



Seeing Beyond Behaviour

How feelings work, why children mask, and what the adults around them can do

A plain-language guide for parents, schools and young people

Including emotionally based school non-attendance (EBSNA), masking, and the physical signs of stress

A guide to the nine feelings we all share, how repeated struggle turns them into a script, why shame drives so much behaviour, what masking costs, why avoidance feeds itself, and what a trusted adult who changes the environment can do about all of it.

Dr Scott I-Patrick

DEdPsych CPsychol MBPsS

Chartered Educational and Child Psychologist, HCPC registered
EdPsych Connect Limited

Second edition, September 2026

Contents

Before you start: how to use this guide

If you only read one page

Part 1. The child cannot change the room

Part 2. Feelings are alarms, not choices

Part 3. How a script is built

Part 4. The spiral and the ripple

Part 5. Four rules for a life that works

Part 6. Shame: the feeling that needs caring

Part 7. The body's three states

Part 8. Masking: the swan and the bucket

Part 9. When the alarm is the school gate: emotionally based school non-attendance

Part 10. The morning: where it all meets

Part 11. What the adults can do

Part 12. A return to school that holds

Part 13. Different ages, different children

Part 14. For the young person reading this

Part 15. Five children

Part 16. A shared thinking tool

Part 17. Where you stand, and when to ask for more

Glossary

Evidence notes and references

Each Part starts on a new page. Evidence notes at the end of each Part say how well supported each idea is. The glossary and references are at the back.

Before you start: how to use this guide

I wrote this guide because of what I see most often in my work as an educational psychologist. Children who are quietly holding it together at school and falling apart at home. Children who cannot get through the front door in the morning. Children whose stomach aches and headaches are real but have no medical cause anyone can find. Behind almost all of it is the same story. A child has struggled with something for long enough, without anyone changing it, that their feelings have learned to fire before the day has even begun.

This guide explains that story in plain language. It is written for parents and carers, for teachers and support staff, and for young people themselves. You do not need any background in psychology. Where I use a technical word I explain it in everyday terms first, and there is a glossary at the back.

Three promises about how I have written it. First, everything here is either evidence based or clearly labelled as my professional view. Each big idea carries a short evidence note telling you whether it is established theory, research evidence, a widely used practice model, or my own professional view from over a decade of casework. You should be able to tell the difference. Second, I have stayed inside what an educational psychologist can speak to with authority. Where something needs a doctor, I say so. Third, I have kept the language simple on purpose. Simple is not the same as simplistic. The ideas here are the ones I use every week in my assessments for local authorities.

You can read it front to back, or go straight to the section you need. If you only have five minutes, read the next page.

If you only read one page

Feelings are alarms, not choices. Every human is born with the same nine basic feelings, wired into the body. They fire automatically, before thinking. A child cannot decide not to feel afraid any more than they can decide not to blink.

Repeated experience builds a script. Each time a child meets the same struggle, the brain lays down a pattern that fires faster the next time, like a path worn across grass. After enough repetitions the alarm goes off at the sight of the school gate, the worksheet, or the alarm clock.

Children cannot redesign the room. A child has almost no power to change their classroom, timetable, teacher, or the demands placed on them. The adults hold that power. So when a child's environment keeps setting off their alarms, only the adults can change it.

Shame is the feeling to watch. Shame fires when a child wants to do well and cannot. It only hurts because they care. When it lands, children reach for one of four automatic escapes: hiding, blaming themselves, pretending it does not matter, or lashing out. None of these is a choice, and none is the real problem.

Masking has a cost. Many children hide their feelings all day to fit in. It works, right up until it does not. A child who "seems fine at school" and explodes at home is not fine at school. They are exhausted.

Physical symptoms are real. Stomach aches, headaches and sickness in the mornings are the body's stress system doing its job. They are not made up. They should still be checked by a GP.

Avoidance feeds itself. Every day a frightened child stays home, the relief teaches the alarm that school was dangerous. This is why early, gentle, well-planned help matters so much.

The way back is relational. In my professional view, a negative script is undone by one thing above all: a trusted adult who knows the child, understands what sets the alarm off, changes what can be changed, and gives the child somewhere safe to put their feelings. Interest and enjoyment then do the rest, because they are the feelings that pull a child back towards life.

Work with, not to or for. High expectations and high support, together. Neither punishment nor rescue rebuilds a child's confidence. Doing it with them does.

Part 1. The child cannot change the room

I want to start with the idea that everything else in this guide rests on, because once it is clear the rest follows.

Imagine being asked to work all day in a room where the lights flicker, the chair is the wrong height, the instructions arrive too fast, and someone keeps checking whether you have finished. You would leave. You would ask for a different room. You would at least turn the lights off. An adult in a bad environment has choices.

A child at school has almost none. They cannot change the timetable, the teacher, the seating plan, the noise, the pace of the lesson, the size of the class, or the way their work is marked. They cannot decide to skip the lesson that frightens them. They cannot ask for a quieter room and expect to get one. They are the only person in the building who is required to be there and has no say over what happens there.

That is not a criticism of schools. It is simply the position a child is in. It means that when a child's environment keeps causing them distress, the child is not the one who can fix it. The adults are. The child's job is to tell us, as best they can, and children tell us mostly through behaviour. Our job is to understand what the behaviour is saying, and then to change what needs changing.

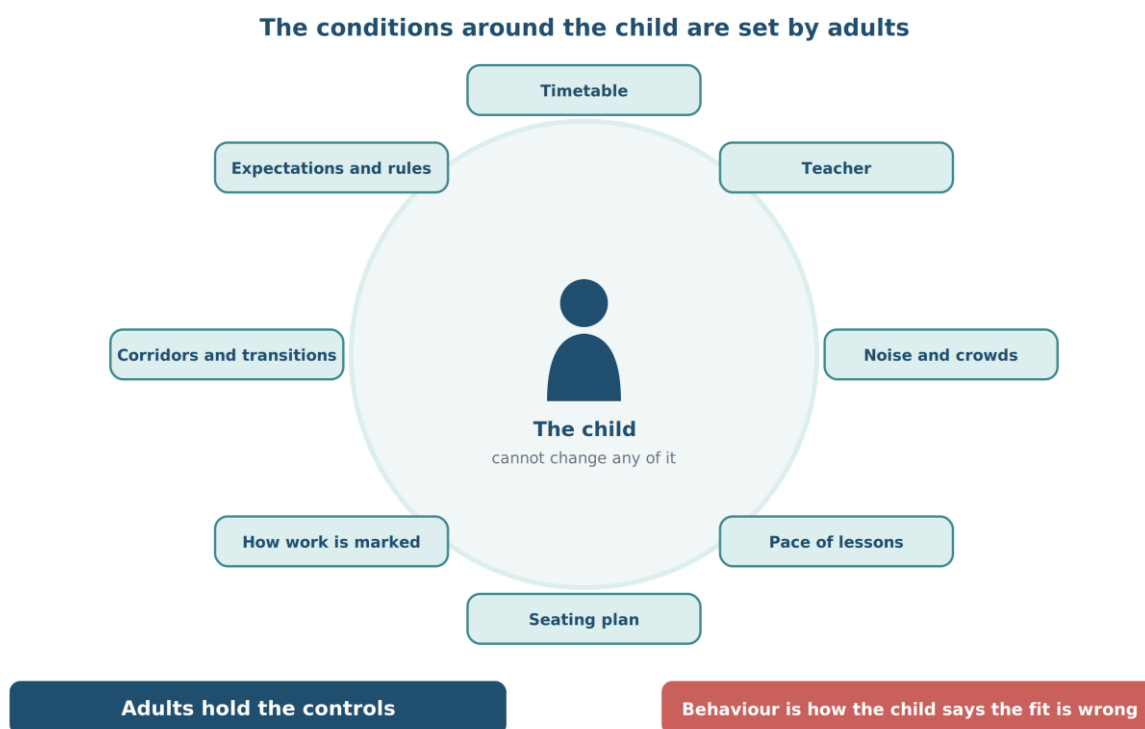


Figure 1. The child sits inside a set of conditions that only the adults can change. Behaviour is how the child tells us the conditions are wrong.

The plant and the soil. If a plant is wilting, we do not tell the plant to try harder. We look at the soil, the light and the water. Children are the same. When a child is struggling, the first question is not "what is wrong with this child?" but "what in this environment is not fitting this child, and what can we change?"

This is why the rest of this guide spends so much time on feelings. Feelings are the signal. If we understand the signal, we can read what the child is telling us long before it becomes a crisis at the school gate.

Evidence note. The idea that a child's development depends on the fit between the child and the layers of environment around them (family, school, community, policy) comes from Bronfenbrenner's ecological systems theory, an established framework in developmental psychology that is widely used in UK educational psychology. That the child has the least power in the system, and that adults therefore carry the duty to adapt, is my professional interpretation of it and the principle that runs through this guide.

Part 2. Feelings are alarms, not choices

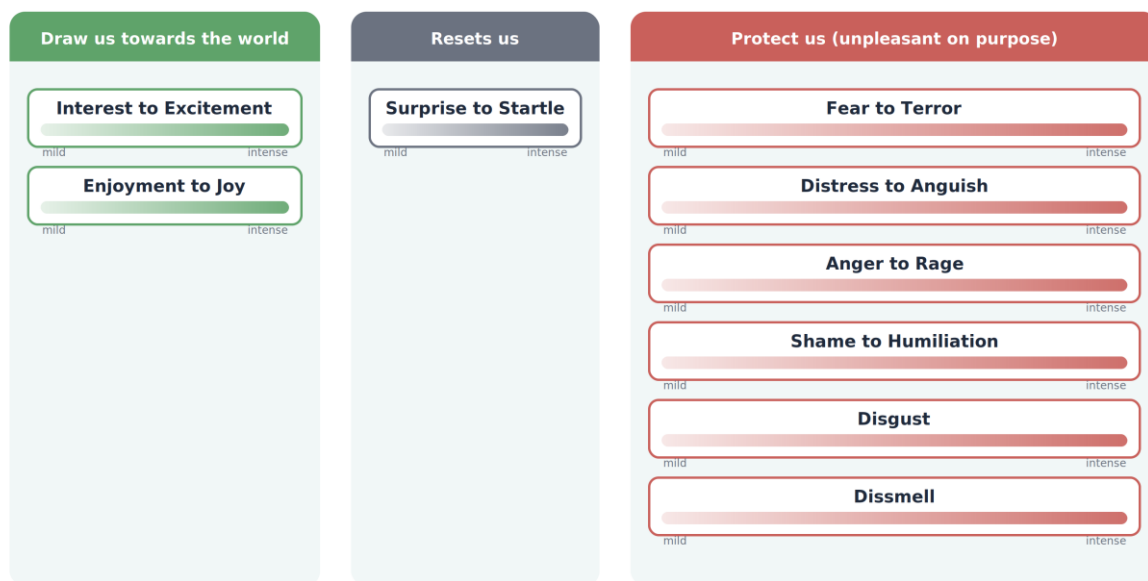
The nine feelings we are all born with

The psychologist Silvan Tomkins argued that a small set of feelings is built in from birth and shows on the face before any learning could account for it. He described nine. He called them affects. I will call them the nine basic feelings, because that is what they are: the raw, built-in feelings that every human shares, whatever their age, language or culture.

Seven of the nine come as a range from mild to intense, which is why Tomkins gave those seven double names. Disgust and dissmell, the two that reject things, have single names.

Basic feeling	What it feels like at the mild end	What it feels like at the intense end	What it is for
Interest to Excitement	Curious, drawn in, "what is that?"	Fascinated, absorbed, cannot look away	Pulls us towards learning and life
Enjoyment to Joy	Content, comfortable, a smile	Delight, laughter, relief	Tells us "this is good, stay here"
Surprise to Startle	A blink, "oh!"	A jump, the heart thumps	Clears the mind to deal with something new
Fear to Terror	Uneasy, wary, on guard	Frozen, heart racing, need to escape	Warns of danger
Distress to Anguish	Sad, tearful, a lump in the throat	Sobbing, despair	Signals "something is wrong and I need help"
Anger to Rage	Irritated, frustrated	Furious, explosive	Fires when there is too much for too long; felt as pushing back
Shame to Humiliation	Awkward, want to look away	Want the ground to swallow me	Fires when we wanted something good and it was interrupted
Disgust	"Yuck", want to spit it out	Revulsion	Rejects something that has been taken in and is bad
Dissmell	Wrinkled nose, "keep that away"	Strong revulsion, turning the head away	Keeps something bad at a distance before it gets close (dissmell mixed with anger is what we call contempt)

The nine basic feelings we are all born with



Every feeling runs from mild to intense. Two pull us in, one clears the mind, six keep us safe.

Figure 2. The nine basic feelings. Two draw us towards the world, one resets us, and six protect us. Every one of them is wired in from birth.

Two of the nine draw us towards the world: interest and enjoyment. One, surprise, wipes the slate clean so we can deal with whatever just happened. The other six are protective. They are unpleasant on purpose, because their job is to make us stop, escape, push back or get help.

Notice the balance. Six of the nine are unpleasant. That is not a design flaw. For most of human history, missing a danger was far more costly than missing a pleasure. But it does mean that a child who spends most of their day with the protective feelings switched on is living in a state their body was never designed to stay in for long.

The smoke alarm. A smoke alarm does not think. It does not ask whether the smoke is from a fire or from toast. It goes off, loudly, and it will not stop until the smoke clears. Feelings work the same way. They fire before thought, they are loud on purpose, and they cannot be reasoned with while they are sounding. You would not tell a smoke alarm to calm down. You would deal with the smoke.

Why this matters for the child in front of you

When a child's face closes down, when they go red and look at the floor, when they shout or run or freeze, an alarm has already gone off inside them. It went off before they had any chance to think about it. By the time we see the behaviour, the feeling has been there for some time.

This is the first thing I would ask every adult to hold on to: the behaviour is the tip of the iceberg. The feeling is underneath, and it got there first. Responding to the tip while ignoring what is underneath is why so many well-meant strategies do not work.

What feelings do to the body

Feelings are not only in the head. Each one has a body signature, and this is where stomach aches and headaches come in.

In broad terms, and as any GP would describe it, when the protective feelings fire, the body's stress system gets ready for action. The heart speeds up. Breathing gets shallow. Blood moves away from the digestive system towards the muscles. Stress hormones rise. The gut, which has its own dense network of nerves and is in constant two-way conversation with the brain, tightens or churns. Muscles in the neck and scalp clench.

Do that once and you feel butterflies. Do it every school morning for months and you get a child who is sick before school, has a stomach ache that eases by mid-morning, or arrives home with a headache. These symptoms are real. The child is not making them up, and they are not "just anxiety", because anxiety is a physical event. What is happening is that the body is preparing, very efficiently, for a danger it has learned to expect.

What to do about physical symptoms. Take them seriously in both directions. First, see a GP, because it is not for a teacher or a psychologist to rule out a medical cause, and some conditions need treatment. Second, notice the pattern. Symptoms that are worse on Sunday evenings and school mornings, ease once the pressure passes, and vanish in the holidays are telling you something about the child's environment, not about their stomach. Both things can be true at once: the pain is real, and the cause is the school day.

Evidence note. Tomkins' theory of the nine innate affects (1962, 1963) is a long-standing theory of emotion, developed further by Nathanson (1992) and widely used in restorative practice in schools (an approach to behaviour that focuses on repairing relationships rather than punishing). The idea of a fixed set of innate basic feelings is debated in emotion science, but the practical account here does not depend on that debate. The body's stress response, and the two-way link between gut and brain, are well-established physiology. That morning stomach aches and headaches with no medical cause are commonly the body's stress response to school, and follow the school week, is consistent with the well-documented link between anxiety and physical symptoms in children, and with the association between anxiety and poor attendance (Finning and colleagues, 2019). It matches what I see routinely in my own casework. The advice to have symptoms medically checked is not optional.

Part 3. How a script is built

The path in the grass

If feelings are the alarm system we are born with, scripts are what we learn to do with them.

Picture a field of long grass. The first time someone walks across it, they leave barely a trace. The second time, they take the same route because it is slightly easier. By the twentieth crossing there is a path, and by the hundredth nobody even thinks about the route. Their feet take it.

That is a script. Every time a child meets a situation, their brain records what happened and how it felt. Meet the same situation again and the same feeling fires a little faster and a little stronger. After enough repetitions the situation and the feeling become welded together. The child no longer needs the bad thing to happen. Seeing the worksheet, hearing the teacher's name, or just waking up on a Monday is enough to set the alarm off.

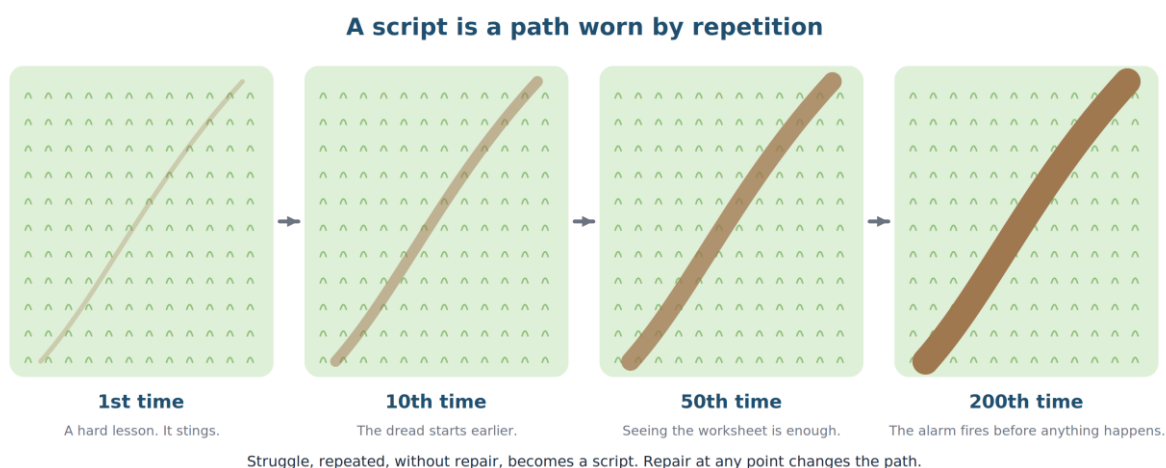


Figure 3. A script is a path worn by repetition. Each crossing makes the next one more automatic, until the feeling fires before anything has happened.

Scripts are useful. They are how we learn to cross roads, hold conversations and ride bicycles without thinking about every step. A positive script, built from repeated interest and enjoyment, is what makes a child bound into the art room or light up at a maths puzzle. But a script built from repeated fear, distress or shame works exactly the same way, and in my experience it is these scripts that bring children to my door.

What a negative script sounds like from the inside

A script is not just a feeling. It comes with a story the child tells themselves, and over time the story becomes what they believe about themselves. Children have told me, in their own words:

"I'm the stupid one."

"Everyone else gets it and I don't."

"If I try, I'll get it wrong, and everyone will see."

"There's no point."

"I'm bad."

These sentences are not opinions the child has weighed up. They are the words that ride on the feeling. They arrive with it. That is why telling a child "you're not stupid" so rarely works. You are arguing with the caption while the alarm is still sounding.

Why a script is not attitude. Adults sometimes describe a child as lazy, defiant, attention seeking or "just not bothered". I understand why. From the outside, a child who will not start work looks like a child who has chosen not to. But a script is not a choice. The child did not decide to link maths with dread any more than you decided to feel your stomach drop when the phone rings late at night. It was learned, automatically, from experience. That is good news, because what was learned from experience can be unlearned from experience.

How long does it take

Shorter than most people think, and this is the point I most want schools to hear. A script does not need years of trauma. It needs repetition without repair. A child who finds reading hard, and who is asked to read aloud in front of the class twice a week without anyone changing that, can build a solid script of shame around reading within a single term. A child who is told off for fidgeting several times a day, when the fidgeting is how they keep themselves settled, can build a script that the classroom is a place where they are always in trouble within weeks.

The key phrase is without repair. Struggle by itself does not build a negative script. Struggle that nobody notices, nobody names and nobody changes does. Children can tolerate a great deal of difficulty when someone is alongside them. What they cannot tolerate, day after day, is difficulty they are left alone with.

Evidence note. Script theory is Tomkins' account of how repeated affective experiences become organised into patterns that then govern future responses (Tomkins, 1979; Nathanson, 1992). It is long-standing theory within affect psychology. The idea that the brain strengthens whatever pathway is used repeatedly is a widely accepted principle of learning. The observation that scripts can form within a single term when difficulty goes unrepaired is my professional view, drawn from casework, and I offer it as such.

Part 4. The spiral and the ripple

Two things happen once a negative script fires, and they explain a great deal of what parents and teachers describe to me. I think of them as the spiral (inside the child) and the ripple (between the child and the people around them).

The spiral: why one feeling becomes all of them

Tomkins described feelings as amplifiers. A feeling does not just report what is happening; it turns the volume up on it, and on everything connected to it. Once fear fires, the child's attention narrows to whatever is frightening. That brings up the memory of the last time, which brings up the shame of the last time, which brings up the thought "I can't do this", which makes the fear louder. Within moments the child is not thinking about the maths problem at all. They are thinking about every time they have ever failed, and about how everyone else manages and they do not.

Parents often describe this as "he goes from nought to a hundred". Teachers describe it as "she just shut down". What they are seeing is the spiral: one alarm setting off the next, like a line of dominoes, until the child is somewhere they cannot easily get back from.

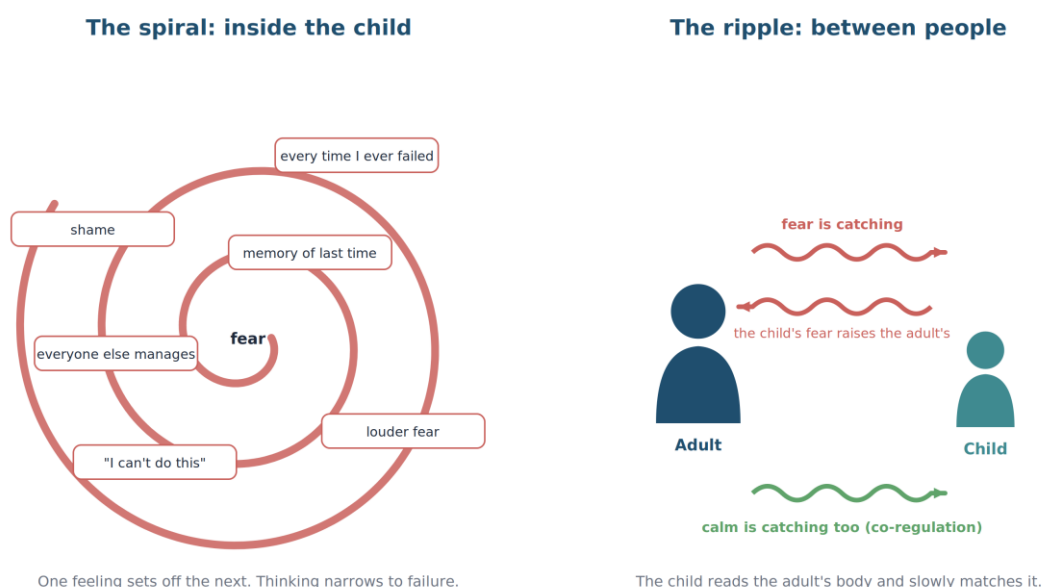


Figure 4. The spiral (left) and the ripple (right). Inside the child, one feeling sets off the next. Between people, feelings are contagious in both directions.

Once a child is in the spiral, three things follow that I want adults to expect rather than be surprised by. The child cannot think clearly, so this is not the moment for explanations, consequences or problem solving. The child cannot hear reassurance, because reassurance is aimed at the caption, not the alarm. And the child will reach for whichever escape their script has taught them, which is what Part 6 is about.

The ripple: feelings are contagious

The second thing Tomkins noticed is that feelings pass between people. Tomkins described it as contagion; Nathanson's term for it, affective resonance, is the one now used. Babies cry when they hear other babies cry. A room full of tense adults makes a child tense. A frightened child makes a

parent frightened, and the child, who is watching that parent's face far more closely than the parent realises, becomes more frightened still.

This is why mornings go wrong so fast and so predictably. It is not that anybody is doing anything wrong. It is that fear is catching, and a house with a frightened child in it becomes a house with frightened adults in it within minutes.

The ripple runs the other way too, and this is the hopeful part. A calm adult is contagious as well. Not a falsely cheerful adult, and not an adult pretending nothing is happening, but an adult whose own body is settled enough for the child to borrow that settledness. Psychologists call this co-regulation, and in my view it is the most powerful tool any adult has. Part 7 explains it properly.

You cannot pour from an empty cup, but you can borrow a full one. A child in the spiral cannot calm themselves. They need to borrow calm from somebody else. That means the most useful thing an adult can do in the moment is often not to say anything clever at all, but to become the steadiest thing in the room.

Evidence note. Affect as an amplifier, and affective resonance (the contagion of feeling between people), are both Tomkins' concepts (1962, 1963) and are established theory. Co-regulation, the process by which children learn to regulate through the regulated presence of a caregiver, is well supported in developmental research on attachment and emotion regulation. The spiral as I describe it, with the child's attention narrowing to their history of failure, is my professional synthesis of these ideas and of what children have described to me.

Part 5. Four rules for a life that works

Tomkins believed that underneath all our differences, human beings are built to follow four simple rules. He called them the Central Blueprint. I find them the most useful four sentences in this whole area of psychology, because they turn a theory of feelings into a checklist any adult can hold a child's day up against.

Tomkins' rule	In plain words	The question to ask about a child's day
1. Maximise positive feeling	Have as much interest and enjoyment as possible	Where in this child's day is there real interest or enjoyment? Is it enough?
2. Minimise negative feeling	Have as little of the six protective feelings as possible	What in this child's day sets off the protective feelings, and how often?
3. Minimise the holding in of feeling	Do not have to hide or suppress what you feel	Where can this child safely show what they actually feel? Or are they masking all day?
4. Maximise the power to do the first three	Have real say over your own life so you can act on rules one to three	What choice or control does this child actually have over any of this?

Look at rule four for a moment, because it is the one that is usually left out and the one that matters most for children. Tomkins' fourth rule is not itself a feeling. It is about power: the power to carry out the first three, to get more of the good feelings, avoid the bad ones and express what you feel. Adults have that power. Children, as Part 1 said, largely do not. So for a child, rule four has to be carried out by the adults on their behalf. If the adults do not do it, nobody does.

Rule three is the one I return to again and again, because it is the rule that masking breaks. A child who spends six hours a day holding in fear, confusion or distress in order to look fine is breaking rule three from nine until three, and their body pays for it. Part 8 is about that.

A quick audit. Take any child you are worried about and walk through their day with the four rules. Where is the interest and enjoyment? Where are the alarms going off? Where can they show how they feel? What say do they have? In my experience the answers point straight at what needs to change, and usually the child could have told you if anyone had asked.

Evidence note. The four rules are Tomkins' own, from *Affect Imagery Consciousness* (1962, volume 1); his exact wording is given in the references section at the back. They are long-standing theory, and the restorative practice literature (Kelly and Thorsborne, 2014) applies them to schools. Some school-based summaries render the fourth rule as "maximise expression of affect"; that is a simplification, and the original wording about power is, in my view, the more important one for children precisely because they have so little of it.

Part 6. Shame: the feeling that needs caring

Why shame only hurts if you care

Of the nine basic feelings, shame is the one I want every parent and teacher to understand properly, because it drives more of the behaviour I am asked about than any other, and because it is almost always misread.

Tomkins made an observation about shame that changes how you see a struggling child. Shame does not fire because something bad happened. It fires when something good was happening, or was wanted, and it got interrupted. You were interested and you were shown you had got it wrong. You were enjoying something and you were laughed at. You reached for connection and it was not returned. Shame is the feeling of a good feeling being cut short.

That means shame only ever fires in a child who cared. The child who blushes and hides when they get a sum wrong is a child who wanted to get it right. The child who tears up their drawing is a child who wanted it to be good. The child who says "I don't care" loudest is very often the child who cares most, because if they truly did not care there would be nothing for shame to interrupt.

Read it backwards. When you see shame, look for what the child wanted. The wanting is the strength. It is the thing to protect and build on, and it tells you exactly what the child is reaching for.

The four escapes: Nathanson's Compass of Shame

Shame is close to unbearable, so we all learn ways of getting out of it fast. The psychiatrist Donald Nathanson mapped these into four directions and called it the Compass of Shame. Every one of us has a favourite direction. So does every child, and once you know which way a child tends to go, their behaviour stops being a mystery.

The Compass of Shame

Adapted from Nathanson (1992). Four automatic escapes from an unbearable feeling.

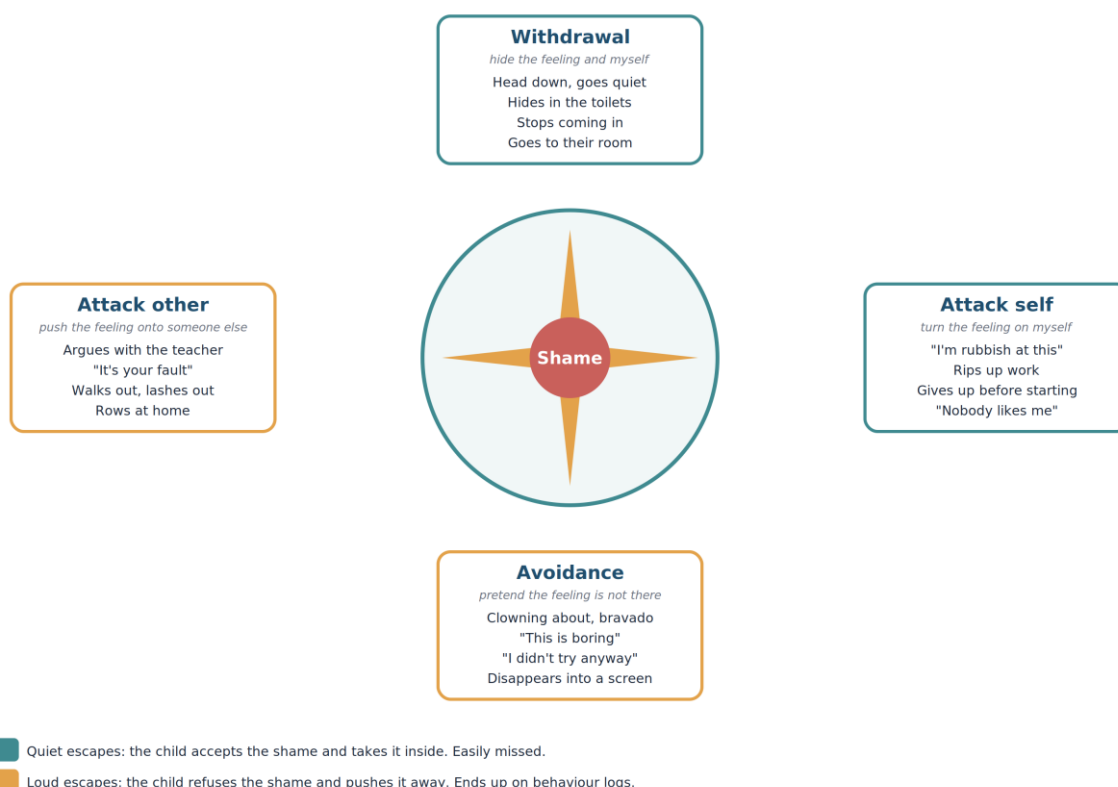


Figure 5. The Compass of Shame, adapted from Nathanson (1992), with examples of how each direction looks in a child at school and at home. None of the four is a choice. All four are the child trying to get away from an unbearable feeling.

Direction	What the child is doing with the shame	What it looks like at school	What it looks like at home
Withdrawal	Accepting it and hiding	Head down, silent, hides in the toilets, "forgets" to hand work in, stops coming	Goes to their room, goes quiet, will not talk about school
Attack self	Accepting it and turning it inward	"I'm rubbish at this", rips up work, gives up before starting, puts themselves down before anyone else can	"I'm the worst", "nobody likes me", tearful self-criticism
Avoidance	Refusing to feel it, pretending it is not there	Clowning about, bravado, "this is boring", "I didn't try anyway", distraction, perfectionism, refusing help	"I'm fine", changes the subject, disappears into a screen, denies there is a problem
Attack other	Refusing to feel it, pushing it onto someone else	Argues with the teacher, blames the work, blames a peer, "it's your fault", walks out, lashes out	Rows with parents, blames siblings, "you don't understand", anger that seems out of proportion

Two of the directions, withdrawal and attack self, are the quiet pair. The child accepts the shame and takes it inside. These children are frequently missed, because they are not causing anyone else a problem. The other two, avoidance and attack other, are the loud pair. The child refuses the shame and pushes it away, and these are the children who end up on behaviour logs.

I want to be direct about something. The loud child and the quiet child are doing the same thing. They are both escaping shame. The child who calls the teacher an idiot and the child who has stopped coming to school may have identical scripts. One has gone loud and the other has gone quiet. If we treat the loud one as a discipline problem and the quiet one as fine, we have misread both.

What each direction needs from adults

The compass is not just a way of understanding. It tells you what to do, because each direction is a request the child cannot put into words.

Direction	What the child needs	What makes it worse
Withdrawal	To be noticed gently and stayed with, without being made to perform. A quiet "I'm here" is worth more than "come on, join in."	Being put on the spot, being ignored because they are no trouble, being told to cheer up
Attack self	To have the effort seen and the worth separated from the work. "That was hard and you kept going" not "don't be silly, it's fine."	Arguing with the self-criticism, praise that feels untrue, comparison with others
Avoidance	To have the difficulty named calmly, without exposure. "I think this one is trickier than it looks. Want to do the first bit together?"	Calling out the clowning in public, taking the bravado at face value, "you obviously don't care"
Attack other	To have the adult stay steady and not take the bait, then come back to it later. "I can see this has really got to you. Let's sort the work out when things are calmer."	Escalating, public consequences, winning the argument, demanding an apology in the moment

Evidence note. Tomkins' description of shame as the innate response to the partial interruption (his phrase is "incomplete reduction") of interest or enjoyment is long-standing theory (Tomkins, 1963). Nathanson's Compass of Shame (1992) is a widely used clinical model, common in restorative practice in UK schools, with limited direct empirical testing. The school and home examples in the tables are mine, and the guidance on what each direction needs is my professional view, informed by restorative practice and by my doctoral research on children's experience of school sanctions.

Part 7. The body's three states

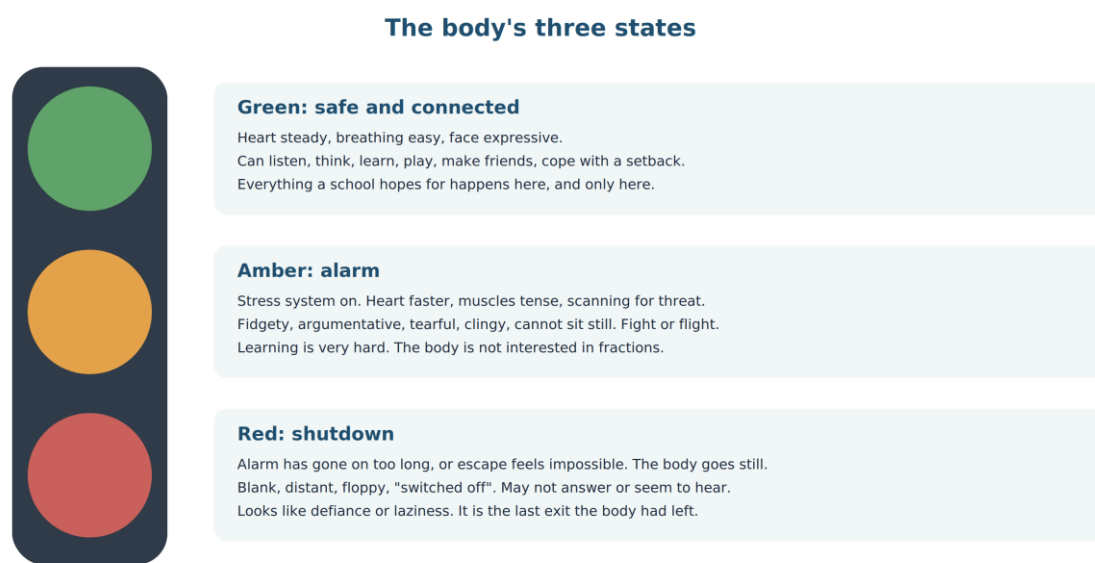
Safe, alarm, shutdown

The feelings described so far do not float freely. They run through the body's nervous system, and that system has, in broad terms, three settings. I describe them to children as a traffic light.

Green: safe and connected. Heart rate steady, breathing easy, face expressive, voice varied. In this state a child can listen, think, learn, play, make friends and cope with a setback. Everything a school hopes a child will do happens most easily here, and some of it happens only here.

Amber: alarm. The stress system is on. Heart faster, muscles tense, attention scanning for threat. The child may be fidgety, argumentative, tearful, clingy or unable to sit still. Fight and flight live here. Learning is very hard in this state, because the body is not interested in fractions when it thinks it is in danger.

Red: shutdown. When the alarm has gone on too long, or the threat feels impossible to escape, the body does something different from fight or flight. It goes still. The child looks blank, distant, floppy or "switched off". They may not answer. They may not seem to hear. From the outside this looks like defiance, laziness or not listening. From the inside, the child has gone somewhere far away because that was the only exit left.



Amber and red are not behaviour choices. They are the body's protective settings.

Figure 6. The three body states. A child can only learn, connect and cope in green. Amber and red are not behaviour choices; they are the body's protective settings.

Why "just come in" does not work

Once you see the three states, one thing becomes obvious. You cannot reason, reward or threaten a child out of amber or red, because the parts of the mind that respond to reasons, rewards and threats are not fully available in those states. The body has decided this is not the time for thinking. It is the time for surviving.

The child's body also does not take our word for it. Telling a frightened child that school is safe does not change what their nervous system has learned from experience. Safety has to be felt, repeatedly, before it is believed. This is why a well-planned return to school starts with experiences of actual safety (a quiet room, a known adult, no demands) rather than with promises.

Co-regulation: borrowing a calmer body

Children do not arrive able to bring themselves back to green. They learn it, over years, by having it done with them. A baby is calmed by being held. A toddler is calmed by a parent kneeling down and speaking slowly. A ten-year-old is calmed by an adult who sits alongside them without needing them to talk. A teenager is calmed by an adult who does not react to the door slamming.

In each case the child's body reads the adult's body and slowly matches it. This is co-regulation, and it works in both directions, which is why an adult who is themselves in amber (frightened about attendance figures, frightened about being judged, frightened about being late for work) will find the child gets worse, not better. The first job in any hard moment is to check your own traffic light.

What co-regulation looks like in practice. Get lower than the child, not over them. Slow your own breathing before you speak. Say less, and say it more slowly. Name what you see without judgement: "Your body looks like it's had enough." Offer nearness without demand: "I'm going to sit here. You don't have to say anything." Wait longer than feels comfortable. Green is contagious, but it is slower than amber.

A note on the science

Readers who look into this area will meet Polyvagal Theory, developed by Stephen Porges, which many practitioners use to explain the three states. I use its practical ideas, because I have found them helpful with families and staff, and its central practical claims (that felt safety comes before learning, that shutdown is a protective state rather than defiance, and that children regulate through relationships) are consistent with a wide body of developmental research.

I want to be honest about its status, though. Several of the theory's specific claims about the anatomy and evolution of the nervous system have been challenged in the scientific literature and remain contested. So I offer the three states as a widely used practical model, not as settled physiology. The facts I am actually relying on are older and uncontroversial: the body has a stress response, children learn to settle through co-regulation, and nobody learns well while their body is preparing for danger.

Evidence note. The stress response, including fight, flight and immobility responses, is established physiology; mapping collapse or shutdown onto a single "red" state is a practical simplification. Co-regulation is well supported in developmental research. The "window of tolerance" (Siegel, 1999), the band of stress within which a person can still function well, is a widely used clinical model that describes the same territory as the traffic light. Polyvagal Theory (Porges, 2011) is a widely used practice model whose physiological claims are contested (Grossman and Taylor, 2007; Grossman, 2023); I use its practical framing only. Where I describe "the thinking part of the mind" being unavailable in amber and red, that is a simplification for readability, not a precise account of brain function.

Part 8. Masking: the swan and the bucket

What masking is

Masking is what a child does when they hide how they feel, or hide who they are, in order to fit in, avoid trouble or avoid being noticed. It might mean holding in tears, forcing a smile, copying what other children do without understanding why, sitting still when every muscle wants to move, making eye contact that feels unbearable, laughing at jokes they do not follow, saying "I'm fine" when they are not, or holding in confusion rather than asking.

Some masking is a normal part of growing up. We all learn that there are times to keep a feeling to ourselves. The difference is scale. The children I am describing mask for most of every day, at enormous cost, and usually nobody at school knows they are doing it.

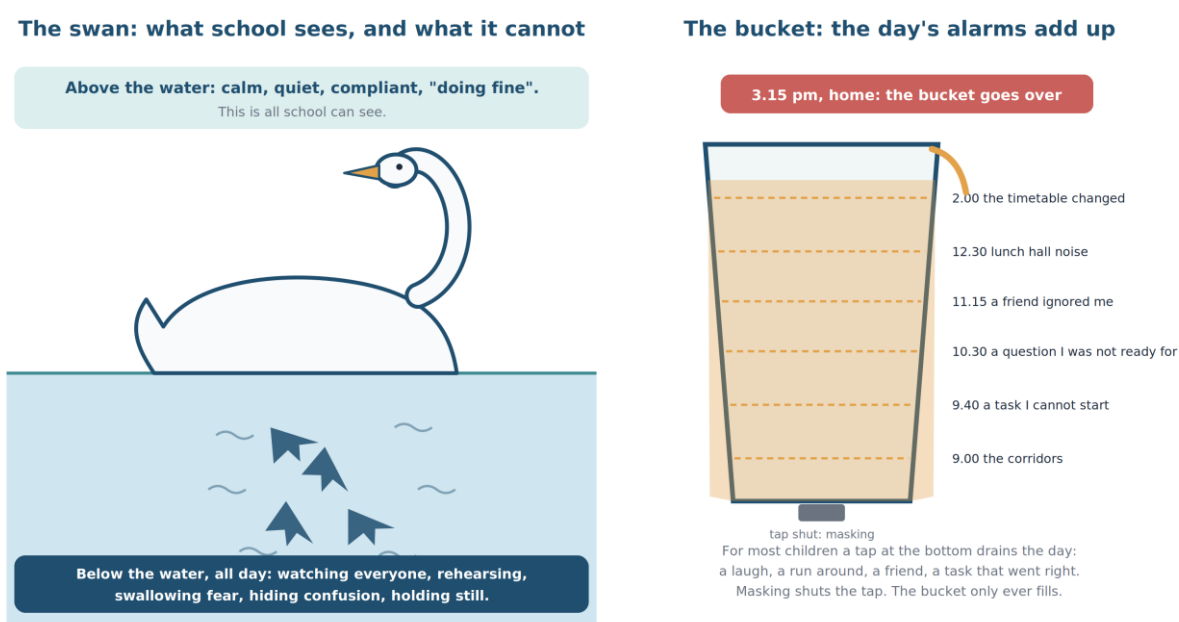


Figure 7. The swan and the bucket. Above the water the child looks calm all day. Below it they are paddling hard. The stress bucket fills hour by hour, and at home it overflows.

The swan

A swan glides across the water looking effortless. Underneath, its feet are paddling constantly. A masking child is a swan. The teacher sees a child who is quiet, compliant, perhaps even doing well. What the teacher cannot see is the paddling: the constant monitoring of what everyone else is doing, the rehearsing of what to say, the swallowing of fear, the effort of appearing to follow a lesson they lost ten minutes ago.

Rule three of Tomkins' blueprint said: do not have to hold in what you feel. A masking child breaks that rule for six hours at a stretch. The feeling does not go away when it is held in. It builds.

The bucket

Imagine each child arrives at school with a bucket. Every alarm that goes off during the day (a loud corridor, a task they cannot start, a question they were not ready for, a friend who ignored them, a change to the timetable) pours some water in. For most children the bucket has a tap at the bottom: they talk to a friend, they run around at break, they get a task right, they laugh at something, and the

level drops. For a masking child the tap is shut, because showing feeling is exactly what they are working so hard not to do. The bucket only ever fills.

At three fifteen the child walks through their own front door, sees the one person they do not have to mask with, and the bucket goes over. Parents describe screaming, sobbing, kicking, hours of rage, or a child who goes to their room and does not come out. Parents call this "after-school meltdown" or "restraint collapse". Those are phrases from parent communities rather than the research literature, but the thing they describe is real and well documented: the cost of a day of holding it in, paid in full at the end of it.

"But they're fine at school." When a school says a child is fine and a parent says the child is falling apart at home, in my experience both are telling the truth about what they see, and the parent is usually telling the truth about the child. A child who is genuinely fine at school does not usually collapse at home every day. The collapse is evidence that something needs looking at. School is seeing the swan. Home is seeing the feet.

Why masking is so easy to miss

Masking is invisible by design; that is the whole point of it. But there are signs, and I would ask school staff in particular to look for them.

Sign	What it might look like
Effort out of proportion to the task	Exhausted after a "normal" day, needs the whole weekend to recover, cannot manage clubs or homework
Very different at home and at school	Compliant and quiet at school, explosive, tearful or withdrawn at home
Copying rather than understanding	Watches other children before acting, laughs a beat late, follows rather than initiates
Physical signs	Frequent stomach aches or headaches, tired all the time, disturbed sleep, changes in eating
Sunday evenings and holidays	Distress that rises on Sunday evening and eases in the holidays, then rises again before term
Perfectionism and over-compliance	Terrified of getting it wrong, will not ask for help, rubs out constantly, cannot hand in "unfinished" work
Late or delayed reaction	Something happened at school on Tuesday and the reaction arrives on Thursday
Loss of the mask	Over weeks or months the masking becomes less sustainable and refusal, illness or shutdown appear

Who masks

Anyone can, but the research is clearest for autistic people, mostly studied in adults so far, with a smaller but growing body of work in adolescents. In that research, masking (often called camouflaging) is common and is linked to exhaustion, anxiety and low mood. Findings on whether autistic girls mask more than boys are mixed, though many clinicians believe masking is one reason girls are often identified later or not at all. Children with ADHD, children with unidentified learning difficulties, children

who are anxious by temperament, and children who have learned at home or at school that showing feeling is unsafe all mask too.

If a child is masking, telling them to stop is not the answer. The mask is there because at some point the child learned it was needed. The answer is to make it need less: fewer alarms in the day, somewhere safe to take the mask off during the day rather than only at home, and at least one adult at school who knows the child well enough to see the feet paddling.

Evidence note. Camouflaging in autism is an active research area; a systematic review (Cook, Hull, Crane and Mandy, 2021), drawing mostly on adult samples, links it to poorer mental health, and interview research with autistic adults (Hull and colleagues, 2017) describes the exhaustion it causes. Findings on gender differences are mixed. "Restraint collapse" is a term from parent communities and I have labelled it as such; the phenomenon it names is consistent with the camouflaging research and with Tomkins' third rule. The bucket and swan are analogies, not models; the stress bucket idea is a widely used teaching aid in mental health work.

Part 9. When the alarm is the school gate: emotionally based school non-attendance

What it is

Emotionally based school non-attendance (EBSNA) is the term I use for a child who cannot attend school, or cannot attend fully, because of emotional distress. Some local authorities call it EBSA (emotionally based school avoidance). Older documents call it school refusal, a term I avoid because "refusal" implies a decision, and that is exactly what it is not.

It is not truancy. Truancy usually means absence without parents' knowledge or permission, and it often has its own causes that need understanding. A child with EBSNA typically wants to go to school, or wants to want to, is often desperately unhappy about not going, and their parents usually know exactly where they are because the child is at home, sometimes under the duvet, sometimes being physically sick.

It is not a parenting failure, although parents almost always feel it is, and are often made to feel it is. In my casework the parents of children with EBSNA are among the most exhausted, most committed people I meet.

It is not a choice. By the time a child cannot get through the door, everything in this guide has already happened. The alarm has been wired to school by repetition. The spiral fires before breakfast. The body is in amber or red before the uniform is on. The child is not deciding anything. Their body has decided for them.

The trap: avoidance feeds itself

There is one mechanism behind EBSNA that every adult around the child needs to understand, because it explains why it gets worse so quickly and why early help matters so much.

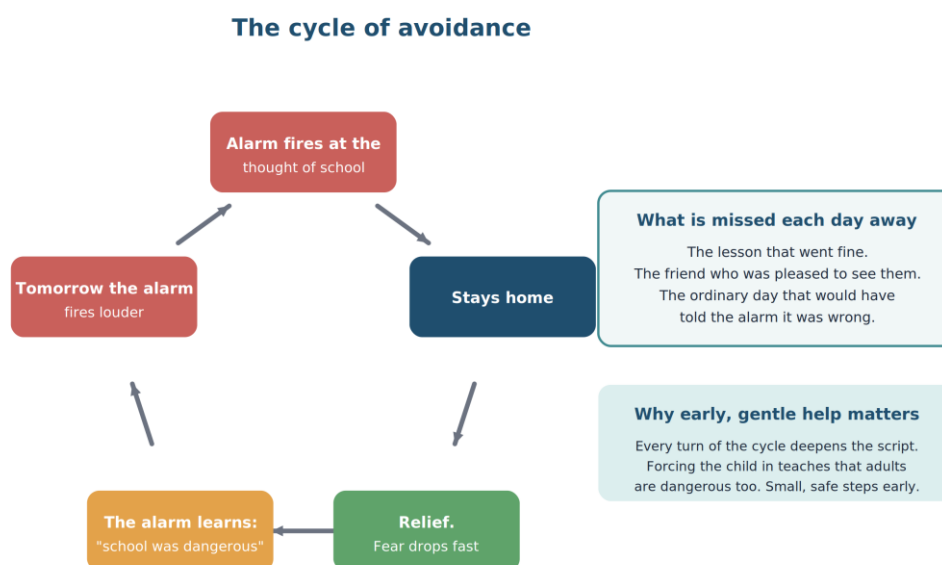


Figure 8. The cycle of avoidance. Staying home brings relief. Relief teaches the alarm that school really was dangerous. The alarm fires louder tomorrow.

When a frightened child stays home, their fear drops. That relief is immediate and enormous. But relief is a powerful teacher. The child's nervous system records: "I avoided school, and the danger went away. School must have been dangerous." The next morning the alarm fires a little louder, the relief on staying home is a little greater, and the lesson is learned a little more deeply. Meanwhile the child is missing the ordinary experiences (a lesson that went fine, a friend who was pleased to see them) that would have taught the alarm the opposite. Every day away is a day the script strengthens and nothing contradicts it.

This is not an argument for forcing a child in. Forcing a child into a building their body reads as dangerous does not teach safety; it teaches that the adults are dangerous too, and it usually ends with a bigger collapse. It is an argument for acting early, before the cycle has many turns on it, and for a return built on real experiences of safety rather than on pressure.

Four reasons children avoid

Not every child stays away for the same reason, and the reason changes what helps. Researchers Christopher Kearney and Wendy Silverman described four functions, which I have put in everyday words.

The child is mainly...	What it looks like	What tends to help
Escaping something at school that sets off fear or distress	Specific triggers: a lesson, a teacher, noise, crowds, the bus, PE, the toilets	Find the trigger and change it; a return in small planned steps with the trigger removed or reduced
Escaping being looked at or judged	Fear of speaking, reading aloud, group work, tests, "everyone staring", changing for PE	Reduce exposure, build competence privately first, one trusted adult, never surprise the child with an audience
Wanting attention from, or to be near, a parent or carer	Younger children especially; distress at separation; worry about a parent while at school	Predictable handovers, something from home to keep in a pocket, a written plan, the parent's own calm, and attention to any real worry about home
Finding home more rewarding than school	Screens, siblings, pets, comfort; often develops after avoidance has begun for another reason	Rebalance gently so school has something to offer and home during school hours is quieter, without making home a punishment

Most children have more than one of these going on, and the fourth often grows out of the first three: a child who started staying home because of fear can drift into staying home because home is easier. That is not laziness. It is the cycle of avoidance doing what it does. Understanding which functions are in play is the first step, and it usually needs the child's own view to get right.

Push and pull

Another way I think about it is as a balance. On one side are the things pushing the child away from school and pulling them towards home. On the other are the things pulling them towards school and pushing them away from home. When the first side is heavier, the child does not come in.

Pushing away from school	Pulling towards school
Learning that feels impossible; work that exposes them; noisy, crowded, unpredictable spaces; a teacher relationship that has gone wrong; friendship difficulties or bullying; sensory overload; transitions; feeling unseen	A trusted adult; a friend; a subject or club they love; a role or responsibility; feeling competent at something; predictability; being known
Pulling towards home	Pushing away from home
Safety; a parent; a pet; a screen; no demands; relief	Boredom; loneliness; a parent's distress; missing friends; the child's own wish to be "normal"

The job of the adults is to change the weights: lighten what pushes the child away, add to what pulls them in. Notice that almost all the pulls towards school are relational or about competence. Very few children are pulled back to school by attendance letters.

Early warning signs

EBSNA rarely starts with a child refusing outright. In my experience it builds over weeks or months, and the earlier it is noticed the shorter the road back. I would ask parents and schools to notice these together.

At home	At school
Sunday evening dread; disturbed sleep; morning stomach aches, headaches or sickness that ease later; long delays getting ready; tears or anger at the door; pleading to stay home; worse after weekends and holidays	Lateness creeping in; "forgetting" kit or homework; frequent visits to the medical room or toilets; avoiding particular lessons; withdrawal from friends; a drop in work or a sudden perfectionism; a child who has gone quiet

Evidence note. The cycle of avoidance (avoidance reinforced by relief) is established learning theory and the basis of most evidence-based approaches to anxiety-related school non-attendance. The four functions are from Kearney and Silverman (1990), replicated in later research. Push and pull factors, and the emphasis on early identification, are drawn from UK local authority EBSA guidance (notably West Sussex) and the Anna Freud Centre's guidance. The distinction between EBSNA and truancy follows Heyne and colleagues' (2019) framework for differentiating school attendance problems; Thambirajah and colleagues (2008) remains a useful practitioner text. That EBSNA is not a choice and not a parenting failure is both consistent with this evidence and my firm professional view.

Part 10. The morning: where it all meets

Mornings deserve their own section because everything in this guide converges in the hour before school, and because it is the hour parents most often describe as unbearable.

The cascade

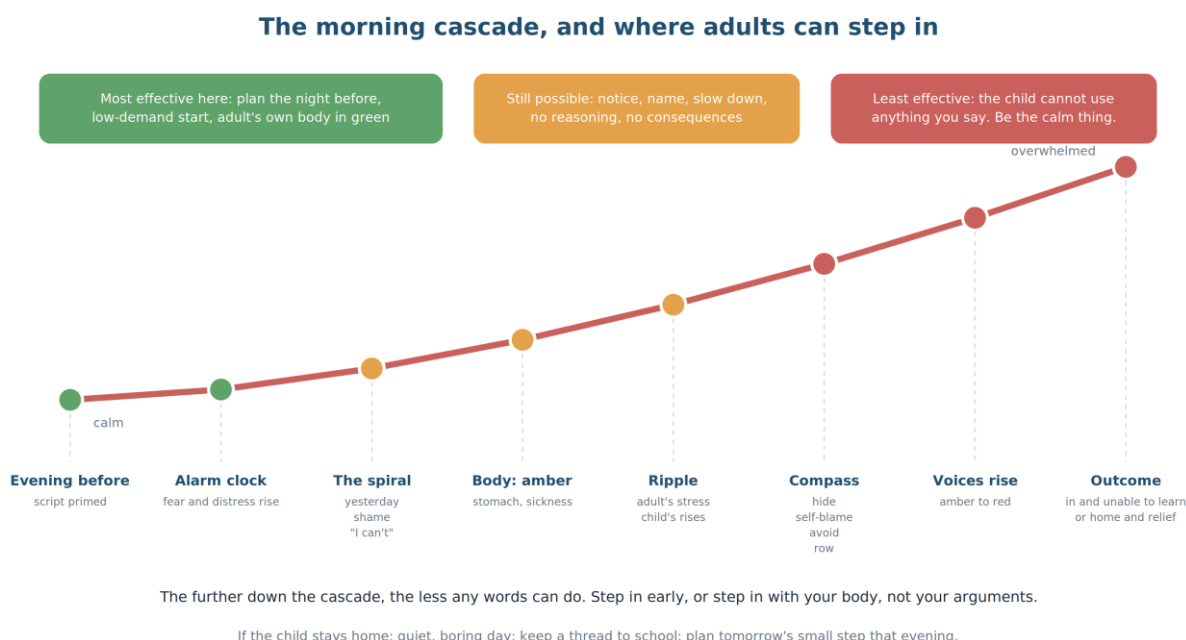


Figure 9. The morning cascade, and where adults can step in. The earlier the step, the more chance it has.

Here is a typical morning for a child with an established negative school script, told as the sequence of feelings it actually is.

1. The alarm clock goes. Before the child is properly awake, the script fires: interest and enjoyment nowhere, fear and distress already rising.
2. The spiral starts. Yesterday's difficulties come back, and with them the shame of being the one who cannot manage what everyone else manages.
3. The body moves into amber. The stomach tightens; the child says they feel sick, and they do.
4. A parent, watching the clock and their own working day, says something brisk. The child hears the edge in the voice. The ripple runs both ways: the parent's tension raises the child's, and the child's distress raises the parent's.
5. The child reaches for their compass direction: back under the covers (withdrawal), "I'm useless, I can't do it" (attack self), suddenly absorbed in a game (avoidance), or a row about the uniform (attack other).
6. Voices rise. Someone cries. The child moves from amber towards red.
7. Either the child goes in, in red or amber, and spends the day recovering from the morning rather than learning, or they do not go in, and relief teaches the alarm it was right. Tomorrow the whole sequence runs a little faster.

Where to step in

The cascade has a shape, and the shape tells you where intervention works. The further down the cascade you try to intervene, the less chance you have, because by then the child is in amber or red and cannot use anything you say. So the most effective interventions happen before the alarm clock, or in the first seconds after it.

When	What helps
The evening before	Everything ready and visible: uniform, bag, a written plan for the morning and the day. Decisions taken now, when the child is in green, cannot be fought over tomorrow when they are not. A brief, calm mention of one thing to look forward to.
Waking	A predictable, low-demand start. Light, a warm drink, a few minutes before any talk of school. The parent's own body in green: this is the single most powerful thing available.
The first alarm	Notice, name, do not argue. "I can see your tummy hurts. I know. We'll go slowly." No reasoning, no reassurance about school being fine, no consequences. Nearness and steadiness.
The transition out	As few steps as possible, each known in advance. If the school has agreed a soft start (a side entrance, a known adult, a quiet room, arriving after the corridors have cleared) this is where it earns its keep.
Arrival	A named adult, a predictable place, no demand to explain, no public arrival into a full classroom. Five minutes to land before anything is asked.
If they cannot go	Stay calm and keep the day quiet and boring rather than punishing. Keep some contact with school (a call, a piece of work, a visit to the gate). Do not let one lost day become a lost week. Plan tomorrow's small step that evening.

You are not negotiating with the child. You are negotiating with the alarm. Once the cascade has begun, arguing with a child about whether school is really that bad is like arguing with the smoke alarm about whether the toast is really burning. Deal with the smoke: lower the demand, slow everything down, and become the calmest thing in the house.

Evidence note. The cascade is my synthesis of Tomkins' affect and script theory, the body-state model in Part 7, and the cycle of avoidance, applied to what parents and children describe to me. The intervention timings reflect the general principle in anxiety research that prevention and early interruption are more effective than intervention at the peak of distress, and the practical advice is consistent with UK EBSA guidance on planned, graduated support.

Part 11. What the adults can do

Everything so far has been about understanding. This part is about action. I have organised it around the things that, in my professional view and in the evidence, actually change a child's script.

With, not to or for

There is a simple grid from restorative practice, called the Social Discipline Window, that I use with almost every school and family I work with. It asks two questions about how adults respond to a child: how much do we expect of them, and how much do we support them?



Figure 10. The Social Discipline Window (Wachtel, McCold). Only the top right corner, high expectations with high support, builds a child's confidence and competence.

Doing things **to** a child (high expectations, low support) is the world of consequences, detentions, attendance letters and "you just need to come in". It sets off shame and fear, so it feeds the very scripts it is trying to fix.

Doing things **for** a child (low expectations, high support) is the world of rescue: removing every demand, letting the child stay home indefinitely, doing the work for them. It is kind, and it is usually what an exhausted parent or school reaches for. But it tells the child that the adults do not believe they can manage, and the cycle of avoidance quietly turns.

Doing **nothing** (the "not" box, low on both) is what happens when a child is no trouble and slips off everyone's radar.

Working **with** a child (high on both) means keeping the expectation that they can and will re-engage, while giving as much support as it takes, and involving the child in deciding how.

The evidence on parenting points the same way. Decades of research on parenting styles finds that, with some variation across cultures, children do best with parents who combine warmth with clear, consistent expectations, rather than with either warmth alone or control alone. The window applies that finding to every adult in a child's life.

Three things every child needs

There is a well-supported theory of motivation, called Self-Determination Theory, that explains why the "with" corner works. It says human beings, of any age, are motivated and well when three basic needs are met.

Autonomy: some real say over what happens to me. Remember Tomkins' fourth rule. Children have little power, so adults must lend it: genuine choices, involvement in the plan, being asked before being told. A child who has helped design their own return to school will walk into it in a way no child ever walks into a plan made about them.

Competence: feeling I can actually do things. Not being told I am clever, but experiencing myself managing. This is why the way back from a negative script runs through the child's strengths and interests. Interest is the feeling that pulls us towards the world. Enjoyment is the feeling that says "stay". A child who has spent months in fear and shame needs to feel interest and enjoyment again, in their own body, before they can believe that school could hold anything for them. That means finding what they are actually good at, or fascinated by, and building the first steps back around it. Not as a reward for attending, but as the reason to.

Relatedness: someone who knows me and is on my side. This is the trusted adult, and in my professional view it is the single most important element of any plan.

The trusted adult. One person at school who knows the child, understands what sets their alarms off, checks in with them predictably, notices when the swan's feet are paddling, and speaks for them in rooms they are not in. Someone the child can offload to, so the bucket has a tap during the school day and not only at home. The research on school connectedness consistently finds that having at least one adult like this at school is associated with better wellbeing and attendance. It is the cheapest and most powerful intervention in this guide, and the one most often missing.

A caution about rewards

It is natural to reach for rewards: stickers, points, certificates, treats for coming in. I would be careful. Research on motivation shows that tangible rewards a child expects for doing something they already find interesting can reduce that interest, and for a child in the grip of a negative script a reward they cannot earn is another failure. Attendance awards in particular, given publicly, are a shame trigger for the child who could not come in and I would advise schools against them.

What does work is noticing. Specific, private, true acknowledgement of effort: "You came in on a day your body was telling you not to. I saw that." Celebration that is shared rather than awarded. And above all, making the thing itself worth doing: a lesson that has interest in it, a club that has enjoyment in it, an adult who is glad to see them.

What to say, and what not to

The words adults use either lower a child's alarm or raise it. These are the ones that come up most often in my work.

Raises the alarm	Why	Lowers the alarm
"There's nothing to worry about."	Tells the child their alarm is wrong. It is not; it is just early.	"Something about this feels really hard for you. Let's work out what."
"Everyone else manages."	Straight to shame.	"This is hard for you and that's the bit we need to sort, not you."
"You were fine yesterday."	Treats the swan as evidence.	"Yesterday took a lot out of you, didn't it."
"If you don't come in, you'll fall behind / get in trouble / I'll get fined."	Adds fear to fear. Fines are a real worry for parents and one to raise with the school directly, not with the child.	"We're going to find a way that works. It might be small steps."
"Just try."	The child is already trying harder than anyone can see.	"What's the smallest bit of this that feels possible?"
"Calm down."	Nobody has ever calmed down because they were told to.	"I'm here. Take your time."
"Why did you do that?" (in the moment)	Asks a child in amber to do something they can do only in green.	"Let's sort that out later, when things are calmer." And then do.
"You're being silly / dramatic / lazy."	Attacks the child, confirms the script.	"Your body is telling you this is dangerous. I believe you. I also think we can change it."

Transitions

Every change is a moment when the alarm can go off, because change means not knowing what comes next. For a child with a negative script, the school day is a chain of these moments: home to school, lesson to lesson, break to class, one adult to another, term to term. Some are unavoidable, but almost all can be made more predictable, and predictability is the cheapest safety there is.

In practice that means visual timetables that are actually used, warning of changes before they happen, the same adult meeting the child where possible, a landing time after each transition before demands begin, and preparation for the big transitions (a new year, a new school) that starts weeks ahead with visits, photographs, names and a plan the child has seen. The move from primary to secondary is the hardest of all and is where many of the children I see first began to struggle. September in particular, after six weeks away, tends to be when the script that was quietly building surfaces.

The adults' own scripts

Every adult reading this has their own scripts about school, built from their own childhood. A parent who loved school may struggle to believe their child's fear is real. A parent who hated it may feel their own old alarm go off every morning, which the child picks up through the ripple. A teacher whose script says "a child not attending means I have failed" may respond from shame, and shame, as we have seen, has four escapes: withdrawing from the family, blaming themselves, deciding it is not really a problem, or blaming the parents.

None of this is a failing. It is Tomkins' theory applied to adults. It is why I ask every adult involved to spend a moment on three questions before a difficult conversation. What does this situation set off in me? Which direction do I go on the compass when I feel judged? Is my body in green right now, and if not, what would get it there?

Evidence note. The Social Discipline Window (Wachtel and McCold; Wachtel, 2016) is a widely used restorative practice model, and its "with" quadrant corresponds to the authoritative parenting style that decades of research (following Baumrind, 1991) associates with the best child outcomes, with some cultural variation. Self-Determination Theory (Deci and Ryan) is one of the most extensively researched theories of motivation, with strong evidence for the three needs of autonomy, competence and relatedness. The finding that expected, tangible rewards can undermine a person's own interest in an activity comes from a large meta-analysis (Deci, Koestner and Ryan, 1999); the size of the effect is debated, the meta-analysis did not study rewards for attendance, and applying it to attendance rewards is my inference. Evidence for school connectedness and the protective role of a trusted adult is consistent across the attendance and wellbeing literature, though mostly correlational. The specific phrases in the tables are mine. I have deliberately not used growth mindset, because the largest UK trial (Education Endowment Foundation, 2019: 101 schools, 5,018 pupils) found no additional progress and two meta-analyses (Sisk and colleagues, 2018) found very small effects.

Part 12. A return to school that holds

For a child who has been out of school, or who is attending only partly, I would ask everyone involved to work to the following principles. They are drawn from the evidence and from what I have seen succeed and fail.

Safety first, then learning. The child's body has to experience school as safe before it will let them learn there. That means the first steps back are about the building, the adult and the room, not about lessons. A child who has managed twenty minutes in a quiet room with a known adult and no demand has done something important.

Small steps, and the child sets the size. A graduated return works when each step is small enough to succeed and the child has agreed it. A step that fails teaches the alarm it was right. It is far better to take ten small successful steps than three big ones with a collapse in the middle. The pace is set by the child's body, not by the term calendar or an attendance target.

Interest as the doorway. Where possible, the first lessons back are the ones the child likes or is good at. This is not indulgence. It is the route from fear to interest, and interest is the feeling that reopens the world.

One adult, always. The trusted adult meets the child, lands them, checks in at agreed points, and is the person the child goes to when the bucket is filling. This adult also holds the plan and speaks for the child with other staff.

Change the environment, not just the child. If the original alarms (a lesson, a room, a corridor, a teacher relationship, a sensory demand) are still in place, the return will fail at the point where the child meets them again. The plan has to name what set the alarm off and what has been changed about it.

Flexibility without drift. Some days the child will manage less. On those days some contact with school (a shorter visit, a message from the trusted adult, a piece of work sent home) keeps the thread intact. The aim is that a hard day is a smaller step, not a lost day.

Parents and school as one team. The child's script will not change if home and school are telling different stories, or if parents feel blamed and school feels criticised. In my experience the single biggest predictor of whether a plan works is whether the adults trust each other. Meet. Agree the plan together. Agree what each will do. Review it on a fixed date.

Expect it to take time, and expect wobbles. A script that took a term to build will not be undone in a week. Progress is rarely a straight line. A wobble after a good week is not a failure of the plan; it is a Tuesday.

What a first fortnight might look like. Week one: three visits of twenty to thirty minutes, to a quiet room, with the trusted adult, no work, arriving after corridors are clear. Week two: same, plus one favoured lesson with the trusted adult nearby, leaving before the corridor rush. Each step agreed with the child the day before, reviewed the same afternoon in one sentence: "How did your body find that?" Every plan is different, and this is an illustration rather than a prescription, but the shape of it (small, safe, agreed, reviewed) is the shape of the ones that work.

Evidence note. Graduated, planned return with a key adult, early intervention, flexibility, and joint home-school working are consistent recommendations across UK EBSA guidance and the Anna Freud Centre's guidance, and are consistent with, though not directly tested by, reviews of school attendance interventions. The principle that steps should be small enough to succeed follows directly from the cycle of avoidance. The emphasis on interest as the doorway is my application of Tomkins' theory. The fortnight example is illustrative and is not a substitute for an individual plan.

Part 13. Different ages, different children

Everything in this guide applies to every child, because the nine feelings are shared by every human being. But how it shows differs with age and with the child.

Younger children (roughly 4 to 8)

Young children cannot yet name what they feel, so the feeling comes out through the body and through behaviour: tummy aches, clinging, tears at the door, outbursts that seem out of nowhere, wetting, sleep problems. Separation from a parent is a common driver at this age. The compass tends to show as withdrawal (going quiet, hiding) or attack other (hitting, kicking, screaming). What helps most is predictability, a warm handover to a known adult, and adults who name the feeling for the child: "Your tummy is telling you it's worried about saying goodbye."

Middle childhood (roughly 8 to 12)

Children in this age range are increasingly aware of how they compare with others, which is when shame starts to bite hardest in the classroom. Reading aloud, tests, sports day, being picked last, and being told off in front of peers become major triggers. Scripts about being "the stupid one" or "the naughty one" often solidify here. The move to secondary school falls at the end of this period and is, in my casework, the single most common point at which masking becomes unsustainable and non-attendance begins.

Adolescents (roughly 12 to 16)

Teenagers have the same nine feelings, more self-consciousness, more awareness of peers, and a strong and developmentally healthy need for autonomy. Doing things to a teenager provokes attack other; doing things for them provokes withdrawal or avoidance. Only working with them tends to work. Shame at this age can be hidden under indifference ("I don't care", "school's pointless"), and it is worth remembering that shame only fires where there is caring. The young person who says school is pointless is very often the one who wanted it to be otherwise. Sleep, social media and online life all affect the stress bucket and are worth a calm, non-judgemental conversation.

Young adults (16 to 25)

The same principles apply in college and beyond, and the law recognises this: an Education, Health and Care Plan can run to 25. Scripts built at school travel into college, apprenticeships and work. A young adult who has learned that adults are dangerous and that asking for help is shameful will need the same things a child needs (a trusted adult, real say, experiences of competence) delivered in an adult way.

Autistic children and young people

Much of this guide will read as a description of daily life to autistic children and those who love them. Sensory overload (noise, light, smell, touch, crowds) sets off the protective feelings directly and constantly. Unpredictability sets off fear. Social demands that other children find automatic take conscious effort and fill the bucket. Masking is common, costly and often invisible. Shutdown (the red state) is frequently misread as rudeness or non-compliance. What helps is exactly what this guide describes, with more of it: fewer sensory alarms, more predictability, a trusted adult who understands autism, somewhere to take the mask off during the day, and respect for the child's own account of what

is hard. A note on language: I use "autistic child" because that is what most autistic people prefer, and I treat autism as a difference to be understood and accommodated, not a deficit to be corrected.

Children with ADHD

Children with ADHD are often told off many times a day for things they cannot easily control: moving, calling out, losing things, drifting off. Each telling off is a shame trigger, and the script "I'm always in trouble" can form very fast. The compass often shows as attack other (arguing back) or avoidance (clowning). What helps is separating the child from the behaviour in the adult's mind and voice, building in legitimate movement, noticing effort privately, and remembering that a child who has been told off six times before ten o'clock is in amber for the rest of the day.

Children with learning difficulties, or with difficulties nobody has found yet

Some of the children I see have been in fear and shame for years because a specific difficulty (with reading, with holding information in mind, with language, with number) was never identified, so every day contained tasks that felt impossible for reasons nobody named. For these children the script "I'm stupid" is not a distortion; it is the only explanation they were given. Finding and naming the difficulty, and adapting the work, is often the moment the script starts to loosen. If a child's struggle is persistent and nobody has explained it, ask for an assessment.

Evidence note. Age-related patterns, and the primary to secondary transition as a common onset point, are consistent with the EBSA literature and with my casework. The material on autistic children draws on the camouflaging research cited in Part 8 and on the accounts of autistic people themselves, and uses identity-first language in line with the preference reported by the National Autistic Society. The ADHD and learning difficulties sections are my professional view, applying Tomkins' theory to presentations I see routinely. I have avoided specific diagnostic claims, which are outside what this guide can offer.

Part 14. For the young person reading this

I have written this part for you.

If you are finding school hard, or you cannot get in at all, I want you to know some things that most people never get told.

Your feelings are not wrong, and they are not a weakness. Everyone on earth has the same nine basic feelings, and they fire on their own, before you get any say. If your body goes into panic at the school gate, that is not you being pathetic. It is an alarm that has learned to go off there. Alarms can be retrained. They need the right help, not more pressure.

If it hurts, it is because you care. The feeling of wanting the ground to swallow you (that is shame) only happens when you wanted something to go well. If you truly did not care about school, none of this would hurt. The caring is the good part. Hold on to it.

The stomach aches and headaches are real. They are what fear does to a body. You are not faking. Tell someone, and get them checked by a doctor too.

"I'm fine" costs you. If you spend all day pretending, you know how tired it makes you and what happens when you get home. You should not have to do that. Find one adult, at school or at home, who you can be honest with. It might be a teacher, a teaching assistant, a parent, a relative, a school nurse, a youth worker. One is enough to start.

You are allowed to ask for things to change. The room, the lesson, the noise, the way you are asked to do things: adults can change these, and they should. Asking is not being difficult. It is giving them the information they need.

Small steps count. Standing outside the school for five minutes is a step. Sitting in a quiet room for twenty minutes is a step. Nobody gets back in one go, and the people who get back are the ones who take small steps and forgive themselves for the bad days.

If things feel hopeless. Sometimes when feelings have been bad for a long time, thoughts can come that life is not worth it, or that you want to hurt yourself. If that is happening, please tell an adult you trust today, or contact Childline on 0800 1111 (any time, free, and the call does not show on a phone bill) or text SHOUT to 85258. If you feel you might act on those thoughts right now, call 999 or go to A&E, or ask someone to take you. Those thoughts are a sign that you need help now, not a sign of weakness or a sign that anything is wrong with who you are.

You can give this guide to the adults around you. It might help them understand what you already know.

Part 15. Five children

These are composite descriptions, drawn from many cases. No individual child is described. Each one shows the ideas in this guide at work.

Amara, 7, "clingy"

Amara cries at the classroom door every morning and clings to her mother. Once inside she settles within ten minutes and has a good day. School says she is fine. Her mother is late for work every day and has started to dread mornings.

What is happening: separation is setting off fear and distress. The morning ripple (Amara's fear, her mother's stress, Amara's rising fear) is escalating both of them. The relief of the settling tells everyone the problem is small; the daily cost to the mother tells us it is not.

What helped: a fixed handover to the same teaching assistant, at a side door, two minutes before the main doors opened. A photo of mum in Amara's pocket and a scripted goodbye ("Two squeezes, then I go, and I'll be at the gate at three"). Her mother worked on her own traffic light, and school agreed to send a one-word message at 9.15 ("settled") so she could stop worrying. Within three weeks the crying had gone.

Kai, 10, "lazy"

Kai does no work in class unless an adult sits with him. He is described as bright but lazy, and has begun clowning around, which gets laughs and detentions. At home he has started saying he is stupid and has stopped reading for pleasure.

What is happening: an unidentified difficulty with written work is setting off shame every time a task begins. Kai has gone loud on the compass, to avoidance (the clowning), while at home the quieter attack-self shows. The label "lazy" has become part of his script.

What helped: an assessment identified specific difficulties with spelling and handwriting. Work was adapted (typing, shorter written tasks, oral answers). His teacher stopped using the word lazy and started noticing effort privately. His interest in animals became the basis of a class project he led. The clowning reduced within a half term, not because it was punished but because there was less shame to escape from.

Priya, 12, "fine at school"

Priya moved to secondary school in September. Her teachers describe a quiet, polite, hard-working girl. Her parents describe a child who screams and sobs for two hours every evening, cannot sleep, and has stomach aches every morning. By November she is missing two days a week.

What is happening: Priya is masking all day. The bucket fills through six different rooms, six different teachers, corridors, noise and constant social decoding, and overflows at home. School is seeing the swan. The absences are the mask beginning to fail, and the cycle of avoidance has started.

What helped: school stopped treating parental reports as exaggeration and accepted the home picture as the evidence. A trusted adult (a learning mentor) was identified and Priya met her every morning for five minutes and at one lunchtime a week. A pass allowed her to leave lessons early to avoid the corridor rush and to go to the mentor's room when the bucket was full. Her interest in art became a daily

lunchtime club. An autism assessment was requested through the appropriate route. Attendance recovered over a term; the evening collapses shrank to occasional bad days.

Tom, 14, "defiant"

Tom argues with staff, walks out of lessons, has been excluded twice, and is now refusing to attend. School's view is that he chooses his behaviour. His mother says he cries at night and says everyone hates him.

What is happening: Tom's script is that school is where he is always the problem. Shame fires early in every lesson and he goes to attack other, fast and loudly. Each exclusion confirms the script and adds fear to shame. The tears at night are the same shame with nobody to fight.

What helped: a restorative conversation, with one member of staff Tom did not have history with, in which he was asked what school was like for him and, for the first time, believed. A plan he co-designed: a reduced timetable built around the two subjects he could tolerate, a named adult, a legitimate way to leave a lesson before exploding, and no public consequences. Staff agreed a shared script for the first minute after any confrontation: steady, brief, "we'll sort it later". Progress was slow and uneven, with wobbles after every good week, but by the end of the year Tom was attending four days out of five.

Leah, 16, "unmotivated"

Leah stopped attending college in the second term. She says it is pointless. She spends the day in her room online. Her parents alternate between shouting and giving up.

What is happening: Leah's history of school shame has followed her into college. "Pointless" is avoidance on the compass. The fourth function (home is now easier than college) has grown on top of the original fear. Her parents are swinging between doing things to her and doing things for her, and the ripple is running hot.

What helped: her parents were supported to step out of the argument and into with. A tutor Leah liked made contact, not about attendance but about the coursework she had been good at. A return was built around that one module, two mornings a week, with her own say over the timings. Her parents stopped discussing attendance at all and started asking about the work. Leah did not finish the year in full, but she finished the module, and she started the following year.

Evidence note. These are composites, not case studies, and the outcomes are typical rather than guaranteed. They illustrate the framework; they are not evidence for it.

Part 16. A shared thinking tool

When a family and a school sit down together to understand a child, I would suggest working through these questions in order. The aim is a shared story that both agree with, and a plan that follows from it. The child should be asked most of these questions too, in whatever way works for them.

Step	Questions
1. What are we seeing?	What exactly does the child do, when, where, with whom? What comes just before? What comes just after?
2. Which feelings?	Which of the nine basic feelings are firing? Fear? Distress? Shame? Which state is the body in: amber or red? What is the body doing (stomach, sleep, appetite)?
3. Which script?	What has happened repeatedly to this child? What might they have learned to expect? What do they say about themselves?
4. Which direction on the compass?	Do they withdraw, attack themselves, avoid, or attack others? Is it different at home and at school? Which of these are we missing because it is quiet?
5. Are they masking?	Is the home picture different from the school picture? Who is seeing the swan and who is seeing the feet?
6. What sets the alarm off?	Which lessons, places, people, times, sensory demands, social demands? Be specific.
7. What sets off interest and enjoyment?	What are they good at? What do they love? Which adult do they trust? Where do they feel safe?
8. What is the function?	Escaping fear, escaping judgement, needing to be near a parent, home being easier: which, and in what mix?
9. What say does the child have?	What real choices are they being given? Have they been asked?
10. What will the adults change?	What in the environment will be different by the next review? Who is the trusted adult? What is the first small step, and when is it reviewed?

Part 17. Where you stand, and when to ask for more

What parents and schools are entitled to expect

I am not a lawyer and this is not legal advice, but parents and schools should know the shape of the framework, because it changes the conversation from favours to entitlements.

Under the Equality Act 2010, a child whose difficulties amount to a disability has a right to reasonable adjustments at school. Disability here means a condition with a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities, and long-term generally means a year or more. That can include autism, ADHD, and anxiety or other mental health conditions that meet that test. Many of the changes in this guide may well count as reasonable adjustments. For example, a soft start, a quiet room, a trusted adult, adapted work, or a reduced timetable as a planned step (a reduced timetable must be temporary, agreed with parents, time-limited and reviewed, and is not a substitute for support).

Under the Children and Families Act 2014 and the SEND Code of Practice 2015, a child with special educational needs is entitled to support. Where it may be necessary for the local authority to make provision through a plan (in practice, usually where school-level support has not been enough), parents, the young person from the age of 16, or the school can request an Education, Health and Care needs assessment. Social, emotional and mental health needs are one of the four recognised areas of need.

The Department for Education's statutory guidance on school attendance (Working Together to Improve School Attendance, in force from August 2024) expects schools to listen, understand and work with families to remove barriers to attendance. Its 2023 guidance on mental health and attendance (non-statutory) recognises that some children face genuine mental health barriers and asks schools to respond with support rather than sanctions alone. If a family feels a school is responding to EBSNA with pressure only, it is reasonable to ask, in writing, what support and adjustments are being offered under this guidance.

Every local authority has a SENDIASS (Special Educational Needs and Disability Information, Advice and Support Service), which is free, impartial and confidential. It supports young people directly as well as parents, and can help with understanding rights and preparing for meetings.

When to ask for more help

Ask for an educational psychology assessment, through the school or as part of an Education, Health and Care needs assessment, when a child's difficulties are persistent, when nobody has been able to explain them, or when the plan is not working. Ask the GP for a referral when a child's low mood, anxiety or physical symptoms are severe or lasting, or when there is any question about their physical health. Ask the school's safeguarding lead, or the GP, urgently, if a child says or suggests that they want to hurt themselves or that life is not worth living. If you think a child is in immediate danger, call 999 or take them to A&E; NHS 111 (option 2) offers urgent mental health advice. That is beyond the scope of this guide and beyond the scope of anyone but a trained professional, and it should never be left to see whether it passes.

What I have not covered

This guide is about understanding, and about the changes that ordinary adults can make. It is not a treatment manual, it does not diagnose anything, and it does not replace individual assessment. Every

child I have described in it was understood properly only by looking at that particular child in that particular environment, and the same is true of yours.

Glossary

Term	What I mean by it
Affect	Tomkins' word for one of the nine basic, built-in feelings. I mostly say "basic feeling" in this guide.
Affective resonance	Feelings passing between people. The reason a frightened child frightens a parent, and a calm adult calms a child.
Green, amber, red	The three body states: safe, alarm, shutdown. A traffic light, not a diagnosis.
Co-regulation	Calming down by borrowing calm from someone who already is. How every child first learns to settle.
Compass of Shame	Nathanson's map of the four automatic escapes from shame: withdrawal, attack self, avoidance, attack other.
EBSNA	Emotionally based school non-attendance. Also called EBSA. Older sources, including some cited here, say "school refusal". Not truancy, not refusal, not a choice.
Masking	Hiding what you feel, or who you are, to fit in or avoid trouble. Called camouflaging in autism research.
Regulation	Being settled enough in body and mind to think, listen and cope. Co-regulation is getting there with someone's help; self-regulation is getting there on your own.
Restorative practice	An approach to behaviour in schools that focuses on understanding what happened and repairing relationships, rather than on punishment alone.
Graduated return	Going back to school in small, planned, agreed steps, each reviewed before the next.
Reasonable adjustment	A change a school is required to make so a disabled child is not put at a disadvantage.
Script	A pattern of feeling, thought and action laid down by repeated experience. A path worn in the grass.
Shame	The feeling that fires when something good was wanted or happening and got interrupted. Only fires where there is caring.
Social Discipline Window	The grid of to, for, not and with. Only "with" builds a child.
Stress bucket	An analogy for how the day's alarms accumulate. Masking shuts the tap.
Trusted adult	One person at school who knows the child, sees the paddling, checks in, and speaks for them.

Evidence notes and references

Throughout this guide I have labelled each idea as established theory, research evidence, a widely used practice model, or my professional view. This list gives the sources behind those labels.

Established theory and primary sources

- Tomkins, S. S. (1962). *Affect Imagery Consciousness, Volume 1: The Positive Affects*. Springer. The four rules of the Central Blueprint appear at page 328 in his own words: "(1) Positive affect should be maximized; (2) Negative affect should be minimized; (3) Affect inhibition should be minimized; (4) Power to maximize positive affect, to minimize negative affect, and to minimize affect inhibition should be maximized."
- Tomkins, S. S. (1963). *Affect Imagery Consciousness, Volume 2: The Negative Affects*. Springer.
- Tomkins, S. S. (1979). Script theory: Differential magnification of affects. In H. E. Howe and R. A. Dienstbier (Eds.), *Nebraska Symposium on Motivation* (Vol. 26). University of Nebraska Press.
- Tomkins, S. S. (2008). *Affect Imagery Consciousness: The Complete Edition*. Springer.
- Nathanson, D. L. (1992). *Shame and Pride: Affect, Sex, and the Birth of the Self*. W. W. Norton.
- Kelly, V. C. and Thorsborne, M. (Eds.) (2014). *The Psychology of Emotion in Restorative Practice: How Affect Script Psychology Explains How and Why Restorative Practice Works*. Jessica Kingsley.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Harvard University Press.
- Deci, E. L. and Ryan, R. M. (2000). The "what" and "why" of goal pursuits: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11(4), 227 to 268.
- Ryan, R. M. and Deci, E. L. (2017). *Self-Determination Theory: Basic Psychological Needs in Motivation, Development, and Wellness*. Guilford Press.
- Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *Journal of Early Adolescence*, 11(1), 56 to 95.

Research evidence

- Kearney, C. A. and Silverman, W. K. (1990). A preliminary analysis of a functional model of assessment and treatment for school refusal behavior. *Behavior Modification*, 14(3), 340 to 366.
- Heyne, D., Gren-Landell, M., Melvin, G. and Gentle-Genitty, C. (2019). Differentiation between school attendance problems: Why and how? *Cognitive and Behavioral Practice*, 26(1), 8 to 34.
- Finning, K., Ukoumunne, O. C., Moore, D. A., Danielsson-Waters, E., Shaw, L., Romero De Jager, I., Stentiford, L. and Ford, T. (2019). The association between anxiety and poor attendance at school: A systematic review. *Child and Adolescent Mental Health*, 24(3), 205 to 216.
- Hull, L., Petrides, K. V., Allison, C., Smith, P., Baron-Cohen, S., Lai, M. C. and Mandy, W. (2017). "Putting on my best normal": Social camouflaging in adults with autism spectrum conditions. *Journal of Autism and Developmental Disorders*, 47(8), 2519 to 2534.
- Cook, J., Hull, L., Crane, L. and Mandy, W. (2021). Camouflaging in autism: A systematic review. *Clinical Psychology Review*, 89, 102080.
- Deci, E. L., Koestner, R. and Ryan, R. M. (1999). A meta-analytic review of experiments examining the effects of extrinsic rewards on intrinsic motivation. *Psychological Bulletin*, 125(6), 627 to 668.
- Education Endowment Foundation (2019). *Changing Mindsets: Effectiveness Trial*. Evaluation report. London: EEF.
- Sisk, V. F., Burgoyne, A. P., Sun, J., Butler, J. L. and Macnamara, B. N. (2018). To what extent and under which circumstances are growth mind-sets important to academic achievement? Two meta-analyses. *Psychological Science*, 29(4), 549 to 571.
- Henderson, D. X. and Guy, B. (2017). Social connectedness and its implication on student-teacher relationships and suspension. *Preventing School Failure*, 61(1), 39 to 47.
- Ighavongbe-Patrick, S. (2022). *What can children and young people tell us about school sanctions and social relationships? An exploration of exclusionary and restorative justice practices*. Doctoral thesis, University of Southampton.

Widely used practice models

- Porges, S. W. (2011). *The Polyvagal Theory: Neurophysiological Foundations of Emotions, Attachment, Communication, and Self-Regulation*. W. W. Norton.
- Grossman, P. and Taylor, E. W. (2007). Toward understanding respiratory sinus arrhythmia: Relations to cardiac vagal tone, evolution and biobehavioral functions. *Biological Psychology*, 74(2), 263 to 285.
- Grossman, P. (2023). Fundamental challenges and likely refutations of the five basic premises of the polyvagal theory. *Biological Psychology*, 180, 108589.
- Siegel, D. J. (1999). *The Developing Mind*. Guilford Press. (Window of tolerance.)
- Wachtel, T. (2016). *Defining Restorative*. International Institute for Restorative Practices. (Social Discipline Window, with McCold.)
- Thambirajah, M. S., Grandison, K. J. and De-Hayes, L. (2008). *Understanding School Refusal: A Handbook for Professionals in Education, Health and Social Care*. Jessica Kingsley.

Guidance

- West Sussex Educational Psychology Service. *Emotionally Based School Avoidance: Good Practice Guidance for Schools and Support Agencies* (2018, updated 2022).
- Anna Freud National Centre for Children and Families. *Addressing Emotionally Based School Avoidance. Guidance for schools*.
- Department for Education (2023). *Summary of Responsibilities Where a Mental Health Issue Is Affecting Attendance*. Non-statutory guidance.
- Department for Education (2024). *Working Together to Improve School Attendance*. Statutory guidance, in force from 19 August 2024.
- Department for Education and Department of Health (2015). *Special Educational Needs and Disability Code of Practice: 0 to 25 Years*.

Support and further reading for families

- National Autistic Society: www.autism.org.uk
- Not Fine in School (parent-led EBSNA support): www.notfineinschool.co.uk
- Square Peg: www.teamsquarepeg.org
- MindEd (free e-learning on children's mental health): www.minded.org.uk
- Anna Freud Centre: www.annafreud.org
- Childline: 0800 1111, www.childline.org.uk
- SHOUT crisis text line: text SHOUT to 85258
- YoungMinds parents' helpline: 0808 802 5544 (Monday to Friday, daytime)
- Papyrus HOPELINE247 (for anyone under 35 with thoughts of suicide, and for those worried about them): 0800 068 4141
- In an emergency: 999. Urgent mental health advice: NHS 111, option 2
- Your local SENDIASS: search "SENDIASS" with your local authority's name

About the author. I am a Chartered Educational and Child Psychologist, registered with the Health and Care Professions Council, with more than a decade of experience across seven English local authorities. I carry out statutory Education, Health and Care needs assessments and my doctoral research at the University of Southampton examined children's own accounts of school sanctions and restorative practice. I founded EdPsych Connect to make good psychology available to every family and school.

Permission to share. Schools, families and services may copy and share this guide in full, unaltered and with this notice, for non-commercial purposes. Please do not extract or adapt sections without permission.

A note on evidence. This guide describes general principles and does not constitute an assessment of any individual child, medical advice, or legal advice. Where I have expressed a professional view I have labelled it as such.

© Dr Scott I-Patrick, EdPsych Connect Limited, 2026. www.edpsychconnect.com