

## **Webinar 43**

# **Working out the why: Addressing the unmet needs of children who are experiencing school attendance difficulties**

**7:15 pm to 8:30 pm AEST  
Wednesday 7<sup>th</sup> May 2025**

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**Emerging  
Minds.**

**National Workforce  
Centre for Child  
Mental Health**

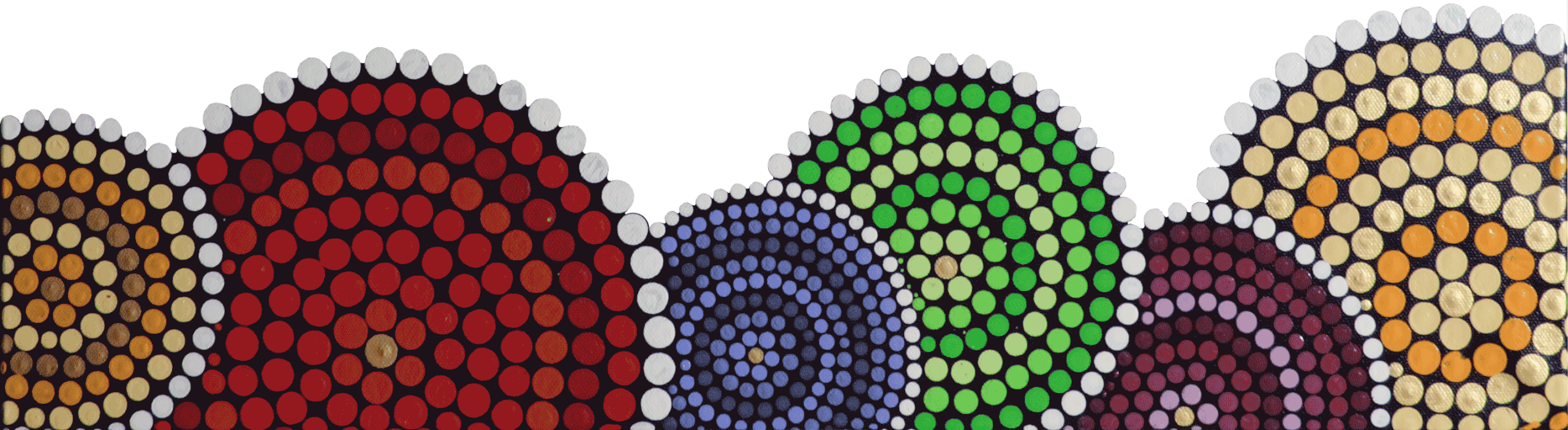


# Acknowledgement

National Workforce Centre  
for Child Mental Health

I would like to acknowledge the Traditional owners of country throughout Australia and recognise the continuing connection to lands, waters and communities.

I wish to pay respect to Elders past and present, and acknowledge the memories, traditions, cultures and hopes of Aboriginal and Torres Strait Islander people.



# Tonight's panel



**Deborah Costa**  
Psychologist, NSW



**Wendy Noble**  
Paediatric Occupational  
Therapist , NSW



**Tammie Sinclair**  
Child and Family Partner, SA



**Facilitator:**  
**Vicki Mansfield**  
Practice Development  
Officer, Emerging  
Minds



# Welcome to Season Seven



This is the fifth webinar in the seventh series on infant and child mental health, presented by Emerging Minds and the Mental Health Professionals' Network.

Series Seven topics include:

- Trauma
- Children in Out of Home Care
- Disasters
- Suicidal Ideation
- School Attendance Difficulties
- Infant Mental Health in the NICU

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# Learning outcomes



At the webinar's completion, participants will be able to:

- Identify opportunities to explore the reasons which may be behind a child's school disengagement.
- Describe trauma-informed strategies to support children effectively in the unique factors which may contribute to school attendance difficulties.
- Outline the benefits of partnerships between parents, health providers and educators in creating a holistic plan to promote inclusive development within the school environment.

## **Disclaimer**

The content in this webinar is for educational purposes only and does not constitute medical advice.

If any content in tonight's webinar causes distress, please seek care with your GP, local mental health service or Lifeline 13 11 14.

# A lived experience perspective

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## A Family Voice

Understanding The “Why” Behind School Avoidance



# A lived experience perspective

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## Tammie Lee

- Parent with lived experience of mental health challenges and navigating the school system with my own children.
- Not a psychologist or therapist - here to offer insight from personal and community experience.





## A lived experience perspective

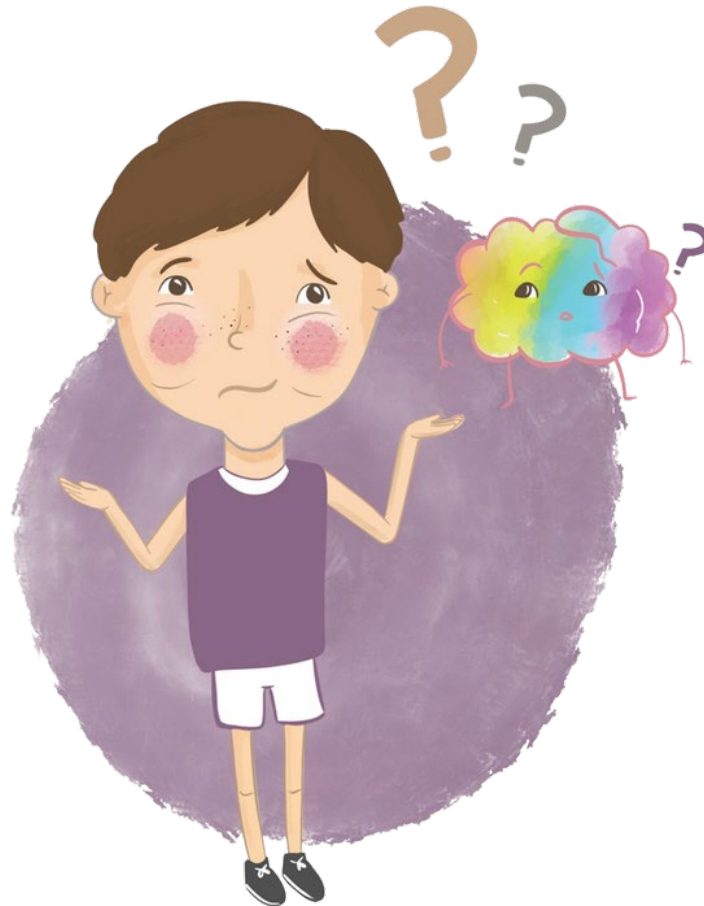
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“Children do well if they can”

-Dr Ross Greene

Refusal  
Defiance  
Avoidance

= usually met with  
frustration & discipline



Can't  
In distress  
Something is wrong

= instead, meet with  
curiosity & support

## A lived experience perspective

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### Layers of Overload

- Sadness
- Grief
- Fear
- Loneliness
- Anxiety
- Sensory overwhelm
- Social disconnect
- Learning differences
- Executive functioning
- Change



## A lived experience perspective

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### Layers of Overload

- Sadness
- Grief
- Fear
- Loneliness
- Anxiety
- Trauma?
- Sensory overwhelm
- Social disconnect
- Learning differences
- Executive functioning
- Change
- Neurodivergence?



## A lived experience perspective

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### Without Support & Understanding

- Distress
- Meltdowns
- Shutdowns
- Burnout
- Poor mental health
- Suicidality



## A lived experience perspective

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### Lessons Learned

- Trust gut
- Pick my battles
- Mental health days
- Counselling - parents too
- Patience and emotional regulation
- Being open to other options
- It gets better





# A lived experience perspective

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Thank you



# A psychologist's perspective

## Timeline – Developmental Context and Considerations

EARLY IN LIFE		INFANCY TO EARLY CHILDHOOD – 1 <sup>st</sup> WINDOW OF OPPORTUNITY	
0 – 5		Living intermittently between Mum, Grandmother, multiple households, connection, care transitions	
Age 5 Preschool Year		Biological Mum dies of overdose, Grandmother resumes fulltime care	
Age 6 Kindergarten		Starting formal school at a small rural school, transition challenging – gap between developmental readiness & system expectations	
Age 7 Year 1		Loss of Grandmother, change in care, connections arrangements, move to new community, new family household	
Age 8 Year 2		Year 2 - final year of infants with cognitive, social and emotional demands increasing	
MIDDLE CHILDHOOD		TOWARDS ADOLESCENCE – 2 <sup>nd</sup> WINDOW OF OPPORTUNITY	
Age 9 Year 3		Transition from infants into primary years, significantly increased cognitive, social emotional demands	
Age 10 Year 4		Cumulatively increasing complexities in friendship demands, school expectations, curriculum content	

# A psychologist's perspective

## Strengths

- Attending school often
- Likes sport, to be outdoors, is energetic
- Family network of support
- Seeking connection
- Self aware

## Opportunities



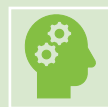
Engage through sport and outdoor activities



School and family partnership and collaboration



Support Lana with making and keeping positive connections with peers and staff



Seek Lana's insights and input

## A psychologist's perspective

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### Trauma informed approaches and practices

- All behaviour is communication – what is Lana communicating to her school and family
- Begin with meeting Lana's essential needs – safety, stability, connection
- Meet Lana where she is at, rather than attempting to bring Lana to where the school is at – Lana may be chronologically 10, yet she presents 'developmentally' much younger – shift in 'expectations and demands'
- Build safe, connections at school for Lana, her family, the staff and her peers
- Build a supportive and collaborative team around Lana
- Engage Lana through her preferences and strengths to develop success
- Get to know Lana, find her 'treasure'
- Be patient with Lana, it takes time, progress is not linear, celebrate all progress
- Consider Lana's life experiences so far and how these will have shaped her thinking around important components of school life - transitions, relationships, changes, priorities

## A psychologist's perspective

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### HOPEFULNESS – vulnerability and opportunity

*“Early experience is literally built into our bodies, for better or for worse.”*

Jack P. Shonkoff, Harvard Center on the Developing Child

- Early in life developmental experiences provide the first window of opportunity to influence the development of children's brains to build healthy brain architecture and strong foundations for lifelong health and wellbeing.
- During this time children's biological systems are developing in interconnected ways and adapt based on a child's experiences in their developmental environment.
- Lana's earliest years of childhood included instability, loss, disruption, adversity, and developmental disruptions at a time when her brain was forming neural connections at a rate never to be repeated.
- We also know it included a network of loving family support for Lana.


**Adolescence provides a unique second window of opportunity for growth (Innocenti, 2017)**

- A growing body of scientific knowledge shows how experiences and environments combine with genetics to shape the brains of adolescents, presenting a second, crucially important window of opportunity.
- This second window presents an opportunity to offset the effects of deficits and traumas experienced earlier in childhood.
- Evidence is highlighting that practical approaches such as safe and secure environments, the presence of a caring adult can help counteract the effects of trauma and lay a better foundation for optimal development.



## A psychologist's perspective

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Hopefulness

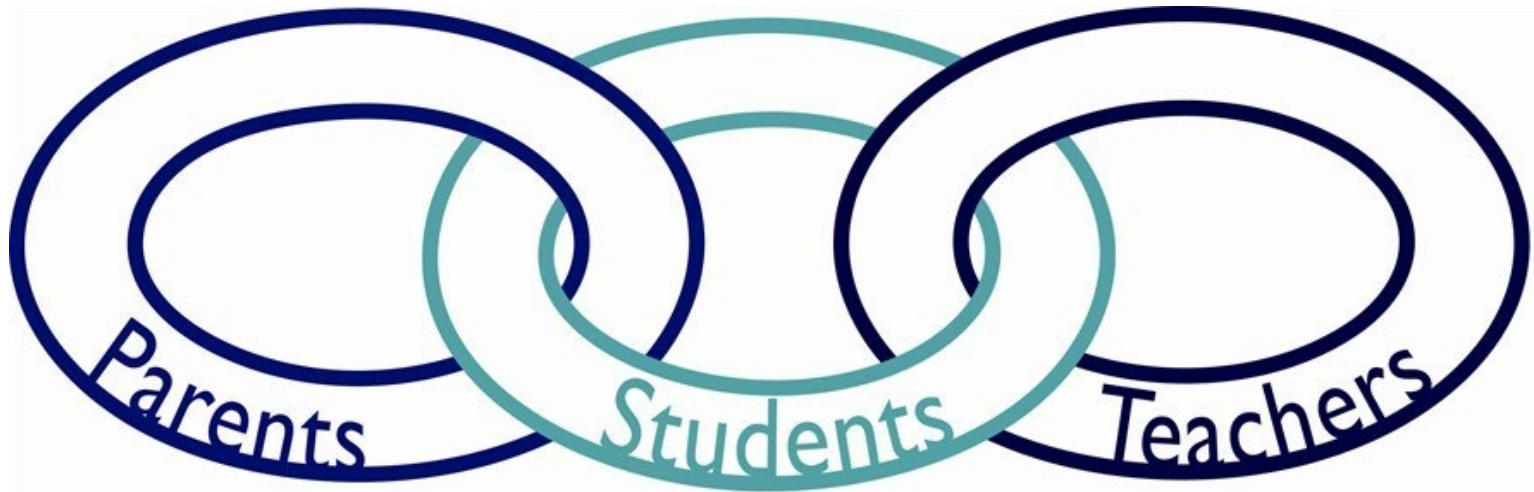
*“ The greatest hope for traumatized, abused, and neglected children is to receive a good education in schools where they are seen and known, where they learn to regulate themselves, and where they can develop a sense of agency. ”*

Bessel Van der Kolk, 2015

## An occupational therapist's perspective

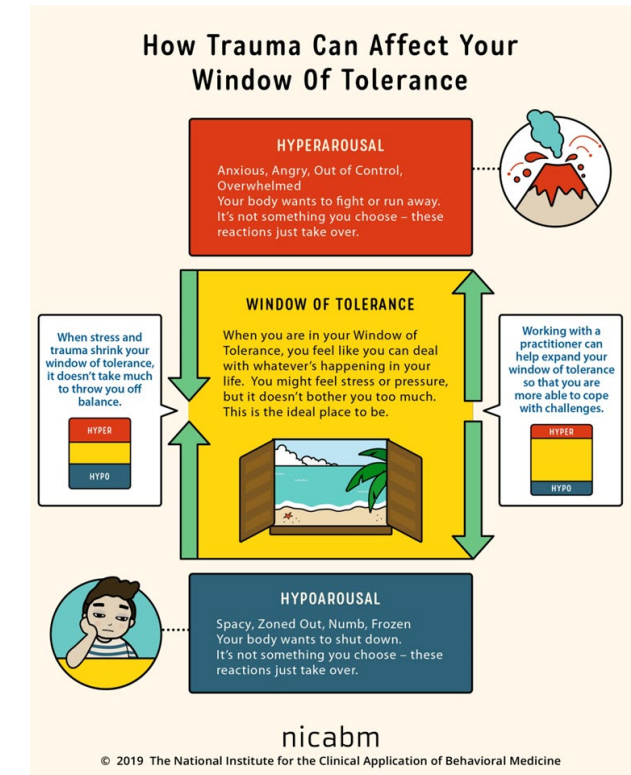
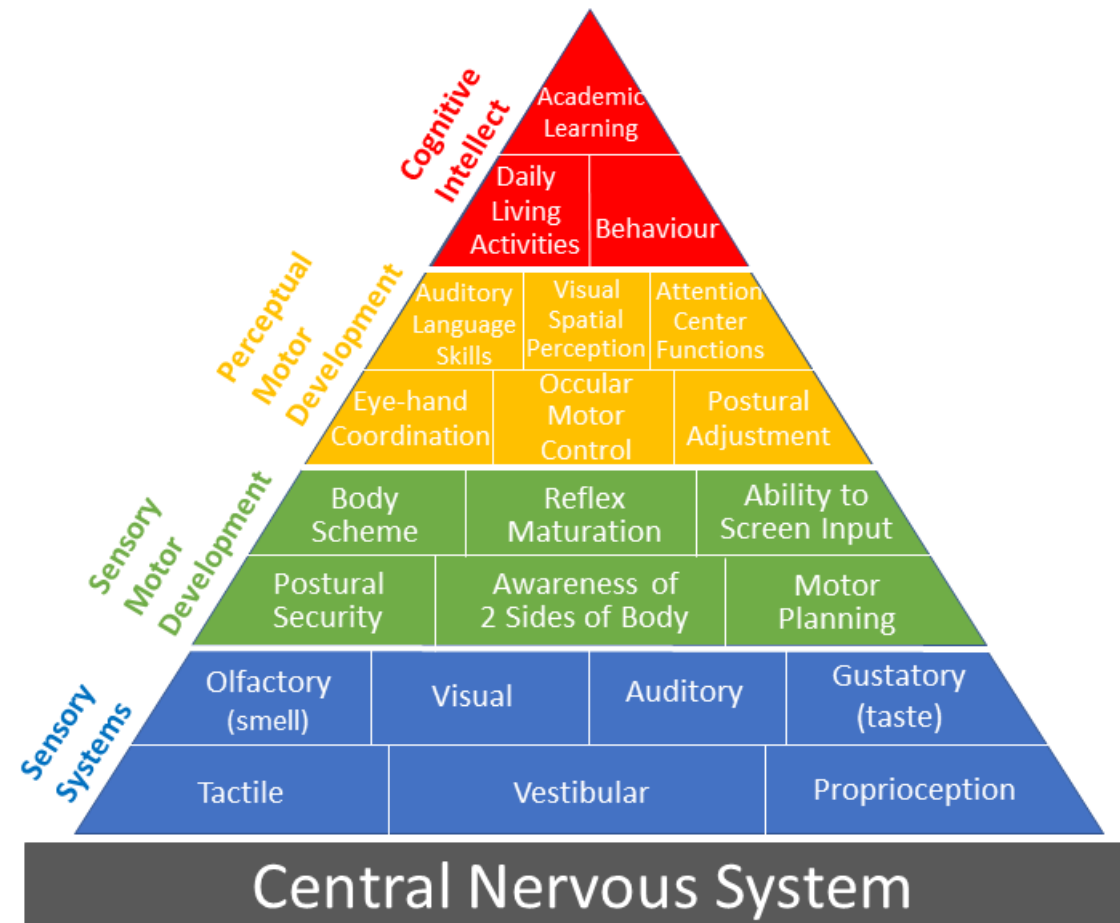
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The OT role in supporting key stakeholders



# An occupational therapist's perspective

## What makes it hard to show up and participate at school?



## An occupational therapist's perspective

# OT with Lana - assess sensory needs, advocate, coach skills in regulation & social engagement

### The importance of sensory integration:



Lack of integration in the brain = chaos, tantrums, distress, inattention, impulsivity, refusal, rigid thinking = child unable to generate 'appropriate' response to the situation.

When integration is present = see **REGULATION** - calm, alert and receptive to learning

**Self Regulation** = ability to manage energy, emotions, behaviour & attention in socially acceptable ways that help maintain good relationships, promote learning and maintain well being. (Dr Stuart Shanker).





# An occupational therapist's perspective



What could a sensory space look like?

## What to put in a coping skills box:

Something to:

- touch (eg soft toy, stress ball, fidgets),
  - hear (music, relaxation script),
- see (lava lamp, snow globe, picture books),
  - taste (mints, gum, sour chew)
- smell (soap, stickers, essential oils on pillow).

Time	Tools
Breakfast	Weighted lap pad, <a href="#">theraband</a> around chair legs
Dressing in uniform	Star jumps/heavy work first, <a href="#">Jettproof</a> underneath
Travel to school	Music in the car, fidget toy
Before going into class	Water the garden plot with watering can
After first learning session	Yoga/Go Noodle
After second learning session	Crunchy and chewy snacks
After lunch break	Rocking chair/hammock and breathing exercises
After car trip home	Swing and climbing on play equipment, trampoline, ball game, swimming lessons
Before dinner	Homework with timer followed by water play or carry shopping in for mum, have a shower and dry firmly with towel
After dinner	Reading, music in beanbag or cocoon chair, mindfulness app, white noise or relaxation script before bed.



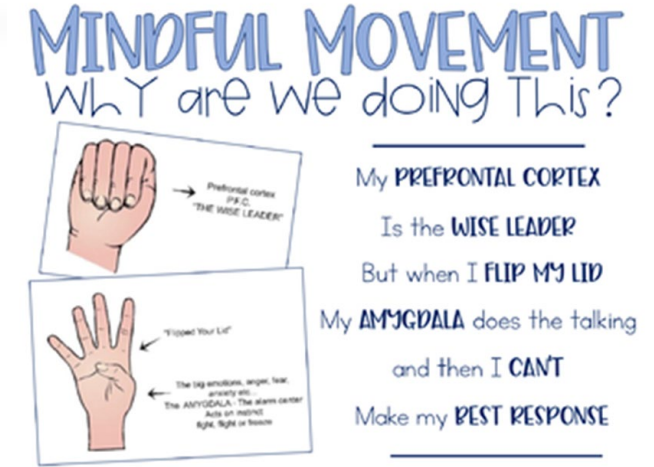
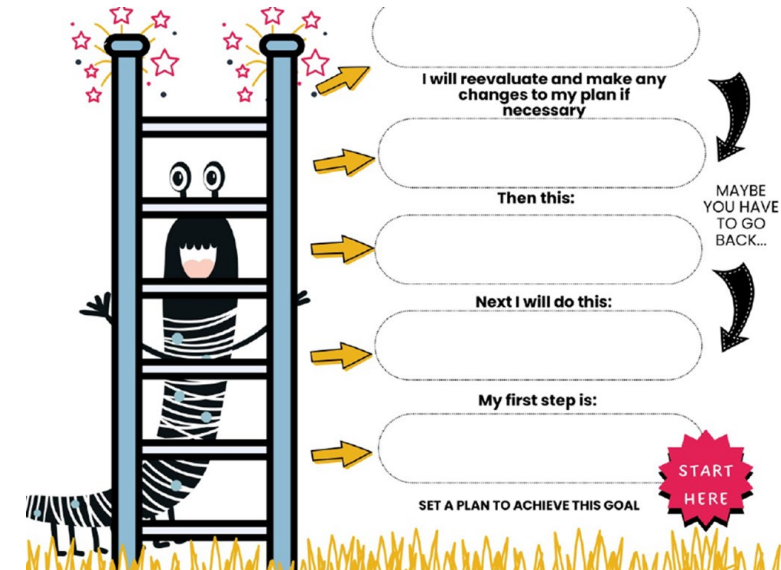
# An occupational therapist's perspective

## Tools for Lana:

- Routines & Rehearsals
- PLAY & Movement
- Visuals and Timer
- Sensory tools
- Cognitive tools - Ladder of success/Brave Story – visualise school going well, Inner coach concept, mindfulness/relaxation, Who can help me? Emotion coaching
- Social connections and joining in play – strength and interest-based skill building



## My Brave Book



# An occupational therapist's perspective

## OT with Melody: acknowledge, equip, advocate, troubleshoot



### Put Your Oxygen Mask On First



### Co-regulation practices

**REGULATION BOOSTERS** = music, drama, art, nature, sport, safe touch, loving relationships and play. Max the dog, healthy routines (the big 5 of healthy habits) and things to look forward to (JOY)

**REGULATION REDUCERS** = poor attachment, being over-scheduled, poor sleep, screen time, poor nutrition, lack of routine and boundaries, abuse, stress.

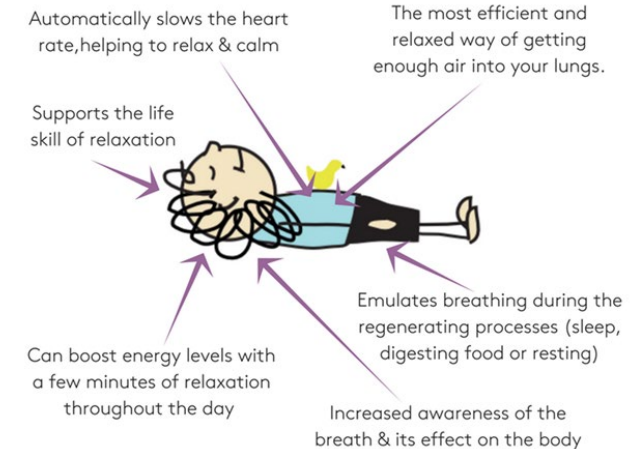
### Emotion coaching & Social opportunities

**Social skill building ideas** – activities outside of school to develop friendships

**Reframing** - How do we talk about school at home?



## Belly breathing





# An occupational therapist's perspective



## SCHOOL STRATEGIES:

- **Co-regulation** and regular warm joyful **connection** to nurture belonging – understand the stress response/anxiety signs, grief and loss.
- **Routines and visual schedules** – predictable and simple – opportunities for practising and preparing in advance – parent/carer collaboration.
- **Sensory accommodations** – sensory tent, weighted lap pad, headphones, fidgets, flexible seating, movement breaks.
- A **strength based** approach to intervention and **child interest led** learning/increased **autonomy**
- Using **sport and movement** for both top down (cognitive) and bottom up (sensory) approaches to co regulation. Sport also builds sense of mastery, resilience, courage, stamina and connections with peers to develop social skills in a structured way.
- Consider use of **animals, gardening, nature** and all forms of **play**

# An occupational therapist's perspective

## REGULATION TOOLS:

To regulate the brainstem we need patterned, repetitive, rewarding activities (Approx 10 minutes every 2 hours ideally) as a routine to help build a new pathway of connections in the vagal network.

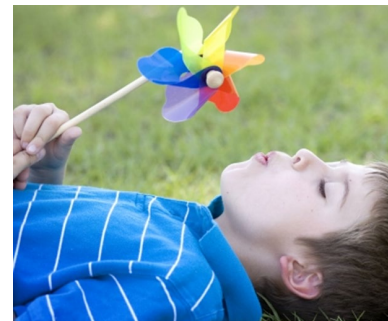
Eg breathing, oral motor, auditory, walk, run, dance, drumming, music Bruce Perry Neurosequential Model of Therapeutics (NMT model))



### SEAT PUSH-UP



Sit on the floor with your legs crossed or in a chair with your feet flat. Push on the floor or on the chair with flat palms. Count for five to ten seconds.





# An occupational therapist's perspective

## Hits and Misses of classroom decorating – less is more

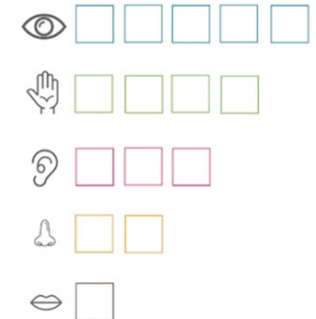


NO

YES



5 4 3 2 1 Grounding Exercise

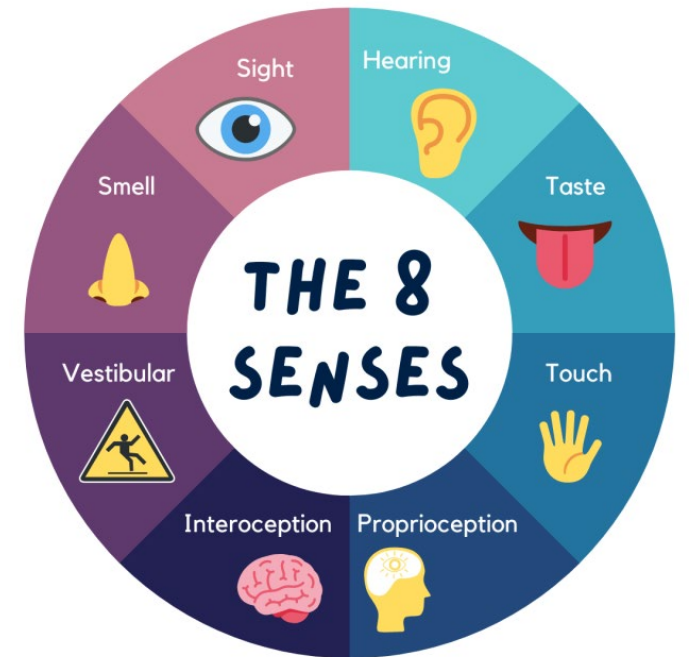




# An occupational therapist's perspective

## Making SENSE of the situation with the child:

- **S** = **Stop** – try to stay calm, don't force, facilitate co-regulation
- **E** = **Environment** – change it slightly (eg turn off noise, dim lights)
- **N** = **Notice** – response to change, body language, breathing, tone
- **S** = **Sensory strategies** - deep pressure, retreat, headphones, breathing tools
- **E** = **Embrace** – the moment as a learning experience, respond with respect.



# Q&A Session



**Deborah Costa**  
Psychologist, NSW



**Wendy Noble**  
Paediatric Occupational  
Therapist , NSW



**Tammie Sinclair**  
Child and Family Partner, SA



**Facilitator:**  
**Vicki Mansfield**  
Practice Development  
Officer, Emerging  
Minds



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Wednesday 18<sup>th</sup> June 7:15pm-8:30pm AEST

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This webinar was co-produced by MHPN and Emerging Minds for the Emerging Minds: National Workforce Centre for Child Mental Health (NWCCMH) project.

The NWCCMH is funded by the Australian Government Department of Health under the National Support for Child and Youth Mental Health Program.

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