

### Background

Mum contacted KB (Assistant Head – SENCO) in school on the 7<sup>th</sup> January to report that X had been ill during the holidays. It was believed at that point that he had suffered from a virus, which give him a headache for five days and a problem with light sensitivity. During this time, it was reported that X couldn't go outside, as the light was too much. He ended up being assessed in hospital for viral meningitis, although this wasn't the case.

X returned to school and complained about headaches and struggled to engage in lessons. KB spoke to MUM on the first day of term on 8<sup>th</sup> January and discussed the fact that X was still complaining of being unwell but also to discuss the use of CBD oil that had been shared by X. Upon further research and investigation, it appeared that advice suggested that CBD oil should not be administered to under 18s and this was shared verbally with Mum. Mum responded by explaining that she had researched the use of CBD and had used it personally and was aware of the advice for under 18s.

X went home early on the 9<sup>th</sup> January as he was still complaining of a headache and struggling to engage. Mum reported that she had taken him to the doctors where it was advised that he keep a headache diary and get his eyes tested. KB asked whether the headaches started before or after Christmas, as he received a new phone for Christmas and there were concerns as to whether the headaches were linked to screen time. Mum stated that he wasn't well before the phone, but he had the phone by the time he got the first headache. Mum also stated that they have been trying to limit screen time.

X returned to school the following day (10<sup>th</sup> January) and was still complaining of a headache. It was observed that he appeared 'better' when he didn't realise he was being observed. He was very keen to play on his phone and has repeatedly stated throughout his return to school that this is a distraction that makes him feel better.

Mum stated that X had his eyes checked at the opticians on the 11<sup>th</sup> January. Mum said that there was nothing causing an issue with his eyes. He does have a prescription for glasses but refuses to wear them.

Throughout the remainder of January 2019, X was only able to attend school sporadically and was rarely able to remain on site beyond 11.30am. On every occasion, X would cite a headache and his parents would need to be called.

From a school perspective, there were concerns on various levels. Firstly, the suggested link between headaches and screen time, alongside X's stance that being on his phone was the only thing that allowed him to manage the pain. Secondly, the lack of any medical diagnosis in support of the headaches. Finally, the fact X was being systematically medicated in response, despite no diagnosis in support of these headaches. There was view that applying consistent and firm expectations and boundaries may be the appropriate course of action to address the situation.

### Summary of Attendance in 2018/19

Attendance in Autumn Term 2018: 98.3%

Attendance in first half term in Spring 2019: 27.8%

Attendance in Spring Term 2019: 46.9%

### Actions in Improving Attendance

- Daily home contact via phone, text or email.
- A consistent and collaborated approach from key members of the staff team, including the school psychologist, providing the foundations to support and challenge parents.

- A meeting in school in mid-January in an attempt to address the decline as swiftly as possible by discussing potential strategies with parents, whilst also challenging the medication and management of screen time.
- An interim review in early February 2019 to discuss attendance concerns and X's health with the LA in attendance (and also reinforcing the management of screen time).
- Several home visits from the Assistant Headteacher SENCo (who is also X's mentor).
- Liaison with health care professionals in support of X's continuing complaint of headaches.

#### Outcomes

Current attendance in Summer Term 2019: 90.4%

By steadily developing a clear and collaborative response between home and school, X's attendance has dramatically improved. The turning points were the initial meeting with parents in January and the interim review with the LA and parents in February, as these provided the foundation for us to apply a consistent and firm approach both in school and at home.

As a result, X is no longer being medicated and is attending school consistently once again.