

# Written evidence submitted by Place2Be, Department of Psychiatry at the University of Cambridge

*This evidence has been written by Professor Tamsin Ford and Dr Jennifer Saxton from the Department of Psychiatry at the University of Cambridge, and Sally Etchells Wragg and Dr Hannah Wilkinson from children's mental health charity Place2Be*

## Introduction

1. Tamsin Ford is a Professor of Child and Adolescent Psychiatry, and Head of the Department of Psychiatry at the University of Cambridge. She has specific research interests in children's mental health in school settings. Professor Ford leads the Child and Adolescent Resilience and Mental Health (ChARM) research group (<https://dev.psychiatry.cam.ac.uk/>), which includes senior research support from Dr Saxton.
2. Place2Be is a children's mental health charity providing services across the whole school community to support the mental health and wellbeing of children and young people, school staff and parents. This includes in-school one-to-one counselling, group work, training for education professionals and parenting support. Of relevance to this call for evidence to support disadvantaged pupils, Place2Be works in schools with higher levels of deprivation than the national average and, within these schools, supports a greater proportion of children and young people eligible for free school meals (43%) than you would expect given the school population. Around one-quarter of children accessing Place2Be's in-school one-to-one counselling have a special educational need (SEN).
3. Professor Ford and Dr Saxton have been working with Place2Be to analyse data from children who were supported with one-to-one counselling, to understand whether the intervention was associated with improved school attendance and reduced persistent absence.
4. The data were drawn from schools who were supported by Place2Be between August 2016 and December 2019 (pre-pandemic) and includes 7,405 pupils. Nearly one-quarter of pupils were persistently absent at baseline ( $\leq 90\%$  school attendance).
5. The dataset does not include a control group, and all children in the sample received the intervention. So here we report associations rather than causation (we cannot make causal attributions about the effectiveness of the intervention).
6. The above data analysis was completed in December 2022, and the manuscript is in preparation for publication in a peer-reviewed journal. Our findings and wider understanding of the school attendance literature may provide useful insights for the Education Select Committee in this call for evidence.
7. We are in the process of linking Place2Be data to matched control groups from three established UK cohorts (Growing Up in Scotland, Understanding Society, and The Millennium Cohort Study) to test hypotheses emerging from this analysis, and hope to have further findings to share later this year.

## Executive summary

8. Findings from our analysis of pupils who were supported with one-to-one counselling indicate that consistently poor mental health over time was associated with higher levels of persistent

absence, whereas improving or consistently good mental health was associated with lower levels of persistent absence.

9. Our findings also suggest that strengthening children's engagement and enjoyment of school over time was associated with reduced persistent absence.
10. The one-to-one school-based counselling intervention we examined was associated with reduced odds of persistent absence overall, with further analyses suggesting the association was driven by primary school aged children and was not so important for secondary age pupils.

### Evidence detail

*Call for evidence: The factors causing persistent and severe absence among different groups of pupils, in particular: disadvantaged pupils...and pupils with SEND.*

11. *Disadvantaged pupils:* Our baseline data align with other evidence that there are socioeconomic gradients driving persistent absence. Persistent absence was 31% if parents/carers had no educational qualifications versus 17% if parents/carers were educated to at least degree level or NVQ/SVQ. To better understand the factors causing higher levels of persistent absence amongst disadvantaged pupils, the committee may be interested in this 2021 systematic review of SES measures and school absenteeism<sup>1</sup>, which recommends multi-sector collaboration to address multiple types of socio-economic disadvantage and to reduce inequalities in school attendance and subsequent pupil attainment. They also identify current evidence gaps about specific pathways and mechanisms through which socio-economic disadvantage influences school attendance, and whether/how these vary by reason for non-attendance.
12. Patterns in our baseline data suggest parent/carer mental health problems may be an important disadvantage driving persistent absence which is not specified in the list provided in the call for evidence. In our sample, persistent absence was highest for pupils whose parent/carer had a mental health problem currently or within the last 6 months (29%), or more than 6 months ago (27%) versus never (20%).
13. SES and the mental health of both parents/carers and children are closely linked. For example, evidence from the Millennium Cohort Study observed that both maternal and child mental health were adversely affected by transition into poverty<sup>2</sup>. Population-based evidence using administrative data from Wales showed that children with a record of self-harm or a mental disorder were significantly more likely to miss school than counterparts without such records<sup>3</sup>. We hypothesise that one important pathway between lower SES and persistent absence is via poor parent/carer and child mental health.
14. To understand how to design and target interventions that address socially determined inequalities in mental disorders, which may lead to reduced inequalities in persistent absence, this systematic review of reviews provides a useful framework, and is aligned with the Sustainable Development Goals<sup>4</sup>.

<sup>1</sup> Sosu et al (2021): Socioeconomic status and school absenteeism: A systematic review and narrative synthesis. *Review of Education*. <https://bera-journals.onlinelibrary.wiley.com/doi/pdfdirect/10.1002/rev3.3291>

<sup>2</sup> Wickham et al (2017): The effect of a transition into poverty on child and maternal mental health: a longitudinal analysis of the UK Millennium Cohort Study. *The Lancet Public Health*. <https://www.sciencedirect.com/science/article/pii/S2468266717300117>

<sup>3</sup> John et al (2022): Association of school absence and exclusion with recorded neurodevelopmental disorders, mental disorders, or self-harm: a nationwide, retrospective, electronic cohort study of children and young people in Wales, UK. *The Lancet Psychiatry*. <https://www.sciencedirect.com/science/article/pii/S2215036621003679>

<sup>4</sup> Lund et al (2018): Social determinants of mental disorders and the Sustainable Development Goals: a systematic review of

15. *Pupils with SEND*: SEND is a broad heterogeneous group of children, and it is important to consider persistent absence in the context of different SEN types, as well as the differing complexity and severity that is possible, and where the same child may have more than one additional need. A recent survey of parents/carers, a large proportion of whom were parenting neurodiverse children and had difficulties attending school, emphasised that the problem of school non-attendance was complex, but could be resolved through positive relationships between parents/carers and staff/other professionals, hearing the voice of the child, and individualised, non-punitive interventions<sup>5</sup>.
16. In the Welsh administrative data study, neurodiverse children, particularly those with recordings of autism/or ADHD, were at greater risk of poor school attendance than those without such recordings, but this was partly ameliorated by having a formally recognised SEN<sup>3</sup>. Our baseline data indicate that persistent absence was slightly higher amongst children who were on SEN support (26%) compared to those with an EHCP (24%). This could suggest that the more structured and legally enforceable interventions for children with SEND which are written into EHCPs are exerting some protection against persistent absence compared to less formalised 'SEN support', amongst which there could be children with unmet needs affecting school attendance.

*Call for evidence: How schools and families can be better supported to improve attendance*

17. Our data analysis found that one-to-one counselling at school reduced the odds of persistent absence in a single sample of children aged 4-19, with outcome data collected before and after their counselling.
18. Presenting issues to counselling were assessed by counsellors, and they varied in number, type and severity. Most children presented with more than one issue. Around a third of pupils presented with severe internalising symptoms e.g. anxiety and depression, and over one quarter with severe externalising symptoms (e.g. impulsivity or attention problems) or severe peer-related problems (such as bullying) or family tensions. This points to the need for individualised interventions, which can address a variety of problems, many at the more severe end of the spectrum. It will be important to consider whether these interventions could fall within the remit of Mental Health Support Teams (MHSTs), and if not, how MHSTs can be complementary to other more specialised services.
19. Place2Be measured mental health status using teacher and parent reports on the Strengths and Difficulties Questionnaire (SDQ) for all children, and self-reported SDQ data for children 11 years and older, before and after the counselling intervention. Patterns of change in the SDQ between the two time points coincided with changes in persistent absence. Specifically, persistent absence increased over time for pupils whose mental health was poor at both time points, but it decreased for pupils whose mental health improved, or were unlikely to have a disorder at either time point. This suggests a role for effective mental health interventions in reducing rates of persistent absence.

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reviews. *The Lancet Psychiatry*.

[https://www.sciencedirect.com/science/article/abs/pii/S2215036618300609?casa\\_token=IR3BsrJFlesAAAAA:014549K-x61NUpdPGkG1k3xH1pCJQTfdpVHbsvxjMrhyoNv6QyVrs7cN9psZrRRrfQKITq5A](https://www.sciencedirect.com/science/article/abs/pii/S2215036618300609?casa_token=IR3BsrJFlesAAAAA:014549K-x61NUpdPGkG1k3xH1pCJQTfdpVHbsvxjMrhyoNv6QyVrs7cN9psZrRRrfQKITq5A)

<sup>5</sup> Lissack & Boyle (2022): Parent/carer views on support for children's school non-attendance: 'How can they support you when they are the ones who report you?' *Review of Education*. <https://bera-journals.onlinelibrary.wiley.com/doi/abs/10.1002/rev3.3372>

20. Teachers in Place2Be schools also measured pupils' engagement and enjoyment in the classroom pre and post intervention. Our analysis of these data showed that when engagement and enjoyment of school increased, persistent absence decreased. Though we cannot conclude that one caused the other, if these findings are replicated with a control group, then they could point towards a role for additional interventions that amplify the positive, such as coaching and other approaches rooted in positive psychology (as opposed to solely implementing interventions aligned with clinical psychology and psychiatry).
21. We noted age effects in our analyses, whereby reductions in persistent absence were observable only for primary age, not secondary, though this would need to be confirmed in a sample with a control group. This age effect could be partly explained by the different support Place2Be offers at primary and secondary schools. While Place2Be practitioners provides support for both pupils and parents/carers at both primary and secondary age as part of their whole school approach, targeted parenting interventions are delivered in primary schools only. Parents/carers also have less of a direct influence on their child's school attendance at secondary age as their children become more autonomous. Other trials have also encountered challenges working with older children generally compared to younger, and call for the testing of more dynamic, brief approaches. Certainly, it appears that nuancing interventions to suit different age groups is likely to be advisable.

### **Summary and recommendations**

22. Poor mental health and lower socio-economic status are likely to be key drivers of persistent absence. Their dual influence may result in worsened persistent absence and contribute to widening educational inequalities amongst disadvantaged groups. This proposed pathway would need to be tested in formal models and include different reasons for persistent absence.
23. Effective mental health interventions are possible to deliver within school settings and include one-to-one counselling. Mental health is likely to be an important target for interventions seeking to reduce persistent absence. Interventions will need to be age appropriate and cater for a range of problems with differing severity.
24. Poverty reduction programmes and other interventions focused on known social determinants of health are likely to reduce inequalities in persistent absence and reduce persistent absence overall.
25. Interventions to promote pupils' engagement and enjoyment of school may result in reduced persistent absence, though this finding would need to be replicated in a sample with a control group.

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