

## PA59 Parents Voices in Wales (Saesneg yn unig)

Senedd Cymru  
Y Pwyllgor Plant, Pobl Ifanc ac Addysg  
Absenoldeb Disgyblion

Welsh Parliament  
Children, Young People and Education Committee  
Pupil absence

Ymateb gan Parents Voices in Wales

Evidence from Parents Voices in Wales

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### Rhesymau | Reasons

- Lefelau absenoldebau cyson a'r rhesymau dros hynny.  
Reasons for and levels of persistent absenteeism.  
  
P'un a yw absenoldebau nad ydynt yn gysylltiedig â Covid yn uwch na chyn pandemig COVID 19, ac os felly, pam.
- Whether and, if so, why, non-covid related absenteeism is higher than prior to the COVID 19 pandemic.  
  
P'un a yw absenoldebau cyson yn fwy cyffredin ymhlith grwpiau penodol o ddisgyblion ac os felly, y rhesymau pam.
- Whether and, if so, reasons why persistent absenteeism is more prevalent among particular groups of pupils.

Parent Voices in Wales CIC is a social enterprise company who supports parents and carers across Wales whose children have challenges with neurodiverse conditions and/or poor mental health. As a group, school absence is a common theme which has been exacerbated post COVID 19 for many families. On 27 April 2022 we asked our group members the reason their primary school learners had poor attendance : 52% reported poor mental health with additional learning needs diagnosis, 23% reported poor mental health with suspected additional learning needs but not diagnosis, 22% reported mental health issues relating to social

anxiety or bullying and 3% reported poor mental health issues reasons unknown. This was not a surprise to our group as we know from the camhs survey undertaken by ourselves in December 2020 with the ADHD Foundation, of the 900 children and young people on the waiting lists in Wales, 65% were seeking assessment or had known neurodiverse conditions. The data of this camhs survey was also supplied the Senedd Health and Social Care Committee Inquiry into Mental Health Inequalities by Dr Tony Lloyd of ADHD Foundation in 2022.

The reason that absence has been exacerbated since COVID 19 pandemic is that 1 in 5 learners have learning differences ie 20% of the general school population. Often these differences have not been identified and learners have been unsupported both at home and school. More importantly, these differences will include two or more neurodivergent conditions eg adhd, autism, developmental language disorder, dyslexia, dyspraxia, dyscalculia, fetal alcohol syndrome, sensory processing disorder, oppositional disorders, with overlap of conditions being the rule not the exception (Prof Amanda Kirby). Neurodivergent learners already have higher risk of poor mental health, would have struggled engaging with online learning independently. In addition their parents may have been working or lack the skills to help (or both) thus were unable to support their learner at home. We are currently undertaking a survey on the correlation of school absence, neurodivergence, mental health and pain with Consultant Paediatrician Dr Nick Wilkinson of Cardiff and Vale UHB. Dr Wilkinson has observed through his practice a correlation with poor school attendance and pain and believes that mental health/anxiety with neurodivergence is correlated. We would be pleased to report our findings from an anticipated pilot in Gwent to the Committee in due course along with Dr Wilkinson's recommendations for early intervention.

We believe that poor engagement with schools/peers during lockdown impacted vulnerable learners mental health further, impacted their appetite to learn, and subsequent ability to attend school as they had fallen so far behind socially, emotionally and educationally. Few learners had online teaching assistant support as this was subject to the learner challenges having already been identified ie being on the ALN Register, having a 1:1 Teaching Assistant Support subject to statement or other school agreement.

So we conclude that persistent absence from school is due to learners carrying a heavier load of neurodivergence (diagnosed or undiagnosed), leading to a reduced engagement with online learning, already disadvantaged socially and therefore more likely to be further socially isolated during lockdown along with a known higher risk of poor mental health due to lack of early support for their differences. We know from recent data that neurodivergent learners are more likely to have higher school absence leading to increased levels of self harm (Prof Ann John et al 2022). The Royal College of Speech and Language Therapists also report that there is a significant correlation between disadvantaged and vulnerable learners who have increased absence along with speech and language challenges. Independent working through lockdown would have impacted these learners significantly no doubt and school absence is a symptom of needs not being met. We acknowledge Jeremy Miles MS letter to Jayn Bryant MS Chair of the Senedd Committee for Children and Young People in Education dated 25 April 2022 and would agree that a plan for blended learning should be investigated/piloted to accommodate learners at risk of school absence. The plan should be flexible and allow learners to return to school based education if they need periods at home due to poor mental health so their attainment is not compromised. Sally Holland, the then Childrens Commissioner for Wales reported that some young people stated their mental health improved over lockdown as they were working at home and it would be advisable to explore the options for learners in this regard. To be inclusive means to be flexible and with the ALN Reform and whole school approach learners and their parents require a seat at the table in devising plans to meet needs and a shift away from a definitive 'either home or school based learning' and become more fluid so learners can be connected to trusted adults, access school based mental health programmes and receive additional learning needs support as required.

## **Risgiau a chanlyniadau | Risks and consequences**

- Risgiau a chanlyniadau tymor byr a thymor hwy i ddysgwyr.
- Short term and longer-term risks and consequences for learners.

Neurodivergent learners are often mainstream children who have not been identified as having differences. This is because they have managed to compensate until COVID19 in the classroom using their intelligence to find strategies to cope and benefit from the face to face support. These are often termed missing middle learners. Those in the Mind Over Matter

Report 2018 who are not severe enough to meet the threshold for diagnosis and are therefore neglected by the whole system until demands placed upon them are too much, and they hit crisis, or fail education. These learners are at risk of being NEETs, unemployed, poor mental health and life outcomes. Conversely neurodivergent learners have huge strengths and talents that can contribute to the economy in Wales (36% of entrepreneurs are neurodivergent) and it is time that we harness these for both wellbeing and economic outcomes. With the awareness campaign in the UK of the benefits of Dyslexic Thinking it is an opportunity to go upstream and monopolise the potential of these learners.

Demands increase in education over time and can prove too much for any learner at any stage depending on their cognitive profile, but missing middle learners had huge demands of digital independent learning placed upon them which required IT skills, time management, organisational skills, communications skills to work independently and effectively at home. These learners often have parents who are neurodivergent (70% of parents of neurodivergent learners have differences themselves) and it is likely that these families found online learning too difficult to engage with and complete. Equally, neurodivergent learners are not frequently as strong socially and may have felt more isolated than their neurotypical peers. We know that neurodivergent children and young people who have a higher risk of school absence leading to depression, self harm and risk of suicide (Prof Ann John et al 2022) . We know that those from lower socioeconomic groups (free school meals) will also have a higher risk of neurodivergent conditions and neurodivergent learners have a ten times more risk of trauma (Prof H Minnis 2021) especially families where developmental language disorder and adhd are present because of the parents reduced ability to cope with the additional stress that challenging behaviours of children bring.

We know that young people who are absent from school or excluded from school have a higher risk of suicide (Samaritans Report : The Hidden Cost of School Exclusion) and so why are we still not going upstream in education to prevent these poor outcomes? COVID19 has not created this problem of poor attendance, it merely exposed the number of missing middle and exacerbated the challenges for the Additional Learning Needs cohort and this is now evident in the mental health waiting times and level of school absence.

We look forward to the Neurodevelopmental Action Plan in Summer of 2022 by the Health & Social Care Dept of Welsh Government and look forward to the funding of a digital platform that can not only identify learners of concern early and put in strategies within education and communities to empower staff and families to support learners but also look forward to mandatory neurodiversity training being rolled out across initial teacher training and whole school training CPD, that the neurodiversity becomes part of the NEST whole system approach using a strength focussed approach to tap into the strengths of these learners and promote wellbeing so reducing anxiety, pain, social isolation, risk of NEET, self harm, eating disorders and suicide. It is time for Welsh Government to form a cross Government policy on Neurodiversity so we no longer address these issues in silos but work as a whole system in Governance as well as the framework for public service.

## Effaith | Impact

- Yr effaith ar ddysgu a chyrhaeddiad disgyblion.  
The impact on pupils' learning and attainment.
- A yw absenoldebau wedi arwain at lefel uwch o ddadgofrestru disgyblion ac unrhyw orgyffwrdd ag addysg ddewisol yn y cartref.  
Whether absenteeism has resulted in a higher level of pupil de-registration and any cross-over with elective home education.

The issues with home education is that it is often a last resort for families. While some parents report that their child has improved mental health from having started home education others feel it was a forced decision due to the lack of support and options available to them. There is a widespread lack of alternative provision for neurodivergent mainstream learners, the majority of whom have average to high IQ and alternative provision is more readily available (but not easily accessible) for those with more complex needs or learning disability. The catalyst for parents to start with home education is that school policies don't cater for relational approaches where relationships with learners could have a make or break outcome. The punitive approach to attendance compromises restorative practices and an ability for schools and local authorities to work cohesively with families to bridge emotional and learning support from home to school. Education policies need to be child centred and flexible to allow a blended/inclusive approach to learning for those who may struggle to learn in the classroom on certain days. How can we really utilise the ALN Reform and Whole School Approach Frameworks if the policies within them conflict? Families are forced to home school as a result and the options and quality of this depends on the local authority and resourcefulness and capacity of the parents to meet learner needs.

Families have reported that where schools failed to provide a coproduced bespoke plan to meet the learners needs post COVID 19 pandemic, learners are now either missing significant amounts of school, deregistering and home schooling because there is just not adequate support available. This is however variable across local authorities and even within schools. For those learners absent from school they are stuck in a cycle of system failure. They cannot access emotional support if home schooled because camhs waiting lists are years long and they cannot access school based programmes. We need to see a transition service being established across local authorities to work with families and schools and mediate a return plan to avoid forced home education.

## Effeithiolrwydd polisiau | Effectiveness of policies

- Effeithiolrwydd polisiau a chanllawiau presennol Llywodraeth Cymru.  
Effectiveness of existing Welsh Government policies and guidance.

Lefel ac effeithlonrwydd camau gweithredu a chefnogaeth gan ysgolion, llywodraeth leol a Llywodraeth Cymru.

- Level and effectiveness of action and support from schools, local government and the Welsh Government.

Pa mor effeithiol y caiff rhieni gymorth a'u cynnwys.

- How effectively parents are engaged and supported.

Parents Voices in Wales has received considerable variations in feedback on the level of support and guidance parents have received. In fact, parents within the same school can report significantly different experiences depending on their relationship with the school, different approach of staff and level of understanding on mental health and neurodivergent conditions. Where schools have an ALNCO with extensive knowledge and a compassionate senior leadership team, outcomes are improved for the family and learner. Where families have reported relationships breaking down due to discrepancies in opinion/inflexibility of approach or understanding of learner needs (being policy centred approaches or lack of interpersonal skills of parent and staff) the learner ultimately faces the consequences of non inclusive, non child centred process. Some families reported that despite their contacting the schools there was little or no response, whilst other families received tremendous support. It was apparent that some schools were unable to signpost families appropriately for support (defaulting to primary care only) and were unaware of the benefits of third sector provision. Families report seeking private assessments and interventions for their children/young people independently as they had little choice. The cost of an ed psych/speech therapist assessment costing between £250-£450 online during lockdown as learner challenges surfaced and parents felt helpless in light of the lack of support from education. The lower income families being further disadvantaged here again.

We believe that going forward that embedding The Right Way of the Child by the Childrens Commissioner for Wales, moving to relational approaches by embedding relationship policies (a shift away from punitive approaches in managing attendance), working collaboratively with families rather than threatening letters about fines and legal action which are, at best, unsupportive, ensuring schools know how to identify these at risk learners early so that relationships with parents/carers do not falter will ensure a more collaborative approach for improved outcomes.

We suggest that schools adopt a digital profiler for flagged neurodivergent learners of concern (when parents or staff have raised early concerns), this would enhance the ALN Reform and Whole School Approach to ensure the learner received the right support at the right time and prevent the decline in mental health, school attendance and educational attainment. Parents and schools require whole school training in mental health, wellbeing and neurodivergent conditions in order to understand and support learners. We wish to signpost Welsh Government to the work of Dr Cath Norton, Paediatrician in Cardiff and Vale UHB who was the

clinical lead for the Neurodiversity Workstream of the Time for Children and Young People Programme (2) of which Ceri Reed of Parents Voices in Wales was a Parent Stakeholder Chair. This workstream encourages an early help and enhanced support approach for neurodivergent learners using a biopsychosocial model, a strength focussed approach being child and family centred and dovetailing to the ALN Reform, Whole School Approach and Whole System Approach Frameworks for Wales. We cannot stress enough as parents how important this model is for Wales and recommend it is developed into cross Government Policy.

### **Arall | Other**

Nodwch unrhyw safbwyntiau eraill sydd gennych isod.

Please record any other views you have below.

In view of our evidence correlating neurodiverse conditions, poor mental health and school related anxiety leading to poor attendance we believe that it is now time for Welsh Government to review legislation for the Autism Code. We know that the Health and Social Care team are working tirelessly on developing a model to address autism and neurodiversity but this needs legislative and to include education or primary care to cater for the age spectrum of the Autism Code which should also be developed to a Neurodevelopment Code. We must bear in mind that early help in education for neurodivergent learners would prevent many travelling down the mental health spectrum to school absence. We request therefore a Neurodevelopmental Code that caters for all ND and the fact that cooccurrence/overlap of conditions is as previously stated the rule not the exception.

If we look at cooccurrence, research shows as follows :

- 1 in 5 people with dyslexia have developmental coordination disorder (Kaplan, 1998).
- 3 in 10 people with Dyslexia have ADHD (Germano and Gagliano, 2010)
- 1 in 2 people with developmental language disorder have dyslexia (Snowling 2000)
- 1 in 3 people with ADHD have dyspraxia (Gillberg 1998)
- 1-2 in 4 people with autism have ADHD (Handen 2015)
- 4 in 5 people autism have dyspraxia (Cacola, 2017)
- 1 in 2-3 people with developmental language disorder have dyspraxia (Archibald 2008)
- 41% of people with developmental language disorder have autism (Georgitsi 2021)
- 1 in 2 people with tic disorders have ADHD (oluwabusi 2016)

NB this data and references are cited by Prof Amanda kirby Do It Profiler infographic

We can no longer allow learners to fail by up to two school years before we trigger a graduated response. It is causal for the mental health crisis as much as school absence. It is time to embed a biopsychosocial model where learner profiles are assessed digitally when concerns are first raised and that a model sits in the NEST framework to utilise a whole system approach as required. The COVID19 pandemic merely highlighted the issues of these vulnerable learners and Wales has the opportunity to respond appropriately.

Thank you for this Inquiry.