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8<sup>th</sup> December 2022

Committee Secretary  
Senate Education and Employment Committees  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Committee,

**Re: Senate Inquiry into the national trend of school refusal and related matters**

Please find the responses to each term of reference related to this inquiry below.

- a) Increased number of young people and their families who are experiencing school refusal since the covid-19 pandemic:

The School Refusal Clinic was established in 2017 by Mental Health Social Worker, John Chellew who sought to urgently address the shortage of specialised services available to school refusers. Since the Covid-19 pandemic, The School Refusal Clinic has grown exponentially to meet the increasing rates of school refusal that have arisen from ongoing school closures and home learning curriculums. Starting initially as a one man, one therapy dog operation, The School Refusal Clinic is now a multidisciplinary team of nine experienced employees made up of clinical and administrative staff.

Services offered at the School Refusal Clinic have also expanded to meet rising demands. The school refusal clinic offers a range of individualised services including outdoor therapy, child-focused parent support, cognitive and behavioural therapy, pet assisted therapy, one-on-one and group based personal training, 'fit for school' arts and activities group programs, occupational therapy, graduated exposure therapy, behavioural therapy, homework support, parenting and family support, and school-based meetings. Our model is

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collaborative, and we work with the student, parents, and school to develop a return-to-school plan that will target any issues preventing students from engaging in their learning.

The success and growth of the School Refusal Clinic in recent years, can be attributed in part, to the increased number of school refusal clients since the Covid-19 pandemic and the need for specialised support services. Since the Covid-19 pandemic, we have seen an increase in presentations of:

- i. Anxiety; separation anxiety, social anxiety, generalised anxiety and specific phobias and panic disorders.
- ii. Mood; depression, low motivation, low self-esteem, emotional dysregulation,
- iii. Behavioural concerns; social isolation and challenging behaviours
- iv. Self-harm and suicidality
- v. Autism Spectrum Disorder

Students are presenting increasingly as treatment resistant and lack the skills and resilience to persevere with everyday school social and academic challenges. We are also seeing an increase in clients that are neurodivergent, and often funded by NDIA, or those with learning difficulties who are falling behind their peers academically. Many are having increased sleep difficulties and may sleep with their parents for comfort every night. School refusal presentations are therefore becoming increasingly complex, and there is a real need for multidisciplinary support services to tackle this heterogeneous condition.

- b) 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:

If not addressed early, chronic school refusing children may develop a range of long-term negative mental health and life outcomes. Whilst school refusal can occur at any school age and often develops from a myriad of individual, family, school, and community factors, it becomes more severe, complex, and engrained during adolescence. During this

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time when teenagers are seeking more autonomy, they often actively avoid adult support in their attempts to individuate whilst facing more complex demands in their social, emotional, and academic lives. They face several risk factors for school refusal including increased academic demands, difficult school transitions, problems at home and school, excessive gaming and internet usage, panic and anxiety disorders, learning difficulties, and bullying. When school refusal is enduring, secondary mental health issues like anxiety are heightened. Treatment is imperative as it can influence a young person's academic achievement alongside their social and emotional development.

School refusal behaviour also has a significant impact on parents and caregivers who may experience high conflict and resistance from their child the night before school, or in the morning before school. Parents often do not know where to go for support and may spend substantial amounts of money on failed interventions that do not adequately capture the problem of school refusal. Parents may face workplace pressures, as they take time off work to stay home with their child, or they may even resign. The whole family is impacted by this multifaceted condition, when for instance, an older child wonders why they must attend school, when their younger sibling gets to stay at home. In some cases, this can lead to marital tensions and even separation.

Covid-19 has only compounded these stressors, especially when students are transitioning between important school years. For example, students who were in year 5 when the pandemic started, returned to onsite learning in year 7, and many were significantly behind in their educational, social, and emotional development. These students experienced a loss of social connection with their peers, and the breakdown of previously established friendship groups, all which impacted their willingness to attend school. Likewise, students who were in year 9 when the covid-19 pandemic started, found themselves facing VCE when they returned to school. Many of these students completed unscored VCE exams or in some cases dropped out of school prematurely. This can be extremely difficult for parents who struggle to find an appropriate school setting for their child near to home, often without support from their current school. In some cases, parents have chosen to either home

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school their child, or alternatively enrol them in online schooling with Virtual Schools Victoria. Some students have had to repeat a year of schooling or reduced their school timetable. This is a time consuming and collaborative process, where at our clinic, we develop an individualised and graduated return to school plan on-site with the school, in a formal meeting involving all parties, to re-engage a child into full-time learning.

c) The impacts and demands of the increasing caseload on service providers and schools to support these students and their families:

The complexity of school refusal and its heterogenous presentations among children across varying school ages, places significant strain on schools, service providers and other health professionals. Teachers may not have the resources or time to monitor school refusal and can miss the subtle signs of disengagement and anxious behaviours of students in the classroom. It is common for school refusers to express psychosomatic complaints like headaches and stomach aches which may mask more subtle signs of anxiety. If teachers, parents, and mental health professionals do not recognise the early signs of school refusal, then it is considerably more difficult to develop appropriate treatment plans and intervene swiftly.

The strain placed on service providers can be felt state-wide. The School Refusal Clinic currently has a 3-month waiting list due to the increasing demands placed on our services. Many other mental health service providers have even longer waiting periods. The School Refusal Clinic currently has around 500 clients who travel all over Victoria to see us. Many will drive more than 1.5 hrs for each session, as they are looking for specialised services for school refusal. We receive referrals from a range of sources, including schools, GP's, paediatricians, allied health practitioners, and parents.

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Whilst the government currently funds the Navigator Program in secondary schools, and will soon commence in primary schools, this program is not designed to target early intervention and focuses on chronic school refusers, accepting those students who have ongoing and more complex needs. This therefore fails to provide the much-needed early intervention and support required to assist families when their child displays initial signs of school refusing behaviour.

- d) How relevant state, territory, and federal departments are working to monitor and address this growing school refusal challenge;

School refusal is a complex problem that equally requires a complex provision of treatment using multidisciplinary and individualised approaches. There needs to be standardised data collection and intervention across state, territory, and federal departments when working to monitor and address growing rates of school refusal.

We need to capture an accurate reflection of the risk factors, rates of school refusal, and efficacy of treatment approaches. This would be invaluable to assist governments, the education department, and the service system to provide timely evidence-based interventions.

- e) Our recommendations:

- 1) Standardised data collection which captures school refusal trends across all Australian states and territories.
- 2) Sufficient resources and funding for schools i.e., continuation of the Navigator Program for both primary and secondary students, mental health clinicians employed in every school who are trained in school refusal.

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- 3) More professional development and training provided for wellbeing staff and key staff, and every school should have a school refusal policy, to ensure a whole school approach.
- 4) Funding for families to access private psychological services to assist in the payment of out-of-pocket gap fees over and above the Medicare levy.
- 5) Centre of Excellence/Clearing House which serves as a central hub for all things related to school refusal i.e., support for young people, referral options for treatment and intervention, fact sheets on school refusal, evidence-based treatment programs, professional development and training, policy documents on best practice for schools. This can help guide students, parents, teachers, and clinicians.
- 6) All tier 3 community-based child and adolescent mental health services across the country to be equipped to prioritise chronic school refusal clients and be specifically trained in evidence-based treatments.
- 7) Consideration be given to alternative education-based programs that cater for the complex presentations of school refusal clients that don't fit into existing mainstream settings.

Thank you for considering our submission. We would be happy to speak in person to the senate committee about our unique model of practice and can provide more information or respond to any questions in person if required.

Yours sincerely,

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