They must ask how do we need to change things so that inclusion can happen? How can we create a space wherein different ways of doing and being are considered perfectly acceptable? Schools must consider having supports available for anyone to use, to normalise their use.

We need conversations that clarify expectations, generate adjustments to expectation, and expose expectations as unrealistic. We have to be prepared to put some expectations on the back burner for now, as others take priority. Collaborative and Proactive Solutions is a great model supporting these types of discussions.

Not all children are diagnosed with their disabilities when they enter a classroom. Universal supports, help to proactively meet the needs of students whether they have a diagnosis or not and reduce the need for individualised supports.

Not all supports will work for all children but universal supports at a Tier 1 Response To Intervention (RTI) will reduce the need for more individualised supports at Tier 2 & 3 RTW. Supports conceived at all levels, tier 1-3 work best when they have been identified collaboratively. Problems identified and solved collaboratively with students mean the student is more likely to elect to use a support, compared with when an adult has imposed a solution on a child.

10.2 School Based Stressors – COVID related:

Key concepts:

- COVID-19 did bring a range of additional school-based stressors related to unpredictability, interrupted routines, transitioning back to the classroom, meeting remote work expectations, lack of contact with peers, and missed learning.

A worldwide pandemic (COVID-19) has impacted our lives in many ways. It has for many been a very stressful experience and has impacted on the mental and physical health of large numbers of people. School Can't (SPSR) Australia sees school can't as a response to stress. COVID has inarguably increased community and student stress. It is therefore not unexpected that it has contributed to the experience of school can't for some students. COVID has increased stress across the whole education system, impacting schools at all levels.

In SC Survey-22 we presented respondents with a list of possible COVID related stressors. Parents/carers were asked to indicate which COVID related stressors had impacted their child's school attendance. (See Question 43 SC Survey-220). An overview of responses to this question can be seen in **Figure 16** below.

The six top responses (seen in Table 19) indicating a stressor had impacted on their child's attendance included: Increased unpredictability, this negatively impacted attendance for most young people (59%), followed by interrupted routines (60%), difficulty transitioning back to face-to-face learning (54%), meeting the expectation to work independently during remote learning (54%), lack of contact with peers (46%) and difficulty due to missed learning (45%).

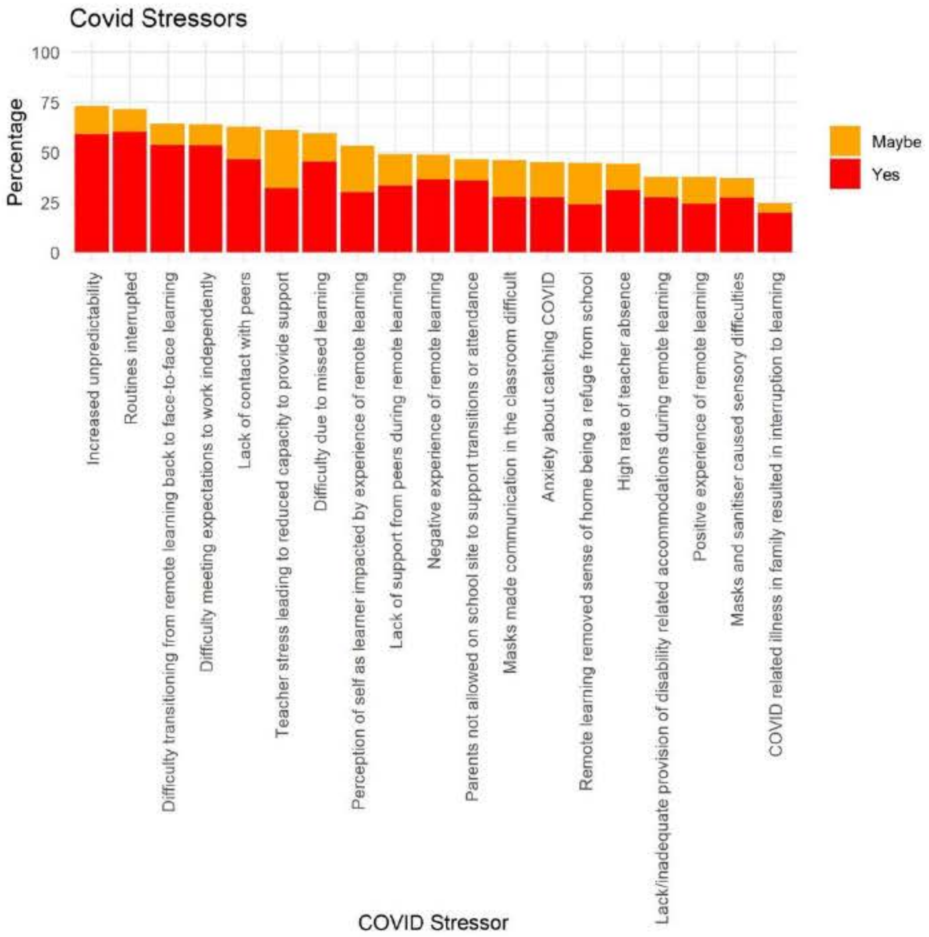

Figure 16: SC Survey-22 COVID related Stressors impacting School Can't

Table 19. Top 6 COVID 19 specific education related stressors impacting school can't experience.

Covid 19 Specific Education Related Stressors:	% impacted on school can't
Routines interrupted	60%
Increased unpredictability	59%
Difficulty transitioning from remote learning back to face-to-face learning	54%
Difficulty meeting expectation to work independently	54%
Lack of contact with peers	46%
Difficulty due to missed learning	45%

In relation to the impact of remote learning: 37% of respondents noted that remote learning had a negative impact on attendance, whilst 24% that remote learning had a positive impact on attendance. This is consistent with findings that some students preferred remote learning to face to face learning due to fewer distractions, and the reduction in social pressures.

Table 20. Perception of remote learning and impact on school can't.

Perception of remote learning experience:	% impacted on school can't
Negative experience of remote learning	37%
Positive experience of remote learning	24%

Other impacts were attributed to:

Table 21. Other COVID-19 specific education related stressors impacting school can't.

Covid 19 Specific Education Related Stressors:	% impacted on school can't
Parents not allowed on school site to support transitions or attendance	36%
Lack of support from peers during remote learning	33%
Teacher stress leading to reduced capacity to provide support	32%
High rate of teacher absence	31%
Perception of self as learner impacted by experience of remote learning	30%
Masks made communication in the classroom difficult	28%
Masks and sanitiser caused sensory difficulties	27%
Inadequate provision of disability related accommodations during remote learning	27%
Anxiety about catching COVID	27%
Remote learning removed sense of home being a refuge from school	24%
COVID related illness in family resulted in interruption to learning	20%

Recommendation 33: That state and territory DOEs be required to proactively develop an emergency plan for students with disability, involving funded supports and creation of resources, should remote learning be required again. The nature of these supports and resources should be developed in consultation with students with disability and their parents and carers, and should reflect feedback about recent past experiences of remote learning. This will reduce the experience of remote learning as a stressor which impacts a students' ability to engage with learning and their perception of themselves as a capable learner.

10.3 Family And Non-School Stressors Impacting School Can't

Key concepts:

- There are a wide range of stressors which impact children and young people both directly and indirectly through the family unit. It is important to consider how we as a society support families when they experience stressful events.

We asked SC Survey-22 parents/carers in Question 45 if there have been family and personal impacts outside of the school environment (excluding disability or the child's mental health), that have impacted their child's school can't? (e.g. loss of a family member, parental illness, impacted by natural disaster). 36% (see Table 22) of respondents answered yes to this question and provided heart breaking details of a wide range of stressful situations in their open-ended responses including: parental separation, divorce, domestic violence, relocation, death of family members, suicide of family members, loss of a pet, friends moving away, parental or sibling ill health or injury, parent/sibling mental health difficulties, adoption, contact from birth family, house damage and flooding, parents/siblings with disability, impact of other siblings also going through school can't, parental alcoholism, parental trouble with police, house broken into, financial stress due to job losses leading to a house sale, floods, storms, threat of bush fires, court appearances and impact of family court orders. A few respondents mentioned impacts related specifically to COVID 19, such as COVID related parental loss or illness.

Table 22: Have Family / Personal factors Impacted Child's School Can't

Have there been family and personal impacts outside of the school environment ?	
Response	**Percentage** (*n=400*)
Yes	36%
No	64%

The list above highlights that there are a wide range of stressors which impact children and young people both directly and indirectly. Parents, and children are closely linked and the wellbeing of one impacts on the wellbeing of the other. Likewise, the wellbeing of siblings also impacts the wellbeing of other siblings in a family. It is important to consider how we as a society support families when they experience stressful events especially in light of epidemiological research about Adverse Childhood Experiences and the impact these have been shown to have on long term health and wellbeing of individuals (Hughes et al 2017).

Recommendation 34: That state and territory Departments of Health improve access to mental health services that specialise in trauma recovery. Current access to psychological care through the Better Access to Mental Health Care initiative is inadequate to meet the needs of those with PTSD and to care for those that live with or care for them. Trauma impacts more than just the individual who experienced the trauma. Long term impacts on mental health and physical health of untreated trauma and PTSD are concerning.

11. Disability as a risk factor for School Can't – Autism and ADHD

Key concepts:

- SC Survey-22 results indicate that disability is a significant risk factor for experiencing school can't—73% had a confirmed diagnosis and a further 10% were suspected or seeking diagnosis.
- Autism, including the PDA presentation, and ADHD were the most significant diagnoses. These were followed by sensory processing disorder, academic giftedness, specific learning difficulties (eg dyslexia, dysgraphia, dyscalculia), and auditory processing disorder.

SC Survey-22 results indicate that disability is a significant risk factor for experiencing school can't. School Can't (SPSR) Australia believes that students with a disability carry a much higher burden of stress connected to being in school environments that are not inclusive of them or responsive to their needs. This is evidenced by the number and range of difficulties/stressors nominated by parents/carers as having impacted their child's experience of school can't (see Section 10.)

Sadly, the prevalence of children with a diagnosis within our parent/carer cohort is so common that it is one of the first things parents/carers are encouraged to consider when they first join our group looking for assistance. Many parents/carers are first learning about ADHD or Autism from hearing other parents talking about the difficulties their child has experienced at school.

- Of a total of 912 diagnoses reported by respondents to the SC Survey-22, 55% were diagnosed prior to onset of school can't. The remaining 45% of diagnoses were received subsequent to school can't commencing.
- **73% of students in the sample had a confirmed diagnosis, with an additional 10% of parents seeking diagnosis or suspecting a diagnosis.**
- The mean and median were 2 confirmed diagnoses with a range of 0-8 diagnoses.
- Most diagnoses were for ADHD and autism (including Asperger's and PDA). 77% of school can't children had a confirmed or suspected diagnosis of one or more of Autism, Autism with a PDA presentation or ADHD.
- 27% of school can't students in the survey sample did not have a diagnosis, however parents/carers indicated that 10% suspected or were seeking a diagnosis.

The most prevalent number of school can't students with diagnoses or suspected diagnoses were: Autism (total including Aspergers and PDA) 66%, ADHD 58%, Autism with PDA traits 38%, Sensory Processing Disorder 33%, Academically Gifted 23%, Specific Learning Difficulty (such as: Dyslexia, Dysgraphia and Dyscalculia) 22% and Auditory Processing Disorder 17%. See Table 23.

47% of the school can't population had a diagnosis or suspected diagnosis of autism (not including those with a PDA presentation) **as well as** ADHD. 27% had a diagnosis of autism with PDA traits as well as ADHD. Only 19% of respondents had a diagnosis or suspected diagnosis of autism but did not have a diagnosis or suspected diagnosis of ADHD. 22% of the population with a diagnosis or suspected diagnosis had a diagnosis or suspected diagnosis other than autism or ADHD.

The SC Survey-22 cohort had a very large number of students who have or are suspected to be autistic and or have ADHD. 77% of the school can't students whose parents/carers completed the survey had one or more diagnosis of autism, autism with PDA, or ADHD.

Table 23: SC Survey-22 Percentage of School Can't students with a Diagnosed or Suspected Disability by Disability Type

Disability diagnosed or suspected	Percentage
ADHD	58%
Total Autism	66%
Autism with PDA	38%
Sensory Processing Disorder	33%
Gifted Academically	23%
Specific Learning Difficulty	22%
Auditory Processing Disorder	17%
Dyspraxia	8%
Communication Disorder	7%
Developmental Language Disorder	5%
Physical Disability - Mobility	4%
Motor Disorder	3%
Intellectual Disability	2%
Tourettes	2%
Physical Disability - Vision	2%
Physical Disability - Hearing	1%

Table 24: Autism and ADHD: Most Common Combined Presentations

Disability diagnosed or suspected	Percentage
One or more of: Autism, Autism (PDA), ADHD	77%
Autism (not PDA) + ADHD	47%
Autism (PDA presentation) + ADHD	27%
other than either Autism or ADHD	22%
ADHD but autism not diagnosed or suspected	22%
Autism but no ADHD diagnosed or suspected	19%
Autism and gifted	19%

Whilst there are other sources of stress (aside from those related to the disabled student's experience of school) such as COVID related stressors and stress experienced within the context of families and the home environment, it is evident from our research that a student's disability status places them at significant risk of experiencing school can't. This should not be the case.

It is clear that the education needs of this cohort are not being met by schools and that they are exposed to chronic stress in the school environment which impacts their sense of "felt safety". Refer to earlier discussion regarding school based stressors (10.1) and universal supports (10.1.7).

An inherent tension exists in the inclusive education paradigm surrounding the needs of school can't children. Many school can't children and young people need predictable environments, that are quieter, have fewer people, less busyness, reduced demands, fewer transitions, increased agency and autonomy, learning that follows interests (facilitating flow), and a lot more flexibility and freedom to be themselves, than our current mainstream system typically provides. The school-based stressors identified in response to SC Survey-22 reflects this. Stress results in reduced productivity, and in the long-term mental health difficulties. The drive for efficiency and throughput in education is generating casualties.

> "We need more SMALL, alternative schools, which offer a less overwhelming environment for kids with these issues. There are so FEW options that these kids have no choice but massive schools. To attend the few alternative schools they have to be on a wait list and I have to give up working to drive them across town to get them there. And - then they feel they are in a "weird" school and feel excluded from normal life because these schools are so rare they're not seen as "normal" to a teen. We need many more alternative schools run by the state govt so that kids everywhere have other options."
>
> *Parent /carer in SC Survey 22*

The current segregated system is at odds with the notion of inclusion. Many environments claim to be inclusive but they conflate accessibility with inclusion. Supports should be available to anyone who feels that they need them. Inclusion means everyone is welcome and catered for. A segregated system has rules on who can go where. Gatekeeping results with schools deciding who is welcome and who they are willing to cater for. Students fall between the cracks in such a system, finding themselves with no school willing or able to take them.

Education environments characterised by centralisation and homogeneity, (large schools that have many students all providing a similar style of education), typically don't provide the low demand, low sensory overwhelm, low distraction, low transition environment that school can't children need. Consequently, children must use ear defenders and visual schedules to counteract the disabling features of a larger, noisier, crowded, high pressure educational environment. School can't children may benefit from a more geographically distributed model, with several additional smaller schools and smaller class sizes, providing different styles of education.

Unfortunately, disabled students are frequently viewed through a deficit lens. They are perceived as being the problem. Those who perceive the child's disability as being the problem are unlikely to consider that the problem is actually a failure of a school or education system to support inclusion. Students with disability generally desire inclusion. Amongst parents/carers there is a tension between desiring inclusion on the one hand and the reality that inclusion is still but a dream and not yet reality. The suffering of their children as a result of poor inclusion often leads parent/carers to desire disability specific places of education or to seek alternative education contexts where their children might experience safety.

Also see related recommendations above:

- Recommendation 9: regarding diagnoses and supports,
- Recommendation 13: regarding funding home-school supports and cost of living,
- Recommendation 14: regarding funding silos between education, health and disability,
- Recommendation 16: regarding transition supports bridging education, health and disability,
- Recommendation 17: regarding complaints, advocacy and mediation,
- Recommendation 18: regarding a review of student support needs,
- Recommendation 20: regarding data collection when enrolling or terminating an enrolment with an education provider,
- Recommendation 27: regarding alignment of state and territory law with human rights obligations to provide an inclusive education,
- Recommendation 28: regarding training and upskilling teachers in inclusive practise,
- Recommendation 29: regarding training and upskilling teachers in disability and cultural awareness around disability,
- Recommendation 30: regarding proactive disability support planning for remote learning.

Recommendation 35: That State and Territory DOEs acknowledge and provide for the needs of students whose nervous systems require: smaller schools, smaller classrooms, buildings that are designed and outfitted to account for sensory needs, pedagogy that accommodates interest based or self-directed learning, no uniforms, shorter days, later start times in secondary schools, low demand and low arousal environments in order to maintain student wellbeing and capacity for learning.

12. Power Imbalances, Cultural Beliefs, and Frameworks of Understanding

Key concepts:

- Power imbalances impact on the relationship between young people and their parents/carers, as well as between parents/carers and those who are attempting to gain compliance, intervene or assist (eg educators, clinicians and authorities)
- School can't is complex and can only be understood through a collaborative approach that involves parents/carers and students.
- Ableism contributes to the experience of school as a trauma for the child with a disability or for the child with school can't.
- Blame and shame culture when students don't fit the system, causes more stress for parents/carers and children, and impacts on attachment and help seeking.

In order to reduce the occurrence of school can't and improve supports for those students experiencing it and their families, it is first necessary to acknowledge and understand the impact of:

1. **Power imbalances** between children/young people and their parents/carers in the first instance, and then also between parents/carers and those who are attempting to gain compliance, intervene, or assist, such as educators, clinicians, and authorities.
2. **The need for shared understandings**. Without shared understandings we cannot collaborate. Without shared understandings we cannot agree on the nature of the problem let alone agree on a solution.
3. **The pervasive nature of and influence of cultural beliefs about disability, mental health, mothering, childhood, behaviour and education.**

Power imbalances can dismiss the voice and experience of the parent and overlook the voice of the child/young person. This results in a failure to understand the nature of their experiences, and results in a subsequent failure in identifying the nature of the problems they experience. Research seeking to understand school attendance difficulties in the past has focused on within child and within family factors and has neglected to explore within school factors. Interventions have emerged from this skewed knowledge base which have had limited effectiveness as a result of missing key information and understandings about the very nature of the problem.

Educators are experts in school-based education. Knowledge and skills required in the field of education is wide, new knowledge is emerging. No educator can be across all aspects of this discipline. The same can be said of clinicians working in fields such as mental health and disability. Each discipline knows what it knows and doesn't always know what it doesn't know.

Parents/carers are experts on their own children. They observe and support their children throughout their education, while their children move in and out of new schools and classrooms, and as they progress through their schooling. Knowledge about parenting is gained from the experience of being parented as a child, from cultural messages about parenting, from our lived experiences of parenting, and from observing peers parenting their children, in addition to more formal learning from books, podcasts and seminars etc. Parents/carers also know what they know and don't always know what they don't know. Parents/carers are, however, the constant in the child's life. They provide a safe landing place and see the child without the mask they wear at school.

Only when parents/carers along with their children and young people are given a position at the table as equals, will we truly be able to collaborate to identify the barriers to school attendance, experienced by children and young people. Only then will schools be able to understand the adjustments, supports and accommodations, required for that child and the circumstances of their difficulties.

The reality is that parents/carers frequently find themselves being told. Being **told** how their child should respond, being **told** that the problem is them and their parenting, being **told** that their child is misbehaving, being **told** all the ways their child should be different: more resilient, less anxious, work harder, pay attention, sit still, attend more. They feel unsafe and unable to share their knowledge as a parent due to the power imbalance and failure of the experts to recognise and value their lived experience knowledge.

Figure 17. Outnumbered? (Used with permission).
Source: https://cdi.uvm.edu/islandora/o=bject/uvmcdi%3A104936/datastream/OBJ/view

Frequently, parents/carers find themselves under scrutiny for their parenting due to their children's difficulties attending school and due to the child's distress.

Parents/carers often change their way of parenting, incorporating new knowledge to parent their children. The way a parent/ carer parents their neurodivergent or school can't child, can look quite different to typical parenting. This leads to being judged by educators and clinicians and others in positions of authority and often the parenting style is blamed for the problem.

The use of rewards and consequences to shape children's behaviour for example, has been found by many parents/carers of neurodivergent children to be ineffective and to add to the child's distress. Many parents/carers have moved away from thinking that the behaviour itself is the problem, to thinking about the antecedents to behaviour and how we can address these with the help of our children in a supportive relationship, that fosters trust and empowers our children to work through the problems they face, with help from adults and their social networks. Parents find that the solutions to problems are more likely to be successful because they have addressed the underlying issue and the child has had agency in arriving at the solution.

Children have the least amount of power across the contexts of school, family and the therapy office. Neurodivergent children frequently find it difficult to feel safe when power is used over them. Children are subjected to rules within their family and to laws which mandate school attendance with no power to vote or choice over whether they attend or not. Children's perspectives are impacted by their age and prior experience, and they often have difficulty understanding adult perspectives. Adults don't necessarily see the child's perspective either, particularly if neurodiversity is involved.

The Double Empathy Problem posits that experiential differences between autistic and non-autistic people may result in lack of empathy for the other which contributes to misunderstandings (Milton, 2012). These misunderstandings can be simple, for example:

1. A teacher observes a child is wriggling. They conclude the child is misbehaving and not paying attention. But seen from the child's perspective—her chair is in direct sunlight and she is hot and uncomfortable in the sun and can't concentrate.
2. A child is greeted by the teacher with "How are we feeling today?". The child doesn't reply. The teacher thinks the child is being rude or has not heard. But seen from the child's

> perspective — she doesn't know how to respond to this collective question because she does not know how the other person is feeling or how to identify and articulate her own emotions. (Examples adapted from Beardon, 2021: Chapter 2 & 1).

The Double Empathy problem highlights the need for people in positions of power to be curious, to listen and to work hard at hearing the voices of lived experience in understanding and solving problems. Collaborative and Proactive Solutions (Greene, 1998) is respectful to the voice and agency of children, using shared power rather than "power over" to address the barriers and stressors experienced by students.

> "Regulatory Supports NOT behaviour supports. Collaborative and Proactive Solutions (Dr. Ross Greene). Stop shaming practises in schools such as writing children's name of the whiteboard when they are struggling."
>
> *Parent /carer in SC Survey 22*

Children with disability and their parents are impacted by ableism.

> "Ableism is a set of beliefs or practices that devalue and discriminate against people with physical, intellectual, or psychiatric disabilities and often rests on the assumption that disabled people need to be fixed in one form or the other. Ableism is intertwined in our culture due to many limiting beliefs about what disability does or does not mean, how able-bodied people learn to treat people with disabilities and how we are often not included at the table for key decisions" (Center for Disability Rights, https://www.cdrnys.org/blog/uncategorized/ableism/, n.d.)

Ableism leads adults to consciously or unconsciously:

- Dismiss the child's perspective, or the parent/carer's concerns.
- Compare the child to typically abled peers and focus on deficits.
- Insist the child change or overcome features and characteristics of their disability.
- Shame the child for things they cannot control due to their disability.
- Attribute disruptive or unusual behaviour to failings of the child, for example, lazy, unmotivated, attention seeking, manipulative, not resilient.
- Be unable to perceive autistic culture and autistic ways of communicating and doing, and accept these as valid.
- Not recognise or support attempts of the child to self-regulate or self-advocate.
- Communicate that the child's needs are burdensome or inconvenient.
- Be inflexible or unwilling to change or adapt the way things are done.
- Be apathetic to understanding the needs of the child/young person.
- Misconstrue the reasons why a child might be struggling with something.
- Encourage children/young people to mask or hide their difficulties.

For example, children with disability often receive individual learning plans that resemble "Behaviour Support Plans" rather than "Learning Support Plans". Behaviour support plans typically contain a list of things the child will do differently or ways the child will be different in order to meet adult expectations. Learning support plans primarily contain a list of things the teacher will do to enable the child to be able to access the curriculum and successfully learn as best they can. One demands the child change, the other assists the teacher to support the child, in ways specific to that child. This is an example of ableism.

> "The system as it stands is literally punishing them for being different, for being unable to do things that they simple cannot do, due to disability &/ or trauma."
>
> *Parent /carer in SC Survey 22*

Ableism contributes to the experience of school as a trauma for the child with a disability or for the child with school can't. School Can't (SPSR) Australia believes that the large number of our parent/carer cohort who have children with disability who are unable to attend school is likely a reflection of a large number who have been traumatised by their experiences of in person school. COVID remote learning gave some of those children and young people a chance to experience a safer learning environment while others were traumatised further by the lack of adjustments to their needs during remote learning.

Narratives that blame a child or parent for their lack of fit, motivation or poor boundaries are particularly problematic for parents/carers of school can't children. Not only do these narratives add to parental stress, but strategies associated with these narratives encourage parents to use power over, instead of collaboration with or support for their child, and have potential to damage the parent child relationship, whilst leaving the source of a child's distress unaddressed. This can leave children in a situation where their concerns and worries are ignored by all the adults. Where is a child to find sanctuary if something at school is causing them distress and parents are encouraged to make home unpleasant?

SC Survey-22 participants indicated that they experienced these blame narratives when seeking support for their children and young people. Risks associated with these narratives include increased feelings of parent and child shame, reduced likelihood of seeking help elsewhere, damage to the parent child attachment when action are taken based on these narratives, and reduced confidence in professionals.

Table 25. Barriers related to Narratives that Blame.

Barriers related to Narrative that Blame	
I've been told that I just have to make life unpleasant at home and they will go to school	39%
I've been told by clinicians/school that it is my fault my child stays home	26%
I've been told by clinicians/school that my child is misbehaving	22%

Recommendation 36: That at all levels of government and across all sectors: health, education, welfare, and disability a commitment is made to collaborate in a way that validates and amplifies the voices of those with lived experience in order that research, policy, design reflect the needs of those who have in the past been othered. "Nothing about us without us"

13. Parent/Carer Suggestions for Prevention, Support and Re-engagement:

The SC Survey-22 asked a series of open-ended questions about what would prevent school can't happening, what would support their child whilst they are experiencing school can't, and what has made a difference in helping their child re-engage with learning.

Analysis of these questions gives further insights into how stressors can be reduced at different stages and reinforces themes that we've explored elsewhere.

Regarding preventing school can't, at the education system level parents/carers suggested:

- Teacher understanding and training around disability, inclusion, mental health and school can't, and particularly understanding masking and connection. Teachers were also seen to need more support, and be given more time for planning.
- Trauma informed and less behaviourist approaches. This included relational safety; CPS; less "controlling"; prioritising engagement over attendance; being compassionate and showing empathy; and not penalising or threatening children who can't attend.
- Working with and listening to parents and experts.
- Being more proactive in addressing disability, inclusion, bullying and school can't.

> "Acting before school cant is established. I could see where we were heading when my child started school. The school and private psychologist didn't/ wouldn't act until things became dire. I was told so many times " we have to wait for things to become really bad before we can do/apply for/ implement that. Then things got really bad and no one knows what to do and now I'm told "you have to apply for the unit class we can't accommodate you and it's only going to get worse. That's the only option left"."
>
> *Parent/carer in SC Survey 22*

Themes regarding **preventing school can't at the school environment level** included:

- Quieter – creating spaces that were less overwhelming. This included other sensory sensitivities in the school environment as discussed in detail in Section 10.1.4. Suggestions included allowing students to access quiet spaces as they need to.
- Smaller – smaller classes and smaller schools.
- More flexibility – specific examples included flexibility of location (allowing for some remote learning); shorter days; reduced subjects; flexibility of teaching styles; and flexibility in relation to school uniforms.

> "Once it's got this point it's very very difficult to alter that trajectory. We need to be reducing the cognitive load of school for all children as the best means of prevention. Once they are experiencing school can't, then it needs to be understood as a form of burnt out in children due to the excessive cognitive stress/cognitive load of school. It's completely predictable."
>
> *Parent /carer in SC Survey 22*

When students are experiencing school can't parents/carers recommend reducing stress though:

- Reduced pressure - this included no pressure around attendance, not calling daily to check on attendance, giving them space, allowing time away from school, and not having attendance reward systems.
- Flexibility –flexibility of reduced hours, reduced subjects, later starting times, early finishing times, attendance without pressure to do any work, no assessments, providing appropriate accommodations, allowing students to engage in subjects they enjoyed, and allowing movement breaks.
  There were many respondents that also described flexible approaches to school delivery including being able to complete work at home, attend their usual class remotely, distance

education options (without having to leave the school), and being able to do assessments from home.

- Being understanding, compassionate and kind – eg taking a trauma informed approach; not judging, shaming or blaming; not using behaviourist approaches; collaborating with students; and putting the child's wellbeing first.

Parents also stated the following had helped their child to re-engage in learning:

- Acceptance of where the student was at; lowering expectations; giving time and space; time to heal; focus on wellbeing; no pressure. This was relevant to both school and home relationships, and included making home a safe place.
- Reduced hours, subjects and accommodations in the classroom.
- Moving to home schooling, unschooling, de-schooling and distance education.
- Supportive teachers that prioritised relationship building, were trauma-informed and showed additional care and concern.

> "Time off from any demands of learning or life in general. Teachers taking time to build a relationship with child that centres around child's interests. Supporting the child to develop new friendships."
>
> *Parent /carer in SC Survey 22*

Further details regarding these thematic analyses can be found in the Appendix: 0

Recommendation 37: That the federal government acknowledge the excellent work that School Can't (SPSR) Australia's volunteers have been doing to provide a valued national parent peer led intervention service and that they provide funding for this service in order to sustain it to meet the needs of the growing school can't community over the coming years.

14. School Can't Australia, Not for Profit Organisation:

Key concepts:

- School Can't (SPSR) Australia is a volunteer-run parent peer support group that is providing much-needed support and has been rated by families as helpful.
- The group is fast growing and plans to register as a not-for-profit organisation to access funding, expand the range of supports, and manage the risks of providing this type of service.
- Expansion opportunities include offering advocacy support services; educational materials and programs for educators, parents and professionals working with school can't; programs for young people; and expanding on the parent programs.

School Can't (SPSR) Australia's online parent peer support group is highly regarded and valued by its members (as indicated by responses to SC Survey-22 discussed in Section 8.2 and Table 10). 85.5% of survey respondents rated it as helpful or very helpful. Reading the personal testimonies listed in the Appendix, see Section 19.3, helps one appreciate the degree to which parents/carers value the group. In view of the fact that many other services designed to support parents/carer and children/ young people are either unavailable or perceived to be unhelpful, School Can't (SPSR) Australia plays a vital role in supporting parents/carers. Up until this point, School Can't (SPSR) Australia has been run entirely by volunteers and has offered its support at no cost to members. As the group continues to grow, however, this is not sustainable and it is the desire of our administrative team to form and launch an NFP in 2023. Creation of an NFP will mean that we are able to apply for grants and move towards developing the parent/carer supports we offer along with a range of other education and support services.

In the past 8 years School Can't (SPSR) Australia has experienced a growth rate which has seen the size of the group double approximately every 410 days. The group is forecast to grow to 15,400 members in just 410 days time (see Section 6.1 for further discussion of this). This means that School Can't (SPSR) Australia expects to be adding 263 new members to the group every week over the course of the coming year.

School Can't Australia is currently run by a team of four active volunteer parent members who juggle their own children's needs for support, and variously juggle home schooling, and/or employment. It is estimated that they collectively spend 45 hours per week moderating and maintaining the group.

Moderation work involves:

1. Reviewing member applications to ensure that each applicant meets our membership criteria (is a parent of a child experiencing school can't).
2. Reviewing posts prior to publishing them to the group. In the past year we have seen an 86% increase in the number of posts to our page when compared with the same time last year. As the group grows, the daily number of posts requiring approval also grows. Posts are reviewed by moderators to reduce the risk of exposing members to content which might be libellous, distressing, or dysregulating. Moderators also review posts to direct parents/carers to seek urgent care when necessary for themselves or their child if there is self-harm, suicidal ideation, abuse or violence disclosed. Posts are also screened to ensure that content is on-topic, and aligns with our group values.
3. Reviewing comments on posts. Once a post hits our page moderators monitor the comments on the post to ensure that engagement is supportive and respectful and that parents and carers are being directed to knowledge which is helpful for their situation. An increased number of members means an increased volume of posts and subsequent

comments to monitor. In 2019 it was possible for an admin team of five to comment on every single post and read all the comments. In 2021 we began using key word filters to screen for comments that require action because we were experiencing difficulty reviewing every comment. The risk of missing something increases as the group grows.

4. Curating content to ensure that new members are exposed to content which informs them about our frameworks of understanding and shared understandings about what works. It is important to monitor the type of content shared to ensure that lived experience knowledge is prioritised.

Our volunteers are at risk of burn out, at risk of vicarious trauma and are exposed to a growing personal liability risk. They should be paid, insured, supervised and supported while they are engaged in the work of running what is a unique and highly valued parent intervention relating to school attendance difficulties.

Our volunteers are passionate about helping support Australian parents who have children with school can't. Volunteering for School Can't (SPSR) Australia is something that our volunteers do flexibly while juggling their own children's needs and employment and other responsibilities. It is hoped that by forming an NFP organisation School Can't (SPSR) Australia would be able to offer flexible employment to staff to enable individuals to carry out this work without the competing need to work elsewhere, thereby reducing their individual stress burden and recognising the value of their lived experience knowledge.

For many years the co-ordinators of our group have wanted to create a similar group for professionals and have wanted to develop course content and professional development offerings in order to share what we have learned and to promote understanding about how to support parents/carers and their children. This has been too difficult to achieve whilst managing a large growing parent peer support group, employment and our children's needs. Approximately 10% applications to join School Can't (SPSR) Australia are from professional applicants who wish to join our group to learn more about supporting students with school can't. There is strong demand for information from professionals, with many frustrated that they seem to be unable to help the young people they come into contact with.

14.1 Proposed activities:

Member of School Can't (SPSR) Australia have identified a number of ways they would like to see the organisation impacting on school can't nationally. They would like School Can't (SPSR) Australia to:

1. Provide information to all stakeholders (including governments, institutions, parents/carers, clinicians, school staff) about school refusal and lived experience knowledge.

2. Provide lived experience consultancy impacting: research directions, public health messaging, government policy and funding decisions relating to the health, education and disability sectors.

3. Provide parent peer support through:
    a. A web-based forum (similar to Facebook)
    b. Small face to face support groups with trained and resourced leaders in capital cities and large regional cities.
    c. Low fee small group or 1:1 mentoring services delivered either online or face-to-face.

4. Provide opportunity for professionals seeking to assist students with school can't to learn from the lived experience voice of parents and students via a web-based forum (similar to Facebook) which is moderated by parents/carers with lived experience knowledge.

5. Provide an advocacy support service staffed by disability inclusion, CPS trained and trauma aware practitioners to assist with the home-school relationship. Supporting parents and students (experiencing or at risk of experiencing school can't) in their efforts to collaborate with schools to identify and address underlying issues contributing to school can't.

6. Provide opportunities for parents, teachers, and clinicians to learn about school can't, including information about: the nervous system, prevention of school can't, identifying early warning signs of school can't, recovery from school can't, and ways to support students and families effectively and prevent further trauma. This will be done through:
    a. Attendance of representatives of School Can't (SPSR) Australia at conferences to speak about school can't
    b. Writing of papers for publication in journals
    c. Hosting in person and online learning opportunities
    d. Hosting an annual School Can't conference
    e. Offering in school or regional professional learning programs for school staff
    f. Engaging with the media

7. Establish a national network of people interested in further developing knowledge about school can't through research which is informed and shaped by lived experience.

8. Offer parents, educators and clinicians training and mentoring in understanding and using Collaborative Proactive Solutions.

9. Explore and develop opportunities for students with school can't to connect with other school can't peers in order to reduce the social isolation and shame associated with school can't.

10. Develop and deliver a psychoeducation program for students to engage with which assists them to understand their nervous systems such that they are empowered to advocate for their nervous system's support needs in the home or school environment.

15. Conclusion:

There are a number of popular narratives about school refusal. The two most often seen assert that school refusal is due to:

1. Parenting failure. Caused by parents who do not set appropriate boundaries or use "tough love" to gain their child's compliance. The cure is to ensure that parents are enforcing rewards and consequences to gain compliance.
2. Children/young people who have anxiety disorders. The cure is to treat the disordered thinking and convince the child that there is nothing to be afraid of through use of Cognitive Behaviour Therapy and Exposure Therapy.

School Can't (SPSR) Australia takes a different perspective. The application of an ecosystems framework of understanding, together with new understandings about the nervous system and the brain-body connection, which lead us to see school refusal as a response to stress. **The cure is simple: if we identify the stressors and reduce the stress, then we can reduce the incidence of school can't and provide effective support to those who are experiencing it.**

In the past, research has neglected to investigate school-based factors contributing to student stress and the subsequent onset of school can't. Psychologists have focused on within child and within family factors instead. This failure to draw a connection between chronic stress and school can't has led schools to blame school attendance difficulties on parents, and psychologists to perceive mental illness as a pathology of the individual. The result has been little interest in identifying school-based stressors.

Society's understanding of school can't, is shaped by cultural beliefs about: education, parenting, disability, mental health and behaviour. School Can't (SPSR) Australia invites the Senate and others examining this issue to consider the way these beliefs influence and shape understandings and responses to school can't. We must challenge beliefs about education: how, what, where, when and why? We must embrace inclusion and listen to neurodivergent voices to do better. We must value the voice and knowledge of parents, as they walk alongside their children year in and year out and seek help for them. We must call out ableism and the role it plays in oppressing and 'othering' those who are different. We must look at this problem through an inclusion lens! Mental health clinicians must look upstream to identify sources of stress, leading to mental health break down, and join in advocating for reductions in student stress to promote wellbeing. Schools need to rethink compliance focussed behaviour management practices and instead focus on regulation, connection and collaboration, to improve "felt safety".

The data from SC Survey-22 is alarming. We must do better! The long-term financial and health impacts on families are extremely concerning. The impact of long-term stress on students, and the fact that so many are experiencing school-based trauma, should concern us all. Trauma that follows them for years to come:

> "***I still sometimes struggle to pick up my siblings from school or go to their school recitals because the fear of school buildings imprinted upon me has impacted my mental health and relationship with the education system for the rest of my life***" (Hayden:2022)

Reducing school-based stressors will also be protective of the teaching workforce. No doubt teachers are also adversely impacted as they struggle to teach and support chronically stressed children and young people. It's important that teachers are equipped with knowledge about the nervous system and are supported to meet their own regulation needs within the context of education communities that care.

Collaboration at all levels is vital and must include: parents/carers, teachers, clinicians, students, researchers, and the government. Collaboration requires a shift in power and shared understandings. The voices of those with lived experience: parents/carers and children and young people must be amplified.

School Can't (SPSR) Australia implores the Senate Committee to advocate urgently on our behalf. The priority is child and family wellbeing.

16. Additional Material that may interest the Inquiry

School Can't (SPSR) Australia formerly known as School Refusal/School Phobia Australia prepared a submission to Victoria's Royal Commission into Mental Health which can be found here:

http://rcvmhs.archive.royalcommission.vic.gov.au/School_Refusal_Australia.pdf

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18. Glossary of Acronyms

Table 26. Glossary of Acronyms

Term	Definition
AAC	Augmentative and Alternative Communication
ACES	Adverse Childhood Experiences
ADHD	Attention Deficit Disorder
AITSL	Australian Institute for Teaching and School Leadership
ANS	Autonomic Nervous System
ASD	Autism Spectrum Disorder
CASA	Centre Against Sexual Assault
COVID	Corona Virus Disease
CPS	Collaborative and Proactive Solutions
CYMHS	Child and Youth Mental Health Service
DCD	Dyspraxia
DLD	Developmental Language Disorder
DOE	Department of Education
GAD	Generalised Anxiety Disorder
NCCD	Nationally Consistent Collection of Data on School Students with Disability
NDIS	National Disability Insurance Scheme
NOS	Not Otherwise Specified
ODD	Oppositional Defiance Disorder
PBS	Positive Behaviour Support
PDA	Pathological Demand Disorder (aka Pervasive Demand Disorder) a subtype of autism
PDD	Pervasive Developmental Disorder
PTSD	Post Traumatic Stress Disorder
RTI	Response to Intervention Framework
SLD	Specific Learning Disability
SPSR	School Phobia, School Refusal
UDL	Universal Design for Learning
UNICEF	United Nations Children's Fund

19. Appendices:

19.1 The Autonomic Nervous System:

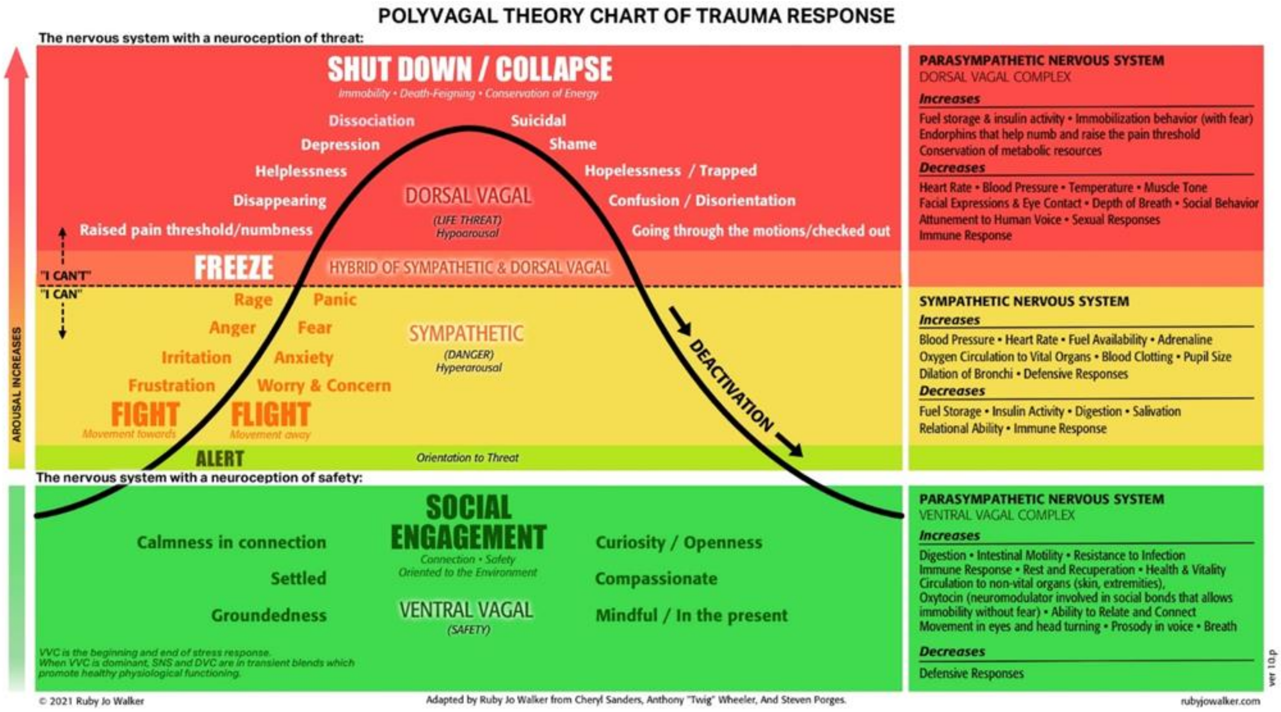

Figure 18. Polyvagal Theory Chart of Trauma Response (Walker 2021)

19.1.1 Autonomic Nervous System Dysregulation

Our Autonomic nervous system helps us to defend ourselves. It comprises two systems of nerves that facilitate communication between the brain and the body in order to help us to meet threats and challenge. When our brain perceives a threat, our Sympathetic Nervous System automatically acts to release an adrenaline rush to increase the heart rate and respiration, increase tension in the muscles and provides a charge of energy so that we are prepared to take action. The blood flow in the body is changed and the frontal lobes and digestion are shutdown to speed up our ability to fight or flee from the threat. If it is not safe to fight or after the fight is finished then freeze, submit responses are triggered by our Parasympathetic Nervous System via the automatic release of other neurochemicals that slow down the heart rate and respiration leading to physical collapse, exhaustion, weakness, increased gastro-intestinal activity. This process allows the nervous system to transition back to a "safe" state.

This is a biological response it does not require thoughts or intentional action and after the trauma, threat or stress is over the person's Nervous System would normally return to its usual level of functioning and thought processes. However, when a person is exposed to the ongoing stress of repeated threat and subsequent emotional dysregulation a trauma response occurs. The nervous system stays alert and is always prepared for danger. The down regulation to a 'no threat' position is no longer achieved. This threat position becomes the "new normal". If this goes on for too long the Autonomic Nervous system which controls the involuntary bodily functions is damaged and this interferes with the messages sent between the brain and the other areas of the nervous system and the organs of the body: the heart, the stomach, the bowel, and the bladder can all be affected. Common symptoms include: dizziness, fainting, urinary tract problems, sexual problems, digestive problems including diarrhoea, constipation, weight loss, heartburn, bloating, nausea, vomiting and difficulties swallowing, heart palpitations, blood pressure problems, sweating abnormalities, eye problems, sleep disorders, headaches, constant exhaustion and fatigue as well as severe impairments of memory and concentration. These symptoms are common for people who have suffered childhood abuse and neglect.

When the "new normal" is in control of the brain it is constantly assessing threat. It is reacting not thinking. The individual is not following intentional thought-out plans, they cannot weigh up the pros and cons of available actions instead their nervous system becomes an action force in the brain. It reacts and there is no relaxation. Relaxation feels like a risky situation and staying busy, and alert feels safer. Over the long-term the "new normal" can put a person's health at risk resulting in heart disease, heart attack, and high blood, gastrointestinal problems, cancer and autoimmune diseases such as Rheumatoid Arthritis. Medical practitioners often identify many of these symptoms and run lots of tests but cannot find definitive causes for them that can be treated. Currently, there are no medical treatments that can address the complex underlying cause of the Autonomic Nervous System Dysregulation. (The above information provided by Dr Liz Westphal, Clinical Psychologist).

19.2 School Can't Survey 2022:

Purpose of Survey

We would like to invite you to be a part of survey that will be used to create a submission (based on lived experience) to the 2022 Senate Inquiry into School Can't. In order to participate in this survey you must be a:

1. resident of Australia
2. member of School Can't (School Phobia School Refusal) Australia's online parent peer support group
3. parent / legal guardian of a child of compulsory schooling age
4. parent / legal guardian of a child or children who is currently experiencing or has recently (in the past 5 years) experienced school can't.

Informed Consent Statement

This survey is anonymous and will cover your demographics, your school can't journey and its impacts on you, your child and your family, along with what supports you have accessed and how the school/s involved have responded.

The findings from this survey will be used by admin of School Can't (SPSR) Australia to inform a public submission to the 2022 Senate Inquiry into School Refusal / School Can't on behalf of the parent peer support group. The results of the survey may also be used by the School Can't administration team to apply for grants, and to educate others about school can't. This includes using quotes from open ended questions or comments made as part of the survey.

The survey should take around 45 minutes to complete.

By completing this survey you indicate your willingness to participate.

Sometimes thinking about the impact of school can't on you or your child's life can be distressing. Should you feel distressed at any time we encourage you to consider whether it is beneficial for you to complete the survey. If you experience significant distress please stop and speak to someone. You can speak with a partner, friend, or family member or alternatively please use one of the following help lines:

- Lifeline Crisis Support – 13 11 14
- Beyond Blue Support Service - 1300 224 636
- Family and Child Connect - 13 32 64
- Kids Helpline - 1800 55 1800 (for children aged 5-25)

1. *Please confirm you have read this information*
    - I confirm I have read this information
    - I have not read this information

Definitions

For the purposes of this survey School Can't refers to a child's inability to attend or participate in formal full-time education. Children in our School-Can't cohort may spend time in different educational settings, as parents search for an environment where their child experiences belonging, engagement and feels well supported. These settings may include mainstream, specialist, distance education, remote learning, and even home school environments. School Can't can occur in the context of any of these settings.

School Can't has many different names and shows many different presentations of varying impact. Some of the names you might be familiar with include:

- School Refusal
- School Phobia
- Emotionally Based School Avoidance
- School Attendance Difficulties
- Truancy

Often a distinction is made between School Refusal and Truancy. School Refusal is when parents are aware that their child or young person is not attending school. Truancy is when a child is missing school without their parent's knowledge, such as when a child wags.

School Can't (SPSR) Australia would argue that this distinction requires further investigation as the key difference identified above may not be related to the factors contributing to truancy behaviour but may instead be related to the degree to which a student feels they are likely to be met with adults who judge their behaviour as a sign of failure rather than as a sign that something is not going well for them at school, or where the student has decided that the problems at school have no solutions.

Signs of school attendance difficulties range from reluctance to attend, physical signs of anxiety such as stomach upsets and headaches, sleep disturbance, not wanting to go to bed or get out of bed or get dressed or eat, or to get in the car, or to get ready, anger, crying, begging, upset, late to school, missing school, missing particular classes, avoiding or refusing work or homework, hiding when at school rather than going to class or out for lunch or recess, unable to move physically or to talk, flight, fight, freeze, shutdown, absent from school for single days at a time over many weeks, absent from school for many days at a time, or extended absence from school.

We consider any of these presentations as manifestations of School Can't. For the purposes of this survey we would like to collect information in relation to any of the above listed presentations including what might be considered truancy.

Demographics

Firstly, we'd like to know more about you and your family.

2. Are you a member of School Can't (SPSR) Australia?
    - Yes
    - Waiting to join
    - No
3. Are you a parent or primary carer of a child / children who was of compulsory schooling age in 2022?
    - Yes
    - No
4. Has your child experienced school can't, as defined on the previous page, in the past 5 years?
    - Yes
    - No
5. And what is your relationship to the child/children who is or has experienced school can't?
    - Parent
    - Kinship carer
    - Foster carer
    - Step parent
    - Other legal guardian (please specify)
    - None of the above
6. Are you an Australian resident?
    - Yes
    - No
7. Do you live in?
    - NSW
    - VIC
    - SA
    - QLD
    - WA
    - NT
    - ACT
    - TAS

- Other Australian Territory

8. And is the area you live in?
    - Metro
    - Regional
    - Rural
    - Remote

9. Where were you born?
    - Australia
    - Other (please specify)

10. What is the primary language spoken at home?
    - English
    - Other (please specify)

11. Do you identify as a First Nations person?
    - Yes
    - No
    - Prefer not to answer

12. How old are you?
    - 19-29
    - 30-39
    - 40-49
    - 50-59
    - 60-69
    - 70+
    - Prefer not to answer

13. What sex were you assigned at birth?
    - Female
    - Male
    - Another term, please specify
    - Prefer not to answer

14. How do you describe your gender?

(Where gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents)

- Man or male
- Woman or female
- Non-binary
- I use a different term (please specify)
- Prefer not to answer

15. What is your current marital status?
    - Married
    - Living with a partner
    - Separated
    - Divorced
    - Single
    - Widowed
    - Prefer not to answer

16. What is your highest education qualification?
    - Postgraduate degree (e.g. PhD, Masters)
    - Graduate diploma or certificate
    - Bachelor degree
    - Advanced diploma or diploma
    - Certificate
    - Year 12
    - Year 10
    - Primary education
    - Other education
    - No education

17. What is your total annual household income?
    - Under $20,000
    - Between $20,000 and $39,999
    - Between $40,000 and $59,999
    - Between $60,000 and $79,999
    - Between $80,000 and $99,999
    - Between $100,000 and $149,999
    - Between $150,000 and $200,000
    - Over $200,000
    - Prefer not to answer

18. How long have you been a member of School Can't (SPSR) Australia?

(Not asked of non-members)

- Less than a year
- 1 year
- 2 years
- 3 years
- 4 years
- 5 to 6 years
- 7 to 8 years

Your School Can't Child

19. How many children do you have that were of compulsory schooling age in 2022?
    - 1
    - 2
    - 3
    - 4
    - 5
    - Other (please specify)

20. How many of these children have experienced school can't in the past 5 years?
    - 1
    - 2
    - 3
    - 4
    - 5
    - Other (please specify)

If you have more than one school can't child of compulsory schooling age in 2022, **please choose one** and answer the rest of the questions about your about this child.

21. How old is the school can't child you have chosen?

22. What grade or grade equivalent were they in, in 2022?

23. What sex was this child assigned at birth?
    - Female
    - Male
    - Another term (please specify)
    - Prefer not to answer

24. How does this child describe their gender?

(Where gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents)

- Man or male
- Woman or female
- Non-binary
- They use a different term (please specify)
- Prefer not to answer

25. Where was this child born?
    - Australia
    - Other (please specify)

26. What type of schooling was your school can't child enrolled in…

(primary or secondary)

For each of the following years:

- ○ 2019 (pre covid)
- ○ 2022 (most recent year)

Select the type of schooling for that year (please select all that apply):

- Mainstream government school
- Mainstream independent school
- Mainstream catholic school
- Learning unit at government school
- Learning unit at independent school
- Learning unit at catholic school
- Disability specific school
- Distance Education (Department of Education)
- Distance Education (private provider)
- Flex / FLO school
- TAFE
- Home-school
- Dual enrolment home school and mainstream government
- Dual enrolment home school and mainstream independent
- Dual enrolment home school and mainstream catholic
- Other (please specify)

27. Has your school can't child been diagnosed with any of the following?

Please select one of the following responses for each diagnosis below:

- ○ Before school can't started
- ○ After school can't
- ○ Seeking diagnosis / suspected
- ○ Not applicable

Diagnoses:

- ADHD
- Auditory Processing Disorder
- Autism (including Aspergers or PDD NOS)
- Autism with PDA profile
- Communication Disorder
- Developmental Language Disorder (DLD)
- Dyspraxia (DCD)
- Fetal Alcohol Spectrum Disorder
- Gifted academically
- Intellectual Disability
- Motor Disorder
- Physical disability - impacting mobility
- Physical disability - impacting hearing
- Physical disability - impacting vision
- Sensory Processing Disorder
- Specific Learning Difficulty (eg: Dysgraphia, Dyslexia, Dyscalculia)
- Tourette's syndrome

Other (please specify condition and whether before or after onset of school can't, seeking diagnosis or suspected)

28. Which of the following mental health conditions has your school can't child been diagnosed with?

Please select one of the following responses for each diagnosis below:

- ○ Before school can't
- ○ After school can't started
- ○ Seeking diagnosis / suspected
- ○ Not applicable

Diagnoses:

- Chronic Fatigue Syndrome
- Depression
- Major Depressive Disorder
- Emotional Regulation Disorder
- Feeding / Eating Disorder
- Gender Dysphoria
- Generalised Anxiety Disorder
- Oppositional Defiance Disorder
- Post Traumatic Stress Disorder

Other (please specify condition and whether before or after onset of school can't, seeking diagnosis or suspected)

School Can't Details

PLEASE READ THE FOLLOWING BEFORE PROCEEDING:

For the purposes of this survey School Can't refers to a child's inability to engage with formal full time education including attending or participating in:

- mainstream
- specialist
- distance education
- remote learning
- home school environments

School Can't is experienced on a spectrum from mild to severe. Please use the following descriptors to rate the severity of school can't for your child for each year that they have experienced school can't.

Mild school can't: A child with mild school can't might express a desire not to go to school but is still able to attend school most days. They might have several days a term where they cannot go to school. They may be persistently late to school because of their reluctance to go. They may report feeling unwell (tummy ache or headache). They may feel anxious on Sunday nights as the school week is about to start. They may be unable to complete school work either at home or at school.

Severe School Can't: A child with severe school can't might be unable to attend school at all. Duration is often for more than 6 months. They may not be able to leave their bedroom or the house. They show signs of severe distress and or shutdown. They may develop atypical sleep patterns often awake all night and asleep during the day. They may show signs of self-harm, clinical depression, or severe anxiety.

School Can't often escalates over time. It is frequently episodic in nature returning in subsequent years to varying degrees.

29. Thinking about the same school can't child, as for previous questions, how old was your child when they first experienced School Can't?

30. How would you describe the severity of their most recent or current episode?

- Mild 1
- 2
- 3
- 4
- Severe 5

31. Can you please tell us why you have given the above rating?

32. If your child is enrolled in distance education or mainstream school, how many weeks of schooling do you estimate that your child has missed in the past 12 months?

- Up to 2 weeks or up to 5%
- 2 to 4 weeks or 5% to 10%

- Over 4 weeks to 8 weeks or 11% to 20%
- Over 8 weeks to 12 weeks or 21% to 30%
- Over 12 weeks to 16 weeks or 31% to 40%
- Over 16 weeks to 20 weeks or 41% to 50%
- Over 20 weeks to 24 weeks or 51% to 60%
- Over 24 weeks to 28 weeks or 61% to 70%
- Over 28 weeks to 32 weeks or 71% to 80%
- Over 32 weeks to 36 weeks or 81% to 90%
- Over 36 weeks or over 90%
- Not enrolled in mainstream or distance education schooling
- Unsure

33. Still thinking about the same child and the past 2 years, with the exception of remote learning due to COVID, how many different schools or types of schooling have you tried in order to help your child engage with learning?

(include engagement programs, flex schools, home schooling, distance education etc)

34. And how many different schools or types of schooling have you tried since school can't first started for this child?

35. And thinking about the same child in the past 2 years, how helpful were the following clinicians or experts you have sought help from in relation to your School Can't child?

Please select one of the following responses for each clinician or expert below:

- ○ Not all helpful 1
- ○ 2
- ○ Neutral 3
- ○ 4
- ○ Very helpful 5
- ○ Not used

Clinician or expert:

- Counsellor
- General Practitioner
- Hospital Inpatient mental health service
- Hospital Outpatient mental health service
- Paediatrician
- Private Psychiatrist
- Private Psychologist
- Publicly funded Child and Adolescent Mental health service (eg Headspace or CYMHS)
- Occupational Therapist
- Speech Therapist
- Social Worker
- Other (Please specify below)

Please specify the other clinician or expert you sought help from.

36. And how helpful have you found other community-based services you have accessed in the past 2 years to support this School Can't child?

Please select one of the following responses for each community based service below:

- ○ Not at all helpful 1
- ○ 2
- ○ Neutral 3
- ○ 4
- ○ Very helpful 5
- ○ Not accessed

Community based services:

- Ambulance
- Beyond Blue
- Emergency Department
- Kids Helpline
- Lifeline
- Parent peer support group (eg School Can't or disability specific parent peer support)
- Police
- Support worker
- Tutor
- Youth worker
- Other (Please specify below)

37. And how helpful have you found school and Department of Education supports you have accessed in the past 2 years for this School Can't child?

Please select one of the following responses for each Department of Education service below:

- ○ Not at all helpful 1
- ○ 2
- ○ Neutral 3
- ○ 4
- ○ Very helpful 5
- ○ Not accessed

Department of Education services:

- Classroom teacher
- Year level co-ordinator
- Pastoral Care teacher
- School teacher with special education / inclusive education qualification
- School Wellbeing officer and/or school counsellor
- School psychologist
- Navigator program (Vic) or other outreach service
- Department of Education – Distance education service
- Department of Education – Regional Representative
- Department of Education – Other
- Other (Please specify below)

School Can't Statements

Trigger warning. The statements in the following question may cause you to have some strong feelings and are not necessarily indicative of the views held by School Can't (SPSR) Australia.

38. Please indicate how you personally feel about the following statements:

Please select one of the following responses for each statement below:

- ○ Strongly disagree
- ○ Disagree
- ○ Agree
- ○ Strongly agree
- ○ Not sure

List of statements:

- School Can't can be remedied by teaching a child how to manage their worries
- School Can't can be remedied by teaching a child self regulation strategies
- School Can't is a reflection of ineffective parenting
- School Can't can be remedied by setting and enforcing clear boundaries
- School Can't can be remedied by making home a less hospitable place than school
- School Can't means your child is being disobedient
- School Can't is a response to stress

- School Can't can be remedied by increasing a student's tolerance for distress
- School Can't means that your child will have a poor outlook in life
- School Can't means a child is probably experiencing a difficulty at school
- School Can't means a child's needs at school are not being met
- It's important to identify underlying issues and barriers at school
- School Can't parents need to push their children harder
- School Can't parents should use consequences to gain compliance
- School Can't children need home to be a safe space
- School Can't children need adults who are compassionate and not judgemental
- School Can't is a nervous system in flight mode or shutdown mode
- School Can't children are manipulating you to let them stay home
- Wellbeing matters more than attendance
- School can't parents should use rewards to gain compliance
- Parents of school can't children are too accommodating of their children
- School Can't children should face their fears and attend school anyway
- School Can't children need well regulated adults both at home and at school.
- School is a child's job. Parents have to work and children have to go to school.
- School Can't is evidence that a child needs to become more resilient
- Children should never be given a choice about whether they go to school or not
- Adults should be aware of and responsive to a child's capacity to attend school

Aspects linked to school can't

39. Are difficulties with any of the following linked to your child's school can't?

Please select one of the following responses for each item below:

○ Yes
○ No
○ Maybe
○ Not known

(Please note more detail can be provided at the end of this series of questions)

List of items:

Environment
- Learning spaces didn't meet student needs
- No access to quiet space
- Class or school size too big

Sensory
- Uniform sensory issues
- Difficulty with classroom acoustics (eg noise level in classroom)
- Difficulty with classroom climate (eg aircon, heating, drafts, ceiling fans)
- Difficulty with classroom lighting, glare etc
- Visual clutter in classrooms

Emotional
- Limited "safe" people and places at school
- Pressure for full attendance
- School was focused on behaviour management
- Difficulty meeting teacher/school expectations
- Unpredictability of daily school activities
- Difficulty meeting expectations of self
- Early experience of learning failure
- Student didn't feel safe to be themselves (needed to mask)

40. And how about difficulties with any of the following being linked to your child's school can't?

Please select one of the following responses for each item below:

○ Yes
○ No
○ Maybe
○ Not known

List of items:

Social / communication
- Poor access to communication tools and supports: between child & teacher (eg AAC)
- Difficulty communicating student distress to teacher
- School staff unable to identify signs of distress
- Poor access to communication between parent & teacher
- Lack of friends, couldn't find their tribe
- Student has difficulty with a specific teacher
- Student experienced social exclusion by peers
- Student experienced bullying
- Difficulty with group work
- Behaviour of other students impacted sense of safety

Cognitive
- Difficulty with remembering things
- Difficulty with executive functioning
- Student difficulty with attention or focus
- Difficulty with processing speed

41. And, how about difficulties with any of the following being linked to your child's school can't?

Please select one of the following responses for each item below:

○ Yes
○ No
○ Maybe
○ Not known

List of items:

Academic
- Work too hard
- Work too easy
- Work not of interest
- Difficulty with a specific subject or type of work
- Curriculum / teaching not culturally responsive
- Lack of explicit instruction
- Lack of clearly documented expectations

Disability Accommodation
- Difficulty accessing disability friendly textbooks, online content, and handouts
- Lack of individualised supports and planning
- School placing responsibility on student to change instead of providing support
- Lack of or poorly conceived reasonable adjustments
- Lack of staff informed about disability needs

42. And, lastly how about difficulties with any of the following being linked to your child's school can't?

Please select one of the following responses for each item below:

- ○ Yes
- ○ No
- ○ Maybe
- ○ Not known

List of items:

Structural

- Length of school day
- Early start times
- Number of transitions / periods each day
- Use of exclusionary discipline (eg suspension, expulsion, being sent home)
- Gatekeeping, segregation, or partial enrolment
- Exclusion from school activities
- School leadership did not value inclusion
- Lack of flexibility to accommodate student need
- Lack of trauma informed staff
- Focus on behaviourist practices
- Execution of the curriculum (eg lack of explicit instruction / interest based / self directed learning)

Physical

- Difficulty with chronic pain
- Difficulty with fatigue
- Inadequate movement breaks
- Difficulty eating at school

43. In the past 2 years, have the following COVID related stressors impacted your child's attendance at school...

Please select one of the following responses for each item below:

- ○ Yes
- ○ No
- ○ Maybe
- ○ N/A

List of items:

- Negative experience of remote learning
- Positive experience of remote learning
- High rate of teacher absence
- Difficulty due to missed learning
- Anxiety about catching COVID
- Masks made communication in the classroom difficult
- Lack of support from peers during remote learning
- Parents not allowed on school site to support transitions or attendance
- Teacher stress leading to reduced capacity to provide support
- Increased unpredictability
- Difficulty transitioning from remote learning back to face-toface learning
- Perception of self as learner impacted by experience of remote learning
- Difficulty meeting expectations to work independently
- COVID related illness in family resulted in interruption to learning
- Routines interrupted
- Remote learning removed sense of home being a refuge from school
- Masks and sanitiser caused sensory difficulties
- Lack/inadequate provision of disability related accommodations during remote learning
- Lack of contact with peers

Other (please specify)

44. What, if any, further details would you like to share about how the school- based factors / stressors in the previous questions contributed to school can't?

45. Have there been family and personal impacts outside of the school environment (excluding disability or child's mental health) that have impacted your child's school can't? (eg loss of a family member, parental illness, impacted by natural disaster)

- No
- Yes (please list these impacts below)

46. Has your child experienced any forms of exclusion or exclusionary practices subsequent to onset of school can't?

- Asked to leave school
- Denied enrolment
- Difficulty accessing enrolment due to history of school can't
- Difficulty accessing distance education
- Other (please specify)
- None of the above

Impact on parents/carers and families

We'd now like to ask you about the impacts on you and your family

47. Please select the option below that best describes your current work status...

- Working full-time
- Working part time
- Working casual
- Self employed
- Seeking employment
- Studying full time
- Studying part time
- Home duties
- Other (please specify)

48. How many hours per week do you usually work?

49. If school attendance difficulties were not an issue for you how many hours of paid employment per week would you like to do?

50. Thinking about the past 5 years, how has School Can't and associated caring responsibilities impacted on your ability to undertake paid employment?

Please select all that apply.

- Unable to work at all
- Working casual work in place of permanent work
- Working in a less demanding role
- Working fewer hours than I would like
- Have had to take unpaid leave from my employment
- Have had to ask family or friends to care for my school can't child so I could work
- I have felt stressed about my ability to maintain my employment
- No impact on my ability to work

51. In relation to your employment situation has any of the following happened in the past 5 years?

Please select all that apply.

- Career progression has been impacted
- Lost a job because of caring responsibilities
- Became /are self-employed due to caring responsibilities
- Resigned from a job because of caring responsibilities
- Changed work roles due to caring responsibilities
- Changed working hours due to caring responsibilities eg working weekends or nights instead while partner / relative cares for child
- Working in less secure employment
- Other impact on your employment or career (please specify)
- No impact on my employment or career

52. Do you receive any additional financial supports?

Please select all that apply.

- Carers payment
- Carers allowance
- Disability support pension
- Job Seeker
- Parenting payments
- Assistance for Isolated Children payment
- NDIS for yourself or your partner
- NDIS for your school can't child
- Rental assistance
- Other (please specify)
- None of the above

53. Which of the following best describes how having a child with School Can't has impacted on your family's financial situation?

- No impact
- Minimal impact
- Coping but impacting longer term financial security
- Coping but living frugally
- Limiting ability to participate in usual family activities such as holidays
- Impacting on ability to afford essentials eg. food, housing, transport, health and basic needs
- Other (please specify)

54. Has having a School Can't child impacted on your relationship with your partner?

- Yes, in a positive way
- Yes, in a negative way
- No impact
- Not applicable

55. How has having a school can't child impacted on your relationships with your wider family, friends and informal support networks?

(Please select all that apply)

- I've had to reduce contact with some family and friends
- I've had to cease contact with some family and friends
- I've learned that I can't discuss my child's school attendance with some people
- I've lost contact with the social connections I had at my child's school
- I've found new friends who are understanding and supportive
- There is no one in my social network that I can talk to about school can't
- There are very few people in my social network that I can talk to about school can't
- School Can't has led me to have a closer relationship with some family and friends
- I don't feel that my social relationships have been impacted much
- Other (please specify)

56. In the past 12 months, to what extent has having a School Can't child impacted on...

Please select one of the following responses for each item below:

○ Positive impact 1
○ 2
○ 3
○ Neutral 4
○ 5
○ 6
○ Negative impact 7
○ N/A

List of items:

- Your physical health
- Your mental health
- Your perception of yourself as a parent

57. Is there anything you would like to share about the impact on your physical health, mental health, and/or perception of yourself as a parent?

58. What support for yourself have you accessed in the past 12 months?

Please select one of the following responses for each item below:

○ Have access
○ Wanted to but unable to access
○ Not needed and/or wanted

List of items:

- Visit the GP for own health needs
- Consult with Psychologist for carer support
- Consult with Social worker for carer support
- Consult with Counsellor for carer support
- Respite / child care while you have a break
- Support with house cleaning
- Able to attend a carer support group meeting
- In home support from a support worker
- Engage in regular exercise
- Engage in activities you enjoy for pleasure

59. What kinds of supports not listed above would you like to be able to access?

60. What barriers to accessing carer support have you experienced?

- Single parent with sole custody (no down time)
- Unable to afford supports or activities
- Waiting lists to access support
- Unable to leave my chid unattended to access support
- Unpredictability of school attendance
- Caring for other children or family members
- Don't know who to ask for help
- Overwhelmed and just surviving
- Lack of free time
- Other (please specify)
- None of the above

Being a Member of School Can't

We would now like to ask you about your experience of being a member of School Can't (School Phobia School Refusal) Australia Parent Peer Support group.

(Not asked of non-members)

61. Please tell us how much you agree or disagree with the following statements about how the School Can't (School Phobia School Refusal) Australia Parent Peer Support group has helped you...

Please select one of the following responses for each item below:

- ○ Strongly disagree 1
- ○ 2
- ○ Neutral 3
- ○ 4
- ○ Strongly agree 5

List of items:

- Understand that my child is doing the best they can
- Focus on identifying the problems underlying school can't
- Identify potential solutions to the problems impacting my child
- Feel less alone and isolated
- Feel less anxious about my child's future
- Support my child better
- To identify appropriate supports
- To be able to connect with my child better
- To learn skills I need to support my child
- To feel less stressed
- To identify alternatives to mainstream education
- To see education differently
- To focus on my child's mental health and well being
- To reduce conflict with my school can't child
- To know what support I can expect from my child's school
- To be a better advocate for my child
- To see school refusal differently
- To feel better about myself as a parent
- To have hope
- To learn more about mental health and wellbeing
- Save my child's life
- Engage my child's school in finding ways to support my child

Access to Supports

62. In the past 12 months, what barriers have you faced in accessing supports (medical, education and community based) for your School Can't child?

Please select all that apply.

- Not knowing who to contact
- Gaps between education, disability and family support services (eg NDIS doesn't help with education or mental health)
- School refusing access to external supports
- Lengthy wait lists preventing timely access to assessments
- Lengthy wait lists preventing timely access to medical or psychological care
- Lengthy wait lists to access external to school re-engagement programs
- Cost of accessing privately funded supports
- Cost of time off work to access supports
- Parental overwhelm
- Parental mental or physical health issues impacting help seeking capacity
- Insufficient time to access supports for a whole family
- Unpredictability of "school can't" – seems OK and then suddenly not OK.
- School denies there is a problem and won't provide access to school based supports
- Child / young person is too anxious to engage with supports
- Unable to access suitable re-engagement programs near us
- Child too traumatised / shutdown
- School not following recommendations from experts
- Not sure about other education options
- Difficulty finding supportive people within the school
- Waiting on a diagnosis to access supports
- Difficulty finding clinicians who are trauma aware
- Difficulty finding clinicians who understand school can't
- Difficulty engaging the school in exploring underlying issues
- School difficult to communicate with
- Feel uncomfortable attending meetings at school
- I've been given poor advice in the past and am reluctant to seek help
- I've been told by clinicians/school that my child is misbehaving
- I've been told by clinicians/school that it is my fault my child stays home
- I've been told that I just have to make life unpleasant at home and they will go to school
- Other (please specify)
- None of the above

School Can't Recovery / Response

63. Have you ever felt that your child's mainstream school pushed them out?
- Yes
- No
- Not applicable

64. Has your School Can't child's mainstream school ever obstructed your request to enrol in an alternative learning environment?
- Yes
- No
- Not applicable

65. In the past 2 years have you been threatened with or had any of the following happen due to your child's School Can't?

Please select one of the following responses for each event below:

- ○ Yes threatened
- ○ Yes it happened
- ○ No

List of events:

- Referral to child protection in your state
- Court proceedings
- Issued with a fine
- Police attending your home to escort your child to school
- Principal / school employee coming to your home to escort your child to school
- Received a letter warning you of consequences if you don't send your child to school
- Told your enrolment would be terminated or you would have to leave the school
- Your child excluded from significant school events such as: graduation, end of year celebrations, camp, school formal due to reduced attendance

- Told your child's future prospects in life will be impacted due to their
- attendance
- Your school can't child's attendance will exclude them from applying for leadership positions
- Other (please specify)

Your thoughts on School Can't

Following are a number of questions for you to tell us what you think about these aspects of School Can't.

Learning and Education system

66. What things have made a difference to help your child re-engage with learning?

67. In relation to the Education system what could be done to prevent school can't?

68. In relation to the Education system what would help support your child when they are experiencing school can't?

Health system

69. In relation to the Health system (including NDIS) what could be done to help prevent school can't?

70. In relation to the Health system (including NDIS) what would help support your child when they are experiencing school can't?

Learning environment

71. In relation to the learning environment/school what changes might help prevent school can't?

72. In relation to the learning environment / school what would help support your child when they are experiencing school can't?

73. Thinking about your child and your family, what supports (not already mentioned in your responses to the questions above) would help prevent school can't or support your child when they are experiencing school can't?

74. Finally, is there anything else you would like to tell us about your experience of School Can't that we haven't already covered?

75. I confirm I am a current member of School Can't (School Phobia School Refusal) Australia's online parent peer support group.
    - Yes
    - No

19.3 Testimonies of School Can't Parents/Carers:

The following testimonies were provided by parents of School Can't (SPSR) Australia in 2022 when we asked for their feedback about how the group had supported them with their child's school can't journey.

Response 1

When a child can't go to school you lose all your support and networks, often work becomes very difficult or impossible, your child needs understanding, their needs need to be investigated, they need strong support personally and advocacy, school administrators become demanding. Life becomes stressful but yet suddenly it becomes impossible to share parent to parent support, at the school gate, for a quick coffee and you often don't know what to say and how to protect your child's privacy but stay connected to school communities. In short, you and your child become isolated at the time you most need community support and understanding. This is what this group provides- as well as practical support, more than anything it's the understanding and support of others walking the same path. It helps us just about keep our heads above water.'

Mum of ASD GAD 9 year old

Response 2

After many years of school can't my son's transition into yr 7 tipped him into a mental health crisis and burnout. This affected the whole family and we were spiralling into a dark place.

I had never felt so isolated and alone, I had no idea what was happening or how to fix it. Neither did any professionals or school staff. I hadn't found anyone who understood and I had been searching for years. I found this group and I feel like it literally saved our lives. I'm so grateful to everyone here.

Single parent to school can't autistic 15yr old boy

Response 3

With the support of this group I have been able to seek the right professional help and advocate for my sons disability. Prior to finding this group we were heading on a path which I now have learned was further damaging my school can't child and adding to the trauma he experienced at school from unmet needs.

I am so grateful for this support which has helped me to find answers leading him on the right path and the road of recovery.

Having a school can't child is deeply isolating, has huge financial and other major impacts to families. We continue to struggle. This group was honestly our saviour.

Mum to school can't autistic (and pathological demand avoidant) and ADHD 10 year old

Response 4

I felt so alone, isolated and such a failure as a parent with regards to my school can't daughter. She is the youngest of eight children and prior to her I had never experienced any issues with my other children attending school. This really floored (*sic*) me. I constantly received pressure and unhelpful advice from my extended family, particularly my aging parents who felt it was a discipline issue. But then I stumbled upon this wonderful site and was relieved in the fact that I was not alone in this journey. I have learn't so much through other people's stories on this site and eventually sort assessment and diagnosis for my daughter. If it wasn't for this site I'm not sure we would have got so far as we have in providing the assistance and approach that my daughter desperately needed. She is now attending 100% at an "alternative" school, is far less stressed and a lot happier with life.

Response 5

As a result of this group, when I enter difficult meetings with school, I no longer feel alone. Instead I feel informed, knowledgeable and supported. I am able to use all I have learnt from this group along with their strength to better advocate for my child and to improve their outcomes. The leaders of this group should be considered for citizens awards for what they have done to support so many families and to shed light on this debilitating and stressful issue affecting thousands of Australian children. Without them we would not have come as far as we have in advocating for the health of happiness of these young Australians who are experiencing debilitating distress just trying to attend school like every other child.

Mum to 8 year old with GAD

Response 6

I found this group early in our journey, when I was struggling to get Ms 9 to school, but still insisting she go unless demonstrably ill. This was the rule when I was a kid, after all. Reading the stories and approaches here, I realised my error, and changed the way I parent. We now work together to understand and overcome the barriers, and if that's not possible, well, sometimes a doona day is good for both of us.

Our relationship was suffering from my fixed idea of what was 'acceptable', but a few months later, she is relaxing and opening up to me again. She is far less anxious about school and more open to learning, too***.*** ***We are also both now being assessed for ASD and ADHD***, partly thanks to information I learned in this group!

Without this kind of peer support, I may have permanently damaged my kid's relationship with both me and with school and learning. Thank you for existing.

Response 7

Until I found this group I felt like I was doing something wrong as a parent. The trauma-informed advice here helped me repair my relationship with my children.

Mum of 2 school can't teens, diagnosed late with ADHD, anxiety, autism

Response 8

As a result of this group I realised I wasn't alone. I was able to advocate for my child and explain to others why I was using a particular approach. It has also given my more information to help others in my career, and I know can support people in my role at work as I have a deeper understanding of what they are going through.

Response 9

Before finding this group I had no idea how many people were in the same situation. You feel so alone and alienated by school can't. You lose networks that would be available to you in other circumstances like the other parents at school, or sports clubs etc. Places that used to be warm and welcoming become hostile and judgemental.

Mum of 2 school can't (9 with ASD and anxiety, 14 with ASD, ADHD,ODD and anxiety)

Response 10

I was so fortunate to be informed about this group by a family friend. In the 5+ years that my daughter has been experiencing a range of mental and physical health challenges and has been diagnosed (late) as autistic (PDA profile) and ADHD, it has been a key source of excellent information and sharing for people going through similar, yet unique challenges. The reality is that currently school staff and health professionals usually don't have the knowledge and skills to adequately support students with very complex needs and this group has developed a wealth of expertise through lived experience and drawing on the work of worldwide leaders in the field. It can be very isolating for parents who lose their networks when their child isn't able to attend school (and sometimes other activities), and having this group is so beneficial. I would love to see further advocacy, education and resources available to all, not just to the lucky ones who happen to know someone who is in this group.

Parent of autistic School Can't child, age 17y

Response 11

Even as a teacher with 20+ years' experience, I was still blind-sided by School Can't. After initially feeling like a failure, I realised how the system is failing so many students, & how much of it is teachers being unaware. This group has been a lifeline of support, encouragement & resources to help shift us from feeling like failures to realising we are not alone & there are many ways through the education maze.

Mum of 2 School Can'ts, aged 16 & 14.

Response 12

I have learnt so much in this group. Most importantly we are not alone in this journey and each child just has their own path. It has empowered me with informative information so to fight for my son and I'm so grateful for that.

Mother to an ASD and ADHD son aged 13.

Response 13

With finding this group I found support. We were no longer alone. I was able to learn and change my mindset, understanding and thinking. I became a better advocate and support to my child and was able to rebuild our connection after many years of old hat unhelpful "make her go" advice. Understanding that it's "can't go not won't go" changed our lives and I truly believes saved our child. Our son now benefits from the ongoing support of this group and hopefully his journey will be one without school based and academic trauma.

Mother of four children, two of whom are autistic with ADHD and experience school can't ages 9 and 17

Response 14

Individually we can feel our backs to the wall and isolated, on a burn out loop. Facing ongoing meetings and gatekeepers, possible gaslighting conversations ongoing from multiple directions; public, private and professional settings. The group creates a community that is empowering, honest and helps us in turn empower our kids to share their words and needs going forward.

Mum to 4 neurodiverse individuals 8 to 14

Response 15

I've only just discovered this group. The connection to other parents going through the same thing, to feel understood, and the realisation that I'm not alone in this journey has had a positive impact on my own mental health. The advice on how to help my child on a practical level and how to navigate some of the bureaucracy around his inability to attend school has been invaluable. The online forum is perfect - because sometimes my child's anxiety level means we can't get out of the house. My child and I are not alone in this now.

Mum of an 11 year old with severe anxiety disorder

Response 16

When my School Can't child started to have panic attacks and constant anxiety, I thought it was a medication issue. We tried a few different meds with no change. It as getting worse, and school attendance was less than 50%. We tried learning plans, counselling and changing schools to no avail, and attendance dropped to around 5%. Since joining this group, I have learnt that I am not alone, and I am not a failure as a parent. What I had was a failure of information. I didn't know about alternatives to mainstream schooling or different diagnosis that may be contributing to their difficulties. This group gave me the courage to pull my child out of school to help them recover. It also led us to an Autism diagnosis, and helped us find an alternative school much more suited to my child's interests and ability to learn. We now have a much more positive outlook for next year.

Mother of an Autistic ADHD Anxious School Can't 16yo

Response 17

I watched my child's mental health decline. All the while school was telling me I had to force myself to take my child to school, and make home traumatic so school was more appealing. The icing on this cake was legal threats from the education department for my refusal/inability to force my child. Their mental health is still affected with PTSD from the cruel punishments and treatment from both primary and secondary schools.

Exclusion from school camp, exclusion due to disability and staff physically dragging my child from the classroom will linger as trauma for many years.

Mum to 19 year old diagnosed with ADHD PDA Autism PTSD Anxiety Depression GAD

Response 18

This group has provided me with emotional support and so many a-ha moments. In a new town with no family or friends, I actually don't know what I would have done without it. When School Can't hits it can be an incredibly lonely place. I've been educated by its members and pointed in the direction of so many resources, so I could then advocate for my son with school and the medical system. It's also helped me talk to my husband and children and help them understand what's going on. I can't thank this community enough.

Mum to anxious, School Can't 8yr old son

Response 19

School had no ideas other than 'you just have to encourage them to go'. They made vague efforts to implement 'supportive' strategies without understanding the basic problem - if the child can't trust that their needs will be met at school, because they have experienced many many occasions when their needs were not met, how can they possibly feel safe? How can they possibly learn? This group has been so validating to show me that I wasn't crazy - my child really was being traumatised by school, and so are many others all over the country. Thanks for giving me the courage to acknowledge it wasn't working, and try something else. Now I'm connected with other parents going through the same thing, I feel hopeful that we can advocate for better options for our kids.

Mum of one perfectly happy school attender, and one autistic school can't

Response 20

This group has provided a space to share and learn from others in a similar situation in a safe, non judgemental way. I so enjoy the trauma informed support that is in opposition to the current behavioural paradigm in schools. It has been immensely helpful in my not feeling so alone, isolated and rejected which is how it feels when you are having to constantly advocate for your child in the current system. The impact of this difficulty on families can not be understated. I am saddened that my only real choice has been to home educate.

Parent of an autistic 7yo school can't

Response 21

The help from this group meant that my child was able to complete Years 9 and 10 through Distance Education. I learned strategies to cope with the local public school and the Education Department. This Facebook group literally changed my and my child's life for the better. It has also meant that I don't feel so isolated and alone.

Response 22

The lack of support and understanding I've felt for my 10yo ASD daughter in her school can't journey since prep - at all level from parents to teachers to school admin staff - made me feel isolated and judged. I could see the trauma school created for my daughter over five years and had to climb mountains to get others to understand this wasn't just me being soft/letting her have her own way. I judged myself enough let alone the judgement I felt from others. This Facebook group has been my saviour. Literally. It helped me further feel my daughter and I were not alone, that her school trauma and inability to cope with the school environment was very real, and has helped empower me to empower my daughter. So much that I overcame the fear of what might happen because of her extremely low attendance and take her out of school to try something new next year through Virtual Schools Victoria. I have support in this community, people who listen, give advice when I need and help me set more realistic expectations of the future. I couldn't cope without the support of this incredible Facebook community - all parents with an incredibly stressful misunderstood experience of having a school can't child. All grappling with a system that doesn't cater to their child's needs at all. We fight a real fight daily for our children and this group helps me to stand strong.

Response 23

Day 2 of year 7 my daughter started her school can't journey. She had been a bright, sporty, popular year 6 school captain. It hit us like a sledgehammer. After 6 months of virtually no attendance and me coercing and cajoling which I now regret, she slowly made her way back. Then struggled again, followed by attending again. And so began the 6 year roller coaster of high school.

Year 10 she had an ADHD diagnosis. She is now in year 12 completing her HSC after a choppy 2 years through COVID. She was determined to stay to the end despite our acceptance of other alternatives including unschooling. She has cut it down to 3 subjects which is more doable but some days she is still completely unable to engage.

Such is the TRAUMA of school can't.

If it wasn't for this group I don't know where we'd be. The conversations here made me realise we were not alone and allowed me to breathe through the hardest times. Through calming my nervous system slightly my daughter was able to coregulate through me. I realised the most important thing was her mental health and self-worth. She is an impressive adult now about to leave the school system and continue her life education however she wants to.

The compassion and understanding exchanged in this group is actually life saving and I'll be forever grateful.

Member School Can't (SPSR) Australia's Facebook group, Testimonial sent to admin via Facebook Messenger , Used with permission.

19.4 Table of results: School Based Stressors – Factors Contributing to School Can't:

Table 27 shows the results of difficulties / stressors nominated by parents/carers as contributing to their child's experience of school can't in SC Survey-22 in response to Questions 39 through to 42.

Table 27: Non-COVID School Based Stressors - Factors Contributing to School Can't

Non Covid School Based Stressors	% Yes	% Maybe	% No	% Y+Maybe
Limited safe people	71%	13%	7%	83%
Staff unable to identify signs of distress	69%	13%	7%	82%
Communicating Student Distress to teacher	68%	15%	7%	84%
Masking	67%	14%	7%	81%
Teacher / school expectations	64%	11%	13%	75%
Work not of interest	64%	16%	10%	80%
Placing responsibility of student to change instead of providing support	64%	10%	15%	74%
Expectations of self	64%	15%	9%	79%
Lack of trauma informed staff	62%	9%	12%	72%
Length of school day	61%	16%	13%	78%
Difficulty attention or focus	61%	12%	17%	73%
Sensory Acoustics	60%	16%	11%	76%
Lack of or poorly conceived reasonable adjustments	59%	11%	17%	70%
Lack of individualised supports and planning	58%	13%	18%	71%
Pressure for full attendance	58%	11%	19%	69%
Difficulty with executive functioning	57%	14%	18%	71%
Lack of flexibility to accommodate student need	56%	14%	19%	70%
Lack of staff informed about disability needs	55%	11%	18%	66%
Diff with Specific Subject or type of work	54%	15%	19%	70%
Execution of the curriculum	54%	18%	13%	72%
Learning Spaces didn't meet Student Need	52%	22%	12%	74%
Number of transitions / periods each day	51%	16%	18%	67%
Class or school size too big	51%	22%	15%	73%
Focus on behaviourist practices	50%	13%	15%	63%
Student behaviour impacting sense of safety	49%	19%	20%	68%
Fatigue	49%	15%	26%	64%
Processing speed difficulty	49%	13%	25%	62%
Unpredictability	49%	17%	20%	66%
Behaviour Management	47%	12%	23%	58%
No access to quiet space	46%	21%	18%	67%
Early start times	46%	11%	33%	57%
Difficulty with group work	45%	21%	19%	67%
Sensory Uniform	44%	15%	29%	59%
Difficulty Eating at School	44%	11%	35%	55%
Poor access to communication between teacher and parent	42%	17%	31%	59%
Difficulty remembering things	42%	18%	30%	60%
Difficulty with specific teacher	40%	15%	32%	56%
Lack of friends	40%	17%	33%	58%

Non Covid School Based Stressors	% Yes	% Maybe	% No	% Y+Maybe
Inadequate movement breaks	36%	19%	29%	54%
Student bullying	35%	16%	37%	51%
Social exclusion - peers	35%	18%	36%	53%
Lack of explicit instruction	34%	24%	24%	57%
Early Exp of learning failure	32%	17%	35%	49%
Social / Communication	31%	23%	26%	54%
Lack of clearly documented instructions	30%	24%	30%	53%
School leadership did not value inclusion	29%	10%	40%	40%
Sensory Climate	27%	20%	31%	47%
Sensory Lighting	26%	21%	30%	47%
Work too hard	26%	19%	43%	45%
Exclusionary discipline Practices	26%	5%	54%	31%
Visual Clutter in classroom	23%	22%	27%	45%
Difficulty accessing disability friendly textbooks, online content and handouts	21%	12%	42%	33%
Gatekeeping, segregation, or partial enrolment	19%	5%	52%	24%
Work too easy	17%	19%	49%	36%
Exclusion from school activities	16%	8%	60%	24%
Chronic Pain	10%	7%	69%	17%
Curriculum not culturally responsive	10%	9%	54%	19%

19.5 Parent/Carer Perspectives on Prevention, Support and Reengagement

Table 28: Thematic Analyses of parent/carer suggestions for Prevention, Support and Re-engagement

Thematic analysis highlights the following key themes	Example Responses
Question 66 of SC Survey-22: "What things have made a difference to help your child re-engage with learning?"	
An **acceptance of where the student was at**; lowering expectations; giving time and space; time to heal; focus on wellbeing; no pressure (13.5% of respondents). Note that this might include this type of acceptance from the school as well as the parent describing the home environment. There were also parents who particularly described their own reduction of expectations; reduced demands at home; focusing on parent-child relationship; making home a safe space (8.6% of respondents). Nearly one-fifth of respondents (19%) made a comment in one or both these ways.	*"Dropping all academic expectations. Focusing on wellbeing over academics."* *"The school finally taking all the pressure off and being fine with our boy attending if and when he could. This took pressure off us which we had really struggled with."* *"Focusing on the child's wellbeing first and foremost, not attendance and academic requirements. Providing hope and understanding. Reduced all pressure to attend. Allowing time for the child to heal and be a part of the process to re-engage."* *"Understanding and compassion that she was doing her best but that if you pushed her the pressure to attend made it almost impossible"*
Reduced hours, subjects and accommodations in the classroom were mentioned by 17.4% of respondents (i.e. They mentioned 1 or more of these things as helping their child re-engage in learning). Breaking that down further: • Reduced attendance; reduced hours; slow return to school, were mentioned by 7.4% of respondents. • Reduced subject load was specifically mentioned by 2.7% of respondents. • Accommodations in the classroom; no homework; no assessments; alternative assessments; and supports to regain confidence were mentioned by 11.1% of respondents.	*"Flexibility in classroom activities, eg access to personal "passion project", option to sit out of certain activities he finds stressful."* *"Having his interests recognised. Knowing he is not dumb, he just needs more time and help. "* *"The only things that were working was reduced hours days at school. So he would attend anywhere from 2-4hrs instead of 6. This got my son happier about going to school, a lot of his physical symptoms abated and for the first time this year he felt a sense of achievement. However pressure from the school due to their concerns about his education got to me and we slowly worked up to full hours so reversed any positive progress we had made"* *"Deep learning, strength based with less deficit based but slow development of these skills. Being heard and taking more ownership. Developing compensatory strategies. Less time pressure and less assessment "*
Homeschooling, un-schooling, de-schooling and distance education totalled together were cited by 16% of respondents. Within those responses was discussion about: • the flexibility of learning when they wanted and at their pace, • being in a safe space,	*"Home-schooling: safe environment with trusted teacher. Backing right off for a while. Doing tiny bits within my child's limited tolerance window. Making those bits a pleasant experience and emphasising my child's competence. Acknowledging that their capacity is dynamic and today they might not be able to do what they did yesterday. "* *"We are now home schooling. Having a period of unschooling made a huge difference. Being able to gradually build skills and increase learning opportunities as he is able."*

Thematic analysis highlights the following key themes	Example Responses
• taking the pressure off, • learning in their own way. Some of these themes are picked up elsewhere.	
Supportive teachers; teachers relationship building; teachers who were trauma-informed; teachers who were showing additional care and concern, were cited by almost 15% of respondents.	*"Connections with teachers who care about her. Teachers who are willing to take her 'where she is at' and focus on progress from that point. Encouragement and positivity towards her has also helped."* *"Time off from any demands of learning or life in general. Teachers taking time to build a relationship with child that centres around child's interests. Supporting child to develop new friendships."* *"A warm caring adult who 'takes them under their wing'. Acceptance of where they are at. Working with them collaboratively to create solutions and following through on those. Implementing recommendations fro psychologist. Providing a lot of extra support eg aide) for a short time to restore confidence in the environment."*
External supports e.g. medical, allied health, advisors and tutors; including obtaining a diagnosis, were mentioned by just over 10% of respondents.	*"The school actually listening to myself, psychologist and Speech pathologist about the important of relationship. Making the school a safe place. Dropping academic expectations."*
Child agency or voice e.g. giving child ability to say when they need to come home, or how long they will stay, or whether they can go; collaborative problem solving, was cited by 9.5% of respondents	*"Slowly increasing exposure at school. Knowing she can take a break from school when she needs it has made a huge difference. She takes about 1 day each week."* *"Choice. The knowledge that if he is in an environment that isn't accommodating to his needs, that he can leave. "*
Following child's interests was cited by 8.6% of respondents.	*"Removing school attendance and assessment pressure; following interests vs curriculum; reducing anxiety and stress."* *"Following her interests, taking the pressure off, making learning fun"*
8.8% of respondents said that nothing yet has helped their child re-engage in learning.	
Other responses that came up a bit less frequently: • Alternative school settings; re-engagement programs • Having a friend at school; a friend in their class; peer connections • Increased safety at school; safe spaces they can go to • Medication • Changing school • Wellbeing team; school-home partnership; working well together • Allowing parent supports e.g parent in or near classroom; parent walking to classroom • Meeting sensory needs; reduced sensory impact; quiet spaces	*"Having a good case manager through Navigator (which in itself took a lot of advocacy to get the right person, and a very long wait) Having a school where they actually listen and are focussed on finding ways to support a child to re-engage (VSV), having a dedicated learning advisor who learns about your child's needs and helps with navigating the school system. "* *"Changing to alternative setting, Flexi school, where the focus is on wellbeing, connections and communication rather than conformity and academics."*

Thematic analysis highlights the following key themes	Example Responses
• Feeling valued and successful, e.g. leadership roles; encouragement vs criticism • Mental health improvement	
Question 67 of SC Survey-22: "In relation to the Education system what could be done to prevent school can't?"	
One third of respondents to "what the education system could do to prevent school can't", made comments related to **teacher understanding and education** around disability, inclusion, mental health and school can't, and particularly understanding masking and connection. Teachers were also seen to need more support, and to need more time for planning.	*"Much better training and support of teachers to better understand school can't and the concept of "children do well when they can" and that they aren't "misbehaving"."* *"Smaller class sizes, teachers who are resourced to accommodate different learning styles, teachers trained to identify a child who is masking, school staff believing parents when they say their child isn't coping, safe spaces for kids to go, tailored learning."*
The need for **trauma informed** and less behaviourist responses was identified by almost a quarter of respondents. This included improved teacher and principal education; relational safety; CPS; less "controlling" and fewer behaviourist attitudes; prioritising engagement over attendance; being compassionate and showing empathy; and not penalising or threatening children who can't attend.	*"A whole new paradigm - trauma aware, change school's attitude and understanding of disability, reduce stress for teachers, reduce competition so there is less incentive for students and teachers to bully."* *"Flexible, gentle approaches. Listening to the distressed child."* *"Working with the child to identify what they can do what makes them feel safe to engage. Not put rigid rules and practices around the child and family. Stop the mentality that is we do it for you we have to do it for everyone. Better understanding of neurodiversity and how the brain works. Forcing them through things creates trauma not resilience."* *"Having schools trained in collaborative proactive solutions and teachers who are curious about students and are not hell bent on making a student conform to their understanding of the problem or the solution to a problem."* *"All staff, teaching and non-teaching and *especially* in leadership positions need to do trauma-informed training with Blue Knot. Currently so many children and family members are being further or re-traumatised by staff (many of whom are well-meaning but ill-informed) who lack compassion or understanding, and assume that if there is a struggle then that person is not trying hard enough. Compassion and genuine en-courage-ment make all the difference in the world."* *"Less of a "police state" in secondary schools."*
Working with, and listening to, parents and experts, was suggested by 15% of respondents. This included not dismissing parent concerns; not blaming parents; liaising with therapists; working as a parent-school team; providing more support for parents; and providing parent education related to school can't.	*"Educate the parents - truly educate - don't do things that follow the schools agenda of shirking responsibility under the guise of "educating parents" - point them in directions of facebook groups, articles, websites (e.g. Pathological demand avoidance, Aspergers experts, Ross Greene you tube videos) instead of the parent having to stumble on these things themselves. Educate all staff in these areas too."* *"Follow doctors and psychologist recommendations. Stop raising the bar. Eg if a child is permitted partial attendance and they manage, don't tell them that tomorrow they can do more."* *"Listen to parents instead of blaming them. Actually follow the guidelines around disability support instead of pretending a child doesn't have an invisible disability."*

Thematic analysis highlights the following key themes	Example Responses
The importance of a **proactive approach** to school can't, disability identification and support, and bullying was identified by 15% of respondents. There were some suggestions of early screening programs for disabilities. A number of respondents also mentioned in-school mental health and disability practitioners and programs that could assist, for example mental health youth workers, OT's, psychologists, and wellbeing programs.	*"Acting before school cant is established. I could see where we were heading when my child started school. The school and private psychologist didn't/ wouldn't act until things became dire. I was told so many times " we have to wait for things to become really bad before we can do/apply for/ implement that. Then things got really bad and no one knows what to do and now I'm told "you have to apply for the unit class we can't accommodate and it's only going to get worse. That's the only option left"."* *"Early identification of kids experiencing anxiety in the classroom, and engagement with support staff - before anxiety becomes trauma."* *"Having more awareness in mental health, health checks as in psychology staff. If a teacher suspects there is something they feel is effecting the child's ability to handle the work. First contact the parent, have the meeting and instead of the parent having to go on wait lists for assessment it can be done there at the school."*
Different teaching and learning modes were suggested by almost a fifth of respondents (19%). This included a need for more interest-led learning; providing extension and individualised projects; more flexibility in how the curriculum is taught and assessed; individualised learning; and taking a strengths-based approach with less focus on mistakes.	*"School is not a one size fits all. Different kids learn in different ways"* *"More interest led and activity based learning rather than separated subjects which are artificial and not conducive to Neurodivergent children"*
The link between school can't and disability saw **appropriate accommodations in the classroom** as an important theme (15%). This included fewer assessments, executive functioning, support for learning disabilities, social supports, proper consultation on ILPs; communication between teachers; and meeting sensory needs. Related to this, comments about **smaller classes,** more teacher aides and classroom supports were made by 11%, and some respondents highlighted the need for additional supports at key transition points – starting school and move to high school.	*"Having schools with teachers who are trained in how to support all students to experience success. What ever that looks like for each student. Personalised learning plans that don't resemble behaviour management plans. Every time I asked for a learning plan I was presented with a behaviour plan that had everything the student was going to do differently and nothing about what the teacher was going to do to help them get there."* *"a teacher assistant in every classroom so the classroom teacher can actually teach and support the children's needs. There is a lot of behavioural needs in the classrooms today. Teachers cannot and are not coping with all of the needs. And before you know it-students can't get to school. Not enough support."*
Flexibility in attendance and load was a significant theme (14%) - modifying timetables, reducing hours, reducing subjects, allowing dual enrolment, online options, and providing home learning when school is missed.	*"Providing schools or encouraging schools to do half days or reduce timetable instead of expecting full enrolment. More schools that cater for students who struggle with school but do want to learn but have challenges but don't fit in at mainstream or can't attend special development school."* *"Get rid of school uniforms that are uncomfortable and gender identifying Make attendance time more flexible and have some option to attend part time"*
Many respondents (12%) commented on the importance of school being **safe, supportive and with a sense of belonging**. This particularly included addressing bullying and social exclusion,	*"Having a connection with a trusted adult at the school who they can turn to if they started to feel overwhelmed by school."* *"Better enforcement of bullying policies A policy is only good if it is enforced."*

Thematic analysis highlights the following key themes	Example Responses
having quiet areas, helping foster friendships, and including friends in classes. This is also related to an **inclusive culture** that was mentioned by about 10% of respondents.	*"Somehow supporting my child to develop relationships with other students, including real support in how to manage relationships at school when they are complex."* *"Help them build a sense of belonging, support those isolated to connect with other friends, intervene early when struggling with being there rather than waiting till can't be there."*
Bigger picture comments about structural improvements to schools, funding, curriculum, student voice, school size, and the role of assessment and ranking were made by 16% of respondents. Some noted that the voices of lived experience of both disability and school can't should be included in this.	*"Systematically reducing the cognitive load of school, especially in the curriculum demands (too much time spent having to do too much work across too many topics). This is why so many children now are experiencing toxic stress in relation to school. For some it presents as school refusal, for others it manifests in other ways in terms of their mental health and wellbeing."* *"A radical change to the education system so it is more accessible for ALL students. A high number of school can't students are also neurodiverse because the education system not only doesn't support neurodiverse students, it often actively harms them due to outdated ideas and systems."* *"We need to have a genuine reform of education so that it encourages a love of learning, it is so prescriptive that the more a child loves learning as an all-encompassing approach the more likely they are to be completely shut down. People (adults and children) are naturally primed to learn, we don't need to be forced!"* *"Less emphasis on awards and scoring points."* *"Fewer learning areas. Interest-based learning. Engaging teachers who have time to teach rather than hacing to rush through a crammed curriculum. Less focus on assessment and reporting. More play in the early years."*
Related to the bigger picture comments, a number of respondents specifically suggested having more **alternative school choices**, recognising that not all students learn the same way and that there should be more acceptance of alternative paths. These schools were often described as smaller, and specifically meeting the needs of autistic students.	*"We need more SMALL, alternative schools, which offer a less overwhelming environment for kids with these issues. There are so FEW options that these kids have no choice but massive schools. To attend the few alternative schools they have to be on a wait list and I have to give up working to drive them across town to get them there. And - then they feel they are in a "weird" school and feel excluded from normal life because these schools are so rare they're not seen as "normal" to a teen. We need many more alternative schools run by the state govt so that kids everywhere have other options."* *"More community schools or non traditional schools. The mainstream schools are designed for neuro typical kids. More schools for kids who don't fit the mold."* *"Access to school environment suited to students with Autism (and PDA profile), including for students who have high intelligence and are suited to, or wish to pursue an academic pathway (eg VCE, not VCAL or TAFE), either distance ed or on campus school, or both."*
Question 68, SC Survey-22: "In relation to the Education system what would help support your child when they are experiencing school can't?"	
The most significant education-related supports once a child is experiencing school can't were related to reducing pressure, being flexible, and being understanding and compassionate. It was difficult to separate out the **reduced pressure and flexibility**, with	*"Patience. Stop focusing on the number of days a child is there and focus on whether they feel safe."* *"No pressure Listen to parents and children and what they can do. Don't threaten or tell them it's full time or no time. Get rid of 10 week plans"*

Thematic analysis highlights the following key themes	Example Responses
almost 40% of respondents commenting on one or both of these themes. From an attendance perspective, reduced pressure included no pressure around attendance, not calling daily to check on attendance, giving them space, allowing time away from school, and not having attendance reward systems.	
Reduced pressure overlapped with many flexibility themes – including having the flexibility of reduced hours, reduced subjects, later starting times, early finishing times, attendance without pressure to do any work, no assessments, providing appropriate accommodations, allowing students to just do subjects they enjoyed, and allowing movement breaks.	*"Once it's got this point it's very very difficult to alter that trajectory. We need to be reducing the cognitive load of school for all children as the best means of prevention. Once they are experiencing school can't, then it needs to be understood as a form of burnt out in children due to the excessive cognitive stress/cognitive load of school. It's completely predictable."* *"Allowing part-time attendance for an unlimited time. Allowing participation in those classes that the child enjoys to build relationships with the teachers."* *"Teacher making more differentiated learning projects, more choice, less rigid expectations, less punitive responses to children in the classroom, less trying to overcome issues with 'building resilience' and 'growth mindset' when children need validation of their significant difficulties and accommodations."* *"More flexible options regarding what is priority work, and what subjects/assignments could be modified or dropped when a child is struggling."*
Flexibility was also described in relation to uniform expectations.	*"Encouraging and supporting them, not punishing them for things that don't really matter. Understand that the uniform is a problem for some kids - and don't implement stupid rules like "if you are not wearing the correct uniform you have to wait at the canteen until everyone else has been served". In 10 years time, it won't matter whether they wore the correct uniform, but it will matter that they were punished and made an example of in this way."*
There were many respondents that described flexible approaches to school delivery – being able to do work from home, having online learning options, having distance education options (without having to leave the school), and being able to do assessments from home.	*"Online access to timetables and current schoolwork for all school students so they can keep up to date with what's going on in the classroom when they are unable to attend."* *"Flexible learning models. Shorter days. Able to finish school work at home. Not sending learning home increases anxiety as they know when they go back they've missed things that makes learning harder. Current policy for my daughters school is not to send work home, as it's seen to be encouraging the child to stay at home."*
Supporting students through **understanding, compassion and kindness**; taking a trauma informed approach; not judging, shaming or blaming; not using behaviouralist approaches; collaborating with students; and putting the child's wellbeing first, was identified by 30% of respondents.	*"Less judgment and less talk about resilience and growth mindset. This places the blame back on the child and leads to a cycle of shame. The child would if they could."* *"Acceptance, patience, emotional support in the form of a person or animal . Not focusing on how to increase hours and education at school, but how to increase emotional stability whilst at school, and accepting and understanding that this may not involve learning content at all. Focusing only on how to make the school feel like a safe and happy place so that learning will be a natural consequence."* *"Understanding the meaning of defence mode - constantly being in fright/flight/fight mode because you are trying to protect yourself from the overwhelming stress around you. Understanding that these kids are not attending not because "they don't feel like it" or the "parents can't be*

Thematic analysis highlights the following key themes	Example Responses
	bothered bringing them"...so threatening with court or involving a truancy officer is not helpful and only benefit is putting more stress on the family and child and taking it off the school. The parent wants their child to go to school - many parents have been through the university system and want the same for their children. These "options" only serve to take the responsibility off the education system and put it on the shoulders of the child or the parent. The parent thinks there is something wrong with their parenting - that they are failing their child. We are being treated by the education system like we are deadbeat parents. What happens when the child can't do distance education or home-schooling- because they are still in flight/ fright/ fight mode? what helpful support is there for the family then? No one has told the parent about trauma or depression - its not on the parents radar. It's not until the parent educates themselves in what is really going on. It's the parent that has to find this information. Then, they try to advocate for their child....but they are fighting against an education system culture of deflecting responsibility. The options offered to parents are distance education or home-schooling - again, taking the responsibility from the school and putting it on the parent. They need to support the parent in offering lots of decompression time to the child at home - taking the pressure off. Not having to email school every day and say xxxxx will not be attending today. Allowing the parents to rebuild that trust between them and the child and being supportive of that (and even pointing parents in the direction of Facebook groups or articles that show them how to do that), and then allowing the parent to communicate with the child. Being supportive of the parent and the child - truly supportive - not what is currently happening now, where the primary aim is for the school to deflect responsibility and accountability." *"To not be singled out more or have more attention focused on them. They just want to blend in like all the other students."*
Teacher relationships with students; maintaining a relationship without pressure; being caring; and improved teacher education and awareness of disability and anxiety, was described as supportive by almost 14%.	*"Being given other options to mainstream schooling. Being referred to support groups with other school can't families (eg this School Can't group) so child (and parents) might feel less alone and freakish. Take away the stress of continually being told by every single person in the education and medical system that child MUST get back to school. That this should be their only goal. But not being offered any alternative when this doesn't work."*
School-related supports were mentioned by 13% and included access to teacher aides; school-based psychologists and mental health workers; wellbeing programs; providing teachers/tutors for home-based support; support for teachers so they could do more individualised learning and assessment planning; and more in-class help, including 1:1 supports.	
10% of respondents described the importance of **working with parents**. This included comments about not threatening them, not blaming them, listening to them, and supporting them	

Thematic analysis highlights the following key themes	Example Responses
by linking with other school can't families.	
Other recurring themes included: Having access to **less overwhelming spaces**, access to quiet spaces to regulate, smaller classes, and supervised quiet spaces. Making school feel **safe** with safe persons, safe places, and emotional support. A few people mentioned support animals. **Different approaches to learning**, including interest-based, special interest projects, different types of schools, gap year options, and focusing on life skills or more relevant curriculum. **Being proactive, and acting quickly** with early signs of school can't. **Continuing contact at home**. Some respondents described having teachers (or support team) stay in touch through email and home visits. Note that this type of contact was not about pressuring return to school or forcing a child to attend. Engaging with **external supports**, e.g. referring to external advisors, getting assessments done, allowing NDIS supports, accepting medical advice, and allowing allied health professionals to visit school. **Contact with friends**, having a sense of belonging, developing peer relationships. **Changing school** or moving to homeschooling. **Structural issues** to do with lack of awareness of the issue, Dept of Education policies and guidelines limiting ability of schools to respond, funding, structure of year 12 assessments, need for external review / support mechanisms.	*"In high school some classes are intimidating or difficult to attend so it could be good to have a casual workroom where students who can't attend a class or classes can go to do their work in a non threatening environment."* *"A safe space to go to regroup. And when a safe space is found, not forcing them out."* *"Regular, non-judgemental checking in, continuing to remind my child that she is still a part of the school community"*
Question 71, SC Survey-22: "In relation to the learning environment/school what changes might help prevent school can't?"	
There were three clear themes – quieter, smaller and more flexible. A quarter of survey respondents commented on the need for **quiet spaces that were less sensory**	*"the noise level/brights lights can be difficult for some kids to handle and lead to dread of being in that environment."* *"Quiet spaces that are accessible all the time. Movement breaks that are not dependant on staff availability to supervise. Perhaps a dedicated sensory space that is always staffed."*

Thematic analysis highlights the following key themes	Example Responses
overwhelming. Suggestions related to noise, lighting, visual overwhelm, having less transitions, quiet spaces for breaks, calmer classrooms, and access to fidgets and emotional regulation tools. These often included comments about giving students open access to these spaces (so they weren't restricted by time or someone else sending them there).	*"Easier access to time out/breakout rooms without scrutiny"*
Smaller classes and smaller schools was a consistent theme through responses (nearly 19%).	*"Smaller classes, no class changes every year; kind teachers who understand the issues and don't apply pressure."* *"much smaller, quieter classrooms with access to nature and movement."*
More flexibility was also seen as helping prevent school can't (17%). This was often a generic comment about flexibility. More specific examples included flexibility of location (allowing for some remote learning); shorter days; reduced subjects; flexibility of teaching styles; and many comments about flexibility of uniform rules.	*"More flexibility in learning options, stop packing the curriculum so full that teachers have no time for anything else and if one day is missed by a child they have no time to help them make that up"*
Other common themes included:	
Accommodations - for example, appropriate accommodations; independent learning plans; alternative ways of demonstrating learning; not having to go to assembly; supported group work, or no group work; and careful class placement.	*"Working collaboratively with parents to make adjustments to remove any barriers that can be removed eg wearing shoes, coming into class after the line up, not attending assemblies, structured play activities at lunch, lots of support in group tasks"*
Disability awareness and training of staff, with particular references to understanding different presentations of neurodiversity and anxiety, sensory overwhelm and school can't. Related to this was having a **fast response** to students needing more support with disability, anxiety and learning difficulties. This included suggestions around screening programs.	*"Having good support staff in all schools - especially primary schools - who can identify potential mental health issues early and put supports in place before things get bad. Education for our teachers on mental health and neurodiversity and trauma and implementing that into every part of the curriculum - schools implementing these 'fluffy' 'feel good' social/emotional learning programs where everyone 'just needs to be more resilient' does way more harm than good and leaves out so much basic information that teachers need to support kids."* *"Understanding invisible disabilities; true inclusionary practices in school management as well as school community; addressing bullying and recognising the autistic experience of bullying; listening to parents; not normalising or ignoring distress behaviours; flexibility and accommodations properly applied; changing classes / teachers when there is a problem (listening to students)"*
Trauma informed responses, including training around this; showing compassion; not shaming or judging; not forcing attendance; understanding the child; not behaviouralist practices; and using CPS approach.	*"Regulatory Supports NOT behaviour supports. Collaborative and Proactive Solutions (Dr. Ross Greene). Stop shaming practises in schools such as writing children's name of the whiteboard when they are struggling."*
Trusted teacher relationships. This was about teachers understanding relationship building; having time with	*"The school can't came from a big list of little problems. Each on their own isn't much. If someone at school checked in regularly with my child one on one. Perhaps a lot of them could have been removed before the child was*

Thematic analysis highlights the following key themes	Example Responses
students; not yelling; having consistency of teachers and less swapping; and showing genuine interest in the student.	*overwhelmed"* *"one or two staff they have a solid relationship with not rotating staff and support staff,"*
Interest-led learning and other related approaches were mentioned by 10% of respondents. These included child-led learning; project-based learning; hands-on learning; more outside learning time; more creative opportunities; and alternative school options. Related to this were comments around **encouragement** – finding angles for success; celebrating unique interests and skills; and more enjoyment at school.	*"Options for small group learning that are capable of academic extension and socialising with like minded peers."*
More in-school supports were suggested. This ranged from more teachers and teacher aides to learning support; wellbeing and allied health supports; and more supports for teachers.	*"Lack of support (large classrooms where the teacher cannot provide 1-on-1 assistance) can also lead to a vicious cycle. If the student doesn't absorb the full benefit of the lesson (didn't understand, have questions, need help to get started, etc), this turns into failing to keep up with their peers and performing badly on tests/assignments, which discourages them and makes them feel worse about their abilities and less likely to try next time."* *"An advocate, wellbeing support worker who can provide 1:1 support during periods of anxiety. Greater communication between teacher/student/parent as child is unable to self-advocate"* *"More integration aides to help with the kids who fall through the cracks because they are too good to receive the help they require but not bad enough to receive help with limited resources."* *"Smaller classes, better trained and supported teachers. Teachers are drowning under admin and overwork and even those with good intentions don't have the time or skills to help."*
Reduced pressure, including fewer assessments; no homework; different grading systems; less competitive pressure; slowing down; and having more break times.	*"We need to dramatically declutter the curriculum and not apply such pressure on children to be doing academic tasks that children 20 years ago did not have to attempt."* *"Less assessment. Less time pressure. More choice. Time for creative and deep learning."*
Feeling safe at school – safe places, addressing bullying, safe ways to ask for help, and access to safe people. Related to this was a theme of **inclusion**, an inclusive culture and building friendships. Some suggestions included lunch time programs and buddy benches.	*"There needs to be clear communication with students of a safe place to go if feeling overwhelmed- without judgement. Make students feel safe expressing their discomfort instead of being dismissed"* *"genuine inclusion so that those who can't manage a 'one size fits all approach' are not made to feel wrong/weak/failed/othered."*
Other recurring themes (but less frequently mentioned) included: **Student autonomy, trust and respect** and validating student experiences. **Focus on mental health and wellbeing**. Often this was linked with statements about less academic pressure. Some suggestions were related to wellbeing programs, helping students learn about themselves (eg coping strategies and	*"Emphasis on social emotional development rather than academics"*

Thematic analysis highlights the following key themes	Example Responses
learning styles), and pastoral care programs. **Listening to parents** and working with parents. **School "rethink"** which were bigger picture comments e.g. about the need to modernise education or the curriculum; reduced pressure at the start of school and start of high school; having less tech in schools; and shorter learning blocks.	
Question 74:* SC Survey-22: *"Finally, is there anything else you would like to tell us about your experience of School Can't that we haven't already covered?"	
Judgement was by far the most common theme, highlighted in 19% of the responses to this question. Many said that school can't was isolating.	*"I often felt lost, alone and powerless when our son was experiencing school can't."* *"(We) were treated by our son's school as if we were stupid, terrible, weak parents who really didn't understand the importance of education and what we were 'doing to' our son by letting him miss school."*
The emphasis by schools on **behaviour** and the way schools push the use of **force** to get children to attend was underlined.	*"School has highlighted that my son's stress response can easily be misinterpreted by many as a child being disobedient and rather than a child that is truly struggling."* *"The system as it stands is literally punishing them for being different, for being unable to do things that they simple cannot do, due to disability &/ or trauma."*
Declining mental and physical health were common effects of school can't on children. Common effects of school attendance difficulties on parents were **trauma**, declining **mental health**, **overwhelm**, **exhaustion**, and **isolation**.	*"The impact on my ability to work, my own life as a person who has choices and my mental health is significant."* *"We have experienced trauma. Possibly we have PTSD now as a result of school can't and how we have been treated or neglected by schools, education dept, health professionals. It has changed everything about my life and the life of my child. I feel like we have been in a war. It has changed me irrevocably."* *"My daughter's School Can't is more stressful than my cancer diagnosis."*
Financial distress and **impact on career** were frequently cited along with **impact on relationship with partner**.	
Several respondents outlined how school can't **affects the whole family**. This included the emotional impact, and a negative effect on siblings' schooling.	*"School can't is an extremely stressful time for the whole family. I cry every single day. My whole life has been impacted to the point where I feel like I want to break up with my husband so I can have a break from my son. It feels like it's never going to get better and the only people who understand are ppl in the same situation."*
Of those who responded to this question 13% cited a **lack of support**. Common themes were the **lack of resource**s and need for e**ducation of teachers** in school can't.	*"Schools can listen and understand but there is not a clear path of strategies and they don't know what to do."*
The need for **accommodations** and **flexibility**, and conversely accommodations not being provided and lack of flexibility were frequently	

Thematic analysis highlights the following key themes	Example Responses
mentioned. **Gatekeeping** was also highlighted by several people.	
Many respondents said that there are not enough **alternative education** settings. Others have already moved their child to an alternative setting. Some have turned to **home education**.	
Many took the time to say how valuable the peer support Facebook group is. Several said that they appreciated having a voice in the Senate Inquiry through the survey.	