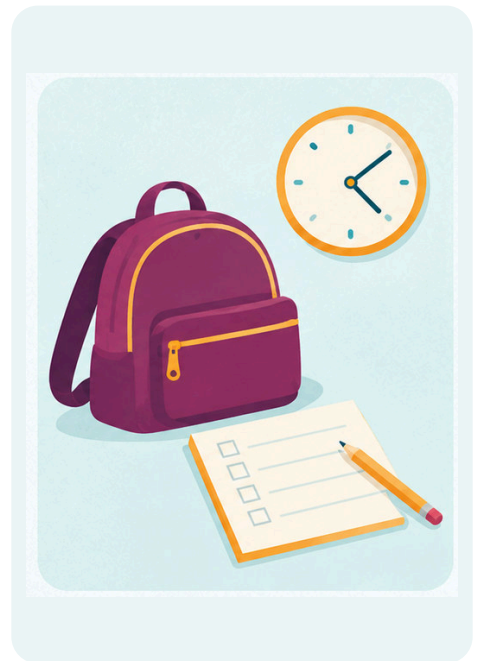


School Mornings, School Refusal and Getting Through the Door

A practical ADHD guide for calmer school mornings, refusal and difficult transitions.



How to use this guide

This guide is for parents, carers and other trusted adults supporting a child or young person whose mornings or school attendance have become difficult. It combines practical home ideas with ways to work with school. It is not a diagnosis, a treatment plan or a promise that one routine will suit every child. Read the pages that fit your situation, leave the rest for later, and use the worksheets as conversation starters rather than tests.

The phrase school refusal is familiar, but it can sound as if a child is choosing to be difficult. Some families and professionals prefer school avoidance, emotionally based school avoidance, or simply difficulty attending. No single term explains every situation. Ask the young person what language feels respectful. The aim here is to understand the barrier, reduce distress and keep a path back to learning open, without blame or shame.

Try to separate what you observe from what you think it means. 'She was still in bed at 7:40 and cried when I mentioned the bus' is an observation. 'She does not care about school' is an interpretation. A neutral record helps the child, family and school explore possible causes together. The child may not be ready to explain everything at once; answers can emerge after trust and safety improve.

Attendance matters for learning, connection and safeguarding, but attendance cannot be improved sustainably by treating distress as misconduct. In England, current guidance asks schools and families to understand barriers, work together, adapt support and review what helps. The guidance and legal arrangements differ across the UK, so check the relevant local authority information for your nation. [3,4]

IN PRACTICE

Choose one morning that is hard and write down the sequence without judging it. Note what happened before the first sign of distress, what the child said or showed, what adults tried and how the morning ended. Add one thing that went well, however small. Share the page only with people who need it and follow school privacy procedures.

ADHD and the morning launch

A school morning asks a child to wake, shift from sleep to activity, remember several steps, tolerate sensory input, estimate time, make decisions and leave a safe place on schedule. ADHD can make starting, sequencing, holding instructions in mind and switching attention less reliable. A child may know what to do and still be unable to get the first action underway. This is a difficulty with access to a skill in that moment, not proof of laziness or a lack of care.

The morning can also expose differences between ability and consistency. A child may dress independently on Saturday but need help on a school day because the deadline, noise, uniform, uncertainty and worry all arrive together. Support needs often rise when the task feels boring, unclear, too large or emotionally loaded. That variation does not mean the difficulty is invented; context changes what the brain has to manage.

Parents can become the child's external memory and timekeeper. Repeating every instruction may help for a moment but can increase pressure and turn the relationship into a chain of corrections. Instead, make the next step visible, reduce the number of spoken instructions and stay nearby for the transition that most often stalls. Help can be faded later if the skill becomes more dependable; it should not be removed simply to prove independence.

ADHD is only one possible part of the picture. Anxiety, autism, sleep problems, learning differences, physical illness, bullying, family stress and unmet support needs can overlap. A morning plan should be based on this child's pattern rather than a general list of ADHD traits. [1,2]

IN PRACTICE

For a week, notice the first point where the routine loses momentum. Is it waking, getting dressed, finding an item, eating, separating, transport or entering school? Choose that point for one small support trial, such as clothing prepared in order or a calm first-step prompt. Keep the rest of the routine stable while you learn whether the change helps.

Avoidance is information, not a moral label

A child who struggles to attend may show distress through crying, anger, silence, hiding, physical complaints, freezing, bargaining or repeatedly asking for reassurance. Some children do not describe themselves as anxious. Others say plainly that they feel unsafe, overwhelmed or unable to cope. The behaviour is visible; its cause may not be. Adults need curiosity before conclusions.

The term school refusal is sometimes used in everyday speech, but it may imply a deliberate choice or imply blame. A child might want to attend and still feel unable to cross the threshold. Another child may avoid school for reasons they cannot yet share. Try language such as 'school has become hard to get into' or 'we are trying to understand what makes attendance difficult'. This leaves room for several explanations.

Avoidance can bring short-term relief: the feared or overwhelming situation is postponed. Relief can make the same response more likely next time, even if the underlying problem remains. This does not mean the child is manipulating adults. It means that distress, relief, family responses and school conditions can form a repeating pattern. Support needs to reduce the original barriers and build tolerable ways to re-engage, not simply remove comfort or apply punishment.

A compassionate response still takes education and safety seriously. Keep communication open, notify school according to its policy when the child is absent, and ask for a plan. If the child is missing for long periods or is unreachable, ask the school or local authority what support and safeguarding steps are needed. Attendance and wellbeing should be considered together. [3,4,5]

IN PRACTICE

Replace 'How do I make them go?' with two questions: 'What is school asking them to manage today?' and 'What would make the next safe step possible?' Write down the answers separately. One question looks for the barrier; the other looks for an achievable action. Neither assumes that the child is choosing distress.

Why attendance can become difficult

There is rarely one universal reason. The child may be worried about separation, friendship, bullying, a particular lesson, being called on, making mistakes, changing clothes, eating around others, using the toilet, noise, bright lighting, crowded corridors, transport or an unpredictable timetable. They may be behind in work and fear being noticed. A new teacher, transition, family illness or recent bereavement may change what feels manageable.

Some barriers are less visible. A child may spend the day masking confusion, movement, sensory discomfort or social uncertainty, then use all their remaining energy to get through the school gate. They may seem settled in class while carrying significant distress. Others have clear incidents at school that adults have not witnessed. Ask about the whole day, including arrival, unstructured times, lunch, lessons, transitions and the journey home.

Physical health also deserves attention. Stomach aches, headaches, nausea, fatigue, dizziness or sleep disruption can accompany stress, but they can also have medical causes. Do not decide that a symptom is 'just anxiety' because it appears before school. Note timing and pattern, listen to the child and seek medical advice when symptoms persist, worsen or worry you.

A family can face practical obstacles too: transport changes, housing instability, caring duties, unsafe routes, financial pressure or a parent's own illness. These are not character flaws. The right response may involve school support, health care, local authority help or another service, not a more forceful morning routine. [3,5]

IN PRACTICE

Make a barrier map with four headings: learning, people, senses and practicalities. Invite the child to add anything else. Use a rating from 'manageable' to 'very hard' only if that feels comfortable. Do not insist on a complete answer in one sitting; allow drawing, writing, pointing or a later conversation.

Anxiety, uncertainty and the avoidance cycle

Anxiety can narrow attention towards possible danger. A child may ask the same question many times, need to know every detail, feel sick when the uniform goes on or become distressed as the departure time approaches. If they stay home, the immediate alarm may drop. The next morning can then feel more threatening because the child has had less chance to find out what support might help at school.

A repeating cycle is not caused by one person. A child signals distress, a parent tries to help, adults disagree about what to do, school sends reminders, and everyone becomes more tense. Reassurance can help briefly but may become endless if the underlying uncertainty is not addressed. Punishment or threats can increase fear and damage trust. Calm, predictable responses and a coordinated plan are more likely to make room for learning.

Avoid promising that nothing bad will happen. Instead, acknowledge the worry and explain what adults can do if it occurs: 'You are worried about the corridor. We will meet Ms Patel at the quiet entrance, and you can tell her if the noise is too much.' This combines validation with a practical support. If the worry relates to bullying or a safeguarding concern, investigate and act; do not use exposure as a substitute for protection.

A gradual approach may be helpful for some children, but the steps should be agreed with the child, family and school and adapted to the reason for distress. Do not set an exposure ladder alone if there is risk, illness or an unresolved school problem. Clinical advice can help when anxiety is severe or persistent. [3,4,5]

IN PRACTICE

Use a three-part response: name the feeling, name the next step, name the support. For example: 'You look frightened about going in. We are going to the reception entrance. I will walk with you to the named adult, who knows you are coming.' Keep words short and repeat the same plan rather than debating every feared possibility.

Signs the load is rising

Some children tell adults directly that they are worried. Others show changes in sleep, appetite, mood, concentration, irritability, withdrawal, confidence or energy. Before school, distress may look like repeated requests for help, slow movement, arguments, tears, physical complaints, freezing or trying to escape. After school, a child may need quiet, become unusually upset over a small change or have no capacity left for homework or conversation.

Look for patterns rather than one difficult morning. Does distress increase on particular days, after PE, before a test, on transport days or when a trusted staff member is absent? Does the child seem better during holidays or become more distressed as they approach the school gate? These clues do not diagnose a cause, but they help adults ask better questions and plan more useful observations.

School attendance figures can show that a problem is growing, but they do not explain why. A child may attend every day while spending the morning in the toilet or being collected early. Another may miss a small number of high-pressure days that have a large impact. Combine attendance information with the child's account, family observations and what staff see. Avoid making the percentage the only measure of progress.

Take serious changes in mood, self-care, eating, sleep or safety seriously. If the child mentions self-harm, suicide, abuse, feeling unsafe or not wanting to live, listen calmly and seek timely professional help. If anyone is in immediate danger, call 999 or go to A&E. For urgent mental-health help in England, NHS 111 can direct people to the mental-health option. [6]

IN PRACTICE

Keep a brief pattern log for two weeks: date, attendance, hardest moment, child's words, physical signs, school event, adult response and what helped. Record strengths and easier days too. Share only what is needed with school or clinicians and explain to the child who will see the information.

Start with the child's account

Adults often begin with a plan before they have heard the child's version. Start instead with a calm invitation: 'I have noticed mornings have felt hard. I want to understand, not tell you off. What is the hardest bit?' Make space for silence. A child may need time, a walk, drawing, a scale, a choice of questions or another trusted adult before they can speak.

Ask about concrete moments. 'What happens when you get to the gate?' may be easier than 'Why don't you want school?' Offer possibilities without insisting one is correct: noise, work, people, changing rooms, being away from home, not knowing what happens next, or something else. Let the child reject adult guesses. If the answer is 'I don't know', accept it and return later rather than turning the conversation into an interrogation.

Some children communicate more freely through writing, text, pictures, a body map or a simple rating scale. Offer choices about who is present and what will be shared. Explain the limits of confidentiality: adults may need to act if someone is unsafe, but they can tell the child what they plan to share and with whom. Do not promise secrecy and then surprise them by forwarding the conversation.

Notice strengths as part of the story. Ask where the child feels capable, who makes school easier, which lesson interests them and what has helped them attend before. This does not dismiss distress; it identifies conditions that may be useful in a support plan. [3,5]

IN PRACTICE

Try: 'Would you rather tell me, write it, point to a list, or think about it and come back?' Then ask one question at a time. Repeat the child's key words to check you understood. End by agreeing one action, not by demanding a complete explanation.

Map the morning from waking to registration

A morning that looks like one problem is usually a chain of small steps. The child has to wake, get out of bed, find clothes, dress, manage hygiene, locate belongings, eat or take medicine if prescribed, leave home, travel, enter the building and reach a safe adult or lesson. If one link repeatedly breaks, adding reminders to every later step may create noise without solving the first barrier.

Map the routine in order. For each step, note the time, location, materials needed, sensory demands, decisions required and who provides help. Look for bottlenecks: a crowded bathroom, a missing PE kit, choosing between too many clothes, an alarm that startles the child, or a goodbye that happens while everyone is rushing. Ask the child which step feels biggest and which one adults can make easier.

Keep the map descriptive, not evaluative. 'Needed an adult beside her to put socks on' tells you what support was needed. 'Would not get dressed' can sound like the child had full control and chose not to act. The sequence may show that the child was awake but still groggy, overwhelmed by fabric, worried about a test, or unable to choose between options.

The school day begins before the child reaches the classroom. A late bus, public greeting, crowded entry, missing pass or unclear first lesson may be part of the same chain. Coordinate with school so the last steps are predictable and the child has a named adult to meet. [2,3]

IN PRACTICE

Draw eight boxes for the steps from waking to first lesson. Put a star by the first point distress rises and a circle by the step that could be changed most easily. Trial one change for five school days. Do not redesign the entire routine at once; a smaller test makes it easier to see what helped.

Time blindness and transitions

Some children with ADHD find it hard to sense how much time has passed or how long a task will take. Saying 'hurry up' adds pressure but does not show how many minutes remain. A child may become absorbed in a preferred activity, lose track of the next step or experience a sudden transition as a shock. The adult sees stalling; the child may feel confused about how time disappeared.

Use an external cue the child can see and understand: a simple visual timer, a clock with a marked departure time, or a short sequence that shows 'now, next, then leave'. Give warnings before transitions, but keep them brief. Too many countdowns can become another source of anxiety. Agree whether the child prefers a quiet prompt, a timer or a cue from a trusted adult.

Build realistic time into the routine. If dressing reliably takes 15 minutes, planning for 6 minutes will create a daily crisis. Start with observed time, allow a buffer for one likely delay, then adjust. A visual schedule should show essential steps only. If a child needs five prompts at once, pause and identify which one action is needed now.

Movement between activities can be especially difficult. Help the child finish a preferred activity, store materials and begin the next action. A transition object, written cue or consistent phrase can mark the change. Avoid using a timer as a threat or removing it without warning. [1,2]

IN PRACTICE

For three mornings, record the time each routine step actually takes. Make a realistic schedule from those observations. Choose one transition to support with a visual cue. Ask the child whether the cue helps them feel prepared or pressured, and change it if it is making the morning worse.

Sensory load, clothing and getting ready

Mornings can involve bright lights, cold floors, toothpaste taste, bathroom noise, scratchy labels, tight waistbands, damp hair, food smells and the pressure of a uniform. A child who resists dressing may be communicating sensory discomfort rather than refusing a simple task. Sensory needs can vary by day, especially after poor sleep, illness, a busy school day or a change in routine.

Ask about specific sensations rather than saying 'the uniform is uncomfortable'. Is a seam rubbing? Is the collar tight? Does the jumper feel hot in the classroom? Is the fabric different after washing? Where school rules allow, consider a softer base layer, a familiar permitted item, removing a label or choosing between two acceptable options. Agree any uniform adaptation with school before it becomes a conflict at the door.

Reduce avoidable sensory load: prepare clothes in a calm room, use soft lighting, offer a quieter bathroom routine, and keep toiletries predictable. Some children need movement or a short sensory break before dressing; others need less input and fewer questions. Do not assume a strategy that helps one child will help another.

If sensory distress affects daily life across settings, discuss it with the child's health professional or relevant school support team. Sensory differences can occur with ADHD and other neurodevelopmental or health needs, but a cover guide cannot identify the cause. The child's own report matters. [1,2]

IN PRACTICE

Ask the child to rate each part of getting ready as 'fine', 'annoying' or 'too much'. Change one sensory factor at a time. If the school uniform is the issue, contact the school with a practical suggestion, explain the attendance impact and agree when you will review it.

Sleep, waking and morning energy

A child who is hard to wake may be tired, anxious about the day, out of rhythm, unwell or finding the shift from sleep to activity difficult. ADHD can coexist with sleep problems, but not every late start is caused by ADHD. Medication timing and effects are individual; never change a prescribed dose or schedule without the prescriber's advice. Record patterns and seek clinical guidance when sleep difficulties persist or affect health and attendance.

Protect a predictable wind-down where possible. A consistent sequence can be more useful than a perfect bedtime: reduce stimulating activities, prepare what can be prepared, and make the next morning visible. Consider whether the bedroom is too warm, noisy or bright, and whether worries are delaying sleep. A child who is awake late because of anxiety may need help with the worry, not only an earlier instruction to go to bed.

Use a gentle, repeatable waking cue. Some children prefer a light or quiet alarm; others need a parent to open the curtains and return after a short interval. Build in enough time to become alert before demands begin. Avoid waking the child with shouting or a sudden physical touch unless safety requires it. Agree a plan when everyone is calm.

If the child snores heavily, has breathing pauses, persistent insomnia, restless sleep, extreme daytime sleepiness or a marked change in sleep, contact a GP or relevant health professional. Keep the conversation factual: dates, bedtime, waking time, night waking, medication and daytime effect. [2]

IN PRACTICE

Track sleep and school mornings for ten days without trying to fix every variable. Note when the child fell asleep, waking difficulty, any night waking, the first school demand and attendance. Take the pattern to the GP or ADHD clinician if you remain concerned.

Let the evening do some of the work

Moving decisions out of the morning can reduce pressure. Choose clothes, locate shoes, put the bag near the exit, charge devices and check transport or timetable changes the night before. Use one landing place for school items so they do not have to be found while the child is already trying to leave. The goal is fewer steps under time pressure, not a perfect household.

Prepare with the child when possible. A parent who silently completes every task may make the next morning easier but may also leave the child uncertain about what is ready. Try a short shared reset: adult checks the timetable while the child chooses the order of clothes or places one item in the bag. Give support at the point where it is needed, and do not turn preparation into a test of independence.

If homework, a permission slip or a missing item creates worry, create a simple check point at a calm time. Put tomorrow's first action on top of the bag, use a single checklist, or email school about a lost item rather than keeping the child awake searching. Some mistakes can be repaired at school; not every forgotten object has to become a late-night emergency.

Families with variable work schedules may not have a long evening preparation window. In that case, pick the single step with the greatest effect: shoes by the door, the correct uniform ready, or a named adult who can help the child check the bag. Keep the system light enough to repeat on hard days.

IN PRACTICE

Choose three evening actions that take less than ten minutes in total. Put them on a card by the exit. Review after one week: which action prevented a real barrier, which created extra work, and what should be dropped?

Set up home to reduce steps

An environment can support memory better than a long list of spoken reminders. Keep the morning path simple: clothes in one place, bag near the door, shoes together and essential items visible. Put the alarm where the child can reach it if they use one safely. Avoid adding colour codes, baskets and apps until you know what problem each one solves; too many systems become another job to maintain.

Think through the route the child actually takes. If they always put their shoes beside the sofa, a shoe basket by the front door may not be used. Place prompts where the action occurs. A picture of 'coat, bag, shoes' by the exit may be more useful than a checklist on a parent's phone. Keep surfaces calm if visual clutter distracts or overwhelms the child.

Make essential items easy to find and hard to overlook. A transparent pouch for the school pass, a hook at the child's height or a tray for one current project can reduce searching. The best system is one the child can use on an ordinary tired morning. Ask for their input and let them reject tools that feel embarrassing or confusing.

For shared households, coordinate the system with other caregivers. Agree where supplies live, who checks changes and what to do if an item is missing. A child should not be responsible for carrying the whole routine across adults who use different rules. Consistency means predictable cues, not identical parenting styles.

IN PRACTICE

Walk the morning route at a quiet time. Identify one place where a missing item or extra decision causes a delay. Move or prepare that item at the place it is needed. Take a photo of the new setup so other caregivers can keep it consistent.

Checklists that lighten memory load

A checklist can turn a hidden sequence into visible steps, but it should be short enough to scan. Start with the actions that often disappear from working memory, such as 'toilet', 'uniform', 'bag' and 'shoes'. Use words, pictures or both depending on the child's age and preference. A checklist is a support tool, not a scorecard; missed boxes should start a conversation about the barrier.

Keep the first step obvious. 'Get ready' is too large for some children. 'Put on socks' is clearer. Use one action per line and order items as they happen. Leave out tasks that are already easy or that school can support. A checklist that tries to cover every possible problem becomes another wall of instructions.

Some children like to tick boxes; others find the marks distracting or feel watched. Offer alternatives: move a magnet, turn a card over, use a laminated sheet or simply look at the next step. Ask before displaying a checklist where siblings or visitors can see private information. Update it when the routine changes and remove old prompts promptly.

Adults may need a separate checklist for their own role. If the child's plan depends on a parent remembering a quiet prompt, a medication that has been prescribed, or a message to school, write that action down too. The child should not be blamed for a plan adults did not deliver.

IN PRACTICE

Draft a five-step version together and try it for one week. Ask: 'Did it help you know what came next? Was anything unnecessary? Was the format okay?' Change only the parts the child identifies or the log shows are not working.

Prompts that help without taking over

A prompt is most useful when it gives the child information or support for one next action. 'Put your shoes on now' may be clearer than 'We are late, you know what to do'. Speak calmly, get the child's attention without demanding eye contact, and allow processing time. If they have not started, check whether they understood, have the necessary item and know how to begin.

Repeated instructions can become background noise. Agree one cue, wait, then offer practical help. A visual prompt, gesture or discreet phrase may work better than calling across the house. Try to avoid asking several questions in quick succession while the child is dressing or packing. Adults can make the instruction smaller without lowering the overall expectation of getting to school.

Give feedback about effort and strategy: 'You checked the card and found the next step' or 'You told me the shirt seam hurt, so we tried the soft one'. Avoid praise that sounds like surprise at ordinary ability, such as 'I knew you could do it if you tried'. If the morning goes badly, identify one useful piece of information rather than delivering a lecture.

Prompts should be adjusted over time. If support is working, keep it until the routine is dependable across different days. Then ask the child whether to make one part more independent. Reducing support too early can create failure and shame; keeping an unwanted prompt can feel intrusive. [2]

IN PRACTICE

Agree a prompt phrase and a waiting time with the child. Write down who will use it and when. For a week, replace repeated verbal reminders with the agreed cue plus one visible first step. Ask the child whether it made the morning calmer or more pressured.

Co-regulation before problem-solving

When a child is very distressed, the brain may have little room for explanations, choices or consequences. Adults can help by lowering their voice, slowing their own movement, reducing the audience and removing extra questions. Stay close if the child wants proximity; give space if touch or talking makes things harder. There is no single calming technique that works for everyone.

Co-regulation does not mean agreeing that school is unsafe or giving up on attendance. It means helping the child return to a state where a next step can be considered. Use brief, familiar phrases: 'I can see this is too much. I am here. We can pause for a minute.' Avoid demanding that the child explain the whole problem while they are crying, frozen or shouting.

Once everyone is calmer, offer two realistic choices. 'Would you like your coat first or your bag first?' is more manageable than 'What do you want to do with your life?' If the child cannot choose, adults can guide the next step and keep it predictable. The plan should distinguish a pause for regulation from an open-ended argument that leaves everyone uncertain.

Adults need regulation too. If you feel close to shouting, pause if the child is safe, take a breath and use a prepared phrase. Another trusted adult may take over when possible. Later, repair any hurtful interaction. A brief apology models accountability and helps preserve trust without removing the need for a plan.

IN PRACTICE

Make a one-minute calm plan together on a non-school morning. Include what the child wants adults to do, what makes distress worse, where to pause and what the next cue will be. Put it somewhere private and review it after any hard morning.

Meltdowns, shutdowns and high distress

A meltdown may involve crying, shouting, pushing objects away, running or loss of control. A shutdown may look like silence, stillness, hiding, inability to answer or seeming to ignore adults. These responses can occur when a person is overwhelmed; they should not automatically be treated as calculated defiance. Safety still matters. Move hazards, protect other children and follow any existing health or safety plan.

During intense distress, reduce language and demands. Do not crowd, threaten, film or insist on eye contact. Keep an exit route clear and avoid physical restraint unless it is an emergency response delivered under appropriate training and policy. A child who runs towards traffic or another immediate danger needs adults to act quickly to protect them. Seek professional advice about repeated or dangerous episodes.

Afterwards, allow recovery time. A child may be exhausted, embarrassed or unable to recount what happened. Wait until they are regulated before discussing it. Reconstruct the sequence with neutral curiosity: what came first, what built up, what helped, what made it worse, and what adults can change next time. Separate repair for any harm from blame for becoming overwhelmed.

Repeated episodes may signal that the current demands, support or environment are not working. Share the pattern with school and the child's health professionals. Ask for a coordinated plan that covers arrival, a safe adult, a quiet recovery option, re-entry to learning and communication with family. [3,4]

IN PRACTICE

Write a short 'when distress rises' card: early signs, phrases to avoid, helpful actions, safety steps, named contact and how the child can rejoin. Check that every adult who may meet the child knows where the plan is and has agreed to follow it.

When the child cannot attend today

If the child is too distressed or unwell to attend, keep the immediate response calm and practical. Follow the school's process for reporting an absence and explain what you know without trying to prove a diagnosis. Ask who will contact you, when the school will check in and what work or support is appropriate. A difficult day should not become a day of punishment or an all-day argument about school.

Home should be safe and steady, not a reward system or a holding cell. Keep ordinary routines where possible, offer rest and connection, and avoid turning the day into a long screen negotiation. Do not make the child complete a full school day of tasks at home as a penalty. If some gentle learning is possible and welcomed, keep it manageable. The immediate priority may be recovery and understanding what made attendance impossible.

When the child is calm, ask one small question about the next school day. Agree what information to share with school and what support might reduce the barrier. If the pattern repeats, request a meeting rather than waiting for attendance to become a crisis. Long or recurring absence may require the school and local authority to discuss additional provision; ask for this in writing and keep copies of the agreed plan. [3,4]

Avoid telling the child that staying home proves they have won, or that they have ruined the family's day. Those messages can increase shame and make future conversations harder. Equally, do not promise an indefinite absence if the adults do not know what is possible. Be honest: 'Today has not worked. We will contact school and make a plan together.'

IN PRACTICE

Keep a simple absence-day note: reason given, symptoms or distress, who was contacted, agreed next step and date for review. Ask the child what would make tomorrow one step easier. If physical symptoms are severe, persistent or worrying, seek medical advice rather than assuming they are school-related.

Look carefully at the school environment

A child may be avoiding an experience rather than a building. Explore the whole timetable: transport, arrival, registration, lesson demands, lunch, toilets, changing rooms, assemblies, unstructured time and home time. Ask what happens on easier days and what changes on harder ones. Attendance data alone cannot reveal whether the child feels safe, can access the work or spends the day coping at great cost.

Check for bullying, harassment, discrimination, friendship conflict, online harm, unsafe adult interactions or fear of being punished. Do not treat a disclosure as a routine anxiety exercise. Listen, thank the child for telling you, record their words accurately and follow the school's safeguarding process. If you believe the child is at risk, raise it promptly with the designated safeguarding lead or appropriate authority.

Learning can be a barrier too. Work may be too difficult, too easy, unclear, heavily written or inaccessible because of ADHD, dyslexia, language needs or another difference. A child may be missing tasks because instructions are spoken once, materials are hard to find or they are embarrassed to ask for help. Ask teachers to look at the task demands and the supports that change the outcome.

The school environment may be noisy, crowded, unpredictable or socially demanding. Adjustments could include a quieter arrival, clear written instructions, an identified adult, a planned transition, access to a calm space or a discreet way to request help. Ask the child which option feels useful and review whether staff can deliver it consistently. [2,3,5]

IN PRACTICE

Ask school for a short observation of the hardest part of the day, not a general judgement about behaviour. Compare the child's account with staff observations. Choose one barrier to address and name the adult responsible for the change.

Starting a conversation with school

Contact school early and use a calm, factual message. Ask for a meeting with the form tutor or class teacher, SENCO or SENDCo, pastoral lead and attendance contact as appropriate. If there is a safeguarding issue, use the safeguarding route promptly. Explain the attendance pattern, what the child says, what mornings look like and what support has already been tried. A short timeline is usually clearer than a long list of every incident.

Ask school what staff have observed across lessons and unstructured times. Invite them to identify strengths, easier settings and early signs that the child is becoming overwhelmed. Avoid asking school to diagnose ADHD or anxiety. Ask instead what barriers they can see, what support is currently in place and how the child can safely access the first part of the day.

Bring the child's voice into the discussion in a way they can tolerate. They may attend all, some or none of the meeting, or send a written note. Agree what adults will share and how the child will be told about decisions. If a parent and school remember an event differently, record both accounts and focus on what can be tested next.

End with specific actions, names and dates. Ask who will greet the child, what happens if they are late, how staff will respond to distress, when the plan will be reviewed and who will contact the family. Follow up with a brief email so everyone has the same record. [3,4]

IN PRACTICE

Before the meeting, write three headings: what we notice, what the child says, and what we are asking school to try. Keep each point short. During the meeting, ask one adult to take notes. Send a concise summary afterwards and correct any factual errors.

Build a collaborative attendance support plan

A useful plan makes the next school step predictable. It should explain the arrival point, the adult who will meet the child, the first activity, how to ask for help, what happens if distress rises and how the child can return to learning after a pause. Include what the family will do and what the school will do; the whole plan should not depend on one parent persuading the child harder.

Keep the plan specific and realistic. 'Encourage her' is not an action unless it says who will do what and when. 'At 8:45, Mr Lee meets her at reception, walks with her to the quiet room, and reviews the first task' is testable. Name a backup adult in case the main contact is absent. Tell the child about any change in advance whenever possible.

Agree how communication will work. One named contact and one agreed channel can prevent multiple adults sending reminders. Decide what information is necessary, how quickly the family should respond and what counts as an urgent concern. Avoid sharing sensitive details widely or making the child repeat their story to every member of staff.

Set a review date and define what you will look for: arriving at the gate, entering the building, attending a preferred lesson, distress settling sooner, or the child feeling safer. Progress may be uneven. If the plan is not delivered, the response is to fix the delivery; if it is delivered but does not help, review the barrier. [3]

IN PRACTICE

Write a one-page plan with five boxes: morning preparation, travel, arrival, first lesson, and distress or absence. For each box add one child preference, one adult action and one backup. Give a copy only to staff who need it and check with the child before sharing personal details.

Adjustments and SEND support

A child may need support before they have an ADHD diagnosis. The NHS advises families to speak with school and the SENCO about changes that might help, and says support should continue while an assessment is being considered. You can describe a functional difficulty, such as losing track of spoken instructions or becoming overwhelmed at a crowded entrance, without presenting it as proof of a diagnosis. [2]

Possible adjustments include a quiet entry, a named adult, written first-step instructions, a visual timetable, planned movement, a predictable seat, reduced copying, support with equipment, access to a calm space or flexibility around uniform where permitted. These are options to discuss, not a universal checklist. Choose supports that address the child's actual barrier and that staff can apply reliably.

Ask the school to explain how it identifies and reviews special educational needs. In England, the SENCO can discuss school-based support and next steps. If the child has an education, health and care plan, ask how the provision and attendance support fit together. Statutory processes and names differ across England, Scotland, Wales and Northern Ireland; use current local guidance or an independent advice service if you need help understanding your rights.

Under the current England attendance guidance, schools should work with families of pupils with SEND, consider barriers including uniform, transport, routines and access to support, and agree and regularly review adjustments with the pupil and parent. The child's right to education remains important alongside individual needs. [3]

IN PRACTICE

Ask school: 'Which specific barrier is this adjustment intended to reduce? Who will deliver it? How will my child request it? When will we review whether it is helping?' Keep the discussion on access and participation rather than whether the child is trying hard enough.

Phased returns and part-time timetables

Some children may benefit from a carefully planned, time-limited phased return. This is not a standard solution and should not be imposed without understanding the barrier. A shorter day might reduce overload for a period, but it can also reduce learning, connection and the chance to build a workable routine. The child and family should know the purpose, supports, review date and planned next step.

For England, the July 2026 Department for Education guidance says a temporary part-time timetable for a compulsory-school-age pupil should be used only in very exceptional circumstances, be in the pupil's best interests, have parent agreement, form part of a wider support or reintegration plan, and include review dates and an intended end date. It must not be used to manage behaviour. Ask the school to explain the basis and review arrangements in writing. [3]

A phased return should not simply ask the child to tolerate the same barriers for fewer hours. Plan what will change: entrance, first lesson, sensory load, adult support, work access, transport or a safe place to pause. Agree who checks in and how the child will report whether the step felt manageable. If health needs prevent full-time attendance, ask what education and support are available and whether the local authority must be involved.

Attendance coding and legal procedures are detailed and can change. This guide cannot determine whether a proposed timetable is lawful or suitable for a particular child. Seek advice from the school's attendance lead, local authority, an independent SEND advice service or a qualified professional if you are unsure. [3,4]

IN PRACTICE

Before agreeing to a reduced timetable, ask for the reason, start and review dates, education offered during missed hours, support being added, the pupil's view, and the criteria for increasing attendance. Put the plan in writing and ask who will coordinate it.

Track progress without a battleground

A record can help the adults see patterns, but it should not turn every morning into a score. Track a few measures that matter to the child: getting out of bed, reaching the car or bus, entering the building, connecting with a safe adult, or feeling able to start one lesson. Keep attendance figures in context. Improvement may come before full attendance, and a brief setback does not erase useful progress.

Use descriptive language. 'Entered reception with support at 9:20' is more helpful than 'good day'. Record what the school did, what the child reported and how long it took to recover. Note differences between days, including sleep, timetable changes, transport, pain, medication as prescribed and known worries. Do not collect sensitive information that is not needed for support.

Review regularly with the child. Ask what felt easier, what felt worse, which adult helped and what they want changed. If the child says a strategy was embarrassing or overwhelming, treat that as important evidence. If attendance increases while distress worsens, the plan may need adjustment. A useful measure includes wellbeing and access to learning, not only presence in the building.

Celebrate effort without making affection or privileges conditional on attendance. A child should not have to earn care by reaching a target. Small acknowledgements can still matter: 'You told us what the corridor felt like, and we changed the arrival route.' The adults can reinforce problem-solving and speaking up. [3]

IN PRACTICE

At each review, answer four questions: What was the barrier? What did we change? What happened? What does the child want next? Record one action, one owner and one review date. If nothing changed, adjust the plan rather than extending a failed trial indefinitely.

Support the parent or carer too

Repeated difficult mornings can leave a parent exhausted, ashamed, angry, frightened or isolated. You may be juggling work, siblings, school calls and uncertainty about whether to insist or pause. Those pressures are real. A strained response does not make you a bad parent; it signals that the current arrangement needs support and that adults may need to share the load.

Choose one trusted person to contact after a hard morning. Ask a relative, friend or co-parent to cover one practical task, such as transport, a school call or preparing clothes. If the child's other caregiver responds differently, agree a short shared script and a clear handover. The aim is not perfect consistency but fewer conflicting messages at the point of distress.

Protect a small recovery period for yourself where possible. Eat, drink, pause or step outside after the child is safe and the school has been contacted. If you feel close to losing control, ask another adult to take over if available. If you are experiencing depression, anxiety or crisis, contact your GP or appropriate support. You deserve help even when the child's needs are the reason you sought it.

A difficult school routine can affect siblings as well as the child who is struggling. They may feel overlooked, worry about what is happening or resent that plans change. Explain the situation in age-appropriate terms while protecting privacy: 'Mornings are hard for your sister right now, and the adults are making a plan with school. It is not your job to fix it.' Give siblings a predictable way to continue their own routine and some ordinary one-to-one attention. Avoid comparisons or blame; ask privately what would make mornings feel fairer.

IN PRACTICE

Write a caregiver support plan: who can be called, which task they can cover and how you will hand over. Ask siblings what is hardest for them and choose one practical change that does not make them responsible for attendance. A useful shared sentence is: 'I want my child in education; we need to understand and remove the barriers together.'

Transitions, weekends and calendar changes

School mornings can become harder after weekends, holidays, illness, a change of teacher, timetable, classroom, transport or year group. The child may be facing several unknowns at once. A transition plan can make the first day more predictable: who greets them, where to go, what the first task is, what has changed and who can answer questions.

Before a known change, share information in a format the child can manage. A simple written outline, photo of the new entrance, quiet visit or short conversation with the new teacher may help. Do not overwhelm the child with a long information pack if they find it difficult to take in. Ask which details matter most and when they want to hear them.

After a holiday or absence, avoid assuming the child can instantly return to the same routine. Review the morning map, prepare the first day's items and tell school about any worry that has appeared. If attendance difficulties are recurring, make the first day back part of the support plan instead of treating it as a fresh failure.

Some changes are not known in advance. Agree a flexible phrase and a person the child can contact when plans shift. Keep the predictable elements stable: same arrival point, same first adult, same place for belongings, even if the timetable differs. A small anchor can reduce the number of new demands. [2,3]

IN PRACTICE

For the next transition, make a one-page 'what stays the same / what changes' note. Include a contact name and one question the child can ask. Review the note together the evening before, and update it if the school changes plans.

When to seek additional help

Contact the child's GP if physical symptoms are persistent, worsening or interfering with daily life, or if sleep, mood, eating, pain or anxiety is causing concern. Describe the pattern and impact rather than arriving with a diagnosis. The GP can consider health causes, discuss mental-health support and advise about local pathways. If you suspect ADHD or another neurodevelopmental need, school and a GP can help explain local referral options. [1,2]

Ask the school for a meeting when attendance is falling, distress is escalating, the child reports bullying or they cannot access learning. Depending on the situation, involve the SENCO or SENDCo, pastoral lead, attendance champion, school nurse, mental-health support team, educational psychologist or local authority. Availability varies. Ask who coordinates the plan so your family is not left repeating the story to multiple services.

Seek urgent help if the child may harm themselves, someone else, or cannot be kept safe. In England, NHS 111 can route urgent mental-health help; in immediate danger call 999 or go to A&E. For child protection concerns, contact the school's designated safeguarding lead or the local authority safeguarding service. If a disclosure is made, listen without pressing for detail and pass it to the appropriate professional.

If the child has missed a prolonged period of education because of health needs, ask the school and local authority what education and support should be provided. The legal and service pathways differ across the UK and change over time, so get current local advice. This guide is educational and does not replace individual clinical, legal or safeguarding advice. [3,4,6]

IN PRACTICE

Keep a contact list with the school lead, GP practice, local authority attendance or SEND service, and urgent help route. Add when you contacted them and the next agreed action. If risk is immediate, use emergency services rather than waiting for a routine meeting.

A meeting script and a two-week morning plan

A prepared script can help when meetings feel stressful. You could say: 'Our child wants to manage school, but mornings have become difficult. We are seeing [specific pattern], and they have told us [their words]. We would like to understand the school barriers and agree one support to try. Who will meet them, what will happen first, and when will we review?' Add only details relevant to the plan.

Ask the child what they want shared. They may prefer to attend, send a note, draw a map, ask a trusted adult to speak or hear the summary afterwards. Make the next step visible to them. If adults agree a phased return or other adjustment, write down its purpose, owner, start date, review date and how it will change if the child becomes more distressed.

Use the two-week plan below to test one small change. Choose a barrier, a support and a measure. Keep the school informed; do not leave the child to carry messages. If the trial is not possible because of staffing, transport or another practical barrier, ask the adults to revise it. A plan that exists only on paper will not help the child.

Two-week trial: Barrier we are addressing: _____. Child's view: _____. Home action: _____. School action and named adult: _____. Start date: _____. Review date: _____. What we will notice: _____. Backup plan if the named adult is absent: _____.

Morning snapshot: Wake-up cue: _____. First step: _____. Travel plan: _____. Arrival adult and place: _____. If distress rises: _____. If attendance is not possible: notify _____ via _____; next contact date _____. Keep this page somewhere adults can find it, not somewhere it becomes another test for the child.

Further reading and a final note

Useful terms

ADHD: A neurodevelopmental condition involving persistent patterns of inattention and/or hyperactivity and impulsivity that affect everyday life.

School avoidance / EBSA: Terms some families and services use for difficulty attending that is connected with distress or emotional barriers. They are descriptive, not a diagnosis.

SENCO / SENDCo: The school staff member who coordinates special educational needs provision. The title and arrangements vary across the UK.

Phased return: A planned, reviewed approach to rebuilding access to school. It should respond to the individual child and not replace work on the underlying barriers.

Sources and further reading

[1] National Institute for Health and Care Excellence (NICE). Attention deficit hyperactivity disorder: diagnosis and management (NG87). <https://www.nice.org.uk/guidance/ng87>

[2] NHS. ADHD in children and young people. Page last reviewed 19 March 2025. <https://www.nhs.uk/conditions/adhd-children-teenagers/>

[3] Department for Education. Working together to improve school attendance: statutory guidance. July 2026. <https://www.gov.uk/government/publications/working-together-to-improve-school-attendance>

[4] Department for Education. Mental health issues affecting a pupil's attendance: guidance for schools. Applies to England. <https://www.gov.uk/government/publications/mental-health-issues-affecting-a-pupils-attendance-guidance-for-schools>

[5] Norfolk and Waveney Children's Services. School or college avoidance: information for families. NHS-supported local resource. <https://www.justonenorfolk.nhs.uk/school-life/resources-for-families/school-or-college-avoidance/>

[6] NHS. Urgent support for mental health. <https://www.nhs.uk/every-mind-matters/urgent-support/>

This guide is educational information, not an individual diagnosis, clinical treatment plan, legal opinion or safeguarding assessment. The attendance guidance cited as applying to England may not apply in Scotland, Wales or Northern Ireland. Check current local procedures and speak with qualified professionals about a child's individual needs. Practical support can be discussed while an assessment or referral is being considered. The young person's voice, safety, dignity and access to education should remain central.